

City of Winchester Children's Services Act Policy

Revised 09/2024



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INTENT AND PURPOSE

The City of Winchester Community Policy and Management Team (“CPMT” or the “Team”) shares the belief that the family and home community provide the best environments for raising children. Toward that end, the community shall pursue and encourage collaborative activities that will ensure the provision of child-centered, family focused, strength based, and community based services. Our purpose is to preserve families and provide appropriate services while protecting the welfare of children and maintaining the safety of the public. The policies and procedures that follow are intended to insure compliance with COV Section 2.2 5200, as well as subsequent guidance issued by the State Executive Council (“SEC”).

CITY OF WINCHESTER MISSION

To be a financially sound City providing top quality municipal services while focusing on the customer and engaging our community.

COMMUNITY POLICY AND MANAGEMENT TEAM VISION

The Winchester CPMT is a highly collaborative multidisciplinary team that uses open and honest communication to assure desirable outcomes for Winchester’s at-risk youth and their families.

The Team is composed of competent individuals who have significant expertise in their respective fields. Members demonstrate knowledge of mandates and policies by which the CPMT operates, and excel at effectively sharing and working with each other to provide an effective continuum of care. The Team consistently demonstrates commitment and sense of purpose and exercises stewardship in managing available resources.

The CPMT provides leadership to ensure that the City of Winchester is consistently proactive in working with at-risk youth and their families. The Team is progressive, keeping an eye on the future and using cutting-edge practices. The Team demands high quality, outcome-driven, child-specific services that meet the needs of each individual. The Team engages the community in identifying needs and gaps in service availability and work to fill gaps for our targeted population.

The CPMT is organized and efficient. Members operate as a team that appreciates individual personalities, allows respective strengths to emerge, and results in being at ease with one other. Despite the challenges posed by the system, there is a sense of humor within the Team and flexibility in its approach to decision making.

In everything that it does, the CPMT focuses first on the children and families in the Winchester community. The CPMT has established four (4) strategic target areas to achieve its vision which include:

- 1) CPMT Foundation and Structure
- 2) Common Ground through Education, Training, and Shared Expectations

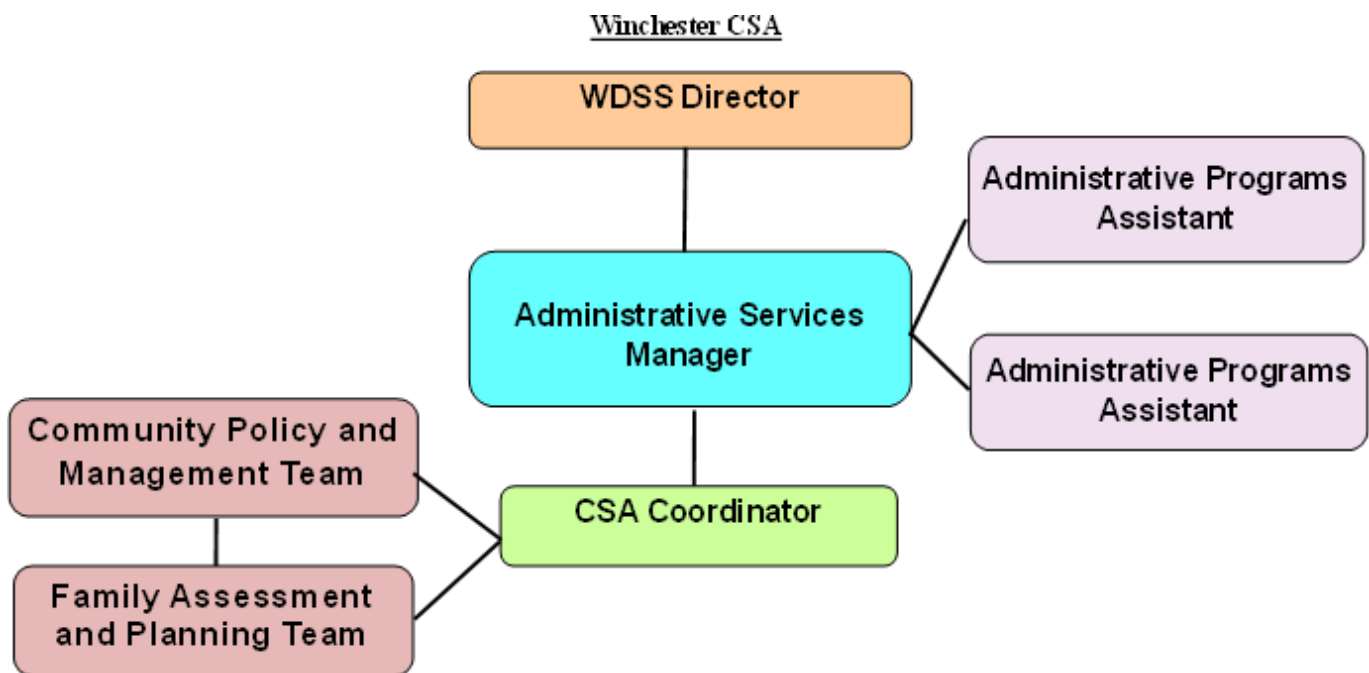
3) Data-Driven Accountability and Service Provision

4) CPMT Service Development

FISCAL AGENT

The City of Winchester is the fiscal agent for funds provided under the Children’s Services Act (“CSA”). The City Manager, or his designee, shall oversee the overall administration in accordance with state and local policy. An audit shall be provided. Additionally, the City of Winchester shall be responsible for hiring, training, and supervising such staff as is necessary to schedule and coordinate FAPT, CPMT and other meetings, produce minutes, perform data entry and analysis, produce reports, monitor compliance, and conduct other duties as needed in support of the CSA process.

