



**ARLINGTON
VIRGINIA**

Arlington County Children's Services Act Policy Manual

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Chapter 1:

Terms and

Definitions

TERMS AND DEFINITIONS

Acute Psychiatric Hospitalization: Inpatient services that are generally short term and in response to an emergent psychiatric condition. The individual experiences mental health dysfunction requiring immediate clinical attention. The objective is to prevent exacerbation of a condition and to prevent injury to the recipient or others.

Ad Hoc Contracts: Contracts that are created when necessary and needed for a child-specific reason.

Applied Behavior Analysis: ABA is the design, implementation, and evaluation of environmental modifications to produce socially significant improvement in human behavior. ABA includes the use of direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA uses changes in environmental events, including antecedent stimuli and consequences, to produce practical and significant changes in behavior.

Arlington Public Schools (APS): The public-school division in Arlington County, Virginia.

Assessment/Evaluation: Service conducted by a qualified professional utilizing a tool or series of tools to provide a comprehensive review with the purpose to make recommendations, provide diagnosis, identify strengths and needs, risk level, and describe the severity of the symptoms.

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

Child and Adolescent Needs and Strengths (CANS): A multi-purpose tool developed for children's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services.

Child and Family Services Division (CFSD): A Division with the Arlington County Department of Human Services that is made up of the Community Services Board, Child Welfare, System of Care, Child Care, Quality Assurance, and Fiscal team.

Child in Need of Services (CHINS): A child whose behavior, conduct or condition presents or results in a serious threat to the juvenile's well-being and physical safety; and the conduct complained of must present a clear and substantial danger to the child's life or health ; or the child or his family is in need of treatment, rehabilitation or services not presently being received; and the intervention of the court is essential to provide the treatment, rehabilitation or services needed by the child or his family.

Child in Need of Supervision (CHINS): A child who, while subject to compulsory school attendance, is habitually and without justification absent from school despite the school system's reasonable effort to effect the child's regular attendance without success and the school system files related documentation; or a child who, without reasonable cause and without the consent of his parent, or guardian, remains away from or deserts or abandons his family/custodian on more than one occasion; or escapes or remains away from a court's residential placement and such conduct presents a clear and substantial danger to the child's life or health, the child or his family is in need of treatment, rehabilitation or services not presently being received, and the intervention of the court is essential to provide the treatment, rehabilitation or services needed.

Children's Services Act (CSA): The name for 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.

Community Policy and Management Team (CPMT): Appointed by local governing bodies to manage local cooperative efforts to serve the needs of troubled and at-risk youth and their families and to maximize the use of state and community resources.

Community Services Board (CSB): The Arlington County Community Services Board (ACCSB) consists of community members appointed to oversee services provided by the Department of Human Services to persons challenged by mental health, intellectual disabilities and substance use.

Court Services Unit (CSU): Operates multiple juvenile services to include but not limited to an Intake Unit, Group Homes, Detention Diversion Program, Internship Program, Mediation Program, Victim Awareness program, a Probation unit, Street Law Program, Gang Intelligence Program, and Psychological Services.

Crisis Intervention: Crisis intervention services are mental health care services, available 24 hours a day, seven days per week, to provide assistance to individuals experiencing acute mental health dysfunction requiring immediate clinical attention. The objectives are: to prevent exacerbation of a condition; to prevent injury to the individual or others; and to provide treatment in the least restrictive setting.

Crisis Stabilization: Crisis Stabilization services are direct mental health care services to non-hospitalized individuals experiencing an acute crisis of a psychiatric nature that may jeopardize their current community living situation. The goals are to avert hospitalization or rehospitalization; provide normative environments with a high assurance of safety and security for crisis intervention; stabilize individuals in psychiatric crisis; and mobilize the resources of the community support system, family members, and others for ongoing maintenance, rehabilitation, and recovery.

Department of Education (DOE): Department of Education (DOE): Fosters educational excellence, and to ensures equal access to educational opportunity for all with the mission to

“promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.

Department of Human Services (DHS): Provides human services to the residents of Arlington County, VA. Mission is to “strengthen, protect, and empower” those in need.

Department of Social Services (DSS): Administers federal, state, and local public assistance and social work service programs.

Division of Child Support Enforcement (DCSE): The Division of Child Support Enforcement is committed to helping parents support their children by focusing on more than just money. DCSE offers free family engagement services focusing on access and visitation, responsible parenting, employment services, and prisoner re-entry. DCSE strives to support parents who are receiving support and parents who are paying support.

Family Assessment and Planning Team (FAPT): Designed to help children and their families. State and local agencies, parents and private service providers work together to plan and provide services. In each community, local teams decide how to accomplish this.

Family Partnership Facilitation: Service is provided by a trained facilitator to conduct a Family Partnership Meeting. The meeting is a relationship focused approach that provides structure for decision making and that empowers both the family and the community in the decision-making process. It extends partnership messages to caregivers, providers and neighborhood stakeholders.

Family Support Services: A broad array of services targeted to provide assistance, support, and/or training in various community settings to build natural supports and functional skills that empower individuals and families towards autonomy, attaining and sustaining community placement, preserving the family structure, and assisting parents in effectively meeting the needs of their children in a safe, positive and healthy manner. The services may include but are not limited to skill building (parenting skills, fiscal management, coping skills, communication, interpersonal skills, supervised visitation, babysitting, non-foster care/maintenance day care etc.) and behavioral interventions

Fostering Futures: A foster care program available to teens and young adults in foster care after they turn 18. This voluntary program allows the local Department of Social Services (LDSS) to provide financial and social support and services until youth are 21 years old.

Functional Family Therapy: Is a short-term, community- and evidence-based intervention for youth ages 11-18 with various emotional and behavioral problems. Functional Family Therapy must be delivered by trained and certified practitioners meeting national Functional Family Therapy standards.

High Fidelity Wraparound (HFW): A team-based, collaborative planning process for developing and implementing individualized care plans for children with behavioral health challenges and their families. HFW is an evidence-based process driven by 10 principles, four phases and a

theory of change. HFW has four goals: To meet the stated needs (not services) prioritized by the youth and family, to improve the youth/family's ability and confidence to manage their own services and supports, to develop or strengthen the youth/family's natural support system over time, and to integrate the work of all child serving systems and natural supports into one streamlined plan.

Independent Living Services: payments made to youth previously in foster care who are now in independent living arrangements for the purposes of payments for housing, food, etc.

Individual and Family Service Plan (IFSP): The child and family's service plan that notes SMART goals and objectives, identifies services and vendors to provide those services, provides updates on progress for goals and objectives, identifies services needed for appropriate discharge, provides justification for continued request of services, and contains consents from all treatment team members, including child's guardian.

Individualized Support Services: Support and other structured services provided to strengthen individual skills and/or provide environmental supports for individuals with behavioral/mental health problems. Services are based on the needs of the individual and include training and assistance. These services normally do not involve overnight care by the provider; however, due to the flexible nature of these services, overnight care may be provided on an occasional basis. Service includes "Supportive In-home Services" licensed by the Department of Behavioral Health and Developmental Services.

Intensive Care Coordination (ICC): Intensive Care Coordination Services, as defined by State Executive Council policy, conducted by an Intensive Care Coordinator for children who are at risk of entering or who are placed in residential care. ICC providers must be trained in the High-Fidelity Wraparound model of care coordination and receive weekly clinical supervision. The purpose of the service is to safely and effectively maintain the child in, or transition/return the child home, to a relative's home, family-like setting, or community at the earliest appropriate time that addresses the child's needs. Services must be distinguished as above and extend beyond the regular case management services provided within the normal scope of responsibilities for the public child serving agencies. Services and activities include: identifying the strengths and needs of the child and his family through conducting comprehensive family-centered assessments; developing plans in the event of crisis situations, identifying specific formal services and informal supports necessary to meet the identified needs of the child and his family, building upon the identified strengths; implementing, regular monitoring of and making adjustments to the plan to determine whether the services and placement continue to provide the most appropriate and effective services for the child and his family.

Intensive Care Coordination Family Support Partner: A family support partner is part of the High-Fidelity Wraparound (HFW) team that offers various levels of support for families based on the family's needs and HFW plan. The support partner works closely with the HFW Facilitator to support positive outcomes for the family.

Intensive In-Home Services: Intensive In-Home services for Children/Adolescents under age 21 are intensive, time-limited interventions provided typically but not solely in the residence of a

child who is at risk of being moved into an out-of-home placement or who is being transitioned to home from out-of-home placement due to documented clinical needs of the child. These services provide crisis treatment; individual and family counseling; and communication skills (e.g. counseling to assist the child and his parents to understand and practice appropriate problem-solving, anger management, and interpersonal interaction, etc.); and coordination with other required services. Service also includes 24-hour emergency response.

Kinship Care: Kinship care means that a child lives with a relative. This relative may or may not have custody of the child but has assumed care for the child. Kinship care is a way for children to stay connected to family when they have been voluntarily or involuntarily removed from the care of their parents. Removal may become necessary due to a parent's illness, incarceration, lack of housing, insufficient income, abuse, or neglect. Regardless of the reason for kinship care, most children fare better when connections to family and loved ones are maintained.

Lead Case Manager: The child's referring Case Manager who is responsible to all FAPT required duties such as but not limited to preparing the child and family for FAPT, assisting in addressing barriers to attending FAPT as needed, completing FAPT paperwork for initial FAPT's, new services requests, and FAPT reviews, as well as developing, monitoring, and reporting out progress of the child's Individual and Family Service Plan.

Maintenance-Basic: Payments made on behalf of a child in foster care to cover the cost of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to a child, and reasonable travel for the child to visit with family or other caretakers and to remain in his or her previous school placement.

Maintenance-Child Care Assistance: Provides daily supervision during the foster parents' working hours when the child is not in school, facilitates the foster parent's attendance at activities which are beyond the scope of "ordinary parental duties," and is provided in a licensed day care facility or home.

Maintenance-Clothing Supplement: Payments, as determined and scheduled by VDSS, for clothing outside of basic maintenance for children in foster care.

Maintenance-Enhanced: The amount paid to a foster parent over and above the basic foster care maintenance payment. Payments are based on the needs of the child for additional supervision and support by the foster parent as identified by the VEMAT.

Maintenance-Transportation: In accordance with Title IV-E and Fostering Connections regulations, payments made to support a child/youth in foster care. Includes: visits to family including parents, relatives, and siblings; costs for the child to be transported to a non-resident/non-zone school in accordance with a best interest determination. Costs may include purchased contracted services, cost of the child's bus/plane tickets; or mileage (at the state rate) for a driver to transport the child.

Material Support: Payment for items or services for families when such assistance is not otherwise available but is necessary to prevent an out of home placement of a youth or assist

with reunification. Payments may include, but are not limited to, support with housing and utilities costs

Mental Health Case Management: Mental health case management is defined as a service to assist individuals with behavioral/mental health problems who reside in a community setting in gaining access to needed medical, social, educational, and other services. Case management does not include the provision of direct treatment or habilitation services.

Mental Health Skills Building: A training service for individuals with significant psychiatric functional limitations designed to train individuals in functional skills and appropriate behavior related to the individual's health and safety, activities of daily living, and use of community resources; assistance with medication management; and monitoring health, nutrition, and physical condition. These services are intended to enable individuals with significant mental illness to achieve and maintain community stability and independence in the most appropriate, least restrictive environment.

Mentoring: Services in which children are appropriately matched with screened and trained adults for one-on-one relationships. Services include meetings and activities on a regular basis intended to meet, in part, the child's need for involvement with a caring and supportive adult who provides a positive role model.

Motivational Interviewing: Is an evidence-based, outpatient counseling approach designed to promote behavior change. It is often combined with other counseling approaches. MI practitioners should have received specific train in the approach. MI may be employed with youth and adults.

Multi-Disciplinary Team (MDT): A group of individuals who are members of different disciplines (professions e.g., Psychiatrists, Social Workers, etc.), each providing their own specific perspective to the team.

Multi-Systemic Therapy: Is a short-term, community- and evidence-based intervention for youth ages 11-17 with various emotional and behavioral problems who are at risk of out of home placement and other serious negative outcomes. MST must be delivered by a team of trained and certified practitioners meeting national MST standards.

Office of Children's Services (OCS): Serves as the administrative entity of the Council and ensures that the decisions of the council are implemented.

Other: A uniquely designed service, or one not otherwise named and defined, that will ensure the safety and well-being of a child at risk of or in an out of home placement, support family preservation, or enhance reunification efforts.

Outpatient Services: Treatment provided to individuals on an hourly schedule, on an individual, group, or family basis, and usually in a clinic or similar facility or in another location (including the home). Outpatient services may include counseling, dialectical behavioral therapy, psychotherapy, behavior management, laboratory and other ancillary services, medical services

and medication services.

Parent-Child Interaction Therapy: Is an outpatient parent training model focused on youth ages 2 – 7 years old and is designed to reduce problematic externalizing behaviors by increasing positive parenting behaviors and improving the quality of the parent-child relationship. PCIT is general conducted in weekly sessions in the office of the therapist. PCIT must be delivered by master's level trained and practitioners who have received specialized training and meeting national PCIT standards.

Private Day School: Special Education services identified through an IEP in which the "least restrictive environment" is identified as a private day school. Services are provided in a licensed, privately owned school for persons determined to have a disability as defined by the Regulations governing Special Education Programs for Children with Disabilities in Virginia.

Private Foster Care Support, Supervision and Administration: Services provided by a Licensed Child Placing Agency (LCPA) which include, but are not limited to, recruiting, training, assessing and retaining foster parents for the LCPA; making placement arrangements; purchasing/ensuring child has adequate clothing; providing transportation; counseling with child to prepare for visits with biological family; providing support and education for LCPA foster parents regarding management of child's behavior; providing ongoing information and counseling to child regarding permanency goals; preparing a child for adoption; 24/7 crisis intervention and support for both child and LCPA foster family; developing and writing reports for FAPT; attending and presenting at FAPT meetings; administering LCPA foster parent payments; identifying adoption placements; assessment of adoption placements; and arranging adoption placements. The provision of services will vary for each child based on that child's specific needs and the identified level of care. Services are provided at non-treatment level of foster care as well as treatment levels of foster care.

Private Residential School: Residential education services provided to students with disabilities who are placed into a residential program through an IEP in which the "least restrictive environment" is identified as a private residential school. Includes all services identified in the IEP as necessary to provide special education and related services, including non-medical care and room and board.

Private Foster Care Support, Supervision and Administration: Services provided by a Licensed Child Placing Agency (LCPA) which include, but are not limited to, recruiting, training, assessing and retaining foster parents for the LCPA; making placement arrangements; purchasing/ensuring child has adequate clothing; providing transportation; counseling with child to prepare for visits with biological family; providing support and education for LCPA foster parents regarding management of child's behavior; providing ongoing information and counseling to child regarding permanency goals; preparing a child for adoption; 24/7 crisis intervention and support for both child and LCPA foster family; developing and writing reports for FAPT; attending and presenting at FAPT meetings; administering LCPA foster parent payments; identifying adoption placements; assessment of adoption placements; and arranging adoption placements. The provision of services will vary for each child based on that child's specific needs and the identified level of care. Services are provided at non-treatment level of foster care as well as treatment

levels of foster care

Purchase of Services (POS) Team: Part of the Fiscal Team for the Child and Family Services Division that assists in processing payments for utilization of CSA funding.

Residential Education: A component of the total daily cost for placement in a licensed level C residential treatment facility. These education services are provided in a licensed, privately owned and operated Level C residential treatment facility to a child/youth with or without an individualized education program (IEP) who has been placed for non-educational reasons.

Residential Room and Board: A component of the total daily cost for placement in a licensed congregate care facility. Residential Room and Board costs include room, meals and snacks, and personal care items.

Residential Case Management: A component of the total daily cost for placement in a licensed congregate care facility. Activities include maintaining records, making calls, sending e-mails, compiling monthly reports, scheduling meetings, discharge planning, etc.

Residential Daily Supervision: A component of the total daily cost for placement in a licensed congregate care facility. Activity includes around the clock supervision.

Residential Supplemental Therapies: A component of the total daily cost for placement in a licensed Level C residential treatment facility. Activity includes a minimum of 21 group interventions (outside of the 3-5 group therapies lead by a licensed clinician). The 21 interventions are goal-based with clear documentation/notes regarding the goal addressed, the intervention used, the resident's response/input, and plan for follow-up.

Residential Medical Counseling: A component of the total daily cost for placement in a licensed Level C residential treatment facility. Activities include around the clock nursing and medical care through on-campus nurses and on-campus/on-call physician. Activities also include the doctor and nurse at every treatment planning meeting for resident.

Respite: Service that provides short term care, supervision, and support to youth for the purpose of providing relief to the primary care giver while supporting the emotional, physical, and mental well-being of the youth and the family/guardian. This service includes respite services licensed by the Department of Behavioral Health and Developmental Services

Special Education (SPED): A form of learning provided to students with exceptional needs, such as students with learning disabilities or mental challenges; Classroom or private instruction involving techniques, exercises, and subject matter designed for students whose learning needs cannot be met by a standard school curriculum.

Special Education Related Services: Services identified within an IEP to be delivered to youth placed in private education schools. Services include, but are not limited to: occupational therapy, physical therapy, speech therapy).

Sponsored Residential Home Services: A short-term residential treatment service provided in a private home which is supervised by a licensed provider. Providers arrange for, supervise, and provide programmatic, financial, and services support to sponsors providing care or treatment for individuals placed in the sponsors' homes.

State Executive Council (SEC): The State Executive Council for Children's Services (the Council) is established as a supervisory council, within the meaning of § 2.2-2100, in the executive branch of state government.

Substance Abuse Case Management: Substance Abuse case management assists children, adults, and their families with accessing needed medical, psychiatric, substance abuse, social, educational, vocational services and other supports essential to meeting basic needs. If an individual has co-occurring mental health and substance abuse disorders, the case manager shall include activities to address both the mental health and substance use disorders. Only one type of case management may be billed at one time

System of Care (SOC): A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

Therapeutic Day Treatment for Children and Adolescents: Covered services are a combination of psychotherapeutic interventions combined with medication, education, and mental health treatment offered in programs of two or more hours per day with groups of children and adolescents

Transportation: Transportation to support attainment of the goals in a child's service plan, either through contracted services or payment of mileage. Services may be designed to enable a child or family member to attend counseling, parenting classes, court, visitation with family members, or other appointments.

Trauma-Focused Cognitive Behavioral Therapy: Is a counseling approach for children and adolescents who have a variety of symptoms associated with exposure to trauma. The intervention also supports caregivers in implementing positive parenting skills and positive interactions with the child/adolescent. TF-CBT is typically delivered in an office setting over 12 – 16 weeks, although this may vary. TF-CBT is delivered by licensed mental health professionals who have received specific TF-CBT training and certification

Treatment Foster-Care (TFC) Case Management: A component of treatment foster care through which a case manager provides treatment planning, monitors the treatment plan, and links the child to other community resources as necessary to address the special identified needs of the child. TFC-CM focuses on a continuity of services that is goal-directed and results-oriented. The provision of services will vary for each child based on that child's specific needs and the identified level of care.

Utilization Review: Activities that provide oversight of purchased services. Activities of UR include review of IFSPs, review of services delivered by providers, review of a child or youth's progress toward goals, and the provision of recommendations for service planning and revision of service plans/goals.

Virginia Child and Adolescent Needs and Strengths (CANVaS): The online application of the Virginia Child and Adolescent Needs and Strengths (CANS) assessment.



ARLINGTON
VIRGINIA

Chapter 2:
Children's Services
Act

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

The Children's Services Act is a 1992 Virginia Law that provided for the pooling of eight specific funding streams, which purchased services for high-risk youth. These funds are returned to the localities with a required state/local match and are managed by local interagency teams (Community Policy and Management Teams). The purpose of the Act is to provide high quality, child-centered, family-focused, cost-effective services to high-risk youth and their families.

The Act has the following intent: "It is the intention of this law to create a collaborative system of services and funding that is child-centered, family-focused and community-based when addressing the strengths and needs of troubled and at-risk youths and their families in the Commonwealth." [COV § 2.2-5200](#)

The purpose of this law is to:

1. "Ensure that services and funding are consistent with the Commonwealth's policies of preserving families and providing appropriate services in the least restrictive environment, while protecting the welfare of children and maintaining the safety of the public";
2. "Identify and intervene early with young children and their families who are at risk of developing emotional or behavioral problems, or both, due to environmental, physical, or psychological stress";
3. "Design and provide services that are responsive to the unique and diverse strengths and needs of troubled youths and families";
4. "Increase interagency collaboration and family involvement in service delivery and management";
5. "Encourage a public and private partnership in the delivery of services to troubled and at-risk youths and their families"; and
6. "Provide communities flexibility in the use of funds and to authorize communities to make decisions and be accountable for providing services in concert with these purposes." [COV § 2.2-5200](#)

2.2 CODE OF ETHICS

The County Community Policy and Management Team (CPMT) adopted the Arlington County Code of Ethics on January 28, 2013. As such, the CPMT upholds the following principles of ethical conduct:

Personal Integrity –

- Be truthful in all endeavors; be honest and forthright with each other and the community.
- Ensure that no favors, gifts, gratuities or benefits are received for actions taken.

- Conduct all actions with impartiality and fairness; do not use information, position or affiliation for personal gain.
- Adhere to conflict-of-interest rules and avoid activities with real or perceived conflicts of interest.
- Model and foster courage in doing the right thing; take responsibility for all actions.

Stewardship Oversight –

- Ensure that all actions taken, and decisions made are without bias and in the best interests of the community.
- Honor and fulfill commitments made to the community.
- Exercise financial discipline and protect entrusted resources.
- Promote trust, motivate and inspire others, provide guidance and be agents of change.

Ethical Treatment of All People –

- Treat all persons with dignity and respect.
- Uphold the constitutional rights of all people with whom we come in contact.
- Value the diversity in the workplace and community.

This Code of Ethics is intended to complement, not replace, all professional codes of ethics. All Children's Services Act partners in Arlington County must adhere to these principles and abide by their own, respective professional values and requirements.

2.3 STATEMENT OF NON-DISCRIMINATION

The Community Policy and Management Team adopted the Arlington County policy of non-discrimination on August 14, 2017.

Children's Services Act and its contractors shall be free of discrimination on the basis of race, color, national origin, religion, sex, sexual orientation, age, political affiliation, disability, genetic information, veterans' status, or disabled veterans' status. Any contractors must comply with the provisions and requirements of Title VI of the Civil Rights Acts of 1964 and its implementing regulations. Any contractor must further comply with Section 504 of the Rehabilitation Act of 1973, as amended and its implementing regulations; the Age Discrimination Act of 1973, as amended, and its implementing regulations, Title IX of the Education Amendments of 1972 and the Americans with Disabilities Act.

2.4 CONFIDENTIALITY

Meetings in which youth and families are discussed will be confidential and not open to the public. The exception is if the youth and family who are the subjects of the meeting request in writing that the meeting be open. Prior to scheduling the Family Assessment and Planning Team (FAPT), the Lead Case Manager will inform the parent/guardian and treatment team that a referral is being made and review the "Consent for the Release of Confidential Information" form

which ask the guardian and/or older youth to sign; providing specific entities with access to information. This form must be signed by the guardian and/or older youth prior to the FAPT meeting and a copy is filed within the youth's CSA file.

2.5 CONFLICT OF INTEREST

All CPMT or FAPT representatives shall abstain from voting in any decisions in which they have a conflict of interest or the appearance thereof. Among other circumstances, conflicts of interest may arise from a personal relationship with the youth or family members, or from a relationship with the vendor or its employees serving a youth before the CPMT. Private provider representatives shall abstain from any CPMT or FAPT decisions in cases in which they or their agency are the vendor. CPMT members are responsible for identifying circumstances in which they have a conflict of interest and abstaining from decisions in that case or CPMT action.

2.6 LIMITED ENGLISH PROFICIENCY

The Lead Case Manager must arrange for information and communication in the parent/guardians' native language or mode of communication when necessary. The Lead Case Manager must assist in the arrangement of interpretation services, if needed, and inform the CSA Coordinator, or designee, that an interpreter will be used during the initial FAPT or FAPT review. This allows for appropriate scheduling of the FAPT meeting to ensure clear understanding and communication to and from the guardian and/or older youth and the FAPT. Family members and other members of the treatment team may not provide interpretation services due to potential for conflict of interest. In the event language interpretation is needed for a FAPT and has not been pre-arranged, the information for the language line is and the FAPT Facilitator can assist in obtaining the information as needed. A certified interpreter within DHS may also be utilized as available for interpretation needs during FAPT.

2.7 FREEDOM FROM LIABILITY AND CONFLICT OF INTEREST

Virginia law provides the members of both the CPMT and the FAPT with broad latitude to carry out their responsibilities regarding the planning, development and provision of services to children and families. A statutory assurance of immunity from civil liability allows the members of FAPT and CPMT to exercise their best professional judgment when carrying out the duties of the team. A CPMT or FAPT member may be held civilly accountable for his or her decisions only if it is proven that the individual member acted with "malicious intent." (§2.2-5206 and §2.2-5207)

Statutory language to guard against conflict of interest is found in §2.2-5205 and requires parent representatives and private providers to complete the financial disclosure form (Financial Disclosure Form). Members representing local agencies complete a statement of economic interest form (Statement of Economic Interests Form) if required by their department (§2.2-

3117). Arlington County Code (§ Chapter 27-9) outlines which County employees must complete these forms. Section 2.2-5207 requires that FAPT and CPMT parental and private provider representatives abstain from decision-making where there may be a personal or fiduciary interest. Essentially, all FAPT and CPMT members are expected to avoid any activity which might be perceived as or actually benefitting them personally.

For more information regarding State filing requirements, <http://ethics.dls.virginia.gov/SLSOEI%20 Fillable FINAL.pdf>

2.8 REVIEW AND AMENDMENT OF THE POLICY AND PROCEDURE MANUAL

Arlington County's Children’s Services Act/System of Care Policy Manual may be amended and approved at any regular meeting of the CPMT by a majority vote of those present and voting. The date of the policy approval is located at the bottom of each policy. Prior to recommending to CPMT a policy amendment of the manual titled, the party presenting the amendment shall evaluate the impact of the proposed amendment, to include providing reasonable assurance that the following objectives are met:

- assets are safeguarded;
- information/data is reliable;
- operations are effective and efficient and
- compliance with applicable laws regulations policies, procedures and contracts in maintained.

A summary of that evaluation shall be included in the CPMT minutes. The CPMT is to review all local CSA policies and procedures every three years.

2.9 CSA REQUIRED DOCUMENTATION

2.9.1 FAPT

Lead Case Managers submitting a case to FAPT are responsible for providing all required documentation. Lead Case Manager Supervisors are to ensure that all required documentations are submitted. The CSA Coordinator or their designee will be responsible for making sure that all required documents are accurately completed, received, and maintained in case file. The System of Care Manager will also be responsible for ensuring the appropriate documents are accurately completed, received, and maintained in case file. The following tables list all needed documentation for initial requests, new service requests, and FAPT reviews:

2.9.11 INITIAL REQUESTS

Documentation Required	Timeframe
1. Signed Parental Consent of Information form (required for Foster Care cases as well) (See Appendix 1)	Due Close of Business the Wednesday prior to desired FAPT meeting.

2. FAPT Referral form (two pages)	<p>Due Close of Business the Wednesday prior to desired FAPT meeting.</p>
3. Parental Copay Part I form with all sections completed and signed by legal guardian(s) (Foster Care, Youth in Related placements, and Individual Education Plan (IEP) services are copay exempt)	
4. Documentation of parental income (tax form or two current, consecutive pay stubs).	
5. Documentation of parental insurance coverage pertaining to requested service.	
6. Child and Adolescent Needs and Strengths Survey (CANS) dated within 30 days-signed by the Case Manager and closed.	
7. Individualized Family Service Plan (IFSP)-signed by the Case Manager, supervisor, guardian, parent and other members of the treatment team. (Individual Education Plan may be substituted for Special Education Private Day placements)	
8. Pre-Authorization or Service Authorization Form if a vendor has been identified and the youth is already open in DMC (School Case Managers should refer to their internal process for this step and coordinate with school contacts needed).	
9. Clinical documentation of behavioral health needs and written recommendations from current treatment provider(s) pertaining to the service request (may include treatment plans, assessments, and progress reports)	
10. Relevant court orders for service requests, if applicable	
11. Magellan Residential inquiry form for youth eligible for Medicaid (required if requesting Residential Treatment or Group Home level services)	
12. Best Interest Determination meeting documentation for school transportation requests, if applicable	
<p>13. Documentation of eligibility: (see eligibility criteria)</p> <ul style="list-style-type: none"> a. Individual Education Plan (IEP) b. Custody Order (Foster Care services, Arlington County licensed homes, or Treatment Foster Care) c. Child in Need of Services (CHINS) determination order (if applicable, court-involved or non- Foster Care cases) d. Child Protective Services Ongoing Services Plan that documents the goal to prevent Foster Care placement 	

2.9.12 NEW SERVICE REQUEST FOR OPEN CASES

Documentation Required	Timeframe
1. Documentation of parental insurance coverage pertaining to requested service.	<p>Due Close of Business the Wednesday prior to desired FAPT meeting.</p>
2. Child and Adolescent Needs and Strengths Survey (CANS) dated within 30 days-signed by the Case Manager and closed.	
3. Individualized Family Service Plan (IFSP)-signed by the Case Manager, supervisor, guardian, parent and other members of the treatment team. (Individual Education Plan may be substituted for Special Education Private Day placements)	
4. Service Authorization Form in the event a vendor has been identified and the youth is already open in DMC (School Case Managers should refer to their internal process for this step and coordinate with school contacts needed).	
5. Clinical documentation of behavioral health needs and written recommendations from current treatment provider(s) pertaining to the service request (may include treatment plans, assessments, and progress reports)	
6. Relevant court orders for service requests	
7. Magellan Residential inquiry form for youth eligible for Medicaid when requesting Residential Treatment or Group Home level services	
8. Best Interest Determination meeting documentation for school transportation requests	
<p>9. Documentation of eligibility: (see eligibility criteria)</p> <ul style="list-style-type: none"> a. Individual Education Plan (IEP) b. Custody Order (Foster Care services, Arlington County licensed homes, or Treatment Foster Care) c. Child in Need of Services (CHINS) determination order (if applicable, court- involved or non-Foster Care cases) d. Child Protective Services Ongoing Services Plan that documents the goal to prevent Foster Care placement 	

2.9.13 FAPT RETURN REVIEW

Documentation Required	Timeframe
1. Child and Adolescent Needs and Strengths Survey (CANS) dated within 90 days or within 30 days of a transition to a higher or lower level of care-signed by the Case Manager and closed.	Due Close of Business the Wednesday prior to desired FAPT meeting.
2. Individualized Family Service Plan (IFSP)-signed by the Case Manager, supervisor, guardian, parent, and other members of the treatment team. (Individual Education Plan may be substituted for Special Education Private Day placements).	
3. Pre-Authorization or Service Authorization Form that has been entered in DMC and approved by the Case Manager (School Case Managers should refer to their internal process for this step and coordinate with school contacts needed).	
4. Current provider report. Please notify the System of Care program in the event there are challenges with receiving reports from vendors.	

2.10 ADDITIONAL ITEMS TO CONSIDER

Additional supporting documentation may be requested by the CSA Coordinator or designee along with the Utilization Review Coordinator. Additions to the FAPT schedule may occur at the discretion of the CSA Coordinator or designee to review urgent service requests that are the result of exceptional circumstances. For Emergency Placements, please refer to the Emergency Services policy. The CPMT review on an emergency FAPT-exempt service shall occur no later than the 14th day of placement.

2.11 FAPT-EXEMPT

CPMT has authorized exceptions to the FAPT process. CSA pool funds may not be used to implement the Individual and Family Service Plan (IFSP) outside of the FAPT process or fund services out of the FAPT process except for the three below instances that have been approved by CPMT:

1. Those youth involving solely the payment of Foster Care maintenance services, to include KinGap and State Funded Subsidy placements. As required by the Appropriation Act, “maintenance” is defined consistently with the federal Title IV-E definition of maintenance, including both basic and enhanced as determined by the Virginia Enhanced Maintenance Assessment Tool (VEMAT).
2. Youth referred by the public schools for Private Day ore Residential Education placement through the IEP.
3. Emergency placements if the child or youth is assessed by FAPT within 14 days of placement and the emergency placement is approved consistent with the locality’s

policies.

The CPMT approval process for the above referenced FAPT-exempt services is as follows:

1. During Tuesdays and Wednesdays, there will be time for the CPMT documentation review of FAPT-exempt service requests
2. The CSA Coordinator or designee will provide the CPMT member with a complete packet and checklist to confirm the youth's eligibility and ensure all necessary documentation is present prior to the creation of a purchase order.
3. Upon CPMT review, approval, and signature, the CSA Coordinator will sign the Pre-Authorization/Service Authorization Form.
4. The initial approval will be completed through the end of the Fiscal year, at which time a new, updated packet will be submitted for CPMT continued approval.
5. Subsequent approval and corresponding purchase orders will be for one year.
6. Approval timeframes for IEP-Driven, Private Day School services will correspond to the effective dates of the IEP.
7. Lead Case Managers and Supervisors will receive outlook reminders for the due date of updated paperwork for subsequent CPMT review.