WINCHESTER CSA ORGANIZATION CHART



COMMUNITY POLICY AND MANAGEMENT TEAM (CPMT)

Management of the CSA is the responsibility of the Community Policy and Management Team (CPMT). The Winchester CPMT is a representative body appointed by Winchester City Council which includes, as a minimum:

- One elected official or appointed official, or his designee from the governing body of a locality that is a member of the team
- Local agency heads or their designees from:
 - the Community Services Board
 - Juvenile Court Service Unit

- Department of Health
- Department of Social Services
- Winchester Public Schools
- A parent representative
- A private provider, located within the jurisdiction
- Additional members may be appointed as appropriate, including but not limited to representatives from law enforcement, other public agencies or government officials

CPMT TERMS OF CERTAIN APPOINTMENTS

The term of the Parent Representative, Private Provider Representative, and any optional members shall be for a period of two years. The local governing body shall appoint parent and private provider representatives for a two-year term. Parent and private provider representatives are eligible for reappointment. The CPMT will request review of the appointments in May of the even numbered years. Incumbents in an expired term shall continue to serve until appointments are made by the governing body.

Parent Representatives who are employed by a public or private program that receives funds pursuant to this chapter or agencies represented on a community policy and management team may serve as a parent representative provided that they do not, as a part of their employment, interact directly on a regular and daily basis with children who supervise employees who interact directly on a daily basis with children. Notwithstanding this provision, foster parents may serve as parent representatives.

CPMT AUTHORITY OF MEMBERS

Those persons appointed to represent community agencies shall be authorized to make policy and funding decisions for their agencies. (COV 2.2-5205)

CPMT LIABILITY

Members who serve on the CPMT shall be immune from any civil liability for decisions made about the appropriate services for a family or the proper placement or treatment of a child unless it is proven that such person acted with malicious intent.

CPMT CONFLICT OF INTEREST

Persons serving on the CPMT who are parent representatives or who represent private organizations or associations of providers for children or family services shall abstain from decision-making involving individual cases or agencies in which they have either a personal interest, or fiduciary interest (COV 2.2-3103; 2.2-5205). These members are required to annually complete the Conflict of/Statement of Economic Interest form.

CPMT ATTENDANCE

Any member of the CPMT who fails to personally attend at least 75% of the regularly scheduled

CPMT meetings within any calendar year may be reported to the local appointing authority by the CPMT.

CPMT DUTIES AND RESPONSIBILITIES

The CPMT, as a governmental entity of the City of Winchester, and as creation of state law, having been mandated by the General Assembly, shall be subject to state and local laws and regulations established to regulate its functioning, and shall have the general powers, duties and responsibilities of a CPMT as outlined in Section 2.2-5206 of the Code of Virginia, as amended. The Community Policy and Management Team shall manage the cooperative effort in each community to better serve the needs of troubled and at-risk youths and their families and to maximize the use of state and community resources. Every such team shall:

- Develop interagency policies and procedures to govern the provision of services to children and families in Winchester.
- 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.
- 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.
- Coordinate long-range, community-wide planning which ensures the development of resources and services needed by children and families in Winchester including the development of community based services as established under § 16.1-309.3.
- Establish policies governing referrals and review of children and families to the family assessment and planning teams and a process to review the teams' recommendations and requests for funding.
- Establish quality assurance and accountability procedures for program utilization and funds management.
- Establish procedures for obtaining bids on the development of new services.
- Manage funds in the interagency budget allocated to Winchester from the state pool of funds, the trust fund, and any other source.
- Authorize and monitor the expenditure of funds by each family assessment and planning team or a collaborative, multidisciplinary team process approved by the Council.
- Submit grant proposals that benefit the city of Winchester to the state trust fund and to enter into contracts for the provision or operation of services upon approval of the participating governing bodies.
- Serve as the community's liaison to the Office of Children's Services for At-Risk Youth and Families, reporting on its programmatic and fiscal operations and on its recommendations for improving the service system, including the consideration of realignment of geographical boundaries for providing human services.
- Collect and provide uniform data to the Council as requested by the Office of Children's Services for At-Risk Youth and Families in accordance with subdivision D 16 of § 2.2-2648.
- Review and analyze data in management reports provided by the Office of Children's 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 Children's Services Act program. Every team shall also review local and statewide data provided in the management reports on the number of children served, children placed out of state, demographics, types of services provided, duration of services, service expenditures, child and family outcomes, and performance measures. Additionally, teams shall track the utilization and performance of residential placements using data and management reports to develop and implement strategies for returning children placed outside of the Commonwealth, preventing placements, and reducing lengths of stay in residential programs for children who can appropriately and effectively be served in their home, relative's homes, family-like setting, or their community.

- Administer funds pursuant to §16.1-309.3.
- The financial policies and procedures of the CPMT will be in accordance with the policies and regulations appropriate and consistent with § 16.1-309.3.
- 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.
- Submit to the Department of Behavioral Health & Developmental Services information on children under the age of 14 and adolescents aged 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 unable to be obtained by 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:
 - The child or adolescent's date of birth.
 - Date admission was attempted, and
 - Reason the patient could not be admitted into the hospital or facility.
- 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 COV § 2.2-5206.
- Establish appropriate number of Family Assessment Teams and ensure appropriate membership includes Juvenile Court Services Unit, Department of Health, Social Services and Mental Health/Mental Retardation Services (CSB), Local School Division, parent representative and other representatives, as specified in the Code of Virginia CSA language. The CPMT shall appoint parent and private provider representatives for a two-year term. The CPMT will review the appointments in May of the even numbered years. Incumbents in an expired term shall continue to serve until appointments are made by the governing body.

FAMILY ASSESSMENT AND PLANNING TEAM (FAPT)

The Community Policy and Management Team shall establish and appoint one or more Family Assessment and Planning Teams as the needs of the community require.

The FAPT shall include representatives of the following community agencies who have authority to access services within their respective agencies:

- Community Services Board
- Juvenile Court Service Unit
- Department of Social Services
- Winchester Public Schools

The FAPT may include a representative of the Department of Health at the request of the chair of the CPMT. Agency representatives shall be assigned by the CPMT member representing that agency.

The FAPT shall also include:

- Parent representative

The FAPT may include a representative of a private organization or association of providers for children's or family services and of other public agencies operating within the City. The Parent Representative and Private Service Provider Representative shall be appointed by the CPMT, to a term of 2 years.

Parent representatives who are employed by a public or private program that receives funds pursuant to this chapter or agencies represented on a Family Assessment and Planning Team may serve as parent representative provided that they do not, as a part of their employment, interact directly on a regular and daily basis with children or supervise employees who interact directly on a regular basis with children. Notwithstanding this provision, foster parents may serve as parent representatives.

FAPT LIABILITY

In accordance with § 2.2-5207 persons who serve on a Family Assessment and Planning Team shall be immune from any civil liability for decisions made about the appropriate services for a family or the proper placement or treatment of a child who comes before the team, unless it is proven that such person acted with malicious intent.

FAPT CONFLICT OF INTEREST

Persons serving on the Team who are parent representatives or who represent private organizations or associations of providers for children's or family services shall abstain from decision-making involving individual cases or agencies in which they have either a personal interest, as defined in §2.2-3101 of the State and Local Government Conflict of Interests Act, or a fiduciary interest. Any person serving on such team who does not represent a public agency shall file a statement of economic interests. Persons representing public agencies shall file such statements if required to do so pursuant to the State and Local Government Conflict of Interests Act.

The Family Assessment and Planning Team, in accordance with §2.2-2648, shall assess the strengths and needs of troubled youths and families who are approved for referral to the team and identify and determine the complement of services required to meet these unique needs. COV §2.2-5208. In accordance with policies developed by the Community Policy and Management Team, the FAPT shall:

- Review referrals of youths and families to the team.
- Provide for family participation in all aspects of assessment, planning, and implementation of services; observing Family Engagement policies enacted by the SEC on March 25, 2010, and outlined in guidance documents from the Office of Children's Services. The referring agency shall facilitate such participation. Additionally, a pre-meeting shall be held, either in person or by telephone, with each family who is scheduled to attend FAPT to describe the process, guiding principles, and objectives of the FAPT meeting. A copy of the family's rights and responsibilities shall be provided to each participating family. It is the lead worker/agency's responsibility to facilitate family participation at FAPT.
- Provide for the participation of foster parents in the assessment, planning and implementation of services when a child has a program goal of permanent foster care or is in a long-term foster care placement. The case manager shall notify the foster parents of the time and place of all assessment and planning meetings related to such youth. Such foster parents shall be given the opportunity to speak at the meeting or submit written testimony if the foster parents are unable to attend. The opinions of the foster parents shall be considered by the Family Assessment and Planning Team in its deliberations.
- Develop an individual family services plan for youths and families reviewed by the Team that provides for appropriate and cost-effective services.
- Identify children who are at-risk of entering, or are placed in, residential care through the Children's Services Act program who can be appropriately and effectively served in their homes, relatives' homes, family-like settings, and communities. For each child entering or in residential care, in accordance with the policies of the Community Policy and Management Team, the FAPT or approved alternative multidisciplinary team, in collaboration with the family, shall (i) identify the strengths and needs of the child and his family through conducting or reviewing comprehensive assessments, including but not limited to information gathered through the mandatory uniform assessment instrument, (ii) identify specific services and supports necessary to meet the identified needs of the child and his family building upon the identified strengths, (iii) implement a plan for returning the youth to his home, relative's home, family-like setting, or community at the earliest appropriate time that addresses his needs, including identification of public or private community-based services to support the youth and his family during transition to community-based care, and (iv) provide regular monitoring and utilization review of the services and residential placement for the child to determine whether the services and placement continue to provide the most appropriate and effective services for the child and his family.

- Where parental or legal guardian financial contribution is not specifically prohibited by federal or state law or regulation, or has not been ordered by the court or by the Division of Child Support Enforcement, assess the ability of parents or legal guardians, utilizing a standard sliding fee scale, based upon ability to pay, to contribute financially to the cost of services to be provided and provide for appropriate financial contribution from parents or legal guardians in the individual family services plan (“IFSP”).
- Refer the youth and family to community agencies and resources in accordance with the individual family services plan.
- Recommend to the Community Policy and Management Team expenditures from the local allocation of the state pool of funds.
- The lead agency is responsible for monitoring and reporting, as appropriate, on the progress being made (i.e. utilization review) in fulfilling the individual family services plan developed for each youth and family.
- The CSA Coordinator is the FAPT Chair under regular circumstances when FAPT meetings are held. In the event of the CSA Coordinator’s absence, another member of the FAPT can serve as the FAPT Chair. The duties of the FAPT Chair are as follow:
 - Facilitate FAPT meeting
 - Schedule review of FAPT cases
 - Complete required documentation at FAPT
 - Utilization Review
 - Signature of FAPT budget sheet
 - Coordinating FAPT member signature of:
 - CSA Referral Form
 - Determination of Eligibility for CSA Funded Services (Initial only)
 - Community-Based Foster Care Prevention Eligibility Determination (Initial only and if applicable)

FAPT DOCUMENTATION AND FINANCIAL REQUIREMENTS

In order to access the process for obtaining CSA funding, a referral process is required. Referrals may originate from any public agency serving on the CPMT and FAPT.

Parents and persons who have primary physical custody of a child may directly refer children in their care to the Family Assessment and Planning Team by contacting the Winchester Children’s Services Act Coordinator. The CSA Coordinator and the family will complete the CSA paperwork required to present the youth to the FAPT team to determine if the youth is eligible for services. If the youth is found to be eligible for services by the FAPT, the CSA Coordinator and FAPT will assist the family in identifying the appropriate public agency to manage the case, complete all required paperwork, and present the case to the FAPT.

The required FAPT packet shall consist of:

- [CSA Referral Form](#)

- [CANS Assessment](#)
- [Consent to Exchange Information](#)
- [City of Winchester CSA Copayment Screening Form \(Initial FAPT\)](#)
- [CSA Copayment Agreement \(Initial only\)](#)
- [City of Winchester CSA Brochure \(Initial only\)](#)
- [Determination of Eligibility for CSA Funded Services \(Initial only\)](#)
- [Community-Based Foster Care Prevention Eligibility Determination \(Initial only and if applicable\)](#)

The required FTM/IDT Packet shall consist of all of the forms listed above and also include:

- [Family Team Meeting Report](#)
- [Family Team Meeting Signature Sheet](#)

The CSA referral and required documents must be completed prior to their FAPT presentation. It is the case worker's responsibility to obtain all required information. Financial documentation (purchase orders or case actions) will not be processed until complete documentation is provided to the CSA Coordinator. Retroactive reimbursement of funds expended prior to appropriate approvals and documentation will not be processed for payment.