2.12 CHILDREN'S SERVICES ACT (CSA) CLIENT FILE CHECKLIST

The following items are included in the CSA Client File Checklist and are reviewed based on the internal audit policy and procedure:

1. Intake
 - a. Intake/Referral Form
 - b. Case Manager designation clear and present
 - c. Presenting problems/assessment of child and family
 - d. Current Child and Adolescent Needs and Strengths (CANS)
 - e. Additional assessment data as applicable
 - f. Parental consent to release information
 - g. Parental Contribution/Co-Pay Assessment
 - h. Completed Pre-FAPT Planning Team and review (attachments, signatures, current date)
2. Individual and Family Service Plan
 - a. Completed Individual and Family Service Plan
 - b. Desired outcomes and timeframes present
 - c. Identification of services to be funded
 - d. Recommended Level of Need
 - e. Mitigating Circumstances/Factors
 - f. Other sources/funding explored
 - g. Least restrictive service identified with explanation given
3. Initial FAPT Documentation
 - a. Completed Individual and Family Service Plan
 - b. FAPT Plan of Action/Recommendations

- c. Case Manager identified
 - d. Parent participation in service plan
 - e. Parent consent to service plan
 - f. Other resources/funding explored
 - g. Least restrictive service identified, and explanation given
 - h. Pre-Authorization form with max units funded noted (as applicable)
 - i. Service Authorization Form present with max units funded noted (as applicable)
 - j. Community Policy and Management Team approval
4. FAPT Review Documentation
- a. Updated Individual and Family Service Plan
 - b. FAPT Plan of Action/Recommendations
 - c. Case Manager identified
 - d. Parent participation in service plan
 - e. Parent consent to service plan
 - f. Other resources/funding explored
 - g. Least restrictive service identified, and explanation given
 - h. Pre-Authorization form with max units funded noted (as applicable)
 - i. Service Authorization form present with max units funded noted (as applicable)
 - j. Community Policy and Management Team approval.
 - k. Current Child and Adolescents Needs and Strengths (CANS)
 - l. Vendor Treatment Plan(s)
 - m. Vendor Progress Reports
 - n. Stamped Reports present in file
5. Supporting Documentation
- a. Child Welfare Permanency Plan(s)
 - b. Court Order(s)
 - c. Individual Education Plan(s)
 - d. Signed vendor contract
 - e. Utilization Review Report/Data
 - f. Other (as applicable)



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Chapter 3:

Practice Model

3.1 VALUES AND GUIDING PRINCIPLES

The CPMT promotes family engagement practices and procedures based on the Systems of Care Values and Principles, and the Virginia Children’s Services Transformation: CORE Practice Model. The CPMT practice is based on the following core values and guiding principles:

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

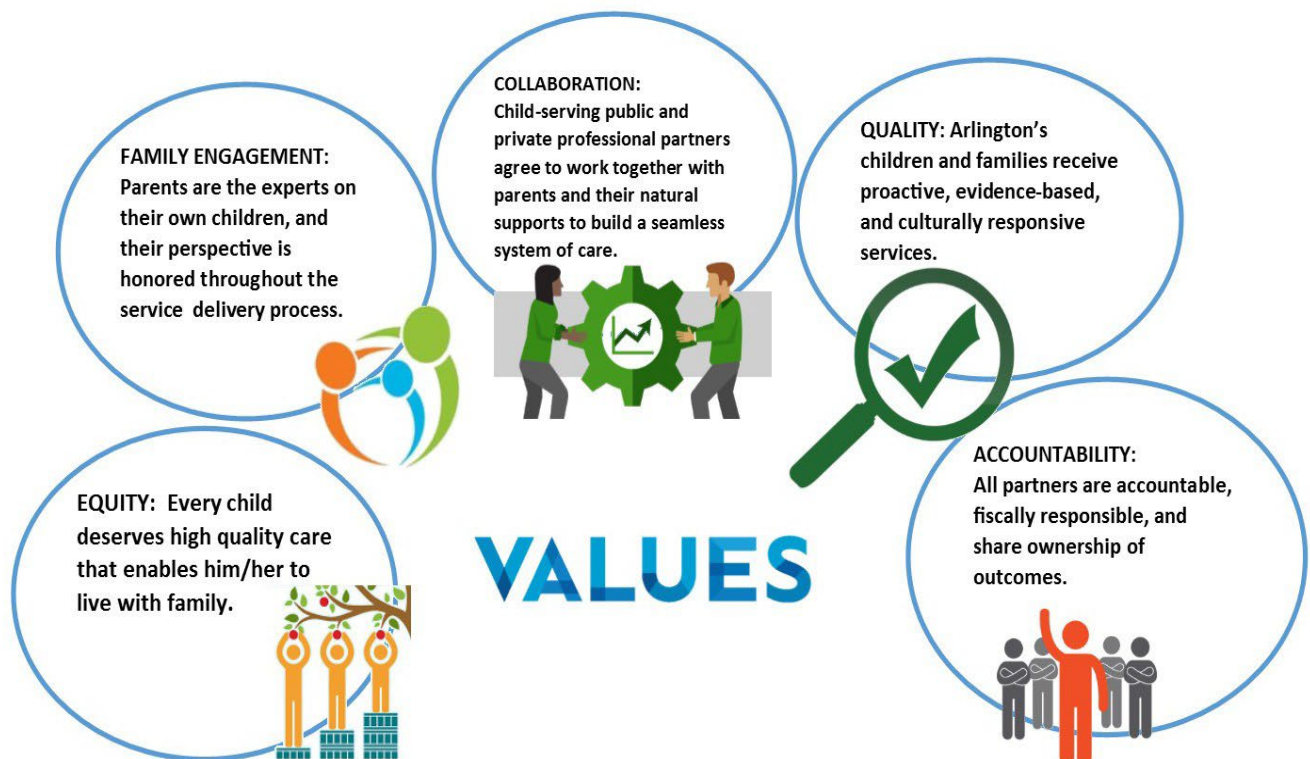
3.2 VISION AND MISSION



COMMUNITY POLICY AND MANAGEMENT TEAM

VISION: Arlington County’s children and youth receive the right services at the right time and at the right cost to build on their strengths and promote well-being in their community.

MISSION: The mission of the Community Policy and Management Team is to strengthen a collaborative system of care for Arlington County's children and youth that is child-centered, family-focused and community-based.



3.3 STRATEGIC PRIORITIES

COMMUNITY POLICY AND MANAGEMENT TEAM STRATEGIC PRIORITIES FY 2019-FY2021

Ensure
equity for
all children
and youth
served with
CSA funding

Develop
robust
Intensive Care
Coordination
Services
within
Arlington
County.

Expand
community-
based
service array.

Strengthen
utilization
management
to ensure
high quality
services
while
containing
cost.

3.4 TRAINING

All members of the Arlington County FAPT and their alternates shall participate in the annual Arlington County CPMT, FAPT and CSA training along with updates and refresher online trainings through the Virginia Learning Center. The purpose of training is to assist and support all CSA stakeholders in increasing and improving their knowledge and practice regarding CSA and the Office of Children’s Services (OCS). All CSA stakeholders will complete the following trainings annually:

Community Policy and Management Team:

- Virginia Learning Center Modules (CPMT Specific)
- Children and Adolescent Needs Survey (CANS) for Strengths-based Treatment Planning

Family Assessment and Planning Team Representatives:

- Virginia Learning Center Modules (Case Manager Specific)
- Children and Adolescent Needs Survey (CANS) for Strengths-based Treatment Planning
- System of Care New Case Manager Training

Family Assessment and Planning Team Facilitators:

- Virginia Learning Center Modules (Case Manger Specific)
- Children and Adolescent Needs Survey (CANS) for Strengths-based Treatment Planning
- FAPT Facilitation Training

New Case Managers/Supervisors:

- Virginia Learning Center Modules (Case Manager Specific)
- Children and Adolescent Needs Survey (CANS) Certification
- System of Care New Case Manager/Supervisor Training

Review of Training Groups, Topics, and Schedules

The training groups, topics, and schedules will be reviewed at a minimum of annually. In the event revisions are needed, the CSA Coordinator or designee and System of Care Manager will adjust training plans accordingly and alert all CSA stakeholders of adjustments.

Time and Location

The time and location of each training will occur and take place at a time/place convenient for the training group.

3.5 CASE MANAGEMENT INTEGRATIONChild's Lead Case Manager

The child's Lead Case Manager will follow the required CSA Required Documentation, Lead Case Manager Accessing Funds, and FAPT Documentation Requirements policies as cited in this manual.

Transfer Cases from One Child-Serving Agency to Another

In the event the child begins accessing CSA funding through one child-serving agency and then transfers to another child-serving agency the following will take place:

- The Transferring Case Manager will ensure current consents are in place for them to reach out to the incoming Case Manager and Supervisor. The Transferring Case Manager and/or Supervisor may reach out to the Utilization Review Coordinators in the event they are unsure of the status of the child's consent.
- If a current consent is present, the Transferring Case Manager will alert the incoming Case Manager and Supervisor, in writing, of the need for the transfer 30-days prior to the transfer as able. If the Transferring Case Manager is not aware of the need for the child's transfer to provide a 30-days' notice, the Transferring Case Manager will alert the incoming Case Manager and Supervisor in writing as soon as possible.
- If a current consent is present, the Transferring Case Manager will alert the System of Care Team, in writing, to include the Utilization Review Coordinator, System of Care Management Analyst, CSA Coordinator, and System of Care Management Analyst of the need for the transfer from the Transferring Case Manager to the incoming Case Manager within 15-business of the scheduled transfer.
- The Transferring Case Manager will ensure that the incoming Case Manager and Supervisor are aware of any upcoming items needed or scheduled meetings in relation to the child and CSA funding such as FAPT meetings, updated consents, supporting documentation, etc and will terminate any current Purchase Orders.
- The Transferring Case Manager will send a confirmation notification on the day of the official transfer to the Incoming Case Manager and Supervisor along with the System of Care Team to include the Utilization Review Coordinator, System of Care Management Analyst, CSA Coordinator, and System of Care Manager.
- The incoming Case Manager, with support from Supervisor, will collect updated consents from the child and guardian as well as complete an initial FAPT packet, including a referral form, to ensure eligibility criteria are able to be reviewed for potential continued CSA Funding.
- Upon new consents being completed and a new FAPT packet submitted, the Incoming Case Manager, with support from Supervisor, will follow the CSA Required Documentation, Lead Case Manager Accessing Funds, and FAPT Documentation Requirements policies as cited in this manual.

Internal Agency Transfers

Child-serving agencies will follow their own internal policy regarding internal case transfers. The child-serving agency will alert the System of Care Program of Case Manager changes. In the event the child transfers from a child-serving agency into the care of the Department of Social Services, the Lead Case Manager will follow the Obtaining Consents policy noted in this manual.

Gaps in Service Delivery

It is the expectation that Lead Case Managers who are transferring a child to another child-serving agency follow this protocol to ensure continuity of care. In the event the Lead Case Manager is absent, the expectation is that the Supervisor or a designee moves forward with the process. There should not be service gaps in terms of a child's case transferring from one agency to another and back-up assistance should be identified from each child-serving agency to take

into consideration, but not limited to, staffing patterns, summer months, breaks in school schedules, and holidays.



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Chapter 4:
Community Policy
and Management
Team

4.1 COMMUNITY POLICY AND MANAGEMENT TEAM(CPMT) PHILOSOPHY AND PRINCIPLES

The CPMT was established in 1992 at the inception of the Children's Services Act. Historically, it has been comprised of the CSA Coordinator; Director and Deputy Director of the Court Services Unit; Director of the local Department of Social Services; Arlington Public Schools; a Community Services Board (CSB) representative; Division Chief of Department of Human Services Finance and Information Systems Division (FISD), representing the role of the fiscal agent for the local administration of CSA pool funds; two private provider representatives; and a parent representative. In recent years, the CPMT has welcomed a representative from the Arlington Public Health Department, as well as the Administrative Officer and System of Care Manager with the Department of Human Services, Child, and Family Services Division. The CPMT has had long-standing representation of several members whose participation has spanned more than 20 years to date, including the current FISD Chief, a CSB representative, and a supervisor with Arlington Public Schools. Throughout these years, the CPMT has remained fully committed to its mission and core values and principles in the delivery of services to Arlington's children and families.

PURPOSE:

The purpose of the CPMT shall be to create, maintain, and manage a collaborative system of services and funding that is child-centered, family-focused, and community-based when addressing the strengths and needs of troubled at-risk youth and their families. Members of the Arlington County CPMT are local agency leaders with authority to commit their agency's expertise, resources, and funding for the purposes of providing services to the community's youth and families. The Arlington County CPMT has the authority to determine local policies and procedures regarding use of CSA funds within the statutory framework of the Children's Services Act. The responsibilities of the Arlington CPMT fall into three general categories: planning and policy development; fiscal and programmatic management; and data collection and reporting.

4.2 POWERS AND DUTIES

The Arlington County Community Policy and Management team shall manage the cooperative effort for Arlington County to better serve the needs of troubled and at-risk youths and their families and to maximize the use of state and community resources. Specific requirements, duties and authority of the CPMT are outlined in §2.2-52062. Additional duties and responsibilities are delineated by the Office of Children's Services. Accordingly, the Arlington CPMT shall:

1. Develop interagency policies and procedures to govern the provision of services to children and families in Arlington County;
2. Develop interagency fiscal policies governing access to the state pool of funds by the eligible populations including immediate access to funds for emergency services and shelter care;
3. Establish policies to assess the ability of parents or legal guardians to contribute financially to the cost of services to be provided and, when not specifically prohibited by

- federal or state law or regulation, provide for appropriate parental or legal guardian financial contribution, utilizing a standard sliding fee scale based upon ability to pay;
4. Coordinate long-range, community-wide planning that ensures the development of resources and services needed by children and families in Arlington including consultation on the development of a community-based system of services established under § 16.1-309.3:
 - a. Reporting to the OCS on programmatic and fiscal operations and recommendations for system improvement, including but not limited to: annually reporting to the OCS on the gaps in services necessary to keep children in the community, as well as barriers to the development of these services.
 - b. Providing client-specific information from the mandatory uniform assessment (this requirement is met by the entering of child-specific CANS assessment information into the *CANVaS website* and database),
 5. Establish policies governing referrals and reviews of children and families to the family assessment and planning teams or a collaborative, multidisciplinary team process approved by the Council, including a process for parents and persons who have primary physical custody of a child to refer children in their care to the teams, and a process to review the teams' recommendations and requests for funding;
 6. Establish quality assurance and accountability procedures for program utilization and funds management;
 7. Establish procedures for obtaining bids on the development of new services;
 8. Manage funds in the interagency budget allocated to the community from the state pool of funds, the trust fund, and any other source;
 9. Authorize and monitor the expenditure of funds by each family assessment and planning team or a collaborative, multidisciplinary team process approved by the Council;
 10. Submit grant proposals that benefit its community to the state trust fund and enter into contracts for the provision or operation of services upon approval of the participating governing bodies;
 11. Serve as its community's liaison to the Office of Children's Services, reporting on its programmatic and fiscal operations and on its recommendations for improving the service system, including consideration of realignment of geographical boundaries for providing human services;
 12. Collect and provide uniform data to the Office of Children's Services in accordance with subdivision D 16 of § 2.2-2648; this requirement is met by submission of the Local Expenditure and Data Reimbursement System files according to the established schedule.
 13. Review and analyze data in management reports provided by the Office of Children's Services in accordance with subdivision D 18 of § 2.2-2648 to help evaluate child and family outcomes and public and private provider performance in the provision of services to children and families through the Children's Services Act program. The CPMT shall also review local and statewide data provided in the management reports on the number of children served, children placed out of state, demographics, types of services provided, duration of services, service expenditures, child and family outcomes, and performance measures. Additionally, The CPMT 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; (this requirement is met by submission of the child specific data set and pool fund expenditure data.)

14. Administer funds pursuant to the Virginia Juvenile Community Crime Control Act (VJCCCA, § 16.1-309.3);
15. Have authority, upon approval of the participating governing bodies, to enter into a contract with another community policy and management team to purchase coordination services provided that funds described as the state pool of funds under § 2.2-5211 are not used;
16. Submit to the Department of Behavioral Health and Developmental Services information on children under the age of 14 and adolescents ages 14 through 17 for whom an admission to an acute care psychiatric or residential treatment facility licensed pursuant to Article 2 (§ 37.2-403 et seq.) of Chapter 4 of Title 37.2, exclusive of group homes, was sought but was unable to be obtained by the reporting entities. Such information shall be gathered from the family assessment and planning team or participating community agencies authorized in § 2.2-5207. Information to be submitted shall include:
 - a. The child or adolescent's date of birth;
 - b. Date admission was attempted; and
 - c. Reason the patient could not be admitted into the hospital or facility;
17. Establish policies for providing intensive care coordination services for children who are at risk of entering, or are placed in, residential care through the Children's Services Act program, consistent with guidelines developed pursuant to subdivision D 22 of § 2.2-2648; and;
18. Establish policies and procedures for appeals and by youth and their families of decisions made by local family assessment and planning teams regarding services to be provided to the youth and family pursuant to an individual family services plan developed by the local family assessment and planning team. Such policies and procedures shall not apply to appeals made pursuant to § 63.2-915 or in accordance with the Individuals with Disabilities Education Act or federal or state laws or regulations governing the provision of medical assistance pursuant to Title XIX of the Social Security Act. Dispute resolution of all appeals, and the documentation of the dispute resolution process shall be the responsibility of the CPMT.
19. Adoption of a community philosophy with respect to the provision of human services for children and families;
20. Ensuring that services and funding seek to preserve families and are provided in the appropriate, least restrictive environment;
21. Identification of the current service continuum and assessment of current strengths and needs;

22. Adoption of a strategic plan based on the identified philosophy and analysis of the current system;
23. Developing policies and procedures regarding the management of records to protect confidential data;
24. Having a utilization management process, including a uniform assessment;
25. Ensuring the use of Medicaid funded services whenever they are "available and appropriate."

4.3 SEPARATION OF DUTIES BETWEEN CPMT AND FAPT REPRESENTATIVES

There shall be clear separation of duties between the roles of CPMT members and the role of FAPT members. Any individual participating in service planning and recommendations in the course of a FAPT meeting as evidenced by their signature and indication of agreement or disagreement as a FAPT member on the FAPT action plan, must abstain from any subsequent voting on funding authorizations by the CPMT. No individual appointed to serve as a member of the CPMT may simultaneously serve as an appointed member of FAPT.

4.4 CPMT OFFICERS

The offices of CPMT Chair and CPMT Vice Chair shall be performed by the members from the four (4) agencies that manage CSA cases for the County. The terms for offices of Chair and Vice Chair shall be for two (2) years, following which, the offices shall rotate among the agencies with the Vice Chair becoming the Chair and a new Vice Chair being installed. The rotation among the agencies shall proceed in the following order:

Public Schools (Chair)
 Community Services Board (Vice Chair) Department
 of Social Services
 Juvenile Court Services

The CPMT shall install the new Chair and Vice Chair by a simple majority vote of a quorum of the CPMT. Should the need arise, the CPMT may re-appoint the Chair or Vice Chair for an additional period of time or for a consecutive term; it may alter the order of rotation among the agencies, or take other action it deems necessary to provide for leadership of the CPMT.

The duties of the CPMT Chair shall include:

- Preside at all CPMT meetings, verifying a quorum of members is present;
- Establish the agenda and meeting schedule for the CPMT;
- Communicate with State and local officials on behalf of the CPMT;
- Sign CSA documents as the official signature for the CPMT.
- Forward the CPMT's recommended nominee(s) for membership to the Arlington County Board, or designee, for approval.

- When necessary, appoint a Nominating Committee to assist in obtaining nominations for the parent or private service provider representatives
- The Chair, or designee, shall conduct interviews with prospective private provider and parent representatives.
- Perform any other duties as assigned by the CPMT.

The duties of the CPMT Vice Chair include:

- Preside at CPMT meetings in the absence of the Chair;
- Perform the duties of the Chair in his or her absence;
- Perform and any other duties assigned by the CPMT.

4.5 CPMT MEMBERSHIP

The membership of the Arlington County CPMT shall be appointed by the Arlington County Board and include, at a minimum, the following persons:

- The Executive Director of the Arlington County Community Services Board, or designee;
- The Director of the Arlington County Juvenile Court Services Unit, or designee;
- The Director of the Arlington County Health Department, or designee;
- Director of Social Services for Arlington County, or designee;
- The Superintendent of Arlington Public Schools, or designee;
- The Arlington County System of Care Manager, or designee;
- The Arlington County Fiscal Agent for CSA, or designee;
- Two (2) representatives of private service providers for children or family services;
- A parent representative

All CPMT members, designees, and alternates must be appointed by the County Board prior to taking any actions as a CPMT member. Any member, designee, or alternate member of the Arlington CPMT may be removed by the Arlington County Board, or the Board's designee, for cause, after being given a written statement of the causes and an opportunity to be heard thereon. The Intellectual Developmental Disability Division Chief will serve as a consultation support for CPMT if/when needed.

The appointment of certain local government agency heads as CPMT members is required by the Code of Virginia in Title 2.2-5202. These agency heads, or their designees, as well as other county staff positions, are appointed to serve as CPMT members by virtue of their position with the County. These members serve a continuous term, until such time as they leave the position, or a different designee is named by the agency head or appointed by the County Board.

An agency head may designate another person to serve as the CPMT member for the agency or to serve as an alternate member. Designations shall be at the discretion of the agency head, who shall provide all designations or any change in designations in writing to the CPMT chair. As changes occur, the CPMT chair shall submit the CPMT membership list to the County Board for appointment as provided for in county procedures.

Two representatives of private service providers shall be nominated for CPMT membership by the Northern Virginia Coalition of Private Provider Associations (NOVACO). NOVACO may also nominate alternates for the regular private provider representatives. Private Service Provider Representatives are voting members of the CPMT and are appointed for a two-year term which may be renewed one or more times. Renewal is contingent upon the continued nomination of the representative by NOVACO and upon the agreement of the CPMT. If a representative and their alternate are unable to complete the term, he or she shall provide written notice to the CPMT chair. NOVACO will be requested to identify another representative to complete the term by the CPMT chair.

One Parent Representative shall be recruited to serve on the CPMT. The Parent Representative shall be a voting member of the CPMT and may not be an employee of any public or private provider of services to youth. Parent Representatives are appointed for a two-year term which may be renewed one or more times. Renewal is contingent on the request of the Parent Representative and the agreement of the CPMT. Parent representatives will be sought through the Parent Resource Center, Special Education Advisory Council, and other parent support organizations.

All CPMT members, including parent representatives and private service provider representatives (and their alternates) are required to attend the CSA orientation and annual training. If a newly appointed CPMT member or alternate, has not previously completed CANS certification, he or she must successfully complete CANS certification within 30 days of appointment. CPMT members are not required to maintain ongoing CANS certification.

4.6 CONDUCTING CPMT BUSINESS

The CPMT will meet monthly on the fourth Monday of each month excluding March, August, and December. Meetings will occur at the Department of Human Services (DHS) offices at 9:00 am unless otherwise indicated by agreement of the CPMT. Meetings will be held as indicated unless the Chair determines there is no need for a meeting. Written recordings of CPMT meetings will be the primary responsibility of the CSA Coordinator unless another designee is assigned by the CPMT. The System of Care Management Analyst may serve as this designee in all open and closed CPMT sessions.

Routinely, CPMT will engage in long range planning to include a review of:

- The current strategic plan and corresponding action items associated with it
- Utilization of residential treatment facilities to facilitate timely returns to lower levels of care when appropriate, and other data points as determined by CPMT
- The most recent internal audit results
- The most recent parent and stakeholder satisfaction surveys
- CPMT Retreat outcomes and review items

- Current performance measurement plan
- Any other material deemed appropriate by the CPMT chair to guide the strategic planning of the CPMT

Any member of the CPMT not able to attend a meeting should send a designated representative or notify the Chair prior to the meeting to ensure that a quorum can be established. A quorum must be established at each meeting and is defined as 51% of the voting members. Decisions will be made by majority vote of members present. Voting members of the CPMT are identified as: the System of Care Manager; local DSS director or his or her designee; local CSB representative or his or her designee; local APS representative or his or her designee; local CSU director or his or her designee; local DPH representative or their designee; CSA fiscal agent or their designee; private providers (one vote per provider); and the parent representative.

A CPMT member shall attend every Family Assessment and Planning Team meeting to provide funding guidance and approval. CPMT members will coordinate with one another to provide coverage if the scheduled CPMT member is unavailable. If no CPMT member is available for the FAPT, the CSA Coordinator will notify the CPMT Chair or their designee and provide a case update and request the funding determination. The CPMT member documents on the Individualized Family Service Plan his or her agreement or disagreement with the services recommended by the Family Assessment and Planning Team. Services may not begin without CPMT authorization, except in emergency situations (see emergency service policy).

4.7 PROCEDURES FOR ELECTRONIC MEETINGS AND ELECTRONIC PARTICIPATION IN MEETINGS

Electronic Meetings

Occasions may arise when the Community Policy Management Team (CPMT) is unable to form a physical quorum to conduct a public meeting. Under certain circumstances, Virginia law permits certain public bodies¹ to hold all-virtual public meetings using electronic means such as telephone or video conferencing, in which no physical quorum is otherwise required. The law limits the instances in which this may occur, prescribes procedures that must be followed when a public body holds an all-virtual public meeting, and requires that a written policy governing such meetings be adopted. This Policy, as hereafter set forth, sets forth the procedures under which the CPMT may hold an all-virtual public meeting.

The CPMT may hold an all-virtual public meeting in which no physical quorum is assembled under the following circumstances:

1. An indication of whether the meeting will be an in-person or all-virtual public meeting is included in the required meeting notice along with a statement notifying the public that the method by which the CPMT chooses to meet shall not be changed unless the CPMT provides a new meeting notice in accordance with the provisions of Va. Code § 2.2-3707; and
2. Public access to the all-virtual public meeting is provided via electronic communication means; and
3. The electronic communication means used allows the public to hear members of the CPMT participating in the all-virtual public meeting and, when audio-visual technology is available, to see members of the CPMT as well; and

4. A phone number or other live contact information is provided to alert the public body if the audio or video transmission of the meeting provided by the CPMT fails, the CPMT monitors such designated means of communication during the meeting, and the CPMT takes a recess until public access is restored if the transmission fails for the public; and
5. A copy of the proposed agenda and all agenda packets and, unless exempt, all materials furnished to members of the CPMT for a meeting is made available to the public in electronic format at the same time that such materials are provided to members of the CPMT; and
6. The public is afforded the opportunity to comment through electronic means, including by way of written comments, at those public meetings when public comment is customarily received; and
7. No more than two members of the CPMT are together in any one remote location unless that remote location is open to the public to physically access it; and
8. If a closed session is held during an all-virtual public meeting, transmission of the meeting to the public resumes before the CPMT votes to certify the closed meeting as required by section D of Va. Code § 2.2-3712.
9. The CPMT does not convene an all-virtual public meeting (i) more than two times per calendar year or 25 percent of the meetings held per calendar year rounded up to the next whole number, whichever is greater, or (ii) consecutively with another all-virtual public meeting; and
10. Minutes of all-virtual public meetings held by electronic communication means are taken as required by Va. Code §2.2-3707 and include the fact that the meeting was held by electronic communication means and the type of electronic communication means by which the meeting was held; and
11. This policy shall not be applicable to electronic meetings held during declared states of emergency, which shall be governed by the applicable provisions of the Code of Virginia.

Electronic Participation in Meetings

Occasions may arise when a member of the CPMT is unable to be physically present at the meeting. Under certain circumstances, Virginia law permits members to participate in meetings through electronic means such as telephone and video conferencing. The law limits the instances in which this may occur, prescribes procedures that must be followed when a member participates in a meeting through electronic means, and requires that a written policy governing such participation be adopted. This Policy, as hereafter set forth, sets forth the instances when a member may participate in a meeting electronically and the procedures that apply.

Circumstances When Electronic Participation Is Permitted

A CPMT member may participate in a meeting through electronic means from a remote location not open to the public under the following circumstances:

1. a. A member shall notify the chair on or before the day of the meeting that such member is unable to attend the meeting due to a personal matter, and shall identify with specificity the nature of the personal matter. The CPMT shall record in its minutes the specific nature of the personal matter and the remote location from which the member participated.
- b. Such participation by the member shall be limited each calendar year to two meetings or 25 percent of the meetings of the CPMT held per calendar year rounded up to the next whole number, whichever is greater.

2. A member may notify the chair that such member is unable to attend a meeting due to a temporary or permanent disability or other medical condition that prevents the member's physical attendance, or a family member's medical condition that requires the member to provide care for such family member, thereby preventing the member's physical attendance. The CPMT shall record this fact and the remote location from which the member participated in its minutes.
3. A member may notify the chair that such member is unable to attend a meeting due to the member's principal residence being more than 60 miles from the meeting location identified in the required notice for the meeting. The CPMT shall record this fact and the remote location from which the member participated in its minutes.
4. If a member's participation from a remote location pursuant to any of the reasons stated above is disapproved because such participation would violate the provisions of this Policy, such disapproval shall be recorded in the minutes with specificity.

Procedural Requirements

Participation by a member of the CPMT as authorized above shall be only under the following conditions:

1. A quorum of the CPMT is physically assembled at the primary or central meeting location.
2. The CPMT makes arrangements for the voice of the member who is participating remotely to be heard by all persons at the primary or central meeting location.
3. This Policy shall be applied strictly and uniformly, without exception, to all members and without regard to the identity of the member requesting to participate remotely or the matters that will be considered or voted on at the meeting.

4.8 PROCEDURES FOR CPMT AUTHORIZATION OF FUNDS

All expenditure of CSA funds for Arlington County youth shall be authorized by the Arlington County CPMT. A CPMT member shall attend each Family Assessment and Planning Team (FAPT) meeting to review FAPT recommendations for services and to authorize and monitor the expenditure of funds.

The CPMT will establish a monthly schedule for equitable coverage of FAPT meetings among all CPMT members and alternate members, excluding the private provider and parent representatives. Should the scheduled CPMT member become unavailable to attend the FAPT meeting, the other CPMT members will coordinate to arrange coverage. If no CPMT member is available for the FAPT, the CSA Coordinator will notify the CPMT Chair and request funding authorization. If the chair is unavailable, any CPMT member listed on the monthly schedule may be contacted to authorize funds.

The CPMT member will document on the Individualized Family Service Plan, his or her agreement or disagreement with the services recommended by the FAPT. When the CPMT member does not authorize funding as recommended by the FAPT, the CSA Coordinator will schedule a review of the case by a quorum of the CPMT for final decision. This review shall occur as soon as possible,

but no later than 10 County business days following the FAPT meeting.

CPMT authorization of funding is required for FAPT Exempt Cases. Upon a request for funding for a FAPT exempt case, the CSA Coordinator shall present the request and supporting documentation to the CPMT member in attendance at next available FAPT meeting. The CPMT member shall conduct a CSA file review to ensure the case meets the criteria for foster care maintenance, or IEP authorized private day/residential educational services. The CPMT representative shall sign the authorization for funding after verifying that the required documentation is present in the file and that the request meets the criteria for CPMT funding.

In no case, may CSA funded services begin without CPMT authorization, except in emergency situations (see emergency service policy).

4.9 CPMT APPROVAL OF FAPT-EXEMPT SERVICES

*Please refer to FAPT-Exempt



ARLINGTON
VIRGINIA

Chapter 5:
Family Assessment
and Planning
Team

5.1 MEMBERSHIP

The Family Assessment and Planning Teams (FAPT) consists of seasoned staff members and/or a supervisors representing; i.e. Child Welfare, Court Services Unit, Public Schools, Behavioral Health, etc. to ensure clinical integrity, interdisciplinary collaboration, and quality of services.

1. The FAPT team may have representatives from the following community agencies: Arlington County Child and Family Services Division (Department of Social Services and Community Services Board representation); Arlington County Court Services Unit; Arlington Public Schools; Arlington County Department of Public Health; and a parent representative with lived experience; and a private provider representative.
2. The Community Policy and Management Team (CPMT) shall approve all members of the Arlington County FAPT. A primary and alternate individual will be designated from each Arlington County CPMT agency and for each private service provider and parent representative.
3. Parent representatives who are employed by a public or private program which receives funds pursuant to Title 2.1, Chapter 46 of the Code of Virginia or agencies represented on the CPMT may serve as a parent representative provided that they do not, as part of their employment, interact directly on a regular and daily basis with children or supervise employees who interact directly on a daily basis with children. Notwithstanding this provision, Foster Parents may serve as parent representatives.
4. The term for parent representatives and private service provider representatives shall be for two years and re-appointments may be made for additional consecutive terms upon approval by the CPMT and the System of Care Manager.
5. Nominations for representatives of the private service providers and their alternates may be sought through the Northern Virginia Coalition of Private Providers (NOVACO). If a representative and their alternate are unable to complete the term, NOVACO will be requested to identify another representative to complete the term. Parent representatives may be sought through the Parent Resource Center, Special Education Advisory Council, and other local parent support organizations. All parent representatives and private service provider representatives (and their alternates) shall be required to participate in the annual Arlington FAPT and Children's Services Act (CSA) training.
6. The System of Care Manager and CSA Coordinator may submit nominations for FAPT Team membership to the CPMT for approval. Additionally, the CPMT Chair may appoint a Nominating Committee to assist in obtaining nominations for the limited term members.
7. A parent or private service provider representative experiencing a conflict of interest around a FAPT recommendation shall abstain from voting on that decision.
8. Each participating organization (i.e., Child Welfare, Community Services Board, etc.) shall be responsible for recommending representatives for FAPT. Individual representatives from these organizations should be familiar with their agency's services and programs and should have a basic understanding of the eligibility criteria for those programs. The staff appointed to FAPT must have the authority to access services within their respective agencies. In addition, agency representatives to the FAPT should:
 - a. Attend initial and ongoing FAPT reviews or arrange for the designated alternate to attend. If the alternate is unable to attend the FAPT, that individual should notify the System of Care Manager or CSA Coordinator;

- b. Review the materials provided by the CSA Coordinator office prior to the FAPT review;
- c. Be aware of services being requested if the lead Case Manager is someone from their own system;
- d. Immediately inform agency staff of changes in the upcoming FAPT schedule as they occur;
- e. Attend all CSA CPMT and FAPT sponsored trainings; and

5.2 POWERS AND DUTIES

5.2.1 FAMILY ASSESSMENT AND PLANNING TEAM

FAPT completes the required following duties:

- a. Review of FAPT referrals of youth;
- b. Provides for family participation in all aspects of assessment, planning, and implementation of services;
- c. Provides for input from Foster Care parents of children in long-term or permanent Foster Care;
- d. Assists the primary Case Manager in developing the youth's Individual and Family Service Plan (IFSP); providing appropriate and cost-effective services that are following state and local mandates and policies;
- e. Where legal guardian financial contribution is not specifically prohibited by federal or state law or regulation, or has not been court-ordered by the Division of Child Support Enforcement, ensures discussion of legal guardians' responsibility to contribute financially to the cost of services provided in the IFSP
- f. Refers the youth and family to community agencies and resources in accordance with the IFSP;
- g. Assesses the eligibility of the youth for CSA mandated or CSA non-mandated funding;
- h. Designates a person who is responsible as the primary Case Manager, for monitoring and reporting the progress being made in fulfilling the youth's IFSP and ensures such reports are made to FAPT or the responsible local agency;
- i. Identifies youth who are at-risk of entering, or are placed in, residential care through the Comprehensive Services Act program and can be appropriately and effectively served in their homes, relatives' homes, family-like settings, and communities;
- j. In collaboration with the Utilization Review Coordinator and the CSA Coordinator, monitors and periodically reviews cases based on designated criteria.