To avoid the interruption of services, dates of services requested should be projected for 30 days beyond the next scheduled FAPT. Services that have not been approved by FAPT, or an approved MDT process will not be eligible for CSA funds.

Children shall be scheduled on the FAPT agenda as quickly as possible, but not to exceed 30 days beyond the date of referral to the CSA Coordinator. Written material describing the family's rights and responsibilities shall be provided to each participant. Information shall be presented in the child/family's native language or mode of communication.

FAMILY FIRST POLICY FOSTER CARE PREVENTION SERVICES

The Family First Prevention Action (FFPA) is a significant change in federal child welfare law. Effective July 1, 2021, the Virginia Department of Social Services is implementing a new Foster Care Prevention Services Model. FFPSA allows utilization of title IV-E to support evidence-based services to prevent foster care placement by creating a new funding stream for these services to families through the new in-home model. These services apply only to children and families of the local department of social services (LDSS).

ELIGIBILITY FOR FAMILY FIRST FOSTER CARE PREVENTION SERVICES

All In-Home cases and Foster Care Prevention cases are served through the In-Home model. The local DSS opens cases based on a high or very high classification on the Structured Decision Making (SDM) Risk Assessment. The In-Home model also includes "court cases" (e.g., a Child in Need of

Services for whom the court has ordered LDSS to provide foster care prevention services). These children and families are determined to be eligible for foster care prevention services by completing the title IV-E Candidacy Form, which documents the decision that the child is a "Candidate for Foster Care." "Candidate for Foster Care" is defined as a child identified in a prevention plan as being at imminent risk of entering foster care but who can remain safely in the child's home or in a kinship placement as long as services or programs that are necessary to prevent the entry of the child into foster care are provided. The term includes a child whose adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in a foster care placement."

"Imminent Risk of Foster Care" is defined in Virginia "as a child and family's circumstances demand that a defined case plan is put into place within 30 days that identifies interventions, services and /or supports and absent these interventions, services and/or supports, foster care placement is the planned arrangement for the child."

The LDSS Family Services Specialist (FSS) completes the "Candidate for Foster Care" Form. Children and their families who meet these foster care prevention criteria established by VDSS are eligible for CSA and sum sufficient services under CSA (COV §§ 63.2-905, 2.2-5211.B3., 2.2-5211.C., and 2.2-5212.4.). It is important to note that these children and families (CPS Ongoing or Foster Care Prevention) are already eligible for CSA services under the eligibility categories in the cited statutes.

The designation as a "Candidate for Foster Care" makes the child and family eligible for foster care prevention, no matter whether any specific funding source, including CSA, is accessed. However, this designation assures a child and family's eligibility for any of the evidence-based services offered in Virginia through FFPSA beginning July 1, 2021. As noted earlier, these three services are Multi-Systemic Therapy (MST), Family Functional Therapy (FFT), and Parent-Child Interaction Therapy (PCIT).

REFERRAL AND FAPT REVIEW PROCESS

The Winchester CSA Program has selected the Consultative FAPT model for approval of Families First Foster Care Prevention Services. These services include Multi-Systemic Therapy (MST), Functional Family Therapy (FFT), and Parent-Child Interaction Therapy (PCIT). These services will need to be requested through a modified FAPT process as described below. **If there are any other services requested, a full FAPT packet is required. Family First prevention services are to be included on the budget sheet.**

The modified FAPT process requires submission of the following documents:

- Referral Cover Sheet
- [IV-E Candidacy Determination Documentation](#) (from child welfare information system)
- Prevention Plan (from child welfare information system)
- [Consent Form](#)
- Budget Sheet

- **CANS** (to be renewed every 90 days)

REVIEW OF FAMILY FIRST FOSTER CARE PREVENTION SERVICES

The Family Assessment and Planning Team (FAPT) will review services every 90 days.

COPAYMENT

No copayment is required for Family First Foster Care Prevention services.

ROLE OF THE CPMT

Consistent with the statutory expectations of the CSA, the CPMT provides oversight and leadership in coordinating the community's response to all identified children and families, including those receiving title IV-E funded foster care prevention services. With the introduction of the FFPSA, this role includes maintaining awareness of the utilization and impact of the new In-Home prevention practices (e.g., increased/decreased referrals for the use of CSA funds for foster care prevention, outcomes, and the integration of evidence-based practices across all child-serving agencies) There are no changes regarding statutory expectations and the roles of FAPT and CPMT in the implementation of CSA, including eligibility and funding. FAPT may provide a multi-disciplinary review for any referred child and family in the community, even if CSA funds are not needed.

INTERAGENCY COOPERATION, CONFIDENTIALITY AND ETHICS

All public agencies that have served a family or treated a child referred to a Family Assessment and Planning Team shall cooperate with this team. The agency that refers a youth and family to the team shall be responsible for obtaining the consent required to share agency client information with the team. After obtaining the proper consent, all agencies shall promptly deliver, upon request without charge, such records of services, treatment or education of the family or child as are necessary for a full and informed assessment by the team. If consent is not granted, or a conditional release is granted, the CSA Coordinator shall obtain legal counsel prior to any FAPT discussion.

Proceedings held to consider the appropriate provision of services and funding for a particular child or family or both who have been referred to the FAPT and whose case is being assessed by this team or review by the CPMT shall be confidential and not open to the public, unless the child and family who are the subjects of the proceeding request, in writing, that it be open. All information about specific children and families obtained by the FAPT and CPMT members in the discharge of their responsibilities to the team shall be confidential.

FAPT and CPMT members are expected to adhere to the City of Winchester's Ethics Policy Statement:

Perform their duties to the very best of their abilities, treating the public and each other in a courteous manner that is fair and equitable, without regard to race, color, gender, age, religion, national origin, disability, political affiliation, or any other factor unrelated to the impartial conduct of City business.

Demonstrate integrity, honesty, and ethical behavior in the conduct of all City business. To help maintain these standards, CPMT members agree to work through the committee system thereby limiting contact with City employees and City agencies except for inquiry purposes. Individual CPMT members shall not attempt to represent the CPMT to others except as directed by the Chair of CPMT or the respective committee chair.

- Ensure that their personal interests do not come into conflict with their official duties, resulting in a real conflict of interest or the appearance of a conflict of interest. This shall apply to CPMT members, employees and CPMT appointed Committee and Subcommittee members when dealing with vendors, customers, and other individuals doing business or seeking to do business with the City.
- Ensure that they do not accept any gift, favor or thing of value that may tend to influence the discharge of their duties, or grant any improper favor, service or thing of value in the discharge of their duties. This is a zero tolerance policy. This shall include the acceptance of a gift from a person who has interests that may be substantially affected by the performance of the employee's official duties under circumstances where timing and nature of the gift would cause a reasonable person to question the employee's impartiality in the matter affecting the donor. This prohibition shall not apply to the acceptance of any gift, favor or thing of value that benefits the City and/or the community as a whole.
- Ensure that information concerning the property, government or affairs of the City is held confidential, disclosed only with proper legal authorization, and never to advance the financial or other special interest of themselves or others.
- Ensure that all City resources, including City funds, equipment, vehicles and other property, are used in strict compliance with City policies and solely for the benefit of the City. To ensure that City employees do not receive unauthorized or conflicting directives, individual CPMT members and CPMT appointed Committee and Subcommittee members without supervisory responsibilities shall not give direction to City employees and departments except as directed by the majority of CPMT to the City Manager.

All FAPT and CPMT members must endorse and follow the City of Winchester CSA policies and procedures as distributed. It is recognized that members may have agency-specific policies and/or procedures to which they must adhere. For example, agencies may have different legal/regulatory requirements regarding confidentiality or differing statements of values/ethics/philosophies. Should there be a time when following a FAPT/CPMT policy would place the member in non-compliance with his or her own agency policies or procedures, the member will immediately bring this to the attention of the FAPT or CPMT chair for discussion and resolution.

The City of Winchester promotes the use of strength-based Family Team Decision Making as the cornerstone for family-centered service planning. Per the State Executive Council, family teams may also serve as a conduit for accessing CSA funds in lieu of, or supported by, the FAPT. A Family Partnership Meeting or Family Team Meeting is a process that brings together family, natural supports, and formal resources to:

- Learn what the family hopes to accomplish
- Recognize and affirm family strengths
- Assess family needs and find solutions to meet family needs
- Design individual supports and services to match family's needs and build upon strengths
- Set reasonable and meaningful outcomes
- Achieve clarity about who is responsible for agreed upon tasks
- Agree on next steps

Family Partnership Meetings are both a philosophy and practice strategy for the delivery of services. The values and beliefs that guide Family Partnership Meetings include:

- Families have strengths and protective capacities
- Families are experts on themselves and their situations
- Families deserve to be treated with dignity and respect
- Families can make well-informed decisions about keeping their children safe when they are supported in doing so
- Families involved in decision making and case planning are likely to have better outcomes than families who have decisions made for them
- Families and friends can provide support and care in a way that no formal helping system can
- Families are capable of change
- A family team is more capable of high-quality decision making than an individual caseworker acting alone
- Solutions generated by the family within a team meeting are more likely to succeed because these solutions respond to the family's unique strengths, needs, and preferences
- Cultural competence is key to understanding the family and the choices they make about change

FAMILY PARTNERSHIP MEETINGS/INTERDISCIPLINARY TEAM (IDT) AS FAPT

In order for a Family Partnership Meeting (FPM), Family Team Meeting (FTM) or Interdisciplinary Team (IDT) to be categorized as a FAPT, the meeting must:

- Case manager must determine if the client is eligible to access CSA funds using the guidance document provided by OCS.

- Be facilitated by someone, other than the lead caseworker, who is trained in Family Team Decision Making.
- Include the identified youth, if appropriate, and family members. It is expected that all involved age appropriate children and family members will attend. Reasons for any exceptions to this must be documented.
- Provide an opportunity for the family to identify as many natural supports as they deem useful to the meeting for the exchange of information, or necessary to provide support during or after the meeting.
- Invite involved agencies to participate either in person, by phone, or through submission of written material.
- Include attendance by at least two core agency representatives.
- Result in CSA expenditures less than \$5,000

Families shall be provided with a written copy of their Rights and Responsibilities, at the onset of any FTM process by providing the City of Winchester’s [CSA Brochure](#). The meeting location and time should strive to accommodate the family’s convenience and comfort level to the extent possible.

All required CSA documents must be reviewed internally by the Lead Agency to insure that the payment for service is directly related to an identified need and outcome, outcomes are clearly written and measurable; alternative community resources have been thoroughly explored and utilized prior to authorizing CSA funding; the use of incentives are time sensitive and directly related to a need/outcome and part of an [Individual Service Plan](#); sustainability and family budget considerations are part of any decision to provide supportive services (rent, car repair, etc.); and the ability for parental copay is assessed.

All required FAPT documentation must be submitted to the CSA Coordinator within 10 days of the meeting in order to be submitted to the CPMT for funding authorization.

Family Partnership Meeting, Family Team Meetings to IDTs that do not meet these criteria may submit their request for CSA funding to the standing FAPT for review at the next available meeting time slot.

UTILIZATION REVIEW

The City of Winchester conducts the Utilization Review process at the time of presentation to the FAPT, FTM, or IDT. Cases funded by CSA shall be reviewed regularly to make sure that the right service is being provided, that the service is effective, and that the costs are reasonable and necessary. Residential cases are also reviewed by CPMT monthly. The frequency of FAPT, FTM or IDT review is as follows:

Requires 30 to 45 day review:

- Children placed in Group Homes or Residential Treatment Facilities by a Parental Agreement are required to be reviewed every 30 days.

Requires 90-day review:

- Children in Residential Treatment Facilities are to be reviewed every 90 days.
- Children in Group Homes are to be reviewed a minimum of every 90 days.
- Children in Therapeutic Foster Care homes are to be reviewed a minimum of every 90 days.
- Children/families receiving Prevention Services will be reviewed a minimum of every 90 days.
- Children in placement based on an Individualized Educational Plan (IEP) will be reviewed every 90 days.

Requires annual review:

- Children in Therapeutic Foster Care with a permanent foster care agreement shall be reviewed annually.
- Children in Regular Foster Care Homes receiving boarding care maintenance only will be reviewed annually unless otherwise requested by FAPT or CPMT.