5.2.2 FAPT REPRESENTATIVE

The Arlington Family Assessment and Planning Teams (FAPT) will be responsible for reviewing the strengths and needs of individual youth and families that are accepted for review. In addition, these teams will identify and/or approve funding of services to meet their unique needs. In meeting these responsibilities, the Arlington FAPT will have regularly scheduled meetings to discuss cases to coordinate service delivery that will include the below activities:

1. Review FAPT referrals of youths and families;
2. Provide for family participation in all aspects of assessment, planning, and implementation of services;
3. Provide for input from the foster care parents of children in long-term or permanent foster care;
4. Assist the Lead Case Manager in reviewing and amending an Individual Family Services Plan (IFSP) for youths and families reviewed by the Team, which provides for appropriate and cost-effective services are compliant with state and local mandates and policies;
5. Where parental or legal guardian financial contribution is not specifically prohibited by federal or state law or regulation, or has not been ordered by the court by the Division of Child Support Enforcement, to include discussion of the parents' or legal guardians' responsibility to contribute financially to the cost of services to be provided in the Individual Family Services Plan;
6. Refer the youth and family to community agencies and resources in accordance with the Individual Family Services Plan;
7. Assess the eligibility of the youth and family for mandated or non-mandated funding and when appropriate, approve expenditures;
8. Designate a person who is responsible as primary case manager, for monitoring and reporting, as appropriate, the progress being made in fulfilling the Individual Family Services Plan developed for each youth and family, such reports to be made to the Team or the responsible local agency;
9. Identify children who are at risk of entering, or are placed in, residential care through the Comprehensive Services Act program who can be appropriately and effectively served in their homes, relatives' homes, family-like settings, and communities;
10. In collaboration with Utilization Review staff and the CSA Coordinator, monitor and periodically review cases based on designated criteria.

5.2.3 CSA COORDINATOR

The CSA Coordinator's duties will be to ensure accomplishment of the following:

1. Maintain the FAPT schedule;
2. The submission of the completion of all necessary documentation, as required by CSA policy, including the Child and Adolescent Needs and Strengths (CANS) assessment tool;
3. Inform all FAPT team members of scheduled meetings;
4. Chair team meetings along with System of Care Manager, or identify an alternate to chair meetings;
5. Promptly notify the CPMT Chair of the following situations:
 - Individual Family Service Plans for which consensus could not be reached, and
 - Expenditure of non-mandated funds for residential services;
6. Oversee the daily fiscal operations and requirements of CSA;
7. Serve as the "Single Point of Contact" for accepting referrals from other localities, as well as referring cases to other localities when appropriate;
8. Perform all duties as assigned by the Community Policy and Management Team.
9. Each FAPT will have an alternate to assist in fulfilling the responsibilities of the CSA Coordinator in their absence.

5.2.4 FAPT FACILITATOR

This part of the policy addresses the duties of the Family Assessment and Planning Team(FAPT) Facilitator for those seeking Children's Services Act(CSA) funding for CSA eligible children. The purpose is to outline the specific duties related to FAPT Facilitation and provides guidance on the role and duties of the FAPT Facilitator. This applies to all systems who are in the FAPT Facilitation and this policy is made the agency designated by the Community Policy and Management Team(CPMT) and identified system.

5.2.41 ELIGIBILITY

The FAPT Facilitator is to be a seasoned staff member of a system and/or a Supervisor within the specific system that individual is representing; i.e. Child Welfare, Court Services Unit, etc. Those individuals selected to be a FAPT Facilitator will be screened by the Community Policy and Management Team to ensure clinical integrity and quality of facilitation.

5.2.42 DUTIES

It is the role of the FAPT Facilitator to ensure that participation in FAPT is accomplished through communications and interactions that are respectful, inclusive, and appropriate to the youth and family's cultural needs and preferences. Technical language, acronyms, and other forms of communication that may be confusing to the youth and/or family members Foster Parents, and other participants should be avoided. Breaks should be taken in conversation to encourage family members and other participants to ask questions and seek clarification. It is the role of the FAPT Facilitator to redirect or summarily end conversations by any participant that blame or shame others. It is the expectation and is permissible for the FAPT Facilitator to utilize a Conference Call as needed.

Lead Case managers must provide interpretation services, if needed, and inform the CSA Coordinator that an interpreter will be used during the FAPT staffing or review. Family members and other members of the treatment team may not provide interpretation services due to potential for conflict of interest. In the event language interpretation is needed for a FAPT and has not been pre-arranged, the FAPT Facilitator can assist in obtaining the information for the language line as needed. A certified interpreter within DHS may also be utilized for interpretation needs during FAPT.

The FAPT Facilitator coordinates the Family Assessment and Planning Team meetings within the 30 to 60-minute time allocation for each case. As the Facilitator is conducting the meeting, that individual is also documenting the discussion throughout the meeting. Below is the specific agenda the FAPT Facilitator coordinates:

- a. Ensure Parent/Guardian and Vendor are Present: It is the expectation that parents and guardians with legal custody of their children participate in all FAPT reviews. Foster-Parents, Treatment Foster-Care Case Managers and the treating clinician are strongly encouraged to participate in FAPT as well.

- b. Ensure a Representative Quorum is present: At least four FAPT members or 3 FAPT members with the agreement from FAPT and CPMT Representative and the Case Manager and Clinical Team.
- c. Welcomes the parties and facilitate introductions.
- d. Invites Lead Case Manager to present the request for services and pertinent background information.
- e. Provides Parent(s)/Guardians with the opportunity to add additional information to the Case Manager's presentation.
- f. Invites the Service Provider (if identified) to discuss their work with the child/family.
- g. Invites the Utilization Review Coordinator to present recommendations of the Utilization Review Form, if applicable.
- h. Provides other treatment team members that may be in attendance an opportunity to comment.
- i. Facilitates FAPT's discussion around if the service requested is in alignment with the CANS.
- j. Facilitates FAPT's discussion related to the request and asks any pertinent questions.
- k. Facilitates FAPT's discussion around the client's FAPT Plan of Action, documents the Plan of Action, and routed paperwork for all parties to sign. Documentation specifically related to the FAPT Action Plan utilizes the following examples as a guide to the language needed for the referenced services categories:
 1. **Congregate Care:** *"Support residential (or group home) placement pending Medicaid and/or parental insurance denial of medical necessity from (starting month-ending month and calendar year)."*
 2. **Treatment Foster Care:** *"Support placement in Treatment Foster Care, including maintenance and enhanced maintenance, as indicated, at the (specify level assessment, mild, moderate, or severe) level of Private Foster Care Support and Administration." Services approved from (starting month- ending month and calendar year)."*
 3. **In-Home Services:** *"Support (specify Family Support Services, Individualized Support Services, Home-based Services (MHI cases only), or Applied Behavior Analysis) at (specify amount) hours per month from (starting month-ending month and calendar year)."*
- l. Ensures all parties present indicate with their signature "A" for agree or "D" for disagree with the supported FAPT Action Plan. In the event there is an individual who disagrees, the FAPT Facilitator will provide a copy of the disagreement form to the party and allow that individual to document their concerns. The form is then returned to the FAPT Facilitator for the file.
- m. Schedules next review date at a convenient day/time for the youth and Parent/Guardian and in accordance with the following review schedule:
 1. Residential Treatment Facilities/Group Homes: Can be approved up to 3-months at a time with reviews occurring as often as

- monthly when deemed appropriate by FAPT, the youth's treatment team, or the Utilization Review Coordinator.
2. Treatment Foster Care: Can be authorized for 6 months with the review scheduled at 5-month mark to allow for a one-month authorization cushion. Non-Treatment Level and Level 1 Treatment Foster Care can be authorized for up to 12-months.
 3. In-home Services: Can be approved up to 6-months at a time with reviews occurring as often as monthly when deemed appropriate by FAPT, the youth's treatment team, or the Utilization Review Coordinator.
 4. Other Community-Based Services: Can be approved up to 6-months at a time with reviews occurring as often as monthly when deemed appropriate by FAPT, the youth's treatment team, or the Utilization Review Coordinator.

Throughout each FAPT review, the FAPT Facilitator will take notes on the FAPT review note form documenting the discussion occurring in the meeting and to document how FAPT arrived at the decision documented in the FAPT Action Plan. The notes include areas such as: Progress/Narrative, Service Goals, Step-down Plan, and Family Involvement. The FAPT Facilitator also notes on this form the names of treatment team members who attended the meeting. The FAPT Facilitator signs the document under "Notes completed by."

5.2.5 CLARIFICATION OF ROLES BASED ON SPECIFIC REVIEW TYPES

5.2.51 TREATMENT FOSTER CARE

The primary role of the FAPT when reviewing a Treatment Foster Care (TFC) case is to determine which level of the Private Foster Care Support and Administration service is indicated based upon the documented and described needs of the child.

The FAPT facilitator asks the treatment team for a recommendation regarding the level. According to guidance from the State: *"Determination of the initial level of care and a child's movement between levels of care will be based on a combination of factors, including but not limited to: child's current and past behavior, needs and strengths, number of placements the child has experienced, ratings on the CANS, VEMAT, and any other available assessments, anticipated level of support needed for the foster home, and available documentation such as psychological evaluations and foster parent, school, case manager and provider reports, etc."*

The FAPT Facilitator will then consult the Treatment Foster Care(TFC) Contract exhibit pages and describe for the FAPT the specific services included for the vendor for the recommended level. The FAPT will then decide upon the level and document it in the FAPT action plan.

When a youth initially enters a TFC placement (whether new to DSS custody or new to the TFC agency), there is a 60-day assessment period prior to determination of a level. Therefore, at the initial emergency FAPT, the FAPT will approve a 60 plus day period at the assessment level and set a return date within that timeframe. The start date of services will back-date to the date of

placement if the placement was on an emergency basis (i.e. not pre-planned) and will run through the end of the month following 60 days (e.g. youth entered care 5/15 then the FAPT action plan should state ***“Support emergency placement into therapeutic foster home at the assessment level 5/15-7/30/16”***).

5.2.52 FOSTERING CONNECTIONS (SERVICES FOR YOUTH CONNECTED TO FOSTER CARE SERVICES PAST AGE 18)

For youth turning 18-years-old post July 1, 2016, TFC placements may continue past age 18 provided they follow the required DSS policies and paperwork. However, youth cannot be placed in group homes or residential treatment facilities past the age of 18 unless:

“Youth who are full-time students expected to complete secondary schooling or equivalent training before reaching age 19 (per Section 14A.4.1) and who are appropriately placed in a group home or residential placement at age 18 and expected to continue in such a placement, will continue in their current foster care status and placement until they complete school or it becomes clear that they will not complete school prior to their 19th birthday in accordance with Section 406(a) of the Social Security Act. At the time of completion of or withdrawal from secondary schooling, these young adults shall be immediately transitioned into the Fostering Futures program. Participants in Fostering Futures may not reside in group homes or residential treatment facilities.”

-14B Fostering Futures DSS Policy

5.2.53 TREATMENT FOSTER CARE CASE MANAGEMENT (SEE CONTRACT EXCERPT)

Definition per State of Treatment Foster Care Case Management: *“A component of treatment foster care through which a case manager provides treatment planning, monitors the treatment plan, and links the child to other community resources as necessary to address the special identified needs of the child. TFC-CM focuses on a continuity of services that is goal-directed and results-oriented. The provision of services will vary for each child based on that child’s specific needs and the identified level of care.”*

For a Medicaid eligible youth, the TFC agency must bill Medicaid for TFC Case Management prior to requesting FAPT approval of the service. To request FAPT to approve CSA funding for the service, the TFC agency must provide copies of the Medicaid denials, denial of appeal, and a written justification for why the service is indicated despite the Medicaid denial. The FAPT Facilitator will consult the TFC contract exhibit pages to compare the request for case management services to those services described as Private Foster Care Support and Administration (PFCSA) to determine if the service requested is already provided as a component of the PFCSA. FAPT may recommend funding of the TFC case management if all these criteria are satisfied and documented if at Treatment Level 1, Level 2, or Level 3.

5.2.54 CHILD IN NEED OF SERVICES (CHINS)

When a treatment team recommends a group home or residential placement for a child in the

custody of their parents, the FAPT should evaluate if the child meets the criteria of a Child in Need of Services. The FAPT Facilitator will read the criteria aloud during the FAPT, documenting FAPT member agreement or disagreement with each criterion and the supporting facts used to arrive at that decision. All criteria must be met for the child to be approved for CHINS mandated funding.

If the courts have deemed that the child is "in need of services" per court order, FAPT does not need to complete the checklist to determine eligibility. Eligibility is set by the court in this circumstance. Note "Child in Need of Supervision" is not the same as "Child in Need of services" and this mandate category is only for "Child in Need of Services." The court can determine the child is both, in which case they are eligible for this mandate-type. If the criteria are not met for CHINS, the FAPT Facilitator should immediately notify a member of the Community Policy and Management Team if FAPT is recommending placement in a group home or residential placement for the child.

Services for youth in this mandate category have the potential for continuation past the age of 18 if approved by the CPMT with these caveats: 1) the service already initiated prior to 18 2) there is a clear plan for step-down or change to alternative funding stream 3) the request for continued services is short-term in nature. If a new referral to CSA is requested for a youth aged 17-years-old and 9 months, the request should bypass FAPT and go straight to review by the CPMT.

In contrast, youth served under the non-mandated eligibility mandate do not have the option of continued services past age 18.

5.3 QUOROM

A quorum of Family Assessment and Planning Team members, consisting of four members, must participate to convene a Family Assessment and Planning Team meeting. The referring agency must be in attendance for the Family Assessment and Planning Team to assess and develop a service plan for the funding of services. Additionally, a minimum of three of the four FAPT members must establish a consensus on the IFSP to approve services.

5.4 EMERGENCY PLACEMENTS AND SERVICES

COV §2.2-5209, the Code of Virginia states:

"...Nothing in this section shall prohibit the use of state pool funds for emergency placements, provided the youth are subsequently assessed by the family assessment and planning team or an approved collaborative, multidisciplinary team process within 14 days of admission and the emergency placement is approved at the time of placement..." (COV §2.2-5209). CSA pool funds may, therefore, cover emergency placement of a child provided the youth is assessed by the FAPT no later than 14 days after the time of placement.

COV §2.2-5206 (2) requires the Community Policy and Management Team (CPMT):

"...to develop interagency fiscal policies governing access to the state pool of funds by the eligible populations including immediate access to funds for emergency services and shelter care."

Definition

The Arlington County CPMT has defined "emergency services" as those services necessary to address the immediate safety and wellbeing of a youth who presents a risk to self or others, to include bed-to-bed transfers from an acute care setting to a residential treatment center. The emergency service must be approved prior to initiation by the Case Manager's supervisor, or their designee, and the CSA Coordinator and documented in a signed pre-authorization letter to the service provider for an initial period not to exceed 14 days. If the family does not have an assigned Case Manager, see procedures for parental referrals to the Family Assessment and Planning Team. In such circumstances, the Community Services Board Intake Supervisor, or their designee, and the CSA Coordinator will sign the preauthorization letter to approve the emergency service for the initial 14 days.

Emergency Services and Youth in Foster Care and Foster-Care Placements

Emergency services provided to youth who enter Foster Care include those services made on behalf of a child to cover their basic maintenance costs, as defined by Title IV-E of the Social Security Act. These costs include:

- Basic maintenance (in a foster home or residential facility)
- Foster care enhanced maintenance
- Daycare when the foster parent works
- Supplemental clothing allowance
- Recreation (after-school programming for older youth)
- Residential education and treatment services, pending Medicaid denial.
- Group home treatment services, pending Medicaid denial.
- Private Foster Care Support and Administration
- Language interpretation services necessary to effectively communicate with families
- Medication Assisted Treatment to include a Substance Use Clinical Service and Medication

Additionally, the Arlington County CPMT extends the definition for "Emergency Services" for youth in foster care and foster care placements to include use of CSA Pool Funds for non-maintenance costs including:

- Urgent or emergency medical coverage and prescription medications for youth without health insurance at the time of placement
- Child Welfare Supportive Counseling screening.
- Private Investigator to support efforts towards permanency and/or for missing children when the ability to locate the child is outside the capacity of the Case Manager connected with DSS and local police department
- Transportation for visitation
- Transportation services needed to maintain a youth in their school of origin (if other than a contract day school) are also authorized as an emergency service.
- In-home services, such as Family Support Services, Individualized Support Services, Intensive In-home Services and Applied Behavior Analysis.
- Individual therapy

These emergency services may or may not be associated with an emergency placement. Emergency services that will extend beyond 14 days must be assessed by the FAPT no later than 14 days from the service initiation date. Upon FAPT review, a modification to the Individualized Family Service Plan (IFSP) may occur such that continued service(s) are not authorized. In such circumstances, CSA funds would only be utilized to cover the emergency time frame as approved by FAPT.

Emergency Services for Youth in the Care/Custody of Their Parents:

Emergency services that may be provided to a youth in the care and custody of their parents or other legal guardian include the following:

- Private Investigator to support efforts towards permanency and/or for missing children when the ability to locate the child is outside the capacity of the local police department
- Residential education and treatment services, pending denial of parental insurance and Medicaid.
- Group home treatment services, pending denial of parental insurance and Medicaid.
- In-home services, such as Family Support Services, Individualized Support Services, Intensive In-home Services, and Applied Behavior Analysis.
- Medication Assisted Treatment to include a Substance Use Clinical Service and Medication

Emergency FAPT Schedule

Once the Case Manager has received approval of the emergency, the FAPT Packet for the child must be submitted no later than 3 business days prior to the scheduled FAPT day unless otherwise determined by CSA Coordinator or their designee. Within 14 days of the emergency, the child's case must be presented to and decided upon by Family Assessment and Planning Team (FAPT) and funding approved by CPMT.

Arlington County maintains a flexible FAPT schedule. Emergency funding requests are appropriate for urgent or exceptional circumstances that have occurred. FAPT meetings scheduled outside of the typical schedule are intended to be the exception and not the rule. FAPT meetings outside the schedule can be made for situations that are outside the criteria for use of emergency funds and require services to start prior to the next scheduled FAPT due to extraordinary or imminent risk circumstances. The request for an outside of the typical scheduled FAPT day/time is requested to the CSA Coordinator and System of Care Manager for approval.

5.5 NON-CSA CASES REVIEWED BY FAPT FOR SERVICES (MENTAL HEALTH INITIATIVE)

Community-Based services requests brought by Children's Behavioral Health Case Managers are screened for use of the Mental Health Initiative Funding stream as opposed to CSA non-mandated funds. The Bureau Chief for Children's Behavioral Health, or their designee, must approve all use of these funds in alignment with their established policies and procedures. The MHI funding was established by the General Assembly to create a dedicated source of funding for mental health and substance abuse services for children and adolescents with serious emotional disturbance (SED) who are not mandated for CSA funding.

5.6 FAPT REVIEW AND AUTHORIZATION REQUIREMENTS

The Lead Case Manager is responsible to follow the FAPT Documentation Requirements and CSA Documentation Requirements policies noted in this manual for Initial Requests, New Service Requests, and FAPT Reviews to access CSA funded services and supports for children.

5.6.1 FAPT REVIEW FREQUENCY REQUIREMENTS

The following section summarizes the FAPT review requirements by service placement type, and/or funding category for each CSA partner agency (i.e., DSS; Schools; Court Services Unit, and CSB). It also addresses non-funding related FAPT reviews; changes in FAPT reviews; and changes to a FAPT approved IFSP.

5.6.11 DEPARTMENT OF SOCIAL SERVICES

5.6.11.1 FOSTER CARE

	Initial FAPT	FAPT Frequency
Foster Care Congregate Care (Residential or Group Home) Placements	FAPT approval is required prior to initiation of placement (or within 14 days for emergency placements)	At least every 3 months.
Non-Custodial Congregate Care Residential or Group Home) Placements	FAPT approval is required prior to initiation of placement (or within 14 days for emergency placements)	At least every 3 months
Supervised Independent Living Apartment Program Placements	FAPT approval is required prior to initiation of placement	At least every 6 months
Treatment Foster Care Foster Home Placements	FAPT approval is required prior to initiation of placement (or within 14 days for emergency placements)	At least every 60 days and further based on the treatment foster-care level.
Arlington Foster Home Placements	FAPT review is waived for foster care maintenance only	Not reviewed in FAPT for foster care maintenance only

5.6.11.2 FOSTER CARE PREVENTION

	Initial FAPT	FAPT Frequency
Foster Care Prevention Services Under Mandated CHINS(Services) Category	FAPT approval is required prior to initiation of services. FAPT must complete the required eligibility checklist to determine all CSA eligibility criteria have been met prior to authorization of funding.	At least every 6 months
Foster-Care Prevention Services (Except for Cases Under Mandated CHINS[Services] Category – see above)	FAPT approval is required prior to initiation of services	At least every 6 months

5.6.12 SCHOOLS

	Initial FAPT	FAPT Frequency
Non-IEP Services	FAPT approval is required prior to initiation of services	At least every 6 months

Special note: The expanded SPED mandate may only be utilized to fund non-residential services in the home and community for a student with an educational disability when the needs associated with their disability extend beyond the school setting and threaten the student’s ability to be maintained in the home, community, or school setting. Services may be provided to the student and/or to the student’s family to ensure the least restrictive setting.

5.6.13 COMMUNITY SERVICES BOARD

	Initial FAPT	FAPT Frequency
CHINS(Services)-CSA Parental Placements or Prevention Services	FAPT approval is required prior to initiation of placement or services. Initial consultation with DSS required prior to the FAPT to review eligibility criteria. FAPT must complete the required eligibility checklist to determine all CSA eligibility criteria have been met prior to authorization of funding.	At least every 3 months for Congregate Care and at least every 6 months for Community-Based services.

Special note: Short term stays outside the home initiated and case managed by the CSB for purposes of crisis stabilization, respite, or assessment/diagnostic can only be funded under CHINS FC Prevention for a time limited, short term stay of up to 60 days. FAPT approval is always required.

5.6.14 COURT SERVICES UNIT

	Initial FAPT	FAPT Frequency
Non-mandated Congregate Care (Residential or Group Home) Placements.	FAPT approval is required prior to initiation of placement.	At least every 3 months
Non-Mandated Non-Residential Services	FAPT approval is required prior to initiation of placement.	At least every 6 months
CHINS(Services)-CSA Parental Placements or Prevention Services	<p>FAPT approval is required prior to initiation of placement or services.</p> <p>Initial consultation with DSS required prior to the FAPT to review eligibility criteria.</p> <p>FAPT must complete the required eligibility checklist to determine all CSA eligibility criteria have been met prior to authorization of funding if not noted in court order.</p>	At least every 3 months for Congregate Care and at least every 6 months for Community-Based services.

Special note: Short term stays outside the home initiated and case managed by the CSU for purposes of crisis stabilization, respite, or assessment/diagnostic can only be funded under CHINS FC Prevention for a time limited, short term stay of up to 60 days. FAPT approval is always required.

5.6.15 CHILD IN NEED OF SERVICES OR SUPERVISION

	Initial FAPT	FAPT Frequency
CHINS (Services or Supervision) When Court Orders FAPT Review	<p>The FAPT will be scheduled to allow sufficient time for the filing of the IFSP and FAPT recommendations with the clerk’s office prior to the scheduled court hearing.</p> <p>A CHINS Supervision finding does <u>not</u> qualify a child for CSA funding. The child would need to be eligible under a CSA mandated category; or the Court Services Unit would have to determine whether CSA non-mandated or other court related funds could be accessed depending on the specific needs of the child and the availability of sufficient funding.</p>	At least every 6 months (residential services are reviewed monthly)

	<p>A CHINS Services finding by the court is sufficient to establish the necessary eligibility criteria to qualify a child for CSA funding.</p>	
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5.7 MEETING SCHEDULE

The meeting schedule and location of each meeting shall be determined by the CPMT. FAPT will meet a minimum of once, weekly in a hybrid model to include at the Department of Human Services and secured tele-health. In the event there are five weeks in the month, FAPT does not meet on the fourth week of that month. If a FAPT representative is unable to be present on their scheduled day/time, the representative will identify a pre-approved/trained alternate to attend in their absence. The FAPT members will decide on a case-by-case basis if the staffing of a case can proceed or needs to be rescheduled. For weather related closings the FAPT will follow the inclement weather policy of Arlington Public Schools. The FAPT will follow the case review scheduled accordingly in the event of weather-related delays; i.e. APS has a 2-hour delay, cases that were scheduled from 9:00-11:00am are rescheduled.



ARLINGTON
VIRGINIA

Chapter 6:
Connecting to
FAPT

6.1 REFERRALS TO FAPT

To schedule a FAPT meeting, the referring Case Manager should contact the CSA Coordinator or their designee to begin the FAPT scheduling process to include:

- Child's referring Case Manager develops the child/family's Individual and Family Services Plan (IFSP);
- Child's referring Case Manager completes all required pre-FAPT paperwork as applicable and submits required paperwork to CSA Coordinator, or designee (paperwork by close of business the Wednesday prior to the scheduled FAPT meeting).
- CSA Coordinator or designee then schedules the case to be heard at the next available FAPT meeting;
- Child's referring Case Manager presents case to FAPT. Presence of Case Manager and child's guardian are required for the child's case to be heard. In the event individuals are absent, the child's case will be re-scheduled for another day/time;
- FAPT reviews child's Utilization Review Report (as applicable);
- Upon review of the child's well-being, current services in place, and utilization, FAPT will determine if continued CSA funded services are appropriate;
- If the child is approved for CSA funded services, a CPMT representative will authorize CSA funding for the service if deemed appropriate;
- If approval for services and funding is received, the child's referring Case Manager will notify the identified vendor of the child's IFSP goals and authorized services;
- Arlington County's Fiscal Unit will then issue a purchase order for the identified provider based off the child and family's IFSP.

A FAPT meeting or review will not be scheduled or confirmed until all paperwork has been received by the CSA Coordinator. Every effort should be made to include the child and family in the assessment and planning team process. Family members must be able to include persons who have an important and/or helpful role and relationship to them and be individuals from their natural environment. Case managers should ensure that adequate notice is given of the date and time of the FAPT meeting or review and that supports are offered to facilitate the child and family's attendance.

6.1.1 INITIAL FAPT PACKET AND CHECKLIST

For initial FAPT meetings, the Lead Case Manager is required to submit the following items for a packet completion:

- Signed Parental Consent form to include Release of Information
- FAPT referral form that includes the youth's history of services (two pages for all cases except initial foster care cases who only complete page 1)
- Parental Copay form-all sections completed and signed by the parent (foster care, youth in relative placements, and private day school services are copay exempt)
- Documentation of parental income (tax form or two, current, consecutive pay stubs)
- Child and Adolescent Needs and Strengths (CANS) assessment dated within 30 days- signed by the Case Manager

- Individualized Family Service Plan (IFSP)-signed by the case manager, supervisor, guardian, and other members of the treatment team as applicable.
- Service Authorization Form if there has been an identified a vendor-entered into DMC and approved by the case manager (school case managers-please refer to your internal process for this step and coordinate with a member of Arlington Public Schools). Service Authorization Forms contain the following information:
 - Selected vendor
 - Units of service
 - Timeframe of service request
 - CSA codes that include Service Placement Type (SPT) and Mandate Child and Adolescent Needs and Strengths (CANS) assessment dated within 30 days-signed by the Case Manager

INITIAL REFERRAL TO CSA <input type="checkbox"/>
REQUIRED DOCUMENTS: HIGHLIGHTED ITEMS MISSING
<input type="checkbox"/> Individualized Family Service Plan (required for all service requests except IEP) <ul style="list-style-type: none"> <input type="checkbox"/> Signed by worker, supervisor, parent, Tx team <input type="checkbox"/> All sections filled out <input type="checkbox"/> Content comprehensive & accurate <input type="checkbox"/> N/A, IEP-driven service
<input type="checkbox"/> Individualized Education Program (required for IEP service requests and wrap funds mandate requests) <ul style="list-style-type: none"> <input type="checkbox"/> Signed <input type="checkbox"/> All sections included <input type="checkbox"/> Current <input type="checkbox"/> N/A
<input type="checkbox"/> Child & Adolescent Needs & Strengths Survey <ul style="list-style-type: none"> <input type="checkbox"/> Current, within 30 days of referral date <input type="checkbox"/> Closed & Complete (all pages present) <input type="checkbox"/> Signed

<input type="checkbox"/> Clinical Documentation to support service request (e.g. documentation of emotional/behavioral need, previous services utilized, and settings problems arise i.e. home, school, community). May include: treatment plans, assessments, progress reports previous Tx providers <input type="checkbox"/> N/A, not a clinical service (e.g. transportation, summer camp, childcare), recent service (service began last month)
<input type="checkbox"/> Service Authorization Form <input type="checkbox"/> Pre-authorization Letter <input type="checkbox"/> N/A, vendor not identified, no vendor #, cab transportation
OTHER REQUIRED DOCUMENTATION AS APPLICABLE: <input type="checkbox"/> Best Interest Determination Meeting (foster care transportation requests) <input type="checkbox"/> N/A <input type="checkbox"/> Child Protective Services Ongoing Services Plan documenting goal to prevent foster care <input type="checkbox"/> N/A <input type="checkbox"/> Parental Insurance and/or Medicaid denial <input type="checkbox"/> N/A <input type="checkbox"/> Copy Magellan Residential Inquiry Form (for residential, non-substance abuse referrals for youth with Medicaid) <input type="checkbox"/> N/A <input type="checkbox"/> Fostering Futures Continuing Support and Independent Living Arrangement agreement <input type="checkbox"/> N/A
<input type="checkbox"/> Court Order <input type="checkbox"/> Court-ordered Service <input type="checkbox"/> Custody order (foster care) <input type="checkbox"/> CHINS (Child in Need of Services) <input type="checkbox"/> N/A
<input type="checkbox"/> Parental/Legal Guardian Consent

<input type="checkbox"/> Current <input type="checkbox"/> Signed <input type="checkbox"/> Appropriate boxes checked <input type="checkbox"/> N/A (previously submitted)
<input type="checkbox"/> Youth Consent (over age 18)
<input type="checkbox"/> Signed <input type="checkbox"/> Appropriate boxes checked <input type="checkbox"/> N/A (under 18)
<input type="checkbox"/> Parent/Caregiver Consent (submitted when DSS is the legal guardian and requesting clinical services or assessments involving the permanency caregiver)
<input type="checkbox"/> Signed <input type="checkbox"/> Appropriate boxes checked <input type="checkbox"/> N/A
<input type="checkbox"/> Parental Copay
<input type="checkbox"/> Part I completed in its entirety <input type="checkbox"/> Part I signed by parent (s) & case worker name printed <input type="checkbox"/> Supporting documentation included: 2 current, consecutive paystubs or recent tax form or W9
<input type="checkbox"/> N/A (IEP services & foster care exempt)
<input type="checkbox"/> Initial CSA Referral (2 pages)

6.1.2 NEW SERVICE PACKET AND CHECKLIST

For a New Service Request, the Lead Case Manager is required to submit the following items for a packet completion:

- Child and Adolescent Needs and Strengths (CANS) assessment dated within 30 days- signed by the Case Manager
- Clinical documentation to justify request for service.
- Court orders (if applicable)

- Individual Education Plan (if applicable)
- Individualized Family Service Plan (IFSP)-signed by the case manager, supervisor, guardian and other members of the treatment team as applicable.
- Pre-Authorization/Service Authorization Form if there has been an identified a vendor-entered into DMC and approved by the case manager (school case managers-please refer to your internal process for this step and coordinate with a member of Arlington Public Schools). Service Authorization Forms contain the following information:
 - Selected vendor
 - Units of service
 - Time-frame of service request
 - CSA codes that include Service Placement Type(SPT) and Mandate codes.