Other required reviews:

- Children who are being stepped down to a Less Restrictive environment or moved to a new placement will be reviewed prior to that move.
- Children who are moved on an Emergency Basis will be reviewed at the next available FAPT meeting.

The CSA Coordinator shall complete the Utilization Review in conjunction with the FAPT review. CSA Coordinator will formally assess the necessity, efficiency and appropriateness of the services and treatment plan for an individual, consulting with the Case Manager, if needed. Any findings/recommendations will be documented in the CSA file, using the Case Specific Utilization Review Form, and will be presented to CPMT. The lead worker shall be notified if any action is required.

MANDATORY UNIFORM ASSESSMENT INSTRUMENT--CANS

Except for emergency services, FAPT shall require the completion of the CANS instrument in accordance with state guidelines prior to services being approved. Any FAPT decision contrary to recommendations of the CANS should be documented as to their rationale. The CSA Coordinator shall submit requested CANS documentation via secure electronic means as provided for by the Office of Children's Services ("OCS").

CANS Assessments are required as follows:

- Initial referral
- Annually

- Discharge from CSA services
- Every 90 days if the youth is receiving Medicaid funded services

ROLE OF CSA COORDINATOR

In order to comply with all policies and procedures of Virginia's Children's Services Act and Office of Children's Services, the City of Winchester shall provide one (1) full time employee CSA Coordinator who shall report to the City Manager or his designee for day-to-day supervision. The CSA Coordinator(s) shall serve as staff member to the CPMT and FAPT and attend IDT meetings (as necessary), maintain all records according to regulations and policies, process purchase orders and other fiscal matters, complete required dataset and other automated data entry and analysis, produce reports as needed and serve as the community's expert on CSA policies and procedures. The CSA Coordinator shall notify their supervisor, the City Manager and the CPMT Chair within two (2) business days if any non-compliance is uncovered so that the appropriate remedy can be applied.

RIGHTS OF CHILD AND FAMILY

DUE PROCESS AND APPEALS

At the time of referral of the child and family to the City of Winchester CSA, the child and family will be notified of their rights and responsibilities related to access of CSA funds. The child and family will be provided the City of Winchester [CSA Brochure](#).

The identified youth, his/her parent, guardian or custodian may appeal any decision made by the FAPT or a Family Team Meeting process, except those mandated by federal or state regulation or law, or covered under a court order or other legally binding agreement or document. At the state level, both the Department of Education, and the Department of Social Services maintain a due process/appeal system independent of the CSA system. The court system also maintains an appeal process.

Appeals strictly related to the funding by CSA of a particular service may be made to the CPMT. The appeal must be made in writing and provided to the CSA Coordinator within ten (10) days of the date of the decision. The CPMT shall review the request within thirty days of receipt of the document and render a written opinion within two (2) weeks of the CPMT meeting at which it is reviewed. The CPMT shall go into Executive Session, if needed, to discuss medical, behavioral health or other protected information. The individual appealing the decision will be allowed to present any additional oral statement that will help in the determination by the CPMT.

In the event that an appeal regarding the provision of services is extremely time sensitive, or where the issue to be reviewed may have implications for the child's immediate safety, the CPMT shall convene an emergency meeting, if possible.

Agency representatives who have concerns about a team decision rendered in a FAPT or Family Team, may request a "Collateral Meeting" with involved community partners to review concerns about

procedure, logistics, agency policy, etc. Such meetings are considered advantageous for purposes of continuous process improvement, but are not to be used to circumvent the Family Team. No decisions about the family are to be made during such meetings.

FUNDING POLICIES

The Community Policy and Management Team authorize and monitor the expenditure of all CSA funds. In order to access such funds, all youth and families for which CSA-funded services are requested, are to be assessed by the Family Assessment and Planning Team or an approved collaborative, multidisciplinary team process, such as a Family Partnership Meeting, Family Team Meeting or IDT as described in this policy and procedure manual. All services as recommended by the FAPT, Family Partnership Meeting, Family Team Meeting, or Interdisciplinary Team process are authorized by the CPMT until the next regular meeting of the CPMT at which time the services will be reviewed and approved, denied, or modified. If services are denied by the CPMT, the request for services will be remanded to the FAPT or approved multidisciplinary team process for review.

The Lead Agency is responsible for obtaining accurate rate estimates for any services requested from CSA. When a FAPT/FTM approves a service based on a rate quoted in the meeting, and the actual rate is different, but within fifteen percent (15%) of the rate quoted, the actual rate shall be deemed approved, and the lead agency shall provide the appropriate documentation of the need for the revision to the CSA Coordinator. If the actual rate exceeds fifteen (15%) difference, the lead Agency shall request a rate change at the next available FAPT. The CSA Coordinator shall have the discretion to make minor changes to the Budget Request Form, if the intent of the FAPT was to authorize the services. The Lead Agency shall submit to the CSA Coordinator the approved [CSA Communication Form](#) whenever a child experiences a change of placement or other significant change.

Per state policy: “When a core agency refers a child and family to a family assessment and planning team and that team has recommended the proper level of treatment and services needed by that child and family and has determined the child’s eligibility for funding for services through the state pool of funds, then the agency has met its fiscal responsibility for that child for the services funded through the pool. However, the agency shall continue to be responsible for providing services identified in individual family service plans that are within the agency’s scope of responsibility and that are funded separately from the state pool. Further, in any instance that an individual 18 through 21 years of age, inclusive, who is eligible for funding from the state pool and is properly defined as a school-aged child with disabilities pursuant to § 22.1-213 is placed by DSS across jurisdictional lines in a group home in the Commonwealth and the individual’s individualized education program (IEP), as prepared by the placing jurisdiction, indicates that a private day school placement is the appropriate educational program for such individual, the financial and legal responsibility for the individual’s special education services and IEP shall remain, in compliance with the provisions of federal law, Article 2 (§ 22.1-213) of Chapter 13 of Title 22.1, and the Board of Education regulations, the responsibility of the placing jurisdiction until the individual reaches the age of 21, inclusive, or is no longer eligible for special education services. The financial and legal responsibility for such special

education services shall remain with the placing jurisdiction, unless the placing jurisdiction has transitioned all appropriate services with the individual.”

Requests for supplemental allocations through the State are filed electronically via the CSA website <http://www.csa.virginia.gov>. The requests will be reviewed, and the local fiscal agent will be notified upon approval. Requests for supplemental appropriations through the City of Winchester are submitted to the fiscal agent for review and approval by Winchester City Council.

ELIGIBLE POPULATION

In order to be eligible for funding through the state pool of funds, a youth, or family with a child, shall meet one or more of the criteria specified in COV § 2.2-5212 subdivisions 1 through 4. Eligibility shall be determined by the Family Assessment and Planning Team or the Family Team Meeting/IDT process through the use of the [Determination of Eligibility for CSA Funded Services](#) and the [Foster Care Prevention Eligibility](#) forms. Eligibility determination shall occur at the initial presentation to the FAPT or other approved multidisciplinary team. Eligibility determination will be reassessed if there is a change in the child or youth’s situation.

For purposes of determining eligibility for the state pool of funds, “child” or “youth” means (i) a person less than eighteen years of age and (ii) any individual through twenty-one years of age who is otherwise eligible for mandated services of the participating state agencies including special education and foster care services. The Regulations Governing Special Education Programs for Children with Disabilities in Virginia specify age of eligibility for special education as follows: “eligible children with disabilities who have not graduated with a standard or advanced high school diploma who, because of such disabilities, are in need of special education and related services, and whose second birthday falls on or before September 30, and who have not reached their 22nd birthday on or before September 30.”

The child or youth has emotional or behavior 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 significantly disabling and are present in several community settings such as at home, in school or with peers; and
- Require services or resources that are unavailable or inaccessible or that are beyond normal agency services or routine collaborative processes across agencies or require coordinated interventions by at least two agencies.
- 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.
- The child or youth requires placement for purposes of special education in approved private school educational programs.

- The child or youth has been placed in foster care through a parental agreement between a local social services agency or public agency designated by the community policy and management team and his parents or guardians, entrusted to a local social services agency by his parents or guardian or has been committed to the agency by a court of competent jurisdiction for the purposes of placement.

MANDATED POPULATION

The funding pool consists of funds that serve the target populations identified above in the purchase of residential and nonresidential services for children. References to funding sources and current placement authority for the targeted populations of children are for the purpose of accounting for the funds in the pool. It is not intended that children be categorized by individual funding streams in order to access services. The mandated population shall include the following:

Children placed for purposes of special education in approved private school education programs, previously funded by the Department of Education through private tuition assistance;

Children with disabilities placed by local social services agencies or the Department of Juvenile Justice in private residential facilities or across jurisdictional lines in private, special education day schools, if the individualized education program indicates such school is the appropriate placement while living in foster homes or child-caring facilities, previously funded by the Department of Education through the Interagency Assistance Fund for Non-educational Placements of Handicapped Children;

Children for whom foster care services, as defined by §63.2-905, are being provided to prevent foster care placements, and children placed through parental agreements, entrusted to local social service agencies by their parents or guardians or committed to the agencies by any court of competent jurisdiction for purposes of placement in suitable family homes, child-caring institutions, residential facilities or independent living arrangements.

Children placed by a juvenile and domestic relations district court, 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.

Children committed to the Department of Juvenile Justice and placed by it in a private home or in a public or private facility.

SPECIAL EDUCATION SERVICES

The special education mandate cited in COV § 2.2-5211(B)(1) may be utilized to fund non-residential services in the home and community for a student with a disability when the needs associated with his/her disability extend beyond the school setting and threaten the student's ability to be maintained in the home, community, or school setting.

Special Education – Transitional Services in the Public School Setting

Children and youth previously placed pursuant to subdivision 1 in approved private school educational programs for at least six months who will receive transitional services in a public school setting. State pool funds shall be allocated for no longer than 12 months for transitional services. Local agencies may contract with a private school education program provider to provide transition services in the public school.

"Transitional services" includes services delivered in a public school setting directly to students with significant disabilities or intensive support needs to facilitate their transition back to public school after having been served in a private special education day school or residential facility for at least six months. "Transitional services" includes one-on-one aides, speech therapy, occupational therapy, behavioral health services, counseling, applied behavior analysis, specially designed instruction delivered directly to the student, or other services needed to facilitate such transition that are delivered directly to the student in their public school over the 12-month period as identified in the child's individualized education program.

NON-MANDATED POPULATION

The Winchester CPMT also funds services under the Non-Mandated category, as state budget allocations permit. Non-mandated services are those that do not fall into the mandated categories described above. The state allocates funds on an annual basis that limits the amount of such funds available. Typical non-mandated populations are youth who are at-risk of requiring more intensive services due to behavioral, developmental, or mental health challenges. Non-mandated service types are not limited, but typically include behavioral health or supportive services to strengthen families, and/or assist youth with the daily activities of life. Youth are eligible to receive services, as defined in the service plan, through age 18, effective 7-31-12 OAG decision.

EMERGENCY FUNDING

Notwithstanding previous policies and procedures pertaining to FAPT/FTM/IDT, there is provision made for emergency services costing less than \$5,000. Such funding is available for CSA eligible children when immediate or urgent action is required to protect the health or safety of a child or family and there is not time to convene a FAPT or FTM. Such services may include sudden health or mental health crises, natural disaster, or potentially volatile change in circumstance such as a late night removal from the home, etc.

In the event of such emergency, the lead worker shall notify their supervisor immediately and obtain supervisory approval prior to committing such funds; and shall develop the necessary documentation to provide to the CSA Coordinator within ten (10) days of the emergency, and schedule a FAPT or FTM to review the rationale for the expenditure as soon as reasonably possible.

The CSA Coordinator shall identify any funds spent on emergencies in the monthly financial report to the CPMT.

MEDICAID FUNDED SERVICES

Medicaid-funded services shall be used whenever they are available for the appropriate treatment of children and youth receiving services under the Children's 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.