New Service Request for CSA <input type="checkbox"/>
REQUIRED DOCUMENTS: HIGHLIGHTED ITEMS MISSING
<input type="checkbox"/> Individualized Family Service Plan (required for all service requests except IEP) <ul style="list-style-type: none"> <input type="checkbox"/> Signed by worker, supervisor, parent, Tx team <input type="checkbox"/> All sections filled out <input type="checkbox"/> Content comprehensive & accurate <input type="checkbox"/> N/A, IEP-driven service
<input type="checkbox"/> Individualized Education Program (required for IEP service requests and wrap funds mandate requests) <ul style="list-style-type: none"> <input type="checkbox"/> Signed <input type="checkbox"/> All sections included <input type="checkbox"/> Current <input type="checkbox"/> N/A
<input type="checkbox"/> Child & Adolescent Needs & Strengths Survey <ul style="list-style-type: none"> <input type="checkbox"/> Current, within 30 days of referral date <input type="checkbox"/> Closed & Complete (all pages present) <input type="checkbox"/> Signed

<input type="checkbox"/> Clinical Documentation to support service request (e.g. documentation of emotional/behavioral need, previous services utilized, and settings problems arise i.e. home, school, community). May include: treatment plans, assessments, progress reports previous Tx providers <input type="checkbox"/> N/A, not a clinical service (e.g. transportation, summer camp, childcare), recent service (service began last month)
<input type="checkbox"/> Service Authorization Form <input type="checkbox"/> Pre-authorization Letter <input type="checkbox"/> N/A, vendor not identified, no vendor #, cab transportation
OTHER REQUIRED DOCUMENTATION AS APPLICABLE: <input type="checkbox"/> Best Interest Determination Meeting (foster care transportation requests) <input type="checkbox"/> N/A <input type="checkbox"/> Child Protective Services Ongoing Services Plan documenting goal to prevent foster care <input type="checkbox"/> N/A <input type="checkbox"/> Parental Insurance and/or Medicaid denial <input type="checkbox"/> N/A <input type="checkbox"/> Copy Magellan Residential Inquiry Form (for residential, non-substance abuse referrals for youth with Medicaid) <input type="checkbox"/> N/A <input type="checkbox"/> Fostering Futures Continuing Support and Independent Living Arrangement agreement <input type="checkbox"/> N/A
<input type="checkbox"/> Court Order <input type="checkbox"/> Court-ordered Service <input type="checkbox"/> Custody order (foster care) <input type="checkbox"/> CHINS (Child in Need of Services) <input type="checkbox"/> N/A

6.1.3 FAPT REVIEW PACKET AND CHECKLIST

For FAPT reviews, the Lead Case Manager is required to submit the following items for a packet completion:

- Child and Adolescent Needs and Strengths (CANS) assessment-no more 90 days old or within 30 days of a transition to a higher or lower level of care
 - Individualized Family Service Plan (IFSP)-signed by the case manager, supervisor, parent and other members of the treatment team. All sections of the form must be completed.
 - Service Authorization Form-entered into DMC and approved by the case manager (school case managers-please refer to your internal process for this step and coordinate with Brae)
 - Current provider report –case managers should notify the contracts team of any challenges with receiving reports from vendors. A “current report” is defined as being within the last two months of service. This is because a vendor has 30 days to complete monthly reports after the month of service. Therefore, for a June FAPT, the oldest report acceptable would be from April. It is great to have a May or June report available, but because of the timeframes allowed to the vendor, an April report is acceptable. Any report prior to April would not be considered current.

RETURN REVIEW OPEN CSA CASE <input type="checkbox"/>
REQUIRED DOCUMENTS: HIGHLIGHTED ITEMS ARE MISSING.
<input type="checkbox"/> Individualized Family Service Plan (required for all service requests except IEP) <ul style="list-style-type: none"> <input type="checkbox"/> Signed by worker, supervisor, parent, Tx team <input type="checkbox"/> All sections filled out <input type="checkbox"/> Content comprehensive & accurate <input type="checkbox"/> N/A (IEP service)
<input type="checkbox"/> Individualized Education Program (required for IEP service requests and wrap funds mandate requests) <ul style="list-style-type: none"> <input type="checkbox"/> Signed <input type="checkbox"/> All sections included <input type="checkbox"/> Current <input type="checkbox"/> N/A

<input type="checkbox"/> Child & Adolescent Needs & Strengths Survey <ul style="list-style-type: none"> <input type="checkbox"/> Current (see CANS policy) <input type="checkbox"/> Closed & Complete (all pages present) <input type="checkbox"/> Signed
<input type="checkbox"/> Clinical Documentation to support service request (e.g. documentation of emotional/behavioral need, previous services utilized, and settings problems arise i.e. home, school, community) <p>May include: treatment plans, assessments, progress reports previous Tx providers</p> <input type="checkbox"/> N/A, not a clinical service (e.g. transportation, summer camp, childcare), recent service (service began last month)
<input type="checkbox"/> Service Authorization Form <input type="checkbox"/> Pre-authorization Letter <input type="checkbox"/> N/A, vendor not identified, no vendor #, cab transportation
<input type="checkbox"/> Parental/Legal Guardian Consent <ul style="list-style-type: none"> <input type="checkbox"/> Current <input type="checkbox"/> Signed <input type="checkbox"/> Appropriate boxes checked <input type="checkbox"/> N/A (previously submitted) <input type="checkbox"/> Youth Consent (over age 18) <ul style="list-style-type: none"> <input type="checkbox"/> Current <input type="checkbox"/> Signed <input type="checkbox"/> Appropriate boxes checked <input type="checkbox"/> N/A (under 18)

6.1.4 ADDITIONAL ITEMS TO CONSIDER

Additional supporting documentation may be requested by the CSA Coordinator or designee along with the Utilization Review Coordinator. Additions to the FAPT schedule may occur at the discretion of the CSA Coordinator or designee to review urgent service requests that are not the result of poor planning. For Emergency Placements, please refer to the Emergency Services policy. The Community Policy and Management Team review on an emergency FAPT-exempt service shall occur no later than the 14th day of placement.

6.2 LEAD CASE MANAGER ACCESSING FUNDS

This policy addresses the process for a Lead Case Manager to access Children's Services Act (CSA) funds to support services for eligible youth and families and applies to all Case Managers seeking CSA funding for services.

6.2.1 ELIGIBILITY

The Lead Case Manager will complete the following steps prior to requesting CSA funding for services:

1. Review CSA eligibility criteria to determine if the youth does appear eligible for CSA funding;
2. Determine that the services related to the funding request are not the responsibility of another agency;
3. Explore if the service is eligible through another funding source; and
4. Identify that the service is clinically necessary and fiscally responsible to meet the needs of the youth;

6.2.2 LEAD CASE MANAGER RESPONSIBILITIES

It is the expectation that the Lead Case Manager provide a fully complete FAPT packet prior to every return to FAPT no later than the Wednesday before the scheduled FAPT meeting and submits the complete packet to dhsfapt@arlingtonva.us It is also the responsibility of the Lead Case Manager to arrange for language interpretation services, if needed. Please note that CSA is not able to fund for the language interpretation services. The Lead Case Manager should also notify and remind the youth's treatment team members of the FAPT date and time to encourage and support attendance. The Lead Case Manager will follow the Development and Approval of the Individual and Family Service Plan (IFSP) policy.

6.3 PARENTAL REFERRALS TO FAPT (SEE APPENDIX 2)

When an Arlington County parent seeks to access funding through the Children's Services Act (CSA) and the youth is not connected to a Case Manager with Child Welfare, Community Services Board, Arlington Public Schools, or Court Services Unit, the below procedures will occur:

Referral Process to FAPT:

1. Parents will begin the referral process by contacting the CSA Coordinator by phone, email, or in person.
2. The CSA Coordinator will provide the parent with an overview of the CSA process in Arlington County, to include the FAPT review process, parental consents, and parental co-pay. The parent will complete a referral and consent forms and return them to the CSA Coordinator. Note: When a parent has already placed his or her child in a residential treatment center, the CSA Coordinator will explain the possibility that FAPT may recommend community-based services upon its review and, therefore, may deny the request for residential treatment services.

3. The CSA Coordinator will link the parent to intake at the Community Services Board. The CSB team will determine if the child meets criteria for Case Support services. If so, the assigned Case Support staff member will work with the parent and any additional treatment team members to complete the initial FAPT packet and forward to the CSA Coordinator.
4. The CSA Coordinator will schedule the FAPT review within five days of receiving the FAPT packet.
5. FAPT will review and approve or deny the request. The FAPT may also make recommendations to the parent and treatment team regarding additional services. FAPT will approve the case support services provided by the Behavioral Health unit at a monthly rate. FAPT will designate an ongoing case manager.
6. The parent may request an appeal of the FAPT decision (see parental appeal procedures).

6.4 COSTS ASSOCIATED

To address costs associated with guardian and parent participation in the initial FAPT meeting, to include areas such as transportation or child-care, the following methods can be employed:

- Use of alternative funding sources until FAPT can meet and approve services on an ongoing basis
- Include the needed expenditures in the IFSP and approve same-day expenditures
- Conduct a brief initial FAPT meeting with the family participating by phone. This would also for the service to be approved by FAPT via the youth's IFSP. This brief initial FAPT would be an abbreviated version where the outline of the plan is reviewed and immediate access to needed funding can be approved. A follow-up in-person FAPT review would be held shortly after where the full plan is developed and approved.

6.5 FAMILY ENGAGEMENT

Family participation in initial and FAPT reviews is an essential value and principle of the System of Care program. The Community Policy and Management Team (CPMT) also highlights the importance of the biological family being involved in the FAPT process when "Return Home" or "Relative Placement" is the youth's goal. A FAPT meeting cannot occur without a guardian present.

The involvement of parents/legal guardians and family members is considered by the CPMT to be an important part of the planning and service implementation process. The CPMT requires family participation in all aspects of assessment, planning, and implementation of services provided to children. All CSA partner agencies will be responsible for implementing family engagement practices and procedures when serving children receiving CSA funded services.

6.5.1 VALUES AND GUIDING PRINCIPLES

The CPMT promotes family engagement practices and procedures based on the Systems of Care Values and Principles, and the Virginia Children's Services Transformation: CORE Practice Model. The CPMT practice is based on the following core values and guiding principles:

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

Meaningful family participation in the FAPT process is only possible when family members understand their rights and responsibilities; and are fully informed about and prepared to participate in the assessment, planning, and service delivery.

6.5.2 CLASSIFICATION OF GUARDIAN

When a youth is under the age of 18 and is in the custody of Arlington County Department of Social Services, the Foster Care Case Manager serves as the legal guardian. The Foster-Care Case Manager is designated by the Court and is responsible for notifying the biological parents of the time and place of all initial and FAPT reviews related to the youth, except when the parental rights of the youth have been terminated for a biological parent or parental participation would raise safety concerns. When a youth is 18 years old or older and continues to receive Foster Care services, the youth acts as their own legal guardian and must be present for initial and FAPT reviews in the same way a parent must be present. The older youth's Foster Care Case Manager is responsible for notifying the older youth of the time and place of all FAPT meetings. A child's Guardian Ad Litem is not able to act as guardian on behalf of the child to sign consents for CSA or serve as the legal guardian in relation to CSA and its' funding.

The FAPT process also provides and encourages the participation of Foster Parents and/or Adoptive Parents in the assessment, planning, and implementation of services while the youth resides in their home. The Foster Care Case Manager is responsible for notifying the Foster Parents and/or Adoptive Parents of the time and place of all initial and FAPT reviews related to the youth. The Foster Parents and/or Adoptive Parents should have an active participation in the FAPT process and be active member of the team.

6.5.3 IDENTIFICATION OF FAMILY SUPPORTS

To ensure full family participation in team meetings and the FAPT process, the Lead Case Manager must make efforts to include:

- Children and youth receiving CSA services;
- Parents and caregivers. The CPMT defines "parent" to include biological and adoptive parents; legal guardians; an individual acting in the place of a biological or adoptive parent including grandparent, step-parent, or other relative with whom the child lives; an individual who is legally responsible for the child's welfare, or prospect caretakes in the case of children who are in the custody of a child-serving agency;
- Siblings which may include stepsiblings and adult siblings;
- Grandparents and other adult relatives identified by either the family or the child-serving agency;
- Other members of the household;
- Other relatives or non-relatives chose by the youth and/or family whose participation in any aspect of assessment, planning, or implementation of CSA services would benefit the youth and family

Please note that family involvement and participation is the most effective when the process is guided and driven by the youth and family. It is highly recommended that the Lead Case Manager assist in youth age 14 and over to be included in their treatment team meetings and FAPT and be given the opportunity to choose up to two members of the team.

6.5.4 RIGHTS AND RESPONSIBILITIES

The Lead Case Manager must have parents, older youth, and family members attending FAPT meetings review and sign the Rights and Safeguards document prior to their first FAPT meeting. The Lead Case Manager provides the family and the CSA Coordinator, or designee, with a copy of the signed document to be maintained in the youth's CSA file. Written consent is required prior to the provision of any services and parents/older youth must be reminded in FAPT by the FAPT Facilitator of their right to appeal any decision made during the meeting.

All parents/guardians and youth served by the System of Care program have the following rights to:

- Understand the local CSA process and to receive information for receiving and reviewing referrals for services
- Be notified before their child is assessed or offered services
- Understand the information they receive in their native language, when necessary and possible
- Agree in writing prior to beginning services included in the IFSP, except when ordered by the Court, upheld by the appeal process, or authorized by law
- Review and receive information regarding their child's record and to maintain confidentiality, unless otherwise authorized by law or ordered by the Court
- Receive assistance to access services for their child and family

- Review, disagree with, and appeal any part of their child's assessment or IFSP
- Participate in treatment team meetings wherein their child and/or family situation is discussed.

The Lead Case Manager will provide parents/guardians with the written "Parents' Rights and Responsibilities" document and review with the family to ensure understanding. The Lead Case Manager will ensure that each parent/guardian of any youth receiving CSA funded services has received this document.

6.5.5 FAMILY PARTICIPATION IN PRE-PLANNING

Meaningful family participation in the FAPT process is only possible when family members understand their rights and responsibilities and are fully informed about and prepared to participate in the assessment, planning, and service delivery. The CPMT requires that a pre- FAPT meeting be held prior to a request for authorization of CSA funding. A team meeting is defined as any meeting in which a representative of one or more child-serving agencies meets with parents, legal guardians, the youth (if appropriate), and/or family members to discuss decision regarding the welfare and provision of services for a youth receiving CSA funded services. Under this definition, a child-specific team meeting, treatment team meeting, or Family Partnership Meeting may be considered as a team meeting.

A Multi-Disciplinary Team (MDT) meeting is defined as such when it includes representation from at least 3 of the following disciplines: schools, child mental health, juvenile courts, child welfare. Child-specific team meetings, treatment team meetings and Family Partnership Meetings can serve as a multi-disciplinary team when they meet this defining criterion. The CPMT supports the use of CSA pool funds for the associated costs of the facilitation of Family Partnership Meetings (FPMs).

To ensure a clear understanding of the FAPT process and to prepare youth and families and encourage family involvement, the Lead Case Manager will ensure that families and Foster Parents are informed of what to expect at FAPT prior to the actual initial or FAPT review meeting. The Lead Case Manager is expected to cover the following topics:

- Structure of the meeting
- Individuals participating in the meeting
- Purpose of the meeting
- Goals and outcomes to be achieved at the meeting
- Their role in the meeting process
- Limits of Confidentiality

The Lead Case Manager will discuss convenient days/times for initial and FAPT reviews with the guardian, older youth, Foster Parent, Adoptive Parent and any other invited participants and schedule the meetings when it is convenient for the family to attend. The Lead Case Manager will

provide confirmation of all initial and FAPT reviews by mail/email/phone as soon as the day, time and place has been determined and provide follow-up friendly reminders to encourage and assist family participation. During initial and FAPT reviews, the FAPT Facilitator will assist in scheduling follow-up days/times after consulting with the guardian, Foster Parent, Adoptive Parent, and any other invited participants regarding their schedules.

6.5.6 FAMILY PARTICIPATION AT FAPT MEETINGS

A FAPT meeting cannot occur without a parent/guardian present. When a youth under the age of 18 is in the custody of Arlington DSS, the foster care worker serves as the legal guardian, as designated by the Court and is responsible for notifying the biological parents of the time and place of all FAPT meetings related to that child, except when parental rights have been terminated or if parental participation would raise safety issues. CPMT believes it is crucial to involve the biological family in the FAPT process when "Return Home" and "Relative Placement" is the goal.

When a youth turns 18 years of age and continues to receive foster care services, that youth acts as their own legal guardian and must be present for FAPT reviews in the same way that a parent must be present. The older youth's foster care worker is responsible for notifying the older youth of the time and place of all FAPT meetings

The FAPT process also provides for the participation of foster parents in the assessment, planning, and implementation of services while the Child/Youth resides in their home. The foster care worker is responsible for notifying the foster parents of the time and place of all FAPT meetings related to the Child/Youth. The foster parents should be active participants in the FAPT process.

To prepare families and encourage family involvement, the case manager will ensure that families and foster parents are informed of what to expect prior to the FAPT meeting. The case manager should cover the following topics:

- Structure of the meeting
- Purpose of the meeting
- Goals and outcomes to be achieved at the meeting
- Other people participating in the meeting
- Limits of Confidentiality
- Their role in the meeting process

The case manager will discuss convenient days/times for FAPT/MDT meetings with the parent/guardian, older youth, foster parent, and any other invited participants; and schedule meetings when it is convenient for the family to attend. Case managers will provide confirmation of all FAPT/MDT meetings by mail/email as soon as the day, time and place has been determined. The FAPT chair will set follow-up meeting dates after consulting with the parent/guardian, foster

parent, and any other invited participants regarding their schedule.

Efforts will be made in advance of meetings to address any barriers to family participation. The case manager must offer transportation support through bus tokens and cab vouchers for participants who need them. State Pool Funds may be accessed for the purpose of enhancing participation when authorized by an agency CPMT Member/Designee. For FAPT meetings, efforts to include the family and any plans to address barriers to attendance will be included in the IFSP. To address costs associated with parent participation in the first FAPT meeting (such as transportation or child care) the following methods can be employed: (1) use alternative funding sources until the FAPT can meet and approve the services ongoing; (2) include the needed expenditures in the IFSP and approve same day expenditures; or (3) have a brief first FAPT meeting with the family participating by phone, where the FAPT starts an IFSP with the needed service. This first FAPT meeting would be an abbreviated version where the bare outline of the plan is reviewed and immediate access to needed funding can be approved. A follow-up in-person meeting shortly after that would be held where the full plan is developed.

If a parent or older youth is unable to attend the FAPT meeting in person, efforts should be made to provide for their participation via teleconference whenever possible. When neither parent nor a legal guardian can attend or participate by phone, the FAPT meeting will be rescheduled. The FAPT Chair or facilitator reserves the right to waive the attendance requirement for services that qualify when an older youth has signed the IFSP and indicated that their work or school schedule makes attendance a hardship.

When possible, child- and family-specific teams should be formed through the FAPT process to increase continuity of service discussions and decrease the need for families to repeat their story. Family involvement and participation will be most effective when the agencies involved are represented by staff who know, are known by, and are accepted by the youth and family.

It is the role of the FAPT chair to ensure that participation in FAPT/MDT is accomplished through communications and interactions that are respectful, inclusive and appropriate to the family's cultural needs and preferences. The FAPT chair should have everyone in attendance introduce themselves and ask each one in turn for their thoughts and concerns about the services being discussed. Technical language, acronyms and other forms of communication that may be confusing to family members, foster parents, youth and other lay participants should be avoided. Breaks should be taken in conversation to encourage family members and other participants to ask questions and seek clarification. It is the role of the FAPT Chair to re-direct or summarily end conversations by any participant that blame or shame other participants.

6.5.7 ADDRESSING BARRIERS

Efforts are to be made in advanced of initial or FAPT reviews to address any barriers related to family participation. The Lead Case Manager must offer transportation support through bus tokens or cab vouchers for participants who need them. State Pool Funds may be accessed for

enhancing participation when authorized by an agency CPMT Member/Designee. For initial or FAPT reviews, efforts to include the family and plans to address any barriers related to attended will be documented in the youth's IFSP.

If a guardian or older youth is unable to attend an initial or FAPT review meeting in person, efforts should be made to provide for their participation via teleconference whenever possible. When neither parent nor legal guardian can attend or participate via phone, the initial or FAPT review will be re-scheduled.

When possible, youth and family-specific teams should be formed through the FAPT process to increase continuity of service discussions and decrease the need for families to repeat their story. Family involvement and participation is most effective when the agencies involved are presented by staff who know, are known by, and accepted by the youth and family.

6.6 REFERRAL PROCESS FOR DCSE FOR CHILDREN PLACED IN AND OUT OF HOME CARE THROUGH PARENTAL PLACEMENT AGREEMENTS

1. The case manager will complete the DCSE referral application(s) at the time the parental placement agreement is signed by the parent(s). A separate DCSE application is required for each parent.
2. A DCSE application will be completed on all parents regardless of their income status; however, DCSE will not pursue support from parents receiving SSI, TANF, or parents who are incarcerated. DCSE will establish paternity as needed on these cases but will not pursue support unless there is an applicable change in their status (e.g. parent no longer eligible for TANF).
3. The original application for each parent will be forwarded to the regional DCSE office and a copy retained in the CSA record.
4. For those cases in which a support order is not already established, DCSE will refer the parents to the respective jurisdiction's Juvenile & Domestic Relations Court for the Judge to determine the amount of the support obligation. The support enforcement begins as determined by the Judge and can be ordered back to the date the DCSE petition was filed. The parent has the opportunity to appeal the Judge's decision to Circuit Court within 10 days of the court hearing. For those cases in which a support order is already established, DCSE will redirect the support to CSA and will refer the case to Court for the Judge to change the payee designation. The judge can change the support amount at that time.
5. All child support funds collected by DCSE will be sent to the respective local DSS agency serving in the capacity as CSA fiscal agent, and all funds received will be processed as a refund to CSA to help offset the child's placement costs to the locality.
6. When the child is discharged from the CSA funded parental agreement placement, the CSA Coordinator will notify DCSE in writing of the discharge date and request termination of the parental support obligation as of that date.



ARLINGTON
VIRGINIA

Chapter 7:

CSA Pool Funds

7.1 ELIGIBLE POPULATIONS

“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 Virginia General Assembly, shall be expended for public or private non-residential or residential services for at-risk youths and families.” [COV § 2.2-5211 A.](#)

7.1.1 ELIGIBILITY CRITERIA

The state pool was created by combining specific agency funding streams that were previously used to purchase both residential and nonresidential services for individual children. The Code of Virginia and policies of the State Executive Council establish eligibility for state pool funds. Eligibility for services provided by CSA and access to state pool funds are intertwined. The Children's Services Act merged separate state funding streams that supported services to various populations into what is known as the “state pool.” When CSA was initiated, statutory language was included to ensure that children who were being served by these funding sources would remain eligible for services under CSA. §2.2-5212 outlines the criteria for eligibility to receive CSA funded services. Each locality, through its Community Policy and Management Team, shall have policies and procedures to determine a child's eligibility (i.e., the process by which the CPMT determines and documents that the child meets one or more of the criteria listed in this section of the Code; use of the uniform assessment instrument). [\(See Appendix 3 and 4\)](#)

7.1.11 AGE RANGE

The age of eligible youth is defined in §2.2-5212.B which clarifies that the use of the term “child” or “youth” under the CSA refers to a person younger than age 18, or an individual over the age of 18 through age 21 who remains eligible for foster care services as required by federal and state law. The Commonwealth of Virginia Special Education regulation requires the provision of Special Education services for students with disabilities ages two to 21 inclusive (this means that a student with an educational disability whose 22nd birthday is after September 30 remains eligible for educational services for the remainder of the school year).

7.1.12 RESIDENCY

The locality's jurisdiction is where the child's legal guardian legally resides and shall be responsible for payment for services identified in the child/family's Individual Family Service Plan (IFSP). If the child/family's legal residence changes during the IFSP services authorization period, a transfer request will be made to the locality where the legal guardians legally reside (See Transfer Policy). Residency disputes will be referred to the Arlington County Attorney and Arlington County CPMT for guidance on resolution.

7.1.13 ELIGIBLE POPULATIONS

"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 in order 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 with Arlington County Child and Family Services by entrustment to the Agency 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.

7.1.14 TARGETED POPULATIONS

Children identified in the CSA as having been served by the funding streams in the State Pool are presumed eligible. These targeted youths receive priority in accessing funds and services over youth who are also determined to be eligible but are not previously served by the funding streams in the State Pool. These targeted populations (Code of Virginia, Section 2.2-5211B) include:

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 COV § 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 COV § 63.2-900;"
4. "Children placed by a juvenile and domestic relations district court, in accordance with the provisions of COV §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
6. Children meeting the eligibility criteria for foster care prevention services as assessed by Arlington County Child and Family Services.
7. 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.
8. 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 Arlington County Child and Family Services where legal custody remains with the parents or guardians.
9. 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

7.1.15 MANDATED SERVICE POPULATIONS

Youth for whom access to funds and services are mandated include those defined in (1), (2), and (3) of the targeted populations identified above. These youths meet CSA criteria under Special Education, Special Education Wraparound, Foster Care services, and Foster Care Prevention services. "The General Assembly and the governing body of each county and city shall annually appropriate such sums of money as shall be sufficient (i) to provide special educations services and foster care services identified in subdivision B1, B2, and B 3 of this section (ii) to meet relevant federal mandates for the provision of these services. The Community Policy and Management Team shall anticipate the number of children for whom such mandated services will be required and shall reserve from its state pool allocation such sum as shall be sufficient to meet these needs". (Code of Virginia, Section 2.2-5211-C).

7.1.16 NON-MANDATED SERVICE POPULATIONS

All CSA eligible youth who do not fall into one of the mandated service populations are often referred to as "non- mandated." These youth are typically referred by the local Court Services Unit, Community Services Board, or directly from families. There is no requirement for local CSA programs to appropriate funds and serve youth who are in the non-mandated population. In the event non-mandated funds are not immediately available, a waitlist will be established and managed by the CSA Coordinator or their designee. Youth on the waitlist will be assessed for continued need of services every 45 days to ensure priority is given to those with the highest level of acuity and least access to resources.

The Community Policy and Management Team (CPMT) does maintain a non-mandated pool of funds. Annual funding for non-mandated services are limited based on allocation from the State General Assembly and Locality matched funding. Access to this pool of funds is on a first come, first serve basis All Arlington County child serving agencies may utilize this pool of funds provided the youth meets required criteria and funding is available. Arlington County CPMT allows for residential and community-based services to be purchased from the non-mandated pool funds.

7.1.16.1.1 CSA NON-MANDATED OUT-OF-HOME PLACEMENTS

CSA Non-Mandated Agreements are signed contracts made between an agency designated by the CPMT and a parent or guardian who retains legal custody. CSA Non-Mandated Agreements are utilized when a child is placed outside of the home for behavioral health treatment and a local public agency is providing case management services. A CSA Non-Mandated Agreement ensures that the parent or guardian's intent for services includes reunification to the family's care following treatment.

Below are characteristics of a CSA Non-Mandated Agreement:

- The purpose of the agreement is to provide mental health treatment for a child or youth who has emotional or behavioral problems that:
 - 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;
 - Are significant 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
- A signed formal agreement outlining expectations and regulations;
- Only out-of-home treatment placements are clinically recommended for youth's level of need;
- The child is under the age of 18 at the time of placement;
- The intention of the agreement is voluntary and court involvement is not required;
- Either party may terminate the agreement with notice as stated in the agreement;
- All CSA requirements such as screening for Medicaid eligibility, FAPT review, and administration of the uniform assessment instrument and utilization management/utilization review must be met;
- The parent retains legal custody;
- The parent is required to be involved in planning and treatment; and
- The plan is to return the child home as soon as appropriate.

Although the agreement is between an agency designated by the CPMT and the parent(s), the CPMT must also approve and sign the CSA Non-Mandated Agreement as CSA is the funding source. A local public agency may not enter into a Non-Mandated Agreement without the approval of the local CPMT. The following Arlington County CPMT members, or their designee, sign the Non-Mandated Agreement on behalf of the CPMT for youth case managed by their departments:

- Community Services Board Representative
- Director of Juvenile Court Services for court placements
- Arlington Public Schools

Funding authorization approval cannot be communicated to a vendor until the Arlington County CSA office receives the completed Non-Mandated Agreement signed by both parties.

Additional Requirements

If the placement is the result of a court order, the Non-Mandated Agreement will specify that the placement is not a result of parental voluntary placement. The Case Manager is required to complete the FAPT process when a service or placement is court-ordered.

CSA Non-Mandated Agreements are specific to each placement. When youth have multiple placements, a new Non-Mandated Agreement must be signed each time. A child's TOTAL length of stay in all continuous out-of-home placements added together cannot exceed 6 months, unless otherwise approved by a quorum of the CPMT. If a child is coming to FAPT through the Non-Mandated Agreement for placement and has already been placed out of the home for more than 30 days, the Utilization Review Coordinator provides a utilization review for the child at the next CPMT meeting. At this time, CPMT may determine additional items are needed to address the continued request for an out-of-home placement. If a family is seeking a second CSA Non-Mandated Agreement within 3 months of returning to home (except for short-term, 90 days or less, placements due to primary or secondary Substance Use Disorder), a full CPMT review is required to approve an additional out of home placement before a Non-Mandated agreement can go into effect. CSA Non-Mandated Agreements are required for placements funded by non-mandated monies.

Family cannot leave the locality for an extended period due to the requirement to participate in services with their child. If there is an extenuating circumstance that requires the caregiver to be unable to actively participate in services for more than 2 weeks, full CPMT must approve ahead of the caregiver's absence. If there is no CPMT determination, the full CPMT will determine next-steps around funding of services and status of the CSA Non-Mandated Agreement.

At the 3-month mark of all CSA Non-Mandated Agreements, a treatment team meeting must be held that outlines progress towards treatment goals and closure of the agreement. The Utilization Review Coordinator must attend this meeting. If the family has continued barriers towards reunification that will likely influence placement past the next 3 months that exist within their family (e.g., housing, instability, ambivalence), a Family Partnership Meeting must be held to enhance, explore or expand family options including alternative family placements. Also, a staffing must be held for the Case Manager to present a plan for all youth with long term Intellectual and Development Disability concerns so that a plan for transfer to Intellectual and Developmental Disability Services can be developed.

Extension of Non-Mandated Agreements

The CPMT may extend the CSA Non-Mandated Agreement up to 3-months at a time, not to exceed 9-months total length of stay. The extension of the 6-month CSA Non-Mandated Agreement term is to address the safety and well-being of the child and family if serious or dangerous behaviors continue to

persist and cases will be reviewed every three months to assess continued need.

Eligibility:

The extension of the CSA Non-Mandated Agreement is available for children who are:

- Under the age of 18 who have exceeded the 6-month CSA Non-Mandated Agreement term.
- Need additional support out of the home to address safety and well-being of the child and/or family.
- Need additional treatment to support emotional and behavioral health.
- Have a long-term goal of returning home when appropriate as determined by the treatment team and Family Assessment and Planning Team (FAPT).
- CPMT may extend a CSA Non-Mandated Agreement when families are making progress towards treatment goals and need additional short-term support to complete treatment goals.

The extension of the CSA Parental Agreement is not available for children who:

- Are within the initial 6-month CSA Non-Mandated Agreement term as no extension is needed at this time.
- Have a long-term goal that is not to return home when appropriate as determined by the treatment team and FAPT.
- Children and families who are not making progress towards treatment goals and additional short-term supports are unlikely to impact the outcome. Foster care placement is considered a last resort option and only considered after the family and treatment team has exhausted all reasonable efforts.

Decision-Making Guidelines:

The following decision-making guidelines apply to all children requesting an extension of the 6-month CSA Non-Mandated Agreement term:

- The child or youth has emotional or behavioral problems that:
 - 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;
 - Are significant 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.
- The guardian(s) have been actively engaged in provision of services.
- A comprehensive array of community-based services was made available to the child on a consistent basis and as clinically appropriate prior to placement to include:
 - Applied Behavior Analysis
 - Early and Periodic Screening, Diagnostic, and Treatment
 - Intensive Care Coordination
 - Peer Support Partner
 - Family Support Services
 - Individual Support Services
 - Case Management

- Individual Therapy
 - Family Therapy
 - Intensive In-Home Services
 - Medication Management
 - Occupational Therapy
 - Speech and Language Therapy
 - Supports for Adaptive Equipment
 - Special Education Services
- The goal for the child and family is to return home when appropriate as determined by the treatment team and FAPT.
 - All other funding sources have been explored and proof of denial has been provided to the CSA Coordinator, or designee, and CPMT.

Procedure:

When it appears a youth under the age of 18 is projected to exceed the 6-month CSA Non-Mandated Agreement term the following process will occur:

1. Child's Case Manager alerts CSA Coordinator, or designee, and System of Care Manager 60-days prior to upcoming expiration of child's current CSA Non-Mandated Agreement expiration and a FAPT is scheduled.
2. FAPT will review case to determine continued Non-Mandated eligibility criteria and clinical recommendations. FAPT will provide the following for CPMT for consideration:
 - a. Continued CSA eligibility determination under Non-Mandated
 - b. If criteria are no longer met for Non-Mandated due to heightened acuity, CSA eligibility will be reviewed for CHINS eligibility. Recommendations for continued treatment and services
 - c. Other recommendations as applicable
3. CSA Coordinator will then assist in scheduling a meeting that may include be a separate CPMT Review or CPMT to attend the child's upcoming FAPT review where CPMT will review the potential necessity for extension of CSA Agreement. This CPMT Review must be scheduled prior to the expiration of the current Parental Agreement. In the event CPMT attends the FAPT Review, the CPMT determination will be in close session following the FAPT Review.
4. The child's Case Manager follows the FAPT review process and presents the case to FAPT for review. Presence of Case Manager along with guardian and treatment provider(s) are required for the child's case to be heard. In the event individuals are absent, the CPMT Chair or Co-Chair will decide regarding moving forward with hearing the child's review or rescheduling the review for a later date.
5. Upon review of the child's well-being, current services in place, FAPT recommendations, and utilization report the CPMT will determine if an extension of the CSA Non-Mandated Agreement is appropriate.

The child will then return to FAPT on a regular basis for FAPT to ensure appropriateness of clinical services and address treatment.

If the child can return home prior to the extension end date, the Case Manager will notify the CSA Coordinator and System of Care Manager, or their designees, at least 30 days prior to anticipated discharge date. The CSA Coordinator will schedule the child/youth to be reviewed at an upcoming FAPT

meeting to review community-based services needed prior to child’s discharge.

7.1.2 DETERMINING ELIGIBILITY

The CSA Pool Funds can be used to provide services to youth and their families when determined to meet criteria for services. The State CSA Manual and User Guide provides descriptive policy on the Federal and State mandates for CSA services for Foster Care and Special Education services at www.csa.virginia.gov.

The Family Assessment and Planning Team (FAPT) is responsible for determining eligibility for IFSP services. CSA staff provide oversight, monitoring, and support to FAPT members to ensure eligibility is met for CSA Pool funds. For FAPT exempt services, the CMPT designee certifies eligibility criteria has been met.

7.1.21 DOCUMENTATION

The Arlington County FAPT and CPMT determine eligibility based upon the following documentation submitted in the initial referral packet (see Records Management Policy for more information):

Eligibility Category (Mandate)	Required Documentation
Foster Care Abuse/Neglect-Prevention (1)	-Child Protective Services/Ongoing Services Plan documenting goal to prevent Foster Care
Foster Care Abuse/Neglect-Local Department of Social Services (DSS) Custody (3)	-Custody Order -KinGap Assistance Agreement also needed for KinGap requests
Foster Care-CHINS Local DSS Custody or Relief of Care and Custody (6)	-Custody Order

Foster Care-Court Ordered for Truancy (7)	Custody Order -KinGap Assistance Agreement also needed for KinGap requests
Foster Care-Court Ordered for Delinquent Behaviors (8)	Custody Order - KinGap Assistance Agreement also needed for KinGap requests
Foster Care Child in Need of Services (CHINS)-Prevention (4)	-Initial CHINS Services finding Court Order (if applicable) -CHINS checklist completed by FAPT (for CHINS parental agreements and prevention when not CHINS by Court Order) -Narrative of IFSP and applicable assessments, progress reports, and treatment plans from previous service providers documenting emotional/behavioral need, previous services utilized, and settings in which struggles arise.
Foster Care Child in Need of Services (CHINS)-Parental Agreement (5)	-Initial CHINS Services finding Court Order (if applicable) -CHINS checklist completed by FAPT (for CHINS parental agreements and prevention when not CHINS by Court Order) -Narrative of IFSP and applicable assessments, progress reports, and treatment plans from previous service providers documenting emotional/behavioral need, previous services utilized, and settings in which struggles arise.
Non-mandated (11)	-Initial CHINS Services finding Court Order (if applicable)

	<p>-CHINS checklist completed by FAPT (for CHINS parental agreements and prevention when not CHINS by Court Order)</p> <p>-Narrative of IFSP and applicable assessments, progress reports, and treatment plans from previous service providers documenting emotional/behavioral need, previous services utilized, and settings in which struggles arise.</p>
Wraparound Services for Students with Disabilities (9)	-Individualized Education Plan
Special Education Approved Placement in a Private Day or Residential School Placement (10)	-Individualized Education Plan

7.1.22 PROCEDURES

Upon Receipt of the completed referral packet, the CSA Coordinator, and Utilization Review Coordinator will complete a preliminary assessment to ensure the child is likely eligible and appropriate for CSA funding. During the FAPT review, the FAPT Facilitator and/or CSA Coordinator or designee completes the eligibility form documenting the eligibility category and process for determining the associated criteria have been met based upon the findings of the FAPT. For CHINS prevention and parental agreement categories where the court has not already determined the youth a CHINS services, the FAPT will complete the CHINS eligibility check list. For FAPT-exempt cases, the CPMT representative confirms eligibility by completing the eligibility form documenting the eligibility category and process for determining the associated criteria have been met. The eligibility form and supporting documentation are maintained in the CSA file.

7.1.3 CHANGES IN ELIGIBILITY

Per the Office of Children’s Services(OCS) guidelines, youth are presumed eligible under the eligibility mandate assigned by FAPT at initial referral unless there is a significant change that warrants a change in mandate such as custody change, change in goal, development of Individual Education Plan, or change in service that would exclude youth being eligible under current mandate. For CHINS Parental Agreements, Arlington County CPMT requires reassessment for CHINS eligibility if a youth is requested to maintain in an out of home placement past one year.

7.1.4 FOSTER-CARE

Consistent with the youth’s eligibility for mandated foster care services under state VDSS policy, continuation of CSA funding is allowable for youth in foster care between the ages of 18 to 21 who are in foster care at the time of his or her 18th birthday and continue to receives services

through Arlington County Child and Family Services, provided the youth willingly agrees to cooperate with all services and is making progress in an educational, treatment, or training program.

7.1.41 PREVENTION

Eligibility for CSA funding under the mandated Foster Care Prevention categories is only allowable to children who are less than 18 years of age.

7.1.42 DEPARTMENT OF SOCIAL SERVICES NON-CUSTODIAL AGREEMENT

Continuation of CSA funding for a youth in placement through a DSS Non-Custodial Agreement is allowable as a mandated service past the youth's 18th birthday to complete the residential treatment program specified in the DSS Non-Custodial Agreement, provided the following criteria are met:

1. The FAPT has determined the youth continues to need the level of treatment being provided; and
2. The youth once 18 (unless they have a legal guardian with responsibility for these types of decisions) must be in agreement with the continued treatment program and understand that they are not obligated to remain in this restrictive level of placement.

7.1.43 TRANSPORTATION SERVICES FOR YOUTH IN FOSTER-CARE

Use of CSA pool funds to support school transportation services for an educational placement that is by a "Best Interest Determination" meeting is exempt from FAPT review. All other non-maintenance transportation requests must be presented to FAPT for consideration of CSA pool funds. These requests may be considered by FAPT as a full review to be determined by the CSA Coordinator.

7.2 SPECIAL EDUCATION AND SPECIAL EDUCATION WRAPAROUND SERVICES

Consistent with a student's eligibility for special education services under the Individuals with Disabilities Education Act (IDEA), CSA is responsible for funding private school special education services specified in the IEP for a student who has not reached his or her 22nd birthday on or before September 30 of the school year. A child with a disability whose 22nd birthday is after September 30 remains eligible for the duration of the school year.

Definition:

"9.1.3 Wraparound Services for Students with Educational Disabilities." The State Executive Council (Policy 4.1.3) has extended the "special education mandate" established under [§2.2-5211.B.1](#) as follows: "The special education mandate may be utilized to fund non-residential services in the home and community for a student with a disability when the needs associated with their disability extend beyond the school setting and threaten the student's ability to be

maintained in the home, community, or school setting. Such services may only be provided in the home or community (not the school setting). Non- IEP services in the IFSP and approved by the FAPT provided to a student with disability and /or the students family which are necessary to keep the student out of a more restrictive placement.”

Eligibility:

To be eligible for Special Education Wraparound Services, the child must have an educational disability and evidenced by and documented in the child's Individual Education Plan(IEP) along with additional items that connect the child's presenting problem with their assigned disability. Special Education Wraparound Services must be provided in the child's home or community and cannot be provided in the school setting during the typical educational daily schedule.

Accessing Services:

Under this eligibility category, the typical CSA processes of the multi-disciplinary Family Assessment and Planning Team (FAPT) consultation, Community Policy and Management Team (CPMT) approval and Individual and Family Services Plan (IFSP) development can and, where appropriate, should be utilized to develop and fund additional services not part of the IEP. These requests assist in addressing non-educational needs that may benefit the child and/or facilitator a more effective return to the Public-School settings. The Case Manager should clearly communicate to the child's guardian that any such additional services are separate from those specified in the child's IEP and therefore subject to CSA policies and procedures.

7.3 CHILD IN NEED OF SERVICES (CHINS)-CSA PARENTAL AGREEMENT

When a child that is not in foster care has been determined to be Child in Need of Services (CHINS) (see CHINS Policy, 5.2.54) and requires a treatment placement outside of the home, a formal agreement is needed with the parent or legal guardian to make such a placement. Statute allows for such placement when the child "has been placed through an agreement between the local board or the public agency designated by the Community Policy and Management Team (CPMT) and the parents or guardians where legal custody remains with the parents or guardians" (§63.2-905).

This provision was created to permit parents to obtain services, particularly residential treatment services, for their children with severe emotional behavioral problems without having to relinquish custody to a local Department of Social Services.

CSA Parental Agreements are signed contracts made between an agency designated by the CPMT, **other than the local Department of Social Services**, and a parent or guardian who retains legal custody. CSA Parental Agreements are utilized when a child is placed outside of the home for behavioral health treatment and a local public agency is providing case management services. A CSA Parental Agreement ensures that the parent or guardian's intent for services includes reunification to the family's care following treatment.

Below are characteristics of a CSA Parental Agreement:

- The purpose of the agreement is to provide mental health treatment for a child with emotional/behavioral disorders when all other avenues or resources have been exhausted;
- A signed formal agreement outlining expectations and regulations;
- Only out-of-home treatment placements are clinically recommended for youth's level of need (residential, group home or Treatment Foster Care (TFC));
- The child is under the age of 18 at the time of placement;
- The intention of the agreement is voluntary and court involvement is not required;
- Either party may terminate the agreement with notice as stated in the agreement;
- It is **not** used in cases if the family has a history or current investigation of abuse or neglect;
- All CSA requirements such as screening for Medicaid eligibility, FAPT review, and administration of the uniform assessment instrument and utilization management/utilization review must be met;
- The parent retains legal custody;
- The parent is required to be involved in planning and treatment; and
- The plan is to return the child home as soon as appropriate.

Although the agreement is between an agency designated by the CPMT and the parent(s), the CPMT must also approve and sign the agreement as CSA is the funding source. A local public agency may not enter into a CSA Parental Agreement without the approval of the local CPMT. The following Arlington County CPMT members, or their designee, sign the parental agreement on behalf of the CPMT for youth case managed by their departments:

- Community Services Board (CSB) Representative
- Director of Juvenile Court Services for court placements
- Arlington Public Schools

Funding authorization approval cannot be communicated to a vendor until the Arlington County CSA office receives the completed parental agreement signed by both parties. Additional information on parental agreements can be found on the OCS website in the section titled "Frequently Asked Questions: CSA Parental Agreement."

Additional Requirements

If the placement is the result of a court order, the agreement document will specify that the placement is not a result of parental voluntary placement. The Case Manager is required to complete the FAPT process when a service or placement is court-ordered.

Parental agreements are specific to each placement. When youth have multiple placements, a new parental agreement must be signed each time. A child's TOTAL length of stay in all continuous out- of-home placements added together cannot exceed 365 days, unless otherwise approved by a quorum of the CPMT. If a child is coming to FAPT through the CHINS mandate for placement and has already been placed out of the home for more than 30 days, the Utilization Review Coordinator provides a utilization review for the child at the next CPMT meeting. At this time, CPMT may determine additional items are needed to address the continued request for an out-of-home placement. If a family is seeking a second CSA Parental Agreement within 6 months of returning to home (except for short-term [90 days or less] placements due to primary Substance Use Disorder), a full CPMT review is required to approve an additional out of home placement before a parental agreement can go into effect. CSA Parental Agreements are not required for placements funded by non-mandated monies.

Family cannot leave the locality for an extended period due to the requirement to participate in services with their child. If there is an extenuating circumstance that requires the caregiver to be unable to actively participate in services for more than 2 weeks, full CPMT must approve ahead of the caregiver's absence. If there is no CPMT determination, the full CPMT will determine next steps around funding of services and status of the CSA Parental Agreement.

At the 6-month mark of all CSA Parental Agreements, a treatment team meeting must be held that outlines progress towards treatment goals and closure of the agreement. The Utilization Review Coordinator must attend this meeting. If the family has continued barriers towards reunification that will likely influence placement past the next 6 months that exist within their family (e.g., housing, instability, ambivalence), a Family Partnership Meeting must be held to enhance, explore or expand family options including alternative family placements.

By the 3-month mark, a staffing must be held for the Case Manager to present a plan for all youth with long term Intellectual and Development Disability concerns so that a plan for transfer to Intellectual and Developmental Disability Services can be developed.

Extension of Parental Agreements

The CPMT may extend the CSA Parental Agreement up to 6-months at a time, not to exceed

18-months total length of stay. The extension of the 12-month CSA Parental Agreement term is to address the safety and well-being of the child and family if serious or dangerous behaviors continue to persist and cases will be reviewed every three months to assess continued need.

Eligibility:

The extension of the CSA Parental Agreement is available for children who are:

- Under the age of 18 who have exceeded the 12-month CSA Parental Agreement term.
- Need additional support out of the home to address safety and well-being of the child and/or family.
- Need additional treatment to support emotional and behavioral health.
- Have a long-term goal of returning home when appropriate as determined by the treatment team and Family Assessment and Planning Team (FAPT).
- CPMT may extend a CSA Parental Agreement when families are making progress towards treatment goals and need additional short-term support to complete treatment goals.

The extension of the CSA Parental Agreement is not available for children who:

- Are within the initial 12-month CSA Parental Agreement term as no extension is needed at this time.
- Have a long-term goal that is not to return home when appropriate as determined by the treatment team and FAPT.
- Children and families who are not making progress towards treatment goals and additional short-term supports are unlikely to impact the outcome. Foster care placement is considered a last resort option and only considered after the family and treatment team has exhausted all reasonable efforts.

Decision-Making Guidelines:

The following decision-making guidelines apply to all children requesting an extension of the 12-month CSA Parental Agreement term:

- 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 others in the home.
- The guardian(s) have been actively engaged in provision of services.
- A comprehensive array of community-based services was made available to the child on a consistent basis and as clinically appropriate prior to placement to include:
 - Applied Behavior Analysis
 - Early and Periodic Screening, Diagnostic, and Treatment
 - Intensive Care Coordination
 - Peer Support Partner
 - Family Support Services
 - Individual Support Services
 - Case Management
 - Individual Therapy
 - Family Therapy
 - Intensive In-Home Services

- Medication Management
- Occupational Therapy
- Speech and Language Therapy
- Supports for Adaptive Equipment
- Special Education Services
- The goal for the child and family is to return home when appropriate as determined by the treatment team and FAPT.
- All other funding sources have been explored and proof of denial has been provided to the CSA Coordinator, or designee, and CPMT.

Procedure:

When it appears a youth under the age of 18 is projected to exceed the 12-month CSA Parental Agreement term the following process will occur:

1. Child's Case Manager alerts CSA Coordinator, or designee, and System of Care Manager 60-days prior to upcoming expiration of child's current CSA Parental Agreement expiration and a FAPT is scheduled.
2. FAPT will review case to determine continued CHINS eligibility criteria and clinical recommendations. FAPT will provide the following for CPMT for consideration:
 - a. Continued CSA eligibility determination under CHINS
 - b. If criteria are no longer met, CSA eligibility under non-mandated category
 - c. Recommendations for continued treatment and services
 - d. Other recommendations as applicable
3. CSA Coordinator will then assist in scheduling a meeting that may include be a separate CPMT Review or CPMT to attend the child's upcoming FAPT review where CPMT will review the potential necessity for extension of CSA Agreement. This CPMT Review must be scheduled prior to the expiration of the current Parental Agreement. In the event CPMT attends the FAPT Review, the CPMT determination will be in close session following the FAPT Review.
4. The child's Case Manager follows the FAPT review process and presents the case to FAPT for review. Presence of Case Manager along with guardian and treatment provider(s) are required for the child's case to be heard. In the event individuals are absent, the CPMT Chair or Co-Chair will decide regarding moving forward with hearing the child's review or rescheduling the review for a later date.
5. Upon review of the child's well-being, current services in place, FAPT recommendations, and utilization report the CPMT will determine if an extension of the CSA Parental Agreement is appropriate.

The child will then return to FAPT on a regular basis for FAPT to ensure appropriateness of clinical services and address treatment.

If the child can return home prior to the extension end date, the Case Manager will notify the CSA Coordinator and System of Care Manager, or their designees, at least 30 days prior to anticipated discharge date. The CSA Coordinator will schedule the child/youth to be reviewed at an upcoming FAPT meeting to review community-based services needed prior to child's discharge.

7.4 SUPERVISED VISITATION

This policy is to address services available for children to assist in proactive and fundamental support to address the biological, developmental, and attachment needs of children who are experiencing Foster-Care placement and their caregivers who are experiencing separation. Supervised visitation is utilized in limited occasions when supervised visitation is typically part of an agency's core responsibility, but the frequency or intensity of the service required far exceeds the usual level of such service. This service is beyond the regular Case Management services provided within the normal scope of responsibilities for the public child serving systems.

Eligibility:

Supervised Visitation services are available for children who are within the care of Social Services, otherwise eligible for CSA funded services, AND meet one of the following criteria:

- There are clinical recommendations from services provider(s) that the child would benefit from increased frequency/intensity of supervised visitations
- The frequency/intensity of supervised visitations is above the typical duties of current Department of Social Services Case Managers.
- There is a court-order specifically noting an increase in the frequency/intensity of supervised visitation needed.
- The geographic location of the supervised visitation requires additional support outside of the normal scope of work for the child's Case Manager
- The permanency goal of the child is informal or formal kinship care that requires additional frequency/intensity to meet permanency goal
- There are multiple caregivers requesting supervised visitation requiring a higher level of frequency/intensity
- The physical and development age of child require a higher frequency/intensity than what is typically provided for a child in DHS care

Supervised Visitation services are not available for children when:

- The supervised visitation is within the typical part of an agency's core responsibility.
- Are outside of the care of the Department of Social Services

Case Manager Responsibility

The assigned Case Manager is responsible for the development of the visitation plan and must do so in collaboration with the child's mother, father, youth (12 and older), and other individuals requiring family time in a supervised arrangement. If substance abuse, mental health, and/or sexual abuse challenges have been identified, substance abuse treatment professionals and clinical therapists for the parent and the child shall be involved in the development of the visitation plan. The approved visitation plan shall be updated as necessary and at a minimum of every three months.

7.5. MEDICATION ASSISTED TREATMENT

Medication Assisted Treatment (MAT) is the use of medications in combination with counseling and behavioral therapies, which is effective in the treatment of opioid use disorders (OUD) and can help some people to sustain recovery. (U.S. Food and Drug Administration: <https://www.fda.gov/drugs/information-drug-class/information-about-medication-assisted-treatment-mat>). MAT provides life-saving support for children and youth who are working through their addiction. The kind of medication used for MAT is based on the prescriber's determination.

Children who are otherwise eligible for CSA funding and receive a comprehensive Substance Use Evaluation using ASAM criteria and/or have a current Certified Substance Use clinical provider (such as C-SAC and/or Licensed Substance Abuse Treatment Practitioner) and are recommended for MAT services (to include the substance use clinical service and medication prescription) can be reviewed by FAPT. MAT includes treatment and medication. All FAPT requirements must be met for the child to be reviewed. MAT services can be reviewed on an emergency basis. MAT services must be reviewed by FAPT at a maximum of 6 months as part of the community-based services continuum.

7.6 PRIVATE DAY AND RESIDENTIAL SCHOOLS

The responsibility for maintaining accurate and complete records for students attending private day schools or placed in residential schools for special education purposes is mandated by the Children's Services Act (CSA), the Individuals with Disabilities Education Act (IDEA), the Family Educational Rights and Privacy Act (FERPA), and other applicable state and federal regulations. Although student educational records are maintained separately from CSA files, compliance for CSA records is shared between the Arlington CSA staff and the Arlington Public Schools (APS) Office of Special Education staff. This guidance serves to ensure coordinated records management between APS and Arlington CSA, so that CSA files are complete.

The responsibility for maintaining accurate and complete records for students attending private day schools or placed in residential schools for special education purposes is mandated by the Children's Services Act (CSA), the Individuals with Disabilities Education Act (IDEA), the Family Educational Rights and Privacy Act (FERPA), and other applicable state and federal regulations. Although student educational records are maintained separately from CSA files, compliance for CSA records is shared between the Arlington CSA staff and the Arlington Public Schools (APS) Office of Special Education staff. This guidance serves to ensure coordinated records management between APS and Arlington CSA, so that CSA files are complete.

The below steps are to be followed when a student is initially placed by an Individualized Education Program (IEP) into a private day school or residential facility.

The following documents are required to be provided by APS to the Arlington CSA Coordinator within 60 days of initial placement:

- Initial CSA Referral and parent consent forms.
 - A complete copy of the signed IEP indicating the Private Day or Residential placement as the Least Restrictive Environment (LRE).
 - A copy of the Child and Adolescent Needs and Strengths survey (CANS) completed at the time of the recommendation by the IEP team that student be so placed.
 - A Pre-Authorization Letter from APS Office of Special Programs to the vendor where services will be provided, or a Service Authorization Form for all necessary services to be provided.

The following documents are required to be provided by APS to the Arlington CSA Coordinator at the time of review of the IEP (at least annually or when placement is changed):

- A complete copy of the current, signed IEP indicating the continuing Private Day or Residential placement, or return to public school or written communication noting that most recent IEP is in "stay-put status"; i.e. continued until all parties are in agreement with IEP presently being established.
- A copy of the IEP progress report data for the period of time of the most recent prior IEP (that is, the IEP that the current one is replacing).
- A copy of the CANS completed at the time of the IEP review. Specifically, a re-evaluation CANS is required for continued placement or an exit/discharge CANS is required for a student returning to public school.

If continuing a private placement, a Pre-Authorization Letter from APS Office of Special Programs to the vendor where services will be provided, or a Service Authorization Form for all necessary services to be provided. (These are not required for a student returning to public school.) The above documents are to be maintained in two locations: the student's educational record located at the APS Office of Special Programs at 2100 Washington Blvd., Arlington, Virginia 22204; and the CSA file at the Arlington Department of Human Services (DHS).

In the event of an audit or other process which requires access to a student's educational records,

APS will ensure that access is available within two business days of the request, and/or APS will provide copies of any documents necessary for audit purposes, within three business days of the request. Such documents may be transmitted by facsimile or secure e-mail. Parent consent is not required to comply with a CSA or local audit. However, a note is to be placed in the student's educational record if copies of additional documents are provided, including which documents were provided to whom, on what date, and for what purpose. Requests for access or copies should be directed to the Supervisor, Special Programs at 703-228-6050.

7.7 FOSTERING FUTURES

Definition

Fostering Futures is a State-run program that allows youth in foster care who turn 18 years old on or after July 1, 2016, to continue receiving foster care services. The Fostering Futures program is designed to support youth 18 to 21 years old as they progress towards adulthood and greater self-sufficiency. The program normalizes the challenges associated with this developmental phase of life and expands the service array to increase the likelihood of youth participation and success.

Eligibility

Youth are eligible to participate in the Fostering Futures program if they meet one of the following criteria:

- Enrolled in a high school or equivalency program
- Enrolled in a college or post-secondary education vocational program
- Participating in a program or activity designed to promote or remove barriers to employment
- Working at least 80 hours a month
- Medically incapable of engaging in any of the above activities

Youth who turned 18 prior to July 1, 2016, are not eligible for participation in the Fostering Futures program, but they can continue to receive the Independent Living (IL) services already in place to support them.

Maintenance and Enhanced Maintenance payments can be made to foster parents for youth in the Program, but payments to group home and residential programs are not permissible. Youth who are 18 and on track to graduate from high school before turning 19 can remain in their group home or residential setting until they graduate or until it is determined that they will not graduate before turning 19, but these youths are NOT Fostering Futures participants. As soon as a youth in a group home or residential setting graduates from high school, the youth must transition immediately into another type of placement and enroll in the Fostering Futures program to continue receiving foster care services.

Funding Services

All CSA funding approval for youth approaching age 18 must terminate 30 calendar days after their 18th birthday. New CSA funding approvals may be provided once the youth turns age 18, **if** the youth signs a CSA Consent Form and a Virginia Continuing Services and Support Agreement (VCSSA) officially entering the Fostering Futures Program. There is a 30-calendar-day grace period where CSA funding can continue if the youth, by the 30th day, has signed the CSA Consent Form and a Virginia Continuing Services and Support Agreement (VCSSA).

CSA funding can be utilized if the youth is not IV-E Eligible for costs of participation the Fostering Futures program. CSA funding can be utilized for all youth in Fostering Futures, whether IV-E Eligible or not, to cover costs associated with the program, such as counseling, independent living services, etc. CSA funding can be authorized in annual increments and a full allocation of the clothing allowance is available for the remainder of the current fiscal year regardless of when the youth enters the Fostering Futures program.

Requesting CSA Funding

To request funding for a youth entering Fostering Futures, whether transitioning from already being in the care of the Department of Social Services or newly entering the care of the Department of Social Services along with compliance with CSA Required Documentation, and FAPT Documentation Requirements policies in this manual:

- If the youth is already in the care of the Department of Social services, The Lead Case Manager comes to Family Assessment and Planning Team (FAPT) prior to the youth turning 18-years-old and asks for continued CSA funding of requested services for 30 days after youth's 18th birthday.
- FAPT approves necessary services eligible for CSA funding, to include those previously covered by IV-E funds, "pending submission of a signed CSA Consent, signed VCSSA, and IV-E Notice of Action" for a period not to exceed 30 days past youth's 18th birthday.
- The Lead Case Manager submits the signed CSA Consent, VCSSA, Independent Living Agreement, and Service Authorization Form to the CSA Coordinator within 30 days of the youth's 18th birthday. A Pre-Authorization Letter must also be submitted when payments are being made to a treatment foster care agency or other private provider.
- FAPT approves necessary services eligible for CSA funding, to include those previously covered by IV-E funds, for a period not to exceed 180 days past youth's 18th birthday.

Lead Case Manager Responsibility

It is the expectation of the Lead Case Manager to have the VCSSA forms signed no later than 30 days after the youth's 18th birthday. CSA funding is available for 30-days after the youth's 18th birthday if the Lead Case Manager has presented this request to the FAPT, FAPT has approved the service request, and the Community Policy Management Team (CPMT) has approved the funding.

The Lead Case Manager must provide the CSA office and FAPT with a court order within 180 days

of the youth entering Fostering Futures for CSA funding to continue beyond 180 days from the youth's 18th birthday. If the Lead Case Manager does not provide the court order or a court order is not established within 180 days, CSA funding will end at the 180th day and can resume if/when the court order is entered.

Exits and Re-Entries

There is no limit to the number of times a youth can leave and re-enter the Fostering Futures program prior to their 21st birthday provided the required eligibility criteria. If the youth has been out of the Fostering Futures program for more than six months, another court hearing to approve the VCSSA, along with a provided court order, is required.



ARLINGTON
VIRGINIA

Chapter 8:
Individual and
Family Service
Plan

8.1 PURPOSE (SEE APPENDIX 5)

The Individual and Family Service Plan is a written service plan developed to meet the needs of the child and family. It is created using a team approach and is presented to FAPT for final approval. An IFSP is required for all services using CSA Pool Funds. The child's IFSP is developed to capture the following items related specifically to the child and their family and contains Specific, Measurable, Attainable, Realistic, and Time-Sensitive (SMART) goals and objectives:

- Strengths of child and family
- Challenges and level of need for the child and family
- Professionals previously and current involved
- Natural supports that provide a supportive function
- Services previously and/or currently provided
- Service recommendations related to additional and/or change in services
- Most updated DSM-V and/or ICD-10 diagnosis (as applicable)
- Medication and medical diagnoses (as applicable)
- Legal History (as applicable)
- Educational placement
- Goals and objectives with specific timeframes
- Persons/agency responsible for coordination of goals and action steps
- Services that are approved
- Appropriate funding source.

The IFSP must include goals and objectives to be achieved as they relate to identified service outcomes, timeframes, and specific plans for termination or step-down of services. All goals and objectives should be SMART to empower the child and family towards long-term and sustainable progress. All treatment services planned within the IFSP must be based on a comprehensive, strength-based assessment, and designed to maintain the child in the least-restrictive environment with services being evidence-based and cost-effective.

8.2 DEVELOPMENT

The child's referring Case Manager is responsible for completing the Individual Family Service Plan with the child and family. Agencies and individuals responsible for parts of the IFSP will be specifically identified and their roles clearly defined, including parents/guardians. The Lead Case Manager will work collaboratively with the family and child to develop the IFSP. The IFSP is developed during routine treatment team meetings and should reflect services agreed upon by the team members during that process and the families input into identifying their own strengths and needs. Parents, foster-parents, adoptive parents, and guardians are expected to participate in the process of identifying goals. Children should be included in goal setting as their ages and appropriateness of inclusion permit. For children 0-17-years-old or youth 18 and over when parents retain guardianship due to youth's developmental delays, parents/guardians are required to sign the initial IFSP and any subsequent revisions, to indicate their consent to the

plan. Youth 18 years or older are required to sign their own IFSP documents to indicate consent and support of the plan.

Upon review of the assessment information goals, action-steps, and target-dates should be developed based on the child and parent/guardian's identified service and support needs. The Child Adolescent Needs and Strengths (CANS) life domains must be used to assess strengths and needs and develop a plan of action to support the child and family. IFSP goals shall correlate with the Child Adolescent Needs and Strengths (CANS) life domains.

8.3 REVIEW AND APPROVAL

Upon completion of the child's IFSP, the Case Manager completes all required Family Assessment and Planning Team (FAPT) paperwork and submits required paperwork to CSA Coordinator, or designee. The CSA Coordinator or designee then schedules the case to be heard at the next available FAPT meeting.

During FAPT:

- The child's referring Case Manager presents the case to FAPT. Presence of Case Manager and child's guardian are required for the child's case to be heard. In the event individuals are absent, the child's case will be re-scheduled for another day/time;
- FAPT reviews child's Utilization Review Report (as applicable);
- FAPT reviews the child's IFSP to determine if current plan, including discharge plan, are providing effective and equitable services;
- Upon review of the child's well-being, current services in place, and utilization, FAPT will determine if continued CSA funded services are appropriate;
- Amendments to the child's IFSP may be requested based on FAPT's recommendations;
- If the child is approved for CSA funded services, a CPMT representative will authorize CSA funding for the service if deemed appropriate;
- If approval for services and funding is received, the child's referring Case Manager will notify the identified vendor of the child's IFSP goals and authorized services;
- Arlington County's Fiscal Unit will then issue a purchase order for the identified provider based off the child and family's IFSP.

In the case of a dissenting opinion related to the IFSP, those dissenting should provide a written statement expressing their reason(s) for disagreeing with the recommendations. After completion, it is signed, dated, and given to the CSA Coordinator, or designee, for inclusion with the IFSP and will be maintained in the child's CSA file. If a parent/guardian disagrees with the recommendations, the parent/guardian can utilize the appeal process as outlined under the Family Engagement section of this manual.

On all cases, a copy of the signed IFSP and signature page must be filed in the child's CSA case file. The Case Manager is responsible for ensuring that in the event the child is court-involved, the child's Court Services Unit staff receives a copy of the IFSP and Action Plan in accordance with appropriate consent to do so.

8.4 SIGNATURES REQUIRED

All treatment team members are required to sign the IFSP. In addition, the signature from the child's parent/guardian or the child if over the age of 18-years-old, should be obtained on the IFSP signature page and completed prior to the implementation of services.

8.5 MONITORING AND REPORTING OF PROGRESS

The CSA Coordinator or designee will consider the need for periodic review of progress on the implementation of the IFSP, determine a date for the team to review, and document this review date. The child's Lead Case Manager is responsible for assuring implementation of the plan and monitoring and reporting on progress on an ongoing basis, to determine effectiveness and appropriateness of services. The Lead Case Manager ensures that referrals to community agencies and resources are carried out in accordance with the child's IFSP and serves as a liaison between all agencies and the family; assuring that needed data is collected and interventions are evaluated. Other agencies and individuals assigned responsibility for parts of the plan are specifically identified and their roles clearly defined; including parents/guardians.

8.6 MITIGATING CIRCUMSTANCES

Every effort shall be made to ensure that children and youth are in the least restrictive, community-based settings. However, there are circumstances where a youth may demonstrate unique and challenging conditions that are considered in determining the level of need and choice of service provider. Mitigating circumstances may provide a rationale for selecting certain services and/or placements over others. Mitigating circumstances may warrant consideration of more restrictive placements than those identified after an initial assessment. If mitigating circumstances are a factor in placement decisions or in an adjustment to the level of need, they are documented clearly in the case file.

Examples of common mitigating system factors include: Placement safety, community safety, community resources, legal constraints, and community attitudes towards children with serious emotional disturbance. Examples of common mitigating individual factors include: ineffectiveness of current treatment, youth's unwillingness to cooperate with treatment, preference for or against particular treatment modalities, resources of the caregiver, family, and or/extended family, and short-term emergency or crisis stabilization.

8.7 THE IFSP AND THE INDIVIDUAL EDUCATION PLAN

Children and youth placed in private day schools or residential programs designated by their IEPs are eligible for CSA funding if the IEP complies with federal and state standards. Arlington's CPMT shall authorize funding for private day and residential IEP services based on the IEP, including special education and related services (except for transportation). The residential facility will utilize Medicaid as a primary funding source for the residential portion of the costs, such as room and board. An IFSP is not required for the educational services identified in the

IEP. However, Wraparound or In-Home services intended to support the student's return to home or to a less-restrictive environment will require an IFSP and approval by FAPT.

8.8 THE IFSP AND THE FOSTER CARE SERVICE PLAN

The Foster Care Service plan is developed in accordance with P.L. 96-272 and Code of Virginia 16.281-1. The Foster Care Service Plan provides safeguards to ensure that a permanency plan is developed for every child in foster care. Local policies governing access to CSA funding by the eligible populations ensures access to funds for children in foster care whose Foster Care Service Plan calls for services which must be funded through the CSA pool fund. The IFSP supports the Foster Care Plan.