COURT INVOLVEMENT IN SERVICE DETERMINATION

Per state policy: "In any matter properly before a court for which state pool funds are to be accessed, the court shall, prior to final disposition, and pursuant to the §§ 22.5209 and 2.2-5212, refer the matter to the Community Policy and Management Team for assessment by a local family assessment and planning team as authorized by policies of the community policy and management team for assessment to determine the recommended level of treatment and services needed by the child and family. The family assessment and planning team making the assessment shall make a report of the case or forward a copy of the individual family services plan to the court within 30 days of the court's written referral to the community policy and management team. The court shall consider the recommendations of the family assessment and planning team and the community policy and management team. If, prior to a final disposition by the court, the court is requested to consider a level of service not identified or recommended in the report submitted by the family assessment and planning team, the court shall request the community policy and management team to submit a second report characterizing comparable levels of service to the requested level of service. Notwithstanding the provisions of this subsection, the court may make any disposition as is authorized or required by law. Services ordered pursuant to a disposition rendered by the court pursuant to this section shall qualify for funding as appropriated under this section." COV § 2.2-5211 E.

PAYMENT FOR SERVICES, CHANGE OF LEGAL RESIDENCE AND CHILDREN PLACED OUTSIDE COMMUNITY & ACROSS JURISDICTIONS

The Community Policy and Management Team jurisdiction where the child legally resides shall be responsible for payment for the services identified in the child/family's Individual Family Service Plan.

Issues of legal residence should be addressed by the legal services assigned to the Community Policy and Management Team. In the event that the child/family's legal residence changes, the following policy should govern payment for services:

The former Community Policy and Management Team jurisdiction is responsible for (a) providing written notification to the new Community Policy and Management Team jurisdiction of the fact that the child/family's residence has changed and (b) forwarding child's/family's Individual Family Service Plan and other Family Assessment and Planning Team documents to the new Community Policy and Management Team jurisdiction; and (c) informing service providers of changes in the child/family's residence.

The former Community Policy and Management Team jurisdiction pays for services until thirty (30) calendar days after the new Community Policy and Management Team receives written notification of the child/family's residence in the new Community Policy and Management Team locality.

When the residence of the child/family transfers to a new Community Policy and Management Team jurisdiction, the receiving Community Policy and Management Team jurisdiction must review the current Individual Family Service Plan and adopt or revise and implement within thirty (30) calendar days.

CSA funds should not be used for:

- Facilities that have had their license downgraded to provisional (i.e. due to failure to comply with licensing standards), beyond a suitable period of time needed for transition planning in order to effect a reasonable transfer to an eligible institution.
- Services provided by an unlicensed provider if such service requires licensing per the appropriate regulatory body, particularly those in accordance 12 VAC 35-105-30.
- Prior to the placement of a child across jurisdictional lines, the family assessment and planning teams shall (i) explore all appropriate community 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 community policy and management team. The community policy and management team shall report 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.
- Community policy and management teams, family assessment and planning teams or other local entities responsible for CSA placements shall notify the receiving school division whenever a child is placed across jurisdictional lines and identify any children with disabilities and foster care children to facilitate compliance with expedited enrollment and special education requirements.

PARENTAL COPAYMENT

Families of youth who are receiving services and support through the Winchester City Children's Services Act (CSA) are encouraged to fully participate in the family engagement process adopted by the Winchester City Community Policy and Management Team (CPMT). In order to maximize the resources of the community, the CPMT, in accordance with the Code of Virginia §2.2-5206, requires parents and legal guardians to contribute financially to the services provided, according to their ability.

FAMILY CONTRIBUTION ASSESSMENT PROCESS

Parents and legal guardians, henceforth referred to as "parents", of children receiving CSA-funded services shall be assessed for appropriate financial contribution to the cost of services to be provided. Individual Education Plan (IEP) required services are exempt from the CSA copay requirement.

Waivers - Parents enrolled in the following programs will be automatically waived from paying a copayment:

- Low Income Home Energy Assistance Program
- Federal Public Housing Assistance or Section 8
- Supplemental Assistance and Nutritional Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Parents receiving Social Security Disability as their only source of income

METHODOLOGY

Parents and legal guardians of children receiving CSA funded services shall be assessed for financial contribution toward the cost of services.

Copayments will be assessed by the CSA Coordinator for the following service categories:

- 1) Foster Care Prevention Services
- 2) Non-Mandated Services
- 3) Non-IEP Services

Parents and legal guardians are alerted by the case manager prior to FAPT, FPM, FTM or IDT that CSA funded services are subject to a copay. CSA parental copayments shall be waived for the initial 30 day period of services while the copay is being assessed. After this period parents/guardians shall be subject to parental copay. The family shall be subject to a copay screening prior to, or immediately after FAPT, FPM, FTM or IDT to review fees for services. Services shall not start prior to receiving a signed CSA Copayment Agreement.

The parental copayment shall be reassessed annually, or in the event of a major change in income, including, but not limited to, change in employment status, household size, etc.

Referrals to the Division of Child Support Enforcement (DCSE) for collection of child support will be made for the following categories:

- 1) Children/Youth in Foster Care—Referral to be made by the Family Services Specialist
- 2) Children/Youth in placement by Parental Agreement—Referral to be made by the CSA Coordinator

AMOUNT OF PARENTAL COPAYMENT

Copay amounts shall be assessed using total gross household income, including child support, with a CPMT-approved sliding fee table based on ability to pay. The referring case manager is required to complete the Copayment Screening Form prior the initial presentation to the FAPT or other approved multidisciplinary team. A sliding fee scale will be utilized to assess the parental contribution.

COPAYMENT ASSESSMENT/DISPUTE

Eligible cases for which the [Copayment Screening Form](#) and [Parental Copayment Agreement](#) has not been completed and signed by the parent/guardian shall be assessed the maximum copayment amount.

Families with extenuating financial situations/hardships, such as extraordinary medical expenses, may request a review by the CSA Coordinator. If, after such a review, the family still believes the fee is unjust or inappropriate, an appeal can be filed for review by the CPMT. The parent/guardian must submit in writing, a letter of appeal to the CSA Office within fourteen (14) days of the date that they receive notice, either orally or in writing, of the CSA Office's determination. The CSA Office will place the appeal on the next regularly scheduled CPMT meeting agenda. The CPMT shall review the materials provided and render a decision, which shall be final. The CSA Office will notify the family in writing of the decision of the CPMT within thirty (30) days of the review.

CASE MANAGER RESPONSIBILITY

When a child receiving services is in the custody of the Department