When a child in Foster Care is being reviewed by the FAPT process, every effort should be made to integrate the process of developing the Foster Care Service Plan, the Individual Family Service Plan, and the Individualized Education Plan when a child in Foster Care receives Special Education services. While the FAPT recommendations may be incorporated in the Foster Care Service Plan, the federal and state Foster Care requirements for the Foster Care Service Plan must be met.

8.9 THE IFSP AND THE COURT

When the child is involved with the courts, the court will refer the matter to the Community Policy and Planning Team for assessment through the Family Assessment and Planning Team (FAPT) to determine the recommended level of treatment and services needed by the child and family. Below is the process for court ordered referrals:

1. The agency Case Manager is responsible for initiating a CSA referral to initiate the FAPT review.
2. "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. Pool funds can only be used for CSA-eligible children and youth" (OCS, February 23, 2012).
3. A court court-ordered case is required to comply with the CSA referral process.
4. If the court case is eligible for CSA funded services under the non-mandated funding category, the court ordered case will have priority for funding over a case without a court order.
5. An IFSP is developed, and the Case Manager is required to present the information in the FAPT meeting.
6. Following FAPT services approval and CPMT funding approval, the Case Manager will provide the court with a copy of the signed IFSP along with the completed Utilization Report and CANS score within thirty (30) days of initial referral.
7. If, prior to the final disposition by the court, the court is requested to consider a level of service not identified in the plan, the court may request the CPMT and/or FAPT to submit

a second report outlining comparable levels of service. The court is strongly encouraged to consider the recommendations of the local FAPT and CPMT.

- 8.** A parent/guardian of a court-ordered child can request a due process appeal via CPMT.



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Chapter 9:
Cross-Systems
Collaboration

9.1 COURT SERVICES UNIT

9.1.1 COURT OPERATED GROUP HOMES

This policy addresses the process for accessing Children's Services Act(CSA) funding for Arlington County Court Operated Group Homes and is intended to provide guidance on the use of the CSA mandated and non-mandated funding for Arlington County Court Operated Group Homes.

Background Information

Arlington County Juvenile and Domestic Relations Court Services operates two group homes that serve at-risk children and their families. Argus House Boys' Group Home located in the Rosslyn area of Arlington County and the Aurora House Girls' Group Home located in the City of Falls Church. Both community-based group homes are certified by the Virginia Department of Juvenile Justice to offer pre-dispositional and post-depositional placements ranging from short to long-term for adolescents aged 13-18 years old. Additionally, the programs are certified to provide residential, independent living services to youth up to the age of 20. Referrals are accepted from Arlington County, City of Alexandria, City of Falls Church, and Fairfax County (Aurora House only). Referrals may be made to the programs by staff from Juvenile Court, the Department of Social Services, or Children's Behavioral Health. In addition, Argus House accepts parental referrals from residents of Arlington and Falls Church.

The expenditure budgets for the group homes are established by Arlington County and the City of Falls Church. Revenue for the group homes comes from the Department of Juvenile Justice through the Virginia Community Crime Control Act (VJCCCA), the CSA of the jurisdiction placing a youth, USDA, and where appropriate, parental copay or direct parental placements. All revenue is used to offset the costs of the County's expenditure budget. Any costs not offset by revenue are local costs and are paid by Arlington County/Falls Church City.

The level of VJCCCA funds allocated to Arlington County and applied to fund group home services are insufficient to fully fund all placements ordered by the court.

Use of CSA Funding:

a. VJCCA funds will be utilized to fund all placements of children in Arlington County's group homes in the following circumstances:

- The child/youth is under court supervision for criminal offenses;
- The child/youth is at moderate or high risk to re-offend based on the Youth Assessment and Screening Inventory (YASI)
- VJCCCA funds are available.

b. CSA funds will be requested in the following circumstances.

- Court status does not permit use of VJCCCA funds:
 - Child/youth is not under court supervision or,
 - Child/youth is under court supervision as a Child in Need of Supervision or as a Child in Need of Services or,
 - Child/youth is under court supervision for criminal offenses but is low risk to re-offend based on the Youth Assessment and Screening Instrument (YASI).
- VJCCCA funds have been depleted for the fiscal year.

Requesting CSA Funding:

When placement of a child in a Court Services' group home is ordered by the court, the child will enter the program without delay. Placements will occur on the date established by the court. If the court does not specify a date, the placement should occur as soon as possible and, in a timeframe, determined by the Case Manager, treatment team, and family.

In some cases, for which CSA funds will be requested, placement in one of the group homes will occur prior to the approval of funding by the Family Assessment and Planning Team (FAPT). In these circumstances the following conditions shall apply:

- No CSA funding will be approved prior to the date indicated in either a CSA pre-authorization or the Service Authorization Form.
- The CSA Case Manager should complete and submit FAPT paperwork as soon as possible but no later than two weeks after the date of the court ordered placement.
- Costs for any period of placement not funded by VJCCCA, not authorized for payment through CSA, or not offset by any other revenue source will be attributed as local costs within the expenditure budget approved for Juvenile and Domestic Relations Court Services by Arlington County/Falls Church City.

9.2 INDEPENDENT ASSESSMENT, CERTIFICATION, AND COORDINATION TEAM (IACCT)

FAPT/CPMT Reviews in Conjunction with IACCT

FAPT/CPMT review of requests for residential placements should occur in conjunction with or following the IACCT process. When necessary to meet the urgent needs of the client, FAPT/CPMT may review and approve residential placement prior to completion of the IACCT process. In such circumstances, the IACCT process shall continue uninterrupted. Treatment teams must document ruling out all appropriate Medicaid-reimbursable facilities prior to seeking placement in a non-Medicaid facility for a youth eligible for Medicaid. FAPT must approve any out-of-State placement or placement in a non-Medicaid facility prior to placement, except for emergency placements (see "Out of State/Non-Medicaid Congregate Care Justification" form).

Medicaid Denials

When a youth is already in placement, if CSA has approved a psychiatric, residential treatment (PRTF) or Therapeutic Group Home (TGH) but Medicaid denies the placement, CSA will cover the full cost of the placement for a period of up to thirty days to allow for the implementation of an alternative plan to meet the needs of the youth.

When the Court orders placement of a youth to PRTF or TGH, the Case Manager will ensure initiation of the IACCT process, at the point when the youth becomes Medicaid eligible, whether prior to placement or upon the 30th day in placement. If Medicaid denies the service, the Case Manager will advise the Court of the denial and the reason given. CSA funds may be authorized to cover the full cost of the placement to maintain compliance with the existing order of the Court.” In the absence of a court order, the CPMT may approve placement if IAACCT has denied the service prior to placement.

Failure to Apply to Medicaid

The CSA parental agreement between Arlington County and the custodial parents requires the custodial parents apply for Medicaid within thirty days of placement. Should the parent(s)/legal guardian(s) fail to apply for Medicaid within thirty days of placement, Arlington County will not authorize further payment for this placement until such time as the parents make application to Medicaid and the parents will be financially responsible for applicable treatment and/or education costs from time of placement.

This policy does not apply for residential placements for educational purposes that are documented in the child’s Individualized Education Plan as such.

In all circumstances, services cannot be reimbursed through CSA funding without the recommendation of FAPT and the authorization of the CPMT, except in situations of emergency (see emergency services policy).

9.3 FAMILY FIRST PREVENTION SERVICES ACT

The Family First Prevention Services ACT aims to keep children safe, strengthen families and reduce the need for foster care whenever it is safe to do so. Family First supports the overarching mission that kids should grow up in safe, stable and secure family that supports their long-term well-being.

The Family First Act underscores the importance of children growing up in families and seeks to avoid the traumatic experience of children being separated from their families and entering foster care. Specifically, funding is available for trauma informed, evidence-based, foster care prevention services within the following categories:

- Mental Health Prevention and Treatment Services
- Substance Use Disorder Prevention and Treatment Services
- In-Home Parent Skill-Based Programs

Family First aims to improve the well-being of children already in foster care by incentivizing states to reduce placement of children in [non-family based placements](#), and instead place children in the least restrictive, most family-like setting appropriate to their individual needs.

The following processes will take place in order to maintain compliance with the requirements of Family First as found here <https://familyfirstvirginia.com/>.

PREVENTION SERVICES

1. The DSS Case Manager submits the following specific documentation to IV-E Eligibility Specialist: CANS, Service Plan and Foster Care Candidacy Form.
2. The IV-E Eligibility Specialist confirm with the CSA Coordinator, in a timely manner, if/when the documentation has been reviewed and requirements have been met.
3. The CSA Coordinator reviews documentation submitted by IV-E Eligibility Specialist and requests any additional pending documentation from the DSS Case Manager
4. Once the packet is complete, the CSA Coordinator schedules a FAPT Review.
5. Upon the completion of the FAPT Review a determination of the potential IV-E funded services, the CSA Coordinator returns the Post-FAPT Bundle to the IV-E Eligibility Specialist.
6. The Utilization Review Coordinator(s) review the corresponding monthly summaries and discharge summaries to ensure clinical integrity and quality of services on an ongoing basis and communicate with the IV-E Eligibility Specialist and other staff as appropriate if/when there are concerns.

The is the flexibility to request a time sensitive and immediate FAPT review. If emergency funding is needed, the usual 14-day requirement for a youth to be heard must be met.

QUALIFIED RESIDENTIAL TREATMENT PROVIDER

1. The DSS Case Manager submits the required FAPT Paperwork to the CSA Coordinator.
2. The CSA Coordinator reviews the packet submitted and requests and additional items that may be needed.
3. Upon receipt of any pending items, the CSA Coordinator schedules a FAPT Review.
4. Upon completion of the FAPT review and determination, the CSA Coordinator follows the typical purchase of services process.

The is the flexibility to request a time sensitive and immediate FAPT review. If emergency funding is needed, the usual 14-day requirement for a youth to be heard must be met.

For all children in foster care placed in a Qualified Residential Treatment Provider setting on or after July 1, 2021, the Local DSS is responsible for meeting the three procedural requirements for children placed in a QRTP, regardless of their title IV-E status. Failure to complete these requirements resulting in a denial of title IV-E funding (if applicable) will not generally be payable by the CSA.

An exception may be requested (per established VDSS procedure) if the reason for the failure is due to the timely completion of the required 60-day court hearing. In such instances, title IV-E can

pay up to the 60th day and then no longer for the remainder of the placement.

If the reason for not meeting this requirement can be demonstrated to be beyond the control of the Local DSS (i.e., due to delays imposed by the court), upon Virginia DSS approval conveyed to OCS, CSA may pay for the denied title IV-E component of the placement. Local DSS is encouraged to work with their courts and the Court Improvement Program in the Office of the Executive Secretary of the Supreme Court of Virginia to minimize instances resulting in a title IV-E denial under the FFPSA provisions.

9.4. TRANSPORTATION ASSISTANCE PILOT PROGRAM (TAPP)

Summary: Transportation can be a significant barrier for youth in foster care, particularly in geographic areas where public transportation options are limited or nonexistent. Having access to transportation allows young people to gain employment, pursue education opportunities, and gain independence and success. However, it is estimated that less than 5% of teens in foster care obtain their driver's license by their 18th birthday (Virginia Commission on Youth, 2018).

Child and Family Services Division (CFSD) is committed to ensuring that youth in foster care have equal access to positive experiences that support normalcy and skill development which will assist them as they transition to adulthood. Removing the financial barriers associated with obtaining a driver's license and purchasing a vehicle supports youth with achieving a key developmental milestone and allows greater access to additional opportunities.

Purpose: This policy establishes the agency's practice related to funding transportation assistance for older youth through the John H. Chafee Program for Successful Transition to Adulthood (Chafee Program) through the Virginia Department of Social Services. This policy also outlines the process for providing transportation assistance for older youth not eligible for federal funding.

Scope: Applies to all CFSD employees and clients aged 14 through 22 (Chafee) or 14 through 21 (CSA) who are eligible for funding assistance. The Transportation Assistance Pilot Program is funded through Chafee Funds based on local jurisdiction need based requests. Office of Children's Services Children's Services Act funds will be used for the same purposes to assist undocumented youth in foster care. The current pilot program will end September 30, 2024, or earlier contingent on available funds.

Definitions:

Chafee Program/Funds: The John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee program) provides funding to support youth/ young adults in or formerly in foster care in their transition to adulthood. Chafee funds are used to assist youth/ young adults in a wide variety of areas designed to support a successful transition to adulthood. Activities and programs include help with education, employment, financial management, housing, transportation, emotional support and assured connections to caring adults.

Children's Services Act Funding: The Children's Services Act (CSA) is now the name for a law enacted in 1993 that establishes a single state pool of funds to purchase services for at-risk youth and their families. The state funds, combined with local community funds, are managed by local interagency teams who plan and monitor services to youth.

Independent Living Program: Youth services that assist youth in foster care ages 14-21 in developing necessary life skills to support a transition from foster care into independent living as they reach adulthood. Services are based on a written assessment of life skills and include educational, vocational, life skills training and outreach services.

Undocumented youth: refers to youth who are not U.S. citizens or permanent residents of the United States, who do not hold a visa to reside in the U.S. and who have not applied for legal residency in the U.S.

Implementation Responsibility: The Director of the Child and Family Services Division (CFSD) adopts this policy to be consistent with the Department of Human Services' mission and applicable federal and state laws and regulations, including but not limited to the Child Abuse and Prevention Treatment Act of 1974 and its implementing regulations, The John H. Chafee Foster Care Independence Act of 1999, the Fostering Connections to Success and Increasing Adoptions Act of 2008, the Family First Prevention Services Act of 2018 and its implementing regulations, and all applicable sections of the Virginia Department of Social Services and the Office of Children's Services guidance. It shall be the responsibility of all CFSD staff to comply with this policy. The Bureau and Division Directors must ensure that this policy is implemented and regularly monitored.

Policy Detail:

Eligibility Criteria for Accessing Chafee Funds through TAPP

- Youth currently in foster care/Fostering Futures ages 14-21 years old.
- Youth who transitioned out of Fostering Futures still under the age of 23.
- Youth who were in foster care after the age 14 and achieved reunification.
- Youth who transitioned out of foster care after age 16 through Kinship Guardianship Assistance Program (KinGAP) or Adoption.
- Youth who are eligible to receive federal funding.

Eligibility Barriers:

- Youth who are demonstrating noncompliance with their service plan including case manager visits, and regular attendance at school and/or employment.
- Youth who are demonstrating risky behaviors that endanger themselves and others as evidenced by incarceration, runaway status or placement in secure congregate care settings or hospitals.
- Undocumented youth are not eligible to access Chafee funding and therefore are not eligible to use TAPP funds.
- Group homes may have insurance barriers of being able to place or provide care for a youth with a driver's license and/or a car.
- Chafee funds cannot be used to cover court fines, outstanding debt, unpaid fees, reinstatement fees or traffic violation tickets.
- Funding is available until September 30, 2024, or earlier contingent on available funds.
- The Division Director reserves the right to refuse to fund transportation assistance for any youth who demonstrates behavior that risks personal safety and the safety of others.

Transportation Assistance Categories:

Chafee funds can be used to provide driving and transportation assistance to youth who experienced foster care at age 14 or older and are under age 23. Funds may be used to aid with

the initial purchase or deposit toward a vehicle, not to exceed \$4000.00 per vehicle per fiscal year. Any single expenditure of \$5,000 and over requires approval by the federal government via the VDSS Youth Services Supervisor. There is a cap on funding not to exceed \$7,000 per youth per local fiscal year.

The transportation assistance categories are as follows:

- Vehicle Purchase
- Car Insurance Increases to Foster Parent/Caregiver Policy
- Car Insurance -Youth Policy
- Car Payment
- Car Repairs
- Driving School
- DMV Fees
- Emergency Kits/Roadside Assistance Memberships
- Gas/Gas Card
- RideShare
- Other Transportation Expenses

Vehicle Purchase

Funds may be used to aid with the initial purchase or deposit toward a vehicle, not to exceed \$4000.00 per vehicle per fiscal year. Purchases can include a car, electric bike/scooter and bicycle.

Car Insurance Increases to Foster Parent/Caregiver Policy

Funds can also be used to cover the additional cost to a foster/caregiver family's car insurance for adding a youth to their policy to cover any deductible costs associated with a youth vehicle incident. Funds can be used to support additional coverage for up to six months per fiscal year. The youth's permanency must be KINGAP, relative placement/return home or adoption. Appropriate documentation to verify proof of insurance and/or any increases required.

Car Insurance for Youth Policy

Funds can be used to pay for up to 6 months of car insurance for a youth's personal car insurance policy.

Car Payment

Funds can be used to support a youth's car payments for up to 6 months per fiscal year.

Car Repairs

Funds can be used for supporting youth with routine maintenance and emergency repairs or services to their vehicle to include oil changes, tire rotation and alignments.

Driver's Education and Skill building Support

Virginia residents under age 19, must complete a state-approved driver education program and hold a Virginia learner's permit for at least nine months to obtain a driver's license. Funds can be used for completing driver's education through private providers when not able to complete in a public-school setting. Transportation funds can also support completion of behind-the-wheel hours to obtain driver's license and promote driving safety. If the youth is under the age of 18, the foster parent/caregiver must certify that the youth has driven for at least 45 hours and that

at least 15 of the 45 hours were completed after sunset.

Department of Motor Vehicle (DMV) Fees

Funds may be used in supporting youth with DMV fees associated with obtaining licenses, permits and vehicle registration to include registration fees and property taxes.

Emergency Preparedness and Safety Equipment

Funds can be used to purchase equipment to assist safety preparedness for maintenance and emergencies. Equipment purchases include road flares, jumper cables, car jack, phone mount, ice scraper/snow brush, and AAA memberships.

Gas/Gas Card

Funds can be used to reimburse the purchase of gas and for gas cards that enable the youth to achieve or participate in an independent living skill identified in the youth transition plan such as employment, educational, enrichment and training activities.

Ride Share

Funds can support the purchase of transportation by cab, Uber/LYFT rides or county contracted vendor to support participation in or achievement of an IL skill development identified in the youth transition plan such as transportation assistance to employment, educational, enrichment and training activities.

Other Transportation Expenses

If the request for a resource, service, or reimbursement is not specifically stated as an approved expenditure in this policy, a memorandum and the supporting documentation regarding the expenses, must be reviewed and approved by the Division Director and sent to the VDSS Youth Services Supervisor for approval.

Procedures:

Transitional Living Plan (TLP) meetings are held annually with each youth aged 14 and older in foster care. When educational and/or independent living services are needed, the IL Coordinator arranges a meeting with the youth and case manager to discuss eligibility and funding. Case managers are expected to meet with the youth and the caregiver regarding their transportation needs and incorporate this into case planning and service provision. Case managers are expected to hold consistent discussions during monthly visitation regarding the youth's independent living and transportation needs and document in the electronic record.

To access funds:

1. IL Coordinator or Supervisor confirms that funds are available, and that youth has not met maximum funding allotments.
2. Case manager requesting funds submits completed Pre-Authorization Form to IL Coordinator along with supporting documentation for approval. The case manager must obtain two signatures on the pre-authorization form.
3. IL Coordinator records the approved funds on the IL Funds tracking spreadsheet.

4. IL Coordinator sends transportation assistance request describing the service needed with the budget amount to the VDSS Youth Services Supervisor. Upon approval, the Fiscal/Administrative Officer will submit a BRS request through LASER to Budget Line 862 with the approved requested amount.
5. The case manager is expected to follow purchase of services processes including obtaining preauthorization when using the purchase card, paying vendors and when applicable to providing funds to the youth directly.

Driver's License and Driver's Education

Transportation assistance may fund the cost of a youth's driver's education course up to \$800.00.

Before a youth can begin a driver's education course, the following must occur:

1. The youth, parent(s), caregiver and case manager mutually decide that the youth is ready to manage the responsibility of operating a motor vehicle. If the parent is not actively engaged in the youth's life, the remaining parties must decide.
2. The case manager obtains signatures on the consent form for driver's education and submits along with a pre-authorization form to the supervisor, Independent Living Coordinator and the Bureau Director.
3. The case manager along with the caregiver facilitates the selection of a convenient driver's education course for the youth
4. The youth must meet all Virginia Department of Motor Vehicle requirements including:
 - A. Valid proof of age, identity, legal presence, Virginia residency, and social security number (photocopied documentation is not acceptable)
 - B. If the youth is under age 19, he/she must complete a state-approved driver education program.
 - C. If the youth is age 19 or older and has never held a driver's license issued by Virginia, another state, a U.S. territory, or foreign country, or cannot show proof that they previously held such a license, they must show proof that either they passed an approved driver education course; or have held a Virginia learner's permit at least 30 days (about 4 and a half weeks) before taking the DMV road skills test.

Vehicle Purchases

Before a youth can receive financial support towards purchasing a car, the following is required:

1. The case manager, the parent(s), caregiver and youth mutually determine that the youth is prepared to handle the responsibility of operating and owning a motor vehicle.
2. The vehicle must be used as a primary means of transportation to support youth's employment, education or independent living goals.

3. The youth must provide a copy of a valid driver's license and driving record with no evidence of Driving under the Influence (DUI) or Driving while Impaired (DWI) on driving record.
4. The youth must demonstrate an ability to maintain any payments, insurance and other expenses associated with owning a vehicle as evidenced by at least three consecutive months of employment.
5. The youth must submit a vehicle valuation from an automotive research company that is recognized by both consumers and the automotive industry such as Kelly Bluebook. If the assessed condition of the vehicle is not supported by the purchase price, funds cannot be used to purchase the vehicle. The case manager must ensure documentation for the mechanic's inspections and Kelly Blue Book is maintained in the case file and uploaded into the electronic record.
6. A complete report of all publicly available information about the vehicle such as provided by Carfax and a current vehicle status report from a reputable mechanic.
7. There must be evidence of an identified insurance provider for liability coverage along with a sustainable plan for making payments on the insurance.
8. The youth must complete Real Cost of Car Ownership workshop with the Independent Living Coordinator.

Vehicle Payments

Funds can be used to support a youth's car payments for up to 6 months per fiscal year. Before a youth can receive financial support towards vehicle payments, the following is required:

1. The case manager, the parent(s), caregiver and youth mutually determine that the youth is prepared to handle the responsibility of operating and owning a motor vehicle.
2. The vehicle must be used as a primary means of transportation to support youth's employment, education or independent living goals.
3. The youth must provide a copy of a valid driver's license and driving record with no evidence of Driving under the Influence (DUI) or Driving while Impaired (DWI) on driving record.
4. The youth must demonstrate an ability to maintain any payments, insurance and other expenses associated with owning a vehicle as evidenced by at least three consecutive months of employment.

Car Insurance

The youth can be supported with vehicle premiums up to six months per fiscal year.

When supporting youth who will be added to a foster/kin caregiver policy, the case manager must:

1. Obtain verification of insurance from the caregiver.
2. Provide evidence of policy change and increase in policy amount.
3. Ensure that caregiver provides written consent of policy increase on the Insurance Policy Increase Authorization Form.

4. Gain approval for funding through pre-authorization process for payment.

When supporting youth who will have an individual insurance policy, the case manager must:

1. Ensure that youth have employment for at least three consecutive months, a sustainability plan and a mechanism for paying insurance after the six-month period
2. Support the youth in exploring and selecting insurance coverage options and affordable premiums by providing three estimates for comparison. The youth are not required to accept the least expensive option.
3. Obtain evidence of policy premium amount.
4. Ensure that the vehicle is titled in the youth's name to secure payment.
5. Gain approval for funding through a pre-authorization process for payment.

Vehicle Repairs

When supporting youth who may need vehicle repairs, the following is required:

1. The vehicle must be registered in the youth's name and there is sufficient documentation that the vehicle is the primary transportation used by the youth for work, school or independent living activities.
2. The youth must provide written cost of repairs as estimated by a certified mechanic unless an emergency occurs outside regular business hours. If the youth have an after-hours emergency, the case manager must seek approval from funding manager and Bureau Director.
3. The cost of repairs may not exceed \$900. The youth will be responsible for any additional costs.

Gas Card/Rideshare Gift Card Purchases

Youth may be assisted with transportation through gas cards when used for a documented transportation need to employment, education or other activity related to self-sufficiency.

Before a youth can receive transportation support through gift and/or rideshare card purchases, case managers must:

1. Complete Pre-Authorization Form to make the needed purchase for the youth.
2. Once the card is purchased, the card and receipt must be submitted to the Gift Card Manager to be logged in and note that this is for TAPP.
3. Utilize the gift card request form to request the gift and follow the gift card distribution process which includes obtaining a signed receipt from the youth.

Missing Gift Cards: If gift cards are lost, the employee noticing the lost gift card must immediately complete an incident report. The incident report is given to the Administrative Officer, who communicates the information to the compliance office.

Transportation assistance for youth in foster care who have an undocumented status The Office of Children's Services will allow Children's Services Act (CSA) funding to be used for those

youth who are ineligible for Chafee funds due to undocumented status. CSA funding may be used for youth up through age 21. Every effort must be made to plan with youth to access transportation assistance while the youth is CSA eligible. Funding up to \$4,000 can be used for the purchase of a vehicle. Any single expenditure of \$5,000 and over requires the approval of the Division Director. There is a cap on funding not to exceed \$7,000 per youth per local fiscal year. The CSA Coordinator will be responsible for tracking expenditures and the approvals. The Family Assessment Planning Team must recommend, and the Community Policy Management Team authorize funding for CSA fund allocation. All documentation requirements must be met, and fiscal processes followed to obtain CSA funding. All expectations and requirements for transportation assistance must be followed regardless of the funding source.

If the youth is aged 22 and has an undocumented status, CSA funds cannot be accessed. The case manager must consult with the Bureau Director and the Division Director to advocate for alternative funding.

Reporting Requirements

The Independent Living Coordinator must complete the quarterly transportation form for all transportation related expenses. The IL screens in the youth's electronic health record must reflect youth activity and progress with achieving developmental milestones, barriers and decision-making in addition to any payments made on behalf of the youth and reconcile with the quarterly reports.

Quality Assurance and Monitoring

Quarterly inventory accounting of all gift cards and purchases will be conducted by the Management and Budget Analyst. Annually, the Administrative Officer will conduct an audit of controls, procedures and gift card counts. Additionally, the Quality Assurance team will review the clinical record and supporting documentation in the case file. The results of the audit will be made available to the DHS Budget Coordinator or designee.



ARLINGTON
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Chapter 10:
Intensive Care
Coordination

10.1 TARGET POPULATION FOR INTENSIVE CARE COORDINATION

Public agency case managers, otherwise eligible to refer and manage Children's Services Act (CSA) cases, may identify and screen youth who may be eligible for Intensive Care Coordination. The Family Assessment Planning Team (FAPT) and CSA program staff shall screen all eligible youth during scheduled reviews of CSA services.

Eligible youth shall include:

- Youth placed in out-of-home care and returning to home or community-based settings within 3 months
- Youth at risk of placement in out-of-home care
- Youth require more intensive, multi-system involvement
- Youth is able to participate in an approximately 12-month treatment program

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

- Psychiatric Residential Treatment Center.
- Group Home Psychiatric hospitalization.
- Juvenile justice/incarceration placement (detention, corrections).
- Regular foster home, if currently residing with biological family and due to behavioral problems is at risk of placement into Department of Social Services (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.
- Emergency shelter (when placement is due to child's mental health/behavioral problems).

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

- The youth currently has escalating behaviors that have put him or others at immediate risk of physical injury.
- Within the past 2-4 weeks the parent or legal guardian has been unable to manage the mental, behavioral, or emotional problems of the youth in the home and is actively seeking out-of-home care.
- One of more of the following services has been provided to the youth within the past 30 days and has not ameliorated the presenting issues:
 - Crisis Intervention
 - Crisis Stabilization (15-45-day outpatient clinical intervention)
 - Outpatient Psychotherapy
 - Outpatient Substance Abuse Services
 - Mental Health Support
 - Day treatment

10.2 THE PROVISION OF ICC WITH OTHER CASE MANAGEMENT

The Department of Medical Assistance Services (DMAS), the state Medicaid agency, has determined (in accordance with federal guidelines) that ICC is a Case Management Service. As a result, regulations regarding non-duplication of services apply; meaning that other billed Case

Management services (e.g., Treatment Foster Care – Case Management and Mental Health Case Management) cannot occur concurrently with ICC. These restrictions apply regardless if the child is receiving Medicaid funded services.

The restriction also applies (with the exception below) to concurrent use of ICC and placement in a psychiatric residential treatment center (RTC), as case management is a component of that service. DMAS allows for a three-month, pre-discharge period for the concurrent provision of ICC while a youth is in an RTC. This allowance falls under the Transition Coordination Model (part of the Children's Mental Health Program) in the DMAS Provider Manual. During the overlap period, the ICC can begin engagement activities as well as the development of a High Fidelity Wraparound (HFW) Plan related to discharge planning and other HFW Team identified needs.

10.3 EXCEPTION FOR ICC SERVICES AND RESIDENTIAL PLACEMENT

In accordance with federal guidelines, Virginia Department of Medical Assistance Services (DMAS) allows for a three-month, pre-discharge period for the concurrent provision of ICC while a youth is in Residential Placement. This allowance falls under the Transition Coordination Model (part of the Children's Mental Health Program) in the DMAS Provider Manual. During the overlap period, the ICC can begin engagement activities as well as the development of a High-Fidelity Wrap (HFW) Plan related to discharge planning and other HFW Team identified needs.

10.4 HIGH-FIDELITY WRAPAROUND

Intensive Care Coordination services, via the Office of Children's Services, has adopted the High-Fidelity Wraparound (HFW) Model. This is an evidence-informed practice that is grounded in System of Care values that includes but is not limited to services being individualized and family and child driven, strength-based and team-based practices, reliance on natural supports and building of self-efficacy, outcomes-based service planning, and cultural and linguistic competence. This model holistically addresses the behavioral and social needs of a child and family to develop self-efficacy.

This model provides the child and family with voice and ownership of their plan of care and service delivery. With the help and support of the Intensive Care Coordinator as well as child and family supports, the child and family develop their own team. This team consists of system partners and those important to the child and family, including natural supports. The child and family are integral to the process, sharing their voice and choice with the long-term goal of the child and family leading their own meetings. The team works collaboratively to identify the child and family's vision, goals and needs and develop measurable plans to accomplish while honoring the child and family's culture throughout the process.

10.5 PROVIDERS OF INTENSIVE CARE COORDINATION

Intensive Care Coordination can be provided by Arlington County's Community Services Board as well as external private providers with fully executed contracts. In accordance with the State Executive Council (SEC) Policy, effective July 1, 2014, all Intensive Care Coordination providers are required to be trained in the HFW model. Arlington County's Community Policy and Management Team (CPMT) requires its' Intensive Care Coordination providers to meet all educational, training, and supervision requirements as defined in the 2013 SEC Intensive Care Coordination Policy (<http://www.csa.virginia.gov>). Training in HFW model is required for all Intensive Care Coordinators and Supervisors, including participation in annual training. Training and ongoing coaching shall be coordinated by the Office of Children's Services with consultation and support from the Department of Behavioral Health and Development Services.

10.6 ICC CLARIFICATION OF ROLES

10.6.1. REFERRING CASE MANAGER

The referring Case Manager is a member of a child-serving system (to include but not limited to Child Welfare, Behavioral Health, Juvenile Court Services, or Arlington Public Schools) responsible for ongoing oversight and monitoring of Intensive Care Coordination services to meet the child and family's established goals. The Case Manager is knowledgeable of Intensive Care Coordination services following the HFW model but is not responsible for providing direct Intensive Care Coordination service. The role of the referring Case Manager includes:

- Coordinating the initial meeting of the Intensive Care Coordination Provider, child and family, and other involved service providers.
- Communicating desired outcomes for Intensive Care Coordination services per the IFSP, established goals, timelines, roles, and responsibilities for all parties.
- Continuing case management duties under the directive of the home agency
 - Collaborating and communicating with Intensive Care Coordination provider on all pertinent information.
 - Maintaining oversight for all FAPT directed services for goal objectives and quality assurance.
- Addressing concerns immediately or elicit the assistance of the CSA office as needed
- Continuing responsibility for FAPT paperwork, including the completion of the mandatory uniform assessment tools or CANS.

10.6.2. INTENSIVE CARE COORDINATOR

The Intensive Care Coordinator is trained staff who shall follow all state policy requirements adopted by the State Executive Council and local policies approved by CPMT to provide direct Intensive Care Coordination services. The Intensive Care Coordinator will ensure compliance with all local contractual obligations as well as fidelity to the HFW model as directed by the state. The role of the Intensive Care Coordinator includes:

- Focused efforts on the child and family's IFSP goals for the least restrictive placement.

- Active engagement with the child and family to assess needs and connect the child and family with community-based resources.
- Attend all meetings on child's treatment and transition planning.
 - Consistent communication with referring Case Manager to include weekly summaries of progress and challenges for child and family.
 - Provision of monthly written summaries of child and family to referring Case Manager and CSA Coordinator.
- Implementing a plan for regular monitoring and utilization review of services.
- Child and family orientation and engagement practices that include:
 - Development of a short-term Crisis Stabilization Plan through collaboration with system partners and use of child and family voice.
 - Completion of Strengths, Needs and Culture Discovery (SNCD) where the child and family share their story, unique strengths, family culture, define their needs and goals, and create a family vision.
 - The formation of the child and family team to identify and carry out action plans that are frequently reviewed and revised, driven by child and family preference, focus on needs, and rely on natural supports to achieve desired outcomes.
 - Completion of a Functional Assessment that defines crisis behaviors, encourages better understanding of the purpose of crisis behaviors, and potential reinforcements for the behaviors.
 - Development of a Crisis Prevention Plan that incorporates the Functional Assessment, child and family voice, and determine if the Crisis Prevention Plan is accomplishing what the team wants it to achieve.
 - Development of a transition plan that incorporates formal and natural supports for the child and family within the community.

10.7 THE ROLE OF THE INTENSIVE CARE COORDINATOR AT THE FAMILY ASSESSMENT AND PLANNING TEAM

The Intensive Care Coordination Provider/HFW Facilitator cannot be the lead agency case manager for FAPT. If the Intensive Care Coordinator is a Community Services Board employee, the lead agency case manager must be a separate individual from the CSB or another child - serving agency.

The local Children's Services Act program may purchase the FAPT case oversight function from the CSB by using the Case Support service definition.



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Chapter 11:

Fiscal Policies

11.1 FUNDING AUTHORIZATION

No expenditures of CSA State Pool Funds will be made without advance funding authorization by the CPMT and service authorization by the FAPT as designated by the CPMT and/or an individual CPMT member/designee empowered to act on behalf of the entire CPMT under these policies.

All children and youth are seeking CSA-funded services require an initial FAPT review and subsequent FAPT review(s) The requirements set forth for the initial and subsequent FAPT review frequencies are required for a child and their family to be eligible to receive CSA funding.

Following the initial FAPT review, subsequent reviews are scheduled. A FAPT review can also be requested by a case manager at any time due to the sensitivity and needs of the child or youth. The CPMT exempts Foster-Care Maintenance payments and services as well as services included in a youth's IEP from FAPT initial and subsequent reviews. However, the CSA FAPT Referral Packet must still be completed for these FAPT-Exempt requests. from initial and subsequent FAPT reviews funding for foster care maintenance payments and services included in a Student's IEP. However, the CSA FAPT Referral Packet must be completed on youth in these categories.

11.2 FAPT SERVICES AUTHORIZATION FORMS

The FAPT Service Authorization Form is a document used to collect required CSA data elements, ensure compliance with CSA funding requirements, and generate the necessary financial paperwork for making payments to contracted CSA vendors. Following service authorization in FAPT, the payment processing for services is overseen by the Arlington County Child and Family Service's Administrative Officer.

11.3 ALTERNATIVE FUNDING SOURCES

11.3.1 OFF-SETTING FUNDS

It is the responsibility of the case managing agency to explore other sources of funding to pay for services. Medicaid and Title IV-E funds are used when available and therapeutically appropriate. Payments from other funding sources, such as Social Security, SSDI, and Veteran's Benefits, will be established for the benefit of the child and all payments received will be treated as refunds for services and credited to the CSA State Pool.

The CPMT may consider and develop proposals for grants to develop and enhance needed services for children and families.

11.4 MEDICAID FUNDED SERVICES

"The Community Policy and Management Teams shall use Medicaid-funded services whenever they are available for the appropriate treatment of children and youth receiving services under the Comprehensive Services Act for At-Risk Children and Youth. Effective July 1, 2009 Pool Funds shall not be spent for any service that can be funded through Medicaid for Medicaid

eligible children and youth except when Medicaid-funded services are unavailable or inappropriate for meeting the needs of a child." [COV § 2.2-5211D](#).

The CPMT consider Medicaid-funded services to be unavailable

- When a Medicaid provider cannot be identified within a 25-mile radius of where the child or youth physically resides. A Medicaid-funded service may be deemed unavailable by the CPMT
- If the Medicaid provider's waitlist exceeds 60 days, unless otherwise approved by the CPMT.
- If a Medicaid-funded specialist is unavailable for a service recommended in a psychological evaluation.

The CPMT recognizes the importance of continuity of service during periods of transition for children and youth. Upon transition from one placement to another, CPMT may approve use of CSA state pool funds for pre-existing mental health services with non-Medicaid providers and prescription medications for a period not to exceed 60 days, unless otherwise approved by the CPMT.

Regarding Community-Based Behavioral Health Services, the CPMT supports the referral of non-Medicaid eligible youth to the Community Services Board for the purpose of completing an assessment to determine if the youth meets criteria for Intensive In-home, Mental Health Skill Building Services, and/or Therapeutic Day Treatment.

The CPMT may consider use of CSA state pool funds for Therapeutic Foster-Care (TFC) Case Management services with written evidence of Medicaid denial following all appeal processes. The TFC provider must submit to the Case Manager a written justification as to the behavioral health need for case management services for the identified youth. The FAPT will determine the appropriateness of CSA state pool funds for the case management service and reassess for continued funding of the service at the subsequent six-month review. Authorization of cases management services is approved for non-Medicaid eligible children during the initial 60-90 days of placement to support an assessment period. Any further authorization of case management services requires approval by FAPT with a letter from the provider detailing the clinical necessity of the service.

11.5 PARENTAL CONTRIBUTIONS TO COST OF SERVICES

A guiding principle of the Arlington CPMT is that parents will be actively involved in the planning and delivery of services for their children. This involvement includes participating financially where appropriate.

The Code of Virginia, [§ 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."

11.5.1 PARENTAL CONTRIBUTION EXEMPTIONS/WAIVERS

Accordingly, Arlington County CPMT adopted on June 24, 2013 the following policy:

1. Parents of children receiving Educational services contained on an Individualized Education Program (IEP) are exempt from parental contribution requirements for those IEP services according to IDEA, 20 USC 1400 et seq.

Parents of children who receive additional services outside of the IEP will be assessed a copay for those services.

2. Parents of children in the custody of the Department of Human Services, Child and Family Services, 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 Code of Virginia

Â§ 20-108.2.

The CPMT will also waive parental contribution for the following:

- All CPS cases for the first six (6) months
- Kinship Placements
- When Social Security is the sole family income
- When Medicaid/Private insurance is paying for residential treatment centers (RTC)
- Families receiving any form of public assistance
- Documented proof that parent is at or below 200% of the current federal poverty guidelines

11.5.2 PARENTAL CONTRIBUTION

Parents are required to pay the assessed contribution amount for their children to receive CSA-funded services. The parental contribution amount shall be re-assessed annually. A parent may request a re-assessment of the initial contribution assessment of the family income changes or if the parent has additional financial information they believes will have an impact on their current assessment.

It is the responsibility of the case manager to inform parents of the financial contribution requirement, if applicable.

All families accessing CSA pool funds will be required to complete the CSA Parental Contribution Assessment Form as part of their FAPT package. Families will be required to submit proof of income using one of the following:

- Two most recent paystubs
- Most recent tax return
- Proof of the amount of any other income sources including alimony, child support, social security, SSI, pension, unemployment and public assistance
- A written letter from the parent/guardian stating their income status

Financial application submitted by parents whose children are receiving CSB programs can be used to determine CSA Co-pay, so families will not have to complete additional documentation.

The CFSD Administrative Officer (AO) or designee will perform the income verification and determine the parental contribution amount using the fee scale. (Attached is a copy of the fee scale.) The AO or designee will be responsible for updating the client's record in the CSA Co-Pay database. A formal letter will be sent to the parent with a copy to CSA Coordinator and Case Manager prior to the start of services informing them of their contribution.

The AO or designee will review monthly payment records and will work with parents to resolve outstanding balances or payment issues. The AO will also initiate the collection process by communicating with the Financial Management Bureau.

11.5.3 BILLING

The CFSD POS Team will generate and mail monthly invoices to parents. Invoices will be mailed by the 5th of every month. The Financial Management Bureau (FMB) will update client record with payments and report total amount collected for the month when completing the pool fund reimbursement. Payments received each month will offset all expenses incurred that month.

A monthly report will be generated and submitted to FMB and Administrative Officer. A warning letter will be sent to parent after 30 days of nonpayment. A suspension of services letter will be sent to parent after 60 days of nonpayment. A copy of letter will be sent to vendor providing services for the family as well. Parent will be given 15 days to make their account current by making one payment of their assessed copay amount.

Pursuant to the Appropriation Act (Chapter 836, Item E.), the following language must be included in all locality's agreements with parents. This language is now included in the Copay Application and Hardship Application.

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

11.5.4 WRITE-OFF POLICY

All payment write off decisions will be made by the CPMT. The System of Care program will present these cases to the CPMT.

11.5.5 HARDSHIP

Families will have the option of requesting payment reduction from the CPMT if unable to pay. This request must be in writing. The AO or designee will provide the family with the Hardship application, which must be completed and submitted to the CSA Coordinator. The CSA Coordinator will present the application in the next schedule CPMT meeting for consideration. The CSA Coordinator will communicate the CPMT's decision to the family and AO or designee. Changes will be made to the CSA Co-Pay Database by the AO or designee.

During this period, the family will be billed for the assessed parental contribution. If the contribution is adjusted by CPMT, the contribution billed to the parent during this period will be adjusted accordingly.

11.5.6 COLLECTIONS

The collections process will be initiated by the AO. FMB will start the process after receiving communication. Three different letters will be sent to parents over the course of 3 months, informing them that should they remain in a continued non-payment status their account will be sent to a collections process. If no payment after the three months, FMB will send the account to collections if they meet the Treasurer's office collections threshold.

11.6 FISCAL AGENT AND LEGAL COUNSEL

The Arlington Department of Human Services serves as the fiscal agent for the Arlington CPMT. The Arlington County Attorney's Office serves as legal counsel to the Arlington CPMT.

11.7 STATE POOL FUND ALLOCATION PLAN

The CPMT establishes an annual plan for allocating the State Pool Funds as determined by allocation amounts from the Office of Children's Services Act. Allocation Plans will be approved by the CPMT and includes an estimated cost of mandated services and the availability of pool funds in conjunction with the annual budget process, for the purpose of requesting sufficient local matching funds. The Allocation Plan documents amounts to reserve for mandated services in Foster Care and Special Education, and for services to non-mandated target population cases. Any remaining funds in the allocation will be designated for other eligible services.

11.8 AGREEMENTS

11.8.1 CONTRACTUAL AGREEMENT

The Arlington Department of Human Services is authorized by the Arlington County Board to enter into contracts to accomplish the purposes of the Children's Services Act. The Department will follow State and Local Procurement Act requirements in contracting for services and will encourage the development of public-private partnerships.

11.8.2 CSA PROVIDER AGREEMENT

The CPMT will establish annual contractual terms and conditions applicable to all providers of services to be purchased with CSA State Pool Funds authorized by the CPMT. All purchases with

CSA funding will be subject to the provider agreement. The terms and conditions are approved in form and content by legal counsel and include minimally, requirements for providers reporting on services rendered and timely service authorization and billing.

11.9 LICENSURE REQUIREMENTS

Providers of CSA-funded services represent and warrant that they (1) duly hold all necessary licenses required by local, State, and Federal laws and regulations, and (2) will furnish satisfactory proof of such licensure to the DHS Contracts Team and CPMT Fiscal Agent at the time of the provider agreement execution. Providers must adhere to maintaining required licensed status with the appropriate governmental authorities and agree to immediately notify the Contracts Team in the event licensing lapses, is suspended, withdrawn, or revoked. The provider must also agree that lapses, suspension, revocation or withdrawal shall constitute grounds for the immediate termination of the provider agreement. Misrepresentation of possession of licenses will constitute a breach of the terms of the provider agreement and shall terminate the agreement without written notice and without financial obligation on the part of the CPMT or Arlington County to reimburse the provider for services rendered.

11.10 CONTRACTING PROCESS

Overview:

The Child and Family Services Division (CFSD) undergoes an annual contract execution process to contract with vendors designated to provide specific services. The System of Care Program and Contracts Team have been established to serve as the contact point for vendors. The System of Care (SOC) team, Case Managers, and Supervisors work closely with the System of Care Program and Contracts Team to provide feedback on contracted services and ensure that clients are receiving the highest quality of services through CFSD vendors.

Adding Services to Contracted Vendors

The System of Care team will follow their internal procedures related to a new service being added to an already existing contracted vendor with Arlington's CSA program.

Identifying Vendors

Case Managers are responsible for identifying vendors with active Arlington County contracts prior to initiating a Purchase Order (PO) or Pre-Authorization letter and approving any service delivery. Authorized Case Managers for each Arlington County child-serving agency will initiate a Pre-Authorization form or Service Authorization Form (SAF) to selected vendors and needed services based on the Purchase of Services policy.

1. See the Contracted Vendor Report for a list of approved vendors and the contracted services they provide.
2. To view specific vendor and contract information, including rates associated with specific services, access POS SYSTEM OR view a copy of the contract on the L Drive.
3. For any questions or concerns, please consult with the Administrative Officer (AO).

Creating New Vendor Contracts

If there is a service need that cannot be met by a current Arlington County vendor, exceptions may be granted to execute an ad-hoc contract. Note: It takes up to 6 weeks to execute a contract. To request an ad- hoc contract, the Case Manager must:

1. Search the Contracted Vendor Report to rule out the possibility of using any vendors with active contracts. Verify the desired vendor is on the CSA Fee Directory
2. Consult with Supervisor and complete a Request for Vendor Agreement. Supervisor and AO will sign and forward to Bureau Chief (BC) for final signature.
3. Supervisor will scan and email the Contracts Team mailbox, attaching the signed Request for Vendor Agreement Form along with adequate justification for the need.
4. The Contracts Team will inform the Supervisor and Case Manager of approval status based on the information contained in the initial request.
5. The Contracts Team will proceed with the Contract Execution process and inform the requesting Supervisor and Case Manager when the contract is active. A Purchase Order cannot be initiated nor can services begin until the contract is active. Exceptions for emergency placement can be granted by the Administrative Officer and the Director of Social Services.

New Provider Onboarding

The System of Care team will follow their internal procedures related to onboarding a new provider to Arlington's CSA program. If there is a vendor directly reaching out to the System of Care Program or the Contracts Team and is not connected to a child-serving Case Manager, the System of Care Manager will be the point of contact, along with the System of Care Management Analyst, and follow the above referenced protocol to establish a new vendor contract.

Vendor Requirements Prior to Proceeding with a Contract:

1. The vendor must be in the CSA Service Fee Directory or willing to enter their organization, services, and current rates prior to providing CSA funded services.
2. The provider must be properly licensed to provide the service(s) offered (if required), must have current insurance that meets the Arlington County's insurance requirements, and must provide acceptable documentation of both.
3. Vendors of clinical services must complete and submit a Pre-Qualification Application which must be approved by the Contracts Team and System of Care Manager.

BIDS for Services

In relation to obtaining BIDS in the development of new services within the System of Care program, the System of Care Program will follow CSA and Arlington County purchasing policies.

Utilization Review Integration

Upon submission of the Pre-Qualification Application, the Utilization Review Coordinator will review the vendor's application, conduct a site visit of the potential vendor, and provide

recommendations to the System of Care Manager for initiation or continuation of the contracting process. The System of Care Manager provides final recommendations to the Contracts Team regarding initiating or continuing a contract as well as ensuring clinical integrity and quality of services. The System of Care Manager and Contracts Team will work closely together to determine, based on the feedback and recommendations provided by the Utilization Review Coordinator, if a contract will begin or continue along with what specific services Arlington County will consider to be included in the potential vendor's contract.

Individualized Treatment

Placement agreements or contracts are signed with all vendors that provide services. Arlington County staff discuss and negotiate with the vendor the services needed for the youth and family. This process will ensure an individualized treatment-plan for the child and family. Terms are negotiated that hold the vendor accountable for all aspects of service delivery. Senior leadership in each Arlington agency will designate signature authority for placement agreements.

Performance Evaluation

Clear expectations are communicated through the contract management process to ensure vendors have a clear understanding of the expectation for integrity and quality of service delivery along with complying with contractual requirements. All CSA contracted vendor have annual review and renewal requirements with the Contract Teams, in conjunction with the System of Care Program serving as the point of contact.

The CPMT, with the support of the System of Care program, will track experiences with vendors so that informed decisions can be made when selecting and contracting with vendors in the future. The System of Care program will utilize the Provider Performance Matrix to assist in rating the vendor based on data collected throughout the fiscal year. The child-serving agency, Case Managers, and Supervisors also work closely with the System of Care Program and Contracts Team to provide feedback on contracted services and ensure that CSA-funded children are receiving the highest quality of services. In

- Ability, capacity, and skill of the provider to provide the services required, including
- verifiable competencies and accreditation
- Ability of the provider to provide services promptly, or within the time specified, without delay or interference
- The quality, availability and adaptability of the services to the particular use required
- The quality of performance on previous contracts or services (where applicable)
- The ability of the provider to provide future services for the use of the subject of the contract
- Medicaid enrollment/application status of the provider (if applicable)
- Current licensure/certification with the appropriate organizations

- Criminal background checks on employers of the provider and if applicable, the results of any Child Protective Services investigations on employees
- Fulfillment of contract terms
- On site reviews of program
- Chart reviews including incident reporting, risk management plan and vendor complaints
- Utilization reports
- Fiscal and service data for the purpose of utilization review
- Administrative and regulatory compliance

Contract Management

The Arlington County CPMT will utilize standard agreements for purchasing services from public and private providers serving at-risk youth and families under the CSA. These agreements contain general terms and conditions including indemnification language of the County, insurance requirements, process for resolution of disputes and reporting requirements. Providers are required to sign an Agreement for Purchase of Services to do business with Arlington County. The Arlington County Purchasing Manager, Child and Family Services Contract Specialist, Financial Management Bureau Chief and Finance and Information System Division Chief have been delegated signature authority for agreements.

11.11 EMERGENCY PURCHASING AUTHORITY

The purpose of this policy is to establish procedures for the use of funds under an Emergency Purchasing Authority (EPA). There are times a child is ordered to receive services from an agency who is not contracted with Arlington County. This policy addresses the avenue to ensure compliance with the court order as well as funding and contractual requirements of Arlington County.

Definition:

A court order, also known as a court ruling, is an official decision, command or mandatory direction by a judge that specifically requires and authorizes the carrying of exacting steps by one or more parties of the case. An Emergency Purchase Authority allows for payments to be made to an agency providing court-ordered services/placement to a child when there is no current contract and the agency is working to execute a contract.

A. CASE MANAGER RESPONSIBILITIES

When a child is court-ordered to receive a service(s) from a specific vendor, the assigned Case Manager will determine whether the vendor is contracted with Arlington County. If the vendor is **not** contracted with Arlington County, the Case manager will complete the following steps:

1. Notify, via email, their supervisor, Bureau Director, Funding Manager, CFSD Administrative Officer and CFSD Director within 24-hours or the next business day of becoming aware of the court-ordered service.
2. Provide a copy of the court order to all parties as soon as it is received (may include the "green sheet")
3. Follow the CSA process to secure Family Assessment and Planning Team funding as established in the CSA Policy Manual
4. Provide a copy of the pre-authorization to the vendor once the child is approved for the service(s).

If the vendor is contracted with Arlington County, the Case Manager must coordinate with the Funding Manger and Administrative Officer to ensure the court-ordered service(s) is included in the contract.

B. FUNDING MANAGER RESPONSIBILITIES

The Funding Manager will complete the following steps when a child is court-ordered to receive service(s) from non-contracted vendor. If a child is approved for services, the Funding Manager will provide a fiscal projection of utilization of services using the EPA Request Form to the Case Manager's Bureau Director, CFSD Administrative Officer, CFSD Division Director and Finance and Information Systems Division (FISD) Director to include the following:

- a. Child's initials

- b. Approved service(s),
- c. Rate charged per each service
- d. Approval period of each service
- e. Cost of service(s) per month
- f. Total cost of service(s) for approval period

C. FINANCE AND INFORMATION SYSTEMS DIVISION DIRECTOR RESPONSIBILITIES

The Finance and Information Systems Division Director will notify the Purchasing Office of the court-ordered service and provide the fiscal projections from the child's Funding Manager. In the event an EPA is approved, and an EPA number generated, FISD's Director will notify the Case Manager's Funding Manager, Bureau Director, CFSD Administrative Officer and CFSD Division Director.

D. ADMINISTRATIVE OFFICER RESPONSIBILITIES

When an EPA number has been generated, the Administrative Officer will notify the Contracts team with the specific details of the EPA to include

- EPA Number
- Total fiscal amount approved
- Length of approval

E. CSA FUNDING MANAGER

In the event the child's Funding Manager is through CSA,

- The System of Care Manager will complete and submit Request For Vendor Agreement and Request For Vendor Number forms to the contracts team, cc'ing Utilization Review and System of Care Manager, within 5 business days of becoming aware of the court-ordered service.
- The CSA Coordinator will
 - Ensure FAPT approval aligns with current EPA timeline
 - Regularly check on the status of the court-order
 - Flag the System of Care Manager if a potential EPA extension is needed or EPA is no longer needed

E. CSA CONTRACT TEAM

In the event the child's Funding Manager is through CSA and/or the child is being case managed by Child and Family Services Division, the Contracts Team will

- Monitor the expiration of the EPA
- Send an EPA expiration date reminder 30 days prior to the treatment team, CSA Coordinator and System of Care Manager
- Flag the System of Care Manager in the event there is a concern with being able to fully execute a contract



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Chapter 12:
Utilization
Management

Beginning in 1999 the General Assembly modified CSA legislation to require that each locality receiving funds for activities under the CSA shall have a utilization management process, approved by the State Executive Council, covering all CSA services. (COV & 2.2-2648 D 15). Each locality's CPMT is charged with the responsibility of developing and implementing the local Utilization Management Plan (COV 2.2-5206).

12.1 UTILIZATION MANAGEMENT

Utilization Management (UM) is a set of techniques used by or on behalf of purchasers of health and human services to manage the provision of services through systematic data driven process. The Utilization Management process shall provide information as required by the Office of Children's Services (CSA) to include, but not be limited to, expenditures, number of youth served by specific CSA activities, length of stay for residents in licensed residential facilities, and proportion of youth placed in treatment settings suggested by a uniform assessment instrument. [\(See Appendix 6\)](#)

The utilization management process shall include, but not be limited to:

- Ensuring administration of the Child and Adolescent Needs and Strengths (CANS) Virginia Comprehensive -5 + or the Virginia Birth -4 Years on all age-appropriate children who receive services purchased with CSA pool funds;
- Assisting case managers in the development of outcomes and strategies to meet those outcomes;
- Identification of the least restrictive, appropriate service(s);
- Utilization Review.

Utilization management occurs at a variety of levels within the local CSA system. Data about costs, types of services utilized, number of youth served, as well as identified outcome measures, etc., are reviewed on a regular basis by the CPMT. Components of child specific utilization review are conducted by case managers, agency supervisors, CPMT members, FAPT members, and the CFSD System of Care Program and Contracts Team.

Utilization Review (UR) is a major component of the State Executive Council approved utilization management process. Utilization review is a formal assessment of the necessity, efficiency, and appropriateness of the services and treatment plan for individual youth through CSA.

The Community and Policy Management Team shall "review and analyze data in management reports provided by the Office of Comprehensive Services for At-Risk Youth and Families in accordance with subdivision D 18 of § 2.2-2648 to help evaluate child and family outcomes and public and private provider performance in the provision of services to children and families through the Comprehensive Services Act program. The Arlington CPMT shall also review local and statewide data provided in the management reports on the number of children served, children placed out of state, demographics, types of services provided, duration of services, service expenditures, child and family outcomes, and performance measures. Additionally, the

Arlington CPMT 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, relatives’ homes, family-like setting, or their community;” [COV § 2.2-5206 \(13\)](#).

"The Arlington Family Assessment and Planning Team, in collaboration with the family, shall . . . (iv) provide regular monitoring and utilization review of the services and residential placement for the child to determine whether the services and placement continue to provide the most appropriate and effective services for the child and his family”; [COV § 2.2-5208 \(5\)](#)

*Special Note: Due to federal mandates associated with the special education process, utilization review procedures are to be completed by the IEP team and must be based upon the goals in the IEP. IDEA requires at least annual review of the IEP.

12.2 TYPE OF SERVICE AND SCHEDULED UTILIZATION REVIEW FREQUENCY

Type of Service	Utilization Review Frequency
1. Congregate Care	Initial and then every 3 months
2. Diagnostic Congregate Care	Initial and then every 3 months
3. Independent Living Program	Initial and then every 6 months
4. Treatment Foster Care	60 days (at end of assessment period) Non-Treatment: Utilization Review performed by Foster Care Level 1: Annually Level 2: 6 months Level: 3 months At the time of an increase in Level request.
5. Partial Hospitalization Program and Intensive Outpatient Program	Initially and then every 3 months.

	If services are requested to go beyond usual service timeframes, then increased to every 30 days.
6. Intensive Care Coordination	Initially and then every 6 months. If services continue past 1 year, then increased to every 3 months.
7. Intensive In-Home Services/Family Support Services/Individual Support Services	Initially and then every 6 months
8. Outpatient Services	Initially and then every 6 months
9. Other Community Based Services	Initially and then annually
10. Foster Care Maintenance Only	Utilization Review performed by Foster Care
11. Supportive Services (non-clinical)	Initially and then annually
12. Individual Education Plan(IEP) and related services	Utilization Review performed by IEP Team
13. CPMT Appeals and CPMT Quorum Reviews	As requested

Verbal Utilization Review reports can be given in place of written reports if time constraints warrant and documentation of verbal recommendations is provided.

12.3 CHANGE IN TYPICAL UTILIZATION REVIEW FREQUENCY

Below are some changes in frequency that may occur outside of the typical Utilization Review frequency:

- If FAPT decides to review a service more frequently than the typical scheduled, the Utilization Review Coordinator frequency would follow the FAPT review.
- The Utilization Review Coordinator may initiate a return to FAPT and/or CPMT to address concerns.
- The CSA Coordinator or FAPT may request a Utilization Review of any CSA funded service at any time.

In the event the requested service is ending within 30 days of the scheduled utilization review, the review will not occur.

12.4 ASSESSMENT AND REFERRAL

The information documented in the referral is the product of this meeting, as well as one-to-one meetings with the parent/caregiver to gather all the necessary information and to inform the

family of the CSA processes. Through this process, the caregiver (s), youth and other supports may ensure the accuracy of the information documented.

Upon receipt of the completed referral packet, the CSA Coordinator and Utilization Review Coordinator review the packet to ensure it is complete and comprehensive. The CSA

Coordinator and Utilization Review Coordinator also complete a preliminary assessment to ensure the child is eligible and appropriate for CSA funding. Any mitigating circumstances that would support the level of care being considered will be appropriate to include in the documentation. The case is then scheduled for review by the FAPT/CPMT.

12.5 UTILIZATION REVIEW FINDINGS AND UTILIZATION INVOICE REVIEW

Utilization Review findings for all above referenced levels and types of services are documented within the child's Individual and Family Service Plan (IFSP). The only exceptions for this documentation are for Foster Care Maintenance Only as Utilization Review is performed by Foster Care as well as the Individual Education Plans and related services as Utilization Review is performed by the IEP Team.

In addition, Utilization Invoice Review will occur for all above referenced levels and types of services. The only exception is the Individual Education Plans and related services.

12.6 CASE CONSULTATION MEETINGS

The CSA Coordinator may schedule a Case Consultation prior to the scheduled FAPT date. Holding the Case Consultation prior to the FAPT review allows an opportunity for the CSA Coordinator, Utilization Review Coordinator, and referring case manager and case manager supervisor to:

- Address any outstanding questions
- Collaborate about resources
- Problem solve solutions as a team

Cases are identified for a Case Consultation meeting per the following criteria, and as time permits:

- Complex cases that may involve multiple questions from the CSA staff
- Case support cases/court-ordered FAPT meetings
- Cases in which the treatment team has conflicting positions on the service request
- Requests for out of home placement for very young or almost 18-year-old youth or those who have not received many community supports

The CSA Coordinator will invite the following parties to the Case Consultation:

- Case manager

- Case manager's supervisor
- Utilization Review Coordinator
- System of Care Manager
- Any other team members case manager wishes to include

Following the Case Consultation meeting, the CSA Coordinator or Utilization Review Coordinator will communicate in writing to the case manager and case manager supervisor:

- Recommendations regarding level of care, vendors to explore, alternative services or resources
- Additional documentation that may be needed to support the request per the discussion in the Case Consultation
- Concerns voiced during the Case Consultation regarding the possible eligibility of the youth or the medical/clinical necessity of the service requested.

A copy of the Case Consultation documentation is included in the packet sent to FAPT/CPMT prior to the review date.

12.7 UTILIZATION REVIEW OF IEP SERVICES

Special education laws and regulations determine the frequency with which an IEP must be reviewed and the frequency with which progress must be reported; these requirements fulfill utilization review requirements under the CSA. The school division is responsible for at least annual review of a student's IEP. In addition, the school division is required to inform parents of the progress of the child toward the annual goals in the IEP as least as often as the parents of children without disabilities are informed of their children's progress. The purpose of an IEP review, thus utilization review, is to review the student's progress toward the annual goals on the IEP and "the extent to which that progress is sufficient to enable the child to achieve the goals by the end of the year." (Regulations Governing Special Education Programs for Children with Disabilities in Virginia)

Due to federal mandates associated with the special education process, utilization review procedures are completed by the IEP team and are based upon the goals in the IEP. IDEA requires at least annual review of the IEP and progress reporting at least as often as reporting is provided to parents of students without disabilities. CPMT reviews IEP services annually. In accordance with guidance set forth by OCS, as part of the annual CPMT review, documentation of the findings of the IEP review of the most recent student's progress will be included to meet CSA utilization review/utilization management requirements. A copy of the student's updated

IEP and the most recent progress report will be kept in the CSA record. All IEP-related documentation, including all progress reports, will be maintained in the student's academic record with Arlington Public Schools.

12.8 UTILIZATION REVIEW OF FOSTER CARE MAINTENANCE

Utilization Review of Foster Care Maintenance is completed by the Foster Care Management Team and the youth's Foster Care Case Manager. Utilization review activities include but are not limited to: chart reviews, home visits, family development plans, and invoice review.

12.9 CHILD-SPECIFIC UTILIZATION REVIEW

Cases are identified and reviewed based on targeted criteria. Utilization review procedures for Special education placement, including residential and private day placement services provided under the expanded Special Education mandate are completed by the IEP team. Utilization Review staff may provide information and recommendations to an IEP team; however, the IEP team is solely responsible for all determinations regarding services and placement.

Child specific utilization reviews are conducted by the Utilization Review Coordinators in collaboration with Case managers, agency supervisors, CPMT members, FAPT members, CSA Coordinator, and System of Care Manager. Child specific utilization review activities may include further consultation with the Agency case manager; review of Agency case files to include clinical evaluations, vendor reports and other case documentation; review of CSA case record; and direct contact with vendors and/or vendor site reviews. For the required UR referrals, the Utilization Review Coordinator and/or its designee will evaluate consistency between the community service plan and vendor treatment plans in meeting identified needs and desired outcomes, medical necessity, and addressing the transition or step-down plan in relationship to child and family progress in achieving the identified goals.

Utilization review for youth served through the FAPT process includes but is not limited to:

- Comprehensive Individual Family Service Plan (IFSP) documentation and oversight. Assess progress in meeting identified, specific short-term outcomes and goals in the IFSP or the IEP as appropriate. (The utilization review of the IEP is done by the IEP team)
- FAPT reviews structure and requirements for frequency of reviews
- Should participate in ongoing treatment team meetings for Congregate Care
- Child and Adolescent Needs and Strengths (CANS) assessment to ensure alignment with the CANS algorithms and ensure services match needs
- FAPT service authorization oversight process and documentation
- Direct contact with vendor (relations, requirements and oversight)

- Child specific UR referrals based on target criteria
- Conduct utilization review for youth receiving Therapeutic Foster Care (level 1-3), Individual /Family support systems, congregate care
- Prepare UR reports
- Review serious incident reports
- Youth and family's progress in working toward identified, specific long-term outcomes.
- Current medication status, as applicable including medication changes and corresponding symptom changes
- Education progress and verification of school attendance
- Participation of family/legal guardian in client interventions and in other services included in the IFSP or the IEP, as appropriate
- Changes in plan being made if progress toward meeting goals is not being made
- Documentation of successful interventions if goals are being met and plan for transition to least restrictive level
- FAPT service authorization oversight process and documentation
- Maintain current Child and Adolescent Needs and Strengths (CANS) Assessment summary sheet
- Pre-FAPT /case conference
- Consultation with agency case manager
- Review of agency case files to include clinical evaluations, vendor reports and other case documentation
- Review of CSA case record
- Contracting- identification of vendor, contracting for services and ensure vendor compliance with the county's fiscal and clinical requirements
- Review vendor invoices, treatment plan and monthly progress report to verify the date when services were initiated, delivered and the quality
- Participation of family/legal guardian in client interventions and in other services included in the IFSP or the IEP, as appropriate

The outcome of this review is shared with the FAPT/CPMT to inform continued service approval and funding decisions.

12.10 UTILIZATION REVIEW OF THE SYSTEM

The Arlington County Utilization Review Coordinator, in collaboration with the Quality Assurance Manager and Case Managers, will provide regular monitoring and utilization review of all CSA funded services. Ongoing reviews will assess services for the child to determine

whether the services continue to provide the most appropriate and effective services for the child and their family. Data analysis will assist in determining the appropriateness of treatment for particular needs, beneficial treatment by vendors and ultimately whether or not program changes and policy development are needed.

Data will be collected and analyzed systematically to assess and support the ongoing need for services. This data will be used to inform the CMPT as well as assess for overall compliance. Trend data will be collected and evaluated utilizing the following:

- Chart Review Outcomes
- Utilization Review Reports
- Performance Measure Data
- Quality Assurance Reviews
- CSA Coordinator Reports
- Case Manager documentation
- Vendor Reports & Surveys
- CANS Assessments
- Quarterly Review Data

Data will be reviewed at random intervals as well as during scheduled time periods to assess for overall compliance. Outcomes and corrective action requirements of each review will be communicated to the CPMT as well as the case managing agency.

Data will be reviewed during the CPMT meetings to discuss trends and potential needs for modification of policy and/or practice to ensure continuity of care and compliance with OCS regulatory standard. Any data-informed need for modification will be documented within the CPMT meeting minutes and changes will be made accordingly. [\(See Appendix 6 for Utilization Review Graph and Chart\)](#)

12.11 PERFORMANCE EVALUATION OF CONTRACTED VENDORS

Arlington County CPMT, with the support of Utilization Review Team, will track experiences with providers so that informed decisions can be made when selecting and contracting with providers in the future. The Arlington Clinical Contract Team will consider the following when assessing vendor performance:

- Ability, capacity, and skill of the provider to provide the services required, including verifiable competencies and accreditation

- Ability of the provider to provide services promptly, or within the time specified, without delay or interference
- The quality, availability and adaptability of the services to the particular use required
- The quality of performance on previous contracts or services (where applicable)
- The ability of the provider to provide future services for the use of the subject of the contract
- Medicaid enrollment/application status of the provider (if applicable)
- Current licensure/certification with the appropriate organizations
- Criminal background checks on employers of the provider and if applicable, the results of any Child Protective Services investigations on employees
- Fulfillment of contract terms
- On site reviews of program
- Chart reviews including incident reporting, risk management plan and vendor complaints
- Utilization reports
- Fiscal and service data for the purpose of utilization review
- Administrative and regulatory compliance

As part of the contract management process, vendors receive clear communication regarding the expectation for quality service delivery and complying with contract regulations. All contracts have annual review and renewal requirements. The System of Care Program and the Contracts Team have been established to serve as the point of contact for vendors. The Case Manager or single accountable individual and supervisors work closely with the System of Care Program and the Contracts team to provide feedback on contracted services and ensure that clients are receiving the highest quality of services through CFSD vendors.

12.12 MANDATORY UNIFORM ASSESSMENT INSTRUMENT

12.12.1 CHILD AND ADOLESCENT NEEDS AND STRENGTHS(CANS) ASSESSMENT TOOL

The Child and Adolescent Needs and Strengths (CANS) assessment tool has been selected to serve as the mandatory uniform assessment instrument for children, youth and families served by the Children's Services Act (CSA) in Virginia, regardless of eligibility criteria, age, referral source, or services received (§2.2-2648, §2.2-5209 and the Appropriation Act). Adopted for use in Virginia are the CANS Comprehensive Versions for children ages birth to four years (0-4) and ages five to seventeen years (5-17) and the Reassessment Versions for both age groups. The CANS Comprehensive and Reassessment tools for both age groups are mandatory for use of CSA Pool Funds. This tool is used to identify the strengths and needs of the youth and family and helps drive service planning.

Every child receiving CSA funds shall receive a comprehensive CANS assessment initially, and reassessments depending upon the needs of the child and family and the intensity of the service provided below. A comprehensive CANS assessment is required annually, and when the child is discharged from CSA. All assessments entered into CANVaS (electronic database) shall be completed and closed no later than 60 days after the assessment is initiated. Closure requires entry of all required information and the closed assessment should be printed and signed by the rater. Assessments not closed within 60 days shall be considered invalid and will be deleted from the system. Once deleted, the assessment cannot be retrieved.

12.12.2 INITIAL AND RE-CERTIFICATION REQUIREMENTS

Raters who administer the CANS shall be currently certified to do so, for each age group, and certification requires annual renewal/recertification. Online training and certification is available free of charge at <https://www.schoox.com/login.php>. Administration of the CANS by an individual not currently certified is not allowed and are considered invalid. Invalid assessments may not be used for any purpose.

12.12.3 COMPLETION PROCEDURES

Case managers will complete the CANS prior to the initial request for CSA funding. The CANS document is submitted along with the supplemental documentation to justify service need. The CANS should be no more than 30 days old. If CANS are not completely filled out and submitted with the FAPT packet", the case will not be presented to the FAPT team. It is the responsibility of the Case Manager to ensure that all necessary documentation, including the CANS assessment is submitted to the CSA Coordinator one week prior to the scheduled FAPT date.

1. The CSA Coordinator, will ensure that all cases brought to the Family Assessment and Planning Team (FAPT) and/or Community Planning Management Team (CPMT) include a current CANS
2. The CANS must be updated according to the CANS frequency schedule (see CANS Frequency Schedule below) by the case manager.
3. A designee from each agency (Arlington Public Schools, Juvenile Court Services, Behavioral Health, and Child Welfare Bureau of the Department of Human Services, including Department of Intellectual and Developmental Disability Services) will review CANVaS reports to track the expiration dates of CANS and sends out monthly reminders to the case manager and their chain of command to include their Supervisor and Bureau Chiefs. The Director of Social Services will receive quarterly reports of repeated non-compliance.
4. Case workers must complete the CSA Discharge/Termination of Service Form which outlines the last date of CSA service and reasons for termination. The discharge CANS must be done within 30 days of the last date of service. Upon completion of the Termination of Service Form and the Discharge CANS the case is officially closed to

CSA.

12.12.4 QUALITY ASSURANCE PROCEDURES

1. Supervisors from each Arlington agency are expected to conduct monthly case reviews to include compliance with the CANS policy and frequency guidelines herein.
2. Chart reviews will be performed by each agency designee based on the programmatic needs of the department at a frequency of no less than once per quarter. These reviews will consist of an assessment of CANS documentation for all youth receiving CSA funding.
3. An agency designee from each department will conduct a quarterly review of CANVaS accounts to identify case managers whose CANS certification is lapsed or nearing expiration to ensure recertification occurs in a timely manner. This review will also identify inactive users and to deactivate their accounts.

12.12.5 CANS FREQUENCY SCHEDULE

Type of CSA Service	Frequency	Type of CANS Form to Use
Family Foster Care	Beginning, Annually, and Discharge**	Comprehensive
Supportive Services (non-clinical)	Beginning, Annually, and Discharge**	Comprehensive
<ul style="list-style-type: none"> • Transportation • Summer Camp • Daycare • Immigration Attorney • Medical/Dental • Clothes • Etc. 		
IEP placement (SPED Day Schools and RTC IEP)	Beginning of Service	Comprehensive
	Annually	Comprehensive
	Service Change ***	Reassessment
	Discharge **	Comprehensive
Community-Based Services:	Beginning of Service	Comprehensive
	Every 90 days	Reassessment
	Service Change***	Reassessment
	Discharge**	Comprehensive
<ul style="list-style-type: none"> • Treatment Foster Care • Supervised IL Apartment Program • IIHS • FSS/ISS • ICC • Outpatient Services • PHP/IOP • Mentoring 		

<ul style="list-style-type: none"> • Tutoring • Supervised Visitation • Language classes • Medication Management • Respite 		
Congregate Care <ul style="list-style-type: none"> • Psychiatric Residential Treatment Center • Therapeutic Group Home Group Home • Dx Congregate Care Placements • Shelter Care 	Beginning of Service	Comprehensive
	Every 90 days	Reassessment
	Service Change***	Reassessment
	Discharge**	Comprehensive

Special note: All clients receiving CSA funds must have a CANS assessment completed initially, annually and when discharged from CSA. In addition, reassessment CANS are required based on the needs of the child and family and the intensity of the services provided. See table above. Discharge CANS are completed only when a case is closing to CSA which could be different from a last day of service. Discharge CANS should be dated within the 30 days of the discharge date. New CANS is completed if the current CANS is not dated within the 30 days prior to the FAPT date requesting a new service.

12.13 CANVAS

The Virginia Child and Adolescent Needs and Strengths Assessment (CANS) for children and youth receiving CSA-funded services shall be completed in the online system known as CANVaS to meet the requirement that information from the mandatory uniform assessment be provided to the Office of Children's Services ((2.2-5210). CANVaS is not an acronym, but the name of the internet-based version of the Virginia CANS for use by the CSA. Data for children, youth and families not receiving CSA-funded services may not be entered into CANVaS with the exception of children in foster care receiving Title IV-E funded services without CSA funding.

Each CPMT shall designate at least one Local Administrator for CANVaS. Local Administrators have several functions, including acting as a point of contact for local users and the OCS regarding CANVaS authorizing case manager user access and accessing data and reports in CANVaS. Each Case Manager who administers the CANS shall create a CANVaS account. A User Confidentiality agreement shall be completed prior to the creation of the account. All data entered into CANVaS shall be treated as confidential. Child and family-specific data may not be released without proper authorization. Only "non-identifying" and non-child specific data may be released in aggregate form.

Purpose: The CPMT will ensure that CANS users are properly certified and that the list of CANVaS County user accounts is properly maintained with timely deactivation of accounts no longer needed.

1. The Arlington County CPMT will designate a Local Administrator from each of the agencies from which case managers access the Arlington CSA program. This includes Arlington Public Schools, Arlington Juvenile Court Services, and the Arlington Department of Human Services, Child and Family Services Division: Behavioral Health and Child Welfare Divisions.
2. Each agency will include the creation of a CANVaS account for each case manager as part of the agency's on-boarding process for new CSA case managers. Each agency will also include deactivation of CANVaS accounts as a step in the agency's termination process for case managers who no longer manager CSA cases or who separate from county employment.
3. The CSA Coordinator will ensure that all cases brought to FAPT include a CANS completed by the case manager or supervisor with current CANS certification.

12.13.1 QUALITY ASSURANCE PROCEDURES

No less than a quarterly review of the agency's CANVaS accounts will be conducted by the designated Local Administrator for each agency. During this review the Local Administrator will identify inactive users and deactivate their CANVaS accounts. He or she will also identify any case managers from their agency whose CANS certification is lapsed or nearing expiration and notify them of the need for recertification.

The list of all Arlington County CANVaS accounts will be reviewed by the CPMT as an annual agenda item during its September meeting. During this meeting the CPMT will ensure the accuracy of CANVaS accounts for the County and make any changes needed in the designation of the Local Administrator for each agency. These actions will be documented in the minutes of the CPMT.



ARLINGTON
VIRGINIA

Chapter 13:

Quality Assurance

QUALITY ASSURANCE

It is the expectations that Supervisors from each Arlington agency, such as the Department of Social Services and Community Services Board, are conducting monthly case reviews in collaboration with the youth's Lead Case Manager; to include compliance with the CANS policy and frequency guidelines herein.

Chart reviews are also performed by each agency designee based on the programmatic needs of the department at a frequency of no less than once per quarter. These reviews will ensure but are not limited to clinical integrity and quality of services, documentation compliance, CANS documentation and alignment, and supporting documentation.

An agency designee from each Arlington agency conducts a quarterly review of CANVaS accounts to identify Case Managers whose CANS certification is lapsed or nearing expiration to ensure recertification occurs in a timely manner. This review also identifies inactive users and the agency designee deactivates the Case Managers accounts.

Supervisors ensure that all required documentation is submitted. The CSA Coordinator or designee and System of Care Manager are responsible for ensuring all required documents is accurately completed, received, and maintained in the child's CSA case file.

CSA case records are reviewed in accordance with CSA's quality assurance policy as noted below in the internal audit procedures.

13.1 DISPUTE RESOLUTION

13.1.1 DENIAL OF CSA FUNDS

Arlington County follows Commonwealth of Virginia policies to ensure that CSA Pool State funds are expended appropriately. For situations in which funding is denied, Arlington follows the Office of Children's Services' guidance regarding dispute resolution.

In the case that the CPMT:

- (1) Chooses to appeal a denial in whole or in part, by the OCS; or,
- (2) Appeals an OCS request for the recoupment of a prior reimbursement,

The CPMT Chairperson will:

- (1) File a written Request for Reconsideration with the Executive Director of the Office of Children's Services
 - The Request for Reconsideration will state the CPMT 's intention to appeal the finding and action; and
 - The reasons why the CPMT claims the finding and action are not appropriate.
 - The deadline to file is within 45 calendar days of issuance of formal written

notice from the Executive Director, with three calendar days added if the request is sent by mail;

- The Request for Reconsideration shall also include a request for the informal conference pursuant to subsection 3.4.2(c).
 - The Notice of Appeal shall include a statement of the finding and/or action by the Executive Director being appealed and a brief statement of the reasons why the CPMT claims the finding and/or action are not appropriate.
- (2) Attend the informal conference within 15 days of the Executive Director's receipt of the Request for Consideration;
 - (3) Attend all hearings and meetings Richmond Area, as scheduled;
 - (4) Be the designated recipient of formal and informal written correspondence from OCS, whether by mail or electronic means;
 - (5) Cooperate with and consult with any CPMT counsel regarding the appeal;
 - (6) Arrange for any witnesses to appear for the informal presentation of factual data, argument, or proof related to the matter, receive have notice of any contrary fact basis of information in the possession of the OCS that can be relied upon in making an adverse decision, and be informed briefly and generally in writing of the factual or procedural basis for a decision in any case prior to the commencement of the informal conference.
 - (7) Communicate to the CPMT the results of the appeal

In cases when the CPMT contests the final decision of the Executive Director, the Chairperson will submit OCS a written Notice of Appeal requesting a formal hearing before the Council within 30 calendar days of the issuance of the Executive Director's final decision. If the Executive Director's final decision is delivered to the CPMT by regular mail, 3 calendar days shall be added to time in which the CPMT must respond.

The Notice of Appeal shall include

1. A statement of the finding and/or action by the Executive Director being appealed;
2. A brief statement of the reasons why the CPMT claims the finding and/or action are not appropriate.

The CPMT Chairperson will:

1. Work with the Executive Director to schedule a mutually agreeable date for the formal hearing and to establish guidelines for the receipt of documentation supporting the Notice of Appeal.
2. Secure counsel to submit oral and documentary evidence and rebuttal proofs, to conduct such cross-examination as may elicit a full and fair disclosure of the facts, and to have the proceedings completed and a decision made.
3. The burden of proof shall be upon the CPMT.
4. Communicate to the CPMT the results of the appeal

13.1.2 APPEALS PROCESS

During a FAPT meeting, parents/guardians have the right to voice their disagreement with any part of the Individual Family Service Plan (IFSP) or decision reached. Parents/Guardians can indicate their disagreement on the FAPT Action Plan/Signature Page and the Disagreement Form. If the parents/guardians of a child receiving CSA-funded services disagree with any decision made during a FAPT meeting, the parents/guardians should first meet with the Case Manager to discuss the complaint and address any concerns as soon as possible. This is done through the following process:

1. The parent/guardian will request, in writing, an appeal review by the CPMT within ten (10) business days of meeting with the Case Manager with completion of the "FAPT Disagreement Form"; which is placed in the child's CSA file.
2. The CPMT will hold its review within forty-five (45) business days of the meeting with the Case Manager. The CPMT may uphold or alter the FAPT decision and will provide a response in writing within ten (10) days of its review.

Any service that is denied cannot utilize CSA funding unless CPMT agrees during the appeal decision that the service should be funded through CSA. If the referring Case Manager's agency would like to continue the denied service, it is up to the discretion of that agency to determine how funding is implemented without the use of CSA funding.

13.2 OBTAINING CONSENTS

When a child is receiving CSA funding and in in the custody of the Department of Social Services, the following process will take place:

- The DSS Case Manager for the child will sign the consent packet as the guardian of the child.
- Younger children may also wish to sign the consent packet but are not required to do so.
- Older children sign the consent packet along with the DSS Case Manager.
- Children who transition to Fostering Futures are required to sign new consent packet when they turn 18-years-old.

When a child is receiving CSA funding and is in another child-serving agency and transfers into the custody of DSS, the DSS Case Manager will complete a new FAPT packet to include the completion of newly signed consents and then follow the above referenced process.

13.3 CASE TRANSFERS ACROSS JURISDICTIONS REGARDING PAYMENT FOR SERVICES

When the legal residence changes of an Arlington County family served through the Arlington County CSA, the following policy should govern payment for services:

1. The Arlington CPMT shall be responsible for (a) providing written notification via email and hard copy to the new CPMT jurisdiction that the child/family's residence has changed (b) forwarding the child's/family's IFSP and other FAPT documents to the new CPMT jurisdiction; and (c) informing service providers of changes in the child/family's residence.
2. The Arlington CPMT shall pay for services until 30 calendar days after the new CPMT receives written notification of the child/family's residence in the new CPMT's locality..

3. When the child/family's legal residence change is outside the State of Virginia, the assigned case manager shall forward the child/family's IFSP and other FAPT documents to treatment providers identified in a service transition plan. The Arlington CPMT will not pay for services beyond 30 calendar days following notification of the date of relocation.
4. When the treatment needs of youth cannot be met within Virginia, "Prior to the placement of a child across jurisdictional lines, the FAPT shall (i) explore all appropriate community-based services for the child, (ii) document that no appropriate placement is available in the locality, and (iii) report the rationale for the placement decision to the CPMT. Documentation of these processes shall occur in the "Arlington County CSA Eligibility Checklist and Out of State/Non-Medicaid Congregate Care Justification" form. The CPMT reports annually to the Office of Children's Services on the gaps in the services needed to keep children in the local community and any barriers to the development of those services.
5. The CPMT, the FAPT, or other local entities responsible for CSA placements notifies the receiving school division when a child is placed across jurisdictional lines. The CPMT and FAPT are also responsible to identify children with disabilities and/or children placed in Foster-Care to facilitate compliance with expedited enrollment and special education requirements.

When families receiving CSA funding move to Arlington County, the Arlington County CPMT must review the current IFSP and other FAPT documents provided by the transferring out CPMT within 30 calendar days of receiving the referral. Arlington County must adopt or revise and implement services within 30 calendar days of receipt of the plan

13.4 PROVIDER PERFORMANCE MATRIX

The Provider Performance Matrix that is made up of multiple levels of data collection information to include the Site Visit Agenda, Site/Provider Visit Review Report, and Program Effective Survey that includes feedback from parents and CSA Stakeholders. These items are utilized to identify strengths and areas of improvement for vendors and the System of Care Program, overall vendor performance ratings, and recommendations for System of Care Program effectiveness improvement.

Site Visit Agenda and Site Visit Review Report:

The Site Visit Agenda and Site/Provider Visit Review Report are utilized each time a member of the System of Care Team conducts a Site Visit for a CSA contracted vendor. The Site Visit Agenda is provided to the vendor during the coordination of the day/time for the Site Visit and the Site Visit Review Report is completed after the on-site visit. Areas of corrective actions that are required and recommended for the vendor are included in the Site Visit Review Report and communicated to the vendor.

Site Visits are conducted periodically for the evaluation of CSA vendors. The frequency of site visits is determined by the CPMT and consideration is placed on the vendor and the services provided by that vendor. The outcomes of the on-site Site Visit are communicated to the CPMT

and integrated into the vendors' annual contracting process along with overall monitoring of vendor.

Program Effectiveness Survey:

The Program Effectiveness Survey is collected and utilized to capture CSA Parent and Stakeholder voice. The goal of the survey is to track progress of the youth receiving CSA- funded services, measure the effectiveness of the System of Care program, and identify corrective action items related to the System of Care and vendor performance to be addressed. The results of the Program Effectiveness Survey are communicated to the CPMT, vendor, and CSA stakeholders, and integrated into the vendors' annual contracting process along with overall monitoring of vendor.

Guardians receive the survey at the beginning and end of CSA funded services and the survey can be provided electronically or in hard-copy version. (See Appendix 7)

13.5 MONITORING OF REPORTS

Office of Children's Services Reports

The Office of Children's Services requires for a LEDRS report to be furnished to them on a monthly basis. This report is completed by a member of the Purchase of Services (POS) Team and overseen by the Administrative Officer. The LEDRS Report is reviewed monthly by the CFSD Administrative Officer along with the Children's Services Act Fiscal Agent to ensure integrity, quality, and accuracy of report.

Community Policy and Management Team Reports

The CPMT receives regularly scheduled data reports related to specific data items requested. The System of Care Management Analyst or designee furnishes these reports and are overseen by the System of Care Manager or their designee. The monthly data report is reviewed monthly by the System of Care Manager along with the CSA Coordinator, Utilization Review Coordinator(s) and CPMT Chair and/or CPMT Co-Chair to ensure integrity, quality, and accuracy of report.

There may be times a Utilization Review Report is furnished to CPMT. This report is completed by the Utilization Review Coordinator and overseen by the System of Care Manager or their designee. The Utilization Review Report is reviewed monthly as needed by the System of Care Manager to ensure integrity, quality, and accuracy of report.

Annually there is a fiscal report furnished to CPMT. This report is completed by the CSA Fiscal Agent and overseen by the CPMT Chair. The fiscal report is reviewed on an annual basis by the CPMT Chair to ensure integrity, quality, and accuracy of report.

Family Assessment and Planning Team Reports

The FAPT receives the following reports:

- Utilization Review reports for clients being presented to FAPT. This report is completed by the Utilization Review Coordinator and overseen by the System of Care Manager or their designee.

- Individual and Family Service Plan (IFSP) for all clients being presented to FAPT. This report is completed by the child's Lead Case Manager and overseen by the Lead Case Manager's assigned Supervisor in conjunction with the CSA Coordinator and Utilization Review Coordinator.
- Content related to Incident Reports may be presented to the FAPT. The Incident Report is completed by the child's Lead Case Manager and overseen by the Lead Case Manager's assigned Supervisor.

The Utilization Review Report is reviewed on an as-needed basis by the System of Care Manager or designee to ensure integrity, quality, and accuracy of report. The IFSP and content related to Incident Reports are reviewed as submitted to the System of Care Program by the CSA Coordinator and Utilization Review Coordinator, with additional review by the System of Care Manager or designee as needed, to ensure integrity, quality, and accuracy of report.

13.6 REQUESTING SUPPLEMENTAL RECREATIONAL FUNDING

The Preventing Sex Trafficking and Strengthening Families Act signed into law in September 2014, requires implementation of a "reasonable and prudent parent standard" for decisions made by individuals caring for youth in Foster-Care. The intent of the law is to provide youth in foster care experiences that are developmentally appropriate for their age and needs, such as field trips, sports teams, and other extracurricular activities. Toward that end, up to \$1400 in Supplemental Recreational Funding is available annually, with prior CPMT approval, for recreational or social expenses for each youth in foster care.

Eligible Activities

Supplemental Recreational Funds are to be used to support activities that would not otherwise be available through routine maintenance payments. Examples may include cheerleading, sports, music, drama, art, or other specific hobbies or clubs that promote healthy recreational or social activity. Summer camp costs are counted toward the \$1400.

Supplemental Recreational Funds are specifically intended for direct use by the youth. The funds are not to be used to supplement foster- parent transportation costs or other routine costs associated with the activity. Routine costs associated with these activities should be supported through the foster care maintenance and enhanced maintenance payments provided to the foster parent.

Accessing Funds

Approval for funding is provided through the FAPT and CPMT and must be obtained prior to purchase of service and should follow the FAPT funding process. The IFSP presented at the FAPT meeting should include the following:

- Detailed description of the requested activity or expense
- Itemized cost and vendor

- Description of specific goals associated with the youth's service or treatment plan that the requested activity will build upon or address.
- Detailed description of alternative funding streams explored and utilized.
- Contribution of the youth and foster parent towards the cost of the activity

The case manager must document supplemental recreational activities and the youth's progress in the youth's electronic record.

Approval will be dependent upon the extent that funds are available and cannot exceed that maximum allowable amount of \$1400.

13.7 CHART REVIEW PROCESS

Internal Chart Audit

Self-conducted chart audit will be completed on a routine basis. The agency's audit committee shall consist of the System of Care Program and the Department of Human Services Compliance Team. It is recommended that the committee jointly review one sample record to establish consistency for the audit. Following the internal chart audits, the audit team will submit completed review tools and an Audit Summary form, complete with plans for quality improvement based upon the audit findings to the CPMT.

For each quarterly audit, the audit team will conduct a review of 10% of the total CSA charts. of a minimum of ten charts. The records may be open or closed at the time of the audit. Charts will be randomly selected. For example, every fifth record could be reviewed. A sampling of each CSA file type must be included in the audit.

Chart Audit Tool

Complete one Chart Audit Tool for each client chart ([See Appendix 5](#))

Chart Audit Summary

Complete one Audit Summary for each quarterly chart audit process with areas to include:.

- Strengths
 - Summarize strengths identified through the chart audit process. These may pertain to program implementation and/or documentation.
 - Recommendations for Improvement
 - Identify recommendations for improving program implementation and/or documentation.
- Plans for Quality Improvement (to be completed by System of Care team)
 - Identify actions to be initiated in response to findings of the review. Include how results will be shared with staff to improve practice and enhance program development. Specify the person responsible and the projected date of completion for each activity.
 - Provide adequate narrative to fully describe assessment and plan for quality improvement.

13.8 RECORDS MANAGEMENT

Per Children's Services Act Policy 3.5 Records Management (Adopted August 28 1998) CPMT shall ensure collection and maintenance of child-specific documentation to demonstrate compliance with the CSA as established in policy and procedures. The original documents shall be maintained in the youth's CSA file to be maintained by the System of Care Program. The CSA files will follow the retention and destruction schedule established by the Library of Virginia. The Records Retention and Disposition Schedule GS-15 includes a section of CSA files identified as Children Services Records, Series Number 00174.

The CSA Coordinator, or designee, will maintain current youth files on-site and closed files will be sent to Arlington County's storage off site based on the Records Retention and Disposition Schedule GS-15. Client files will be destroyed after closure based on the Records Retention and Disposition Schedule GS-15. The CSA Coordinator, or designee, initiates records that will be sent off site. Destruction of records is completed by Arlington County's contracted vendor. All financial records and vendor contracts will be maintained both electronically and offsite by the Administrative Officer. Records will be made available upon request.

13.8.1 PROCESS FOR GUARDIANS' REQUEST OF RECORDS

Custodial Parents can formally request to see their child's CSA file by submitting a letter to the CSA Coordinator or System of Care Manager. All other requests for client files must be submitted to the Department of Human Services (DHS) Compliance Officer for approval. Custodial Parents can formally request to see their child's CSA file by submitting a letter to the CSA Coordinator or System of Care Manager. All other requests for client files must be submitted to the Department of Human Services (DHS) Compliance Officer for approval.

13.9 RISK MANAGEMENT

Definition:

"Risk Assessment is the process of analyzing potential events and considering likelihood and impact to determine those events' possible impact on achievement of objectives. Management must assess the risk of unexpected potential events and any expected events that could have a significant impact. Risk assessment is a continuous and repetitive interplay of actions occurring throughout an organization." Source: [Agency Risk Management and Internal Control Standards](#)

HIPAA and DATA SECURITY

The Arlington County System of Care Program follows all HIPAA practices and procedures set forth under the Arlington County DHS HIPAA policy. Vendors contracted through Arlington County's System of Care program are also required to follow applicable HIPPA procedures and will comply with the Business Associate Agreement addendum in their contracts. In relation to information and data security, the System of Care Program will follow CSA and Arlington County policies.

Risk Assessment

The CPMT is committed to ensuring all potential risks to and within the System of Care program are assessed on a regular basis to maintain the best possible integrity of operations to the program. Every two years, and in keeping with guidance set forth by the Office of Children's Services (OCS), CPMT and key stakeholders shall complete the Risk Management Fraud Risk Questionnaire (Appendix B) and Internal Control Questionnaire (Appendix C). The System of Care Manager, or their designee, will report the results of the assessments to CPMT within ninety days of completion. The System of Care Manager or their designee will document any potential risks identified in the questionnaires in the OCS Risk Assessment Worksheet Supplement (Appendix A). The CSA Management Team (CPMT Chair, System of Care Manager, CSA Coordinator, and Utilization Review Coordinator, or their designees, shall develop a Corrective Action Plan if CPMT determines corrective action(s) is required. The OCS Risk Assessment worksheet and any recommended implementation plan will be reviewed and approved by a quorum of the CPMT.

Electronic versions of the Risk Management Fraud Risk Questionnaire and Internal Control Questionnaire can be located by reaching out to the System of Care Program. In addition to the above safeguards, Arlington County has established a Financial Fraud, Waste & Abuse Hotline at (866) 565-9206 where anyone suspecting misuse of Arlington County resources within any program and/or agency may make a report. Reports can be made electronically at the following website: <https://topics.arlingtonva.us/reportproblem/>.

Risk Management Reviews

Along with the above referenced processes, the System of Care Program may conduct a Risk Management Review for a provider when there are concerns surrounding the clinical integrity and quality of CSA-funded services. This review is conducted by the System of Care Team in conjunction with additional staff who may be identified by CPMT body.

The need for a Risk Management Review is screened by the System of Care Team. Discussions with the provider regarding the concerns are conducted in most circumstances within 30 days unless there are extenuating circumstances. From that discussion, the System of Care team, in conjunction with additional staff who may be identified by CPMT body or CPMT Leadership Team, provide recommendations to CPMT. These recommendations can include up to placing the provider on a Corrective Action Plan or termination of the provider's contract.

All recommendations are reviewed by the CPMT body and those that are approved are followed-up on accordingly. An out of schedule CPMT may be needed to address timeliness of recommendations. Ongoing monitoring of provider when they are in Risk Management Review status is conducted by the System of Care Team. Upon successful completion of the action steps associated with the Risk Management Review, the System of Care Team updates CPMT and requests approval to remove the provider from Risk Management Review status.

Serious Incident Reports

CPMT requires that the Arlington County System of Care program receives and maintains information on all serious incidents, including alleged incidents, involving CSA-funded services for ensuring safe and healthy service delivery environments. A serious incident, actual and alleged, is defined by the criteria set forth in the CSA contracts (item number 36).

All CSA contracted providers, public and private, delivering services to youth placed through the CSA shall have an internal standardized process in place for responding to and reporting serious incidents. CSA Contracted providers shall report all serious incidents, verbally and in writing, to the CSA placing agency and other applicable entities within the timeframes outlined in their contact and their licensing agreements. CSA Contracted vendors are required to submit a written Serious Incident Reports (SIR) on the Arlington SIR template that is included within their contracts (see Appendix D).

All child referring agencies participating in the System of Care program shall provide SIR information involving children served or placed through CSA to the local CSA program as outlined below:

1. Case Manager of Placing Agency shall assess the risk to the child within 24 hours of receiving a verbal SIR and take appropriate action to ensure the child's health, safety, and well-being;
2. Follow the placing agency's internal SIR guidelines.
3. Submit written SIR to the CSA SIR listserv no later than one business day upon receiving the report from the contracted vendor. The CSA SIR listserv is monitored by the CSA Management Team made up of the Utilization Review Coordinator, System of Care Manager, CSA Coordinator, and members of the DHS Senior Management Team.
4. Notify the Utilization Review Coordinator of any serious incidents that may require additional follow up or meet criteria for CSA Management Team review by completing a Vendor Complaint Form.

Utilization Review Coordinator Responsibilities

Upon the submission of an SIR, the following process will take place and is the responsibility of the Utilization Review Coordinator:

1. Reviews SIRs received from providers.
2. Contacts Case Managers if follow up information is needed.
3. Files copies of SIRs in the youth's CSA record
4. Notifies the System of Care Manager if any incidents may meet criteria for CSA Management Team review. The serious incidents that require review by the CSA Management Team are those that contain allegations about the provider or provider's staff that include but are not limited to the following concerns:
 - a. Criminal activity by the provider to include abuse/neglect
 - b. Legal/risk management issues to include unsafe conditions and serious injury or other life-threatening events impacting the youth
 - c. Ethical/professional licensure issues to include boundary and dual relationships
 - d. Contractual/fiscal issues to include billing misconduct and failure to report SIRs

System Of Care Manager Responsibilities

Upon the submission of an SIR, the following process will take place and is the responsibility of the System of Care Manager:

1. Determine interim action steps until the next CSA Management Team meeting to include notifications to appropriate human services leadership and the case managing agency.
2. Collect additional information about the incident and prepare report to the CSA Management Team in collaboration with the System of Care Manager.
3. Consult with members of the CSA Management Team to develop a consensus on a recommended course of action. Recommended courses of action could include, but not limited to: consultation with licensing and accreditation bodies and follow-up with guidance accordingly, temporary suspension of new referrals to the provider until a final disposition, requiring a Corrective Action Plan, placement on probation with additional county oversight for a specific time-frame, and termination of contract if concerns are not remediated. To evaluate the incident, the CSA Management Team may initiate meetings with providers, conduct a site visit, perform a thorough review of records and documents, and any other actions they deem necessary.
4. Implement recommendations related to program operations, training, and other CSA functions.
5. Provide the CPMT with a quarterly summary of incidents reviewed by the CSA Management Team and their dispositions.

Serious Incident Reports and Provisional Licensure of Congregate Care Facilities

Per § 2.2-5211.1 of the Code of Virginia, "In the event that any group home or other residential facility in which CSA children reside has its licensure status lowered to provisional as a result of multiple health and safety or human rights violations, all children placed through CSA in such facility shall be assessed as to whether it is in the best interests of each child placed to be removed from the facility and placed in a fully licensed facility and no additional CSA placements shall be made in the provisionally licensed facility until and unless the violations and deficiencies relating to health and safety or human rights that caused the designation as provisional shall be completely remedied and full licensure status restored." In Arlington County, the CSA Management team will conduct this assessment and issue final disposition in such matters.

13.10 CONTINUITY OF OPERATIONS PLAN

The Arlington County CSA Program will follow CSA and Arlington County policy in the event there are unexpected disruptions to the performance of essential functions during all-hazards emergencies or other situations that may disrupt normal operations.

The CPMT will review the local COOP every three years and may be reviewed during CPMT meetings to ensure they are aligned with current levels of potential risk to CSA operations and contain appropriate responses to the identified risk. The results of this review will be kept on the CPMT SharePoint folder. The CPMT Chair, the Director of Social Services, and System of Care

Manager, or their designees, shall develop a Corrective Action Plan if CPMT determines corrective action(s) is required.

All vendors contracted through Arlington County CSA are required to maintain a COOP as a provision of their contract.

Arlington County Department of Human Services
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System of Care
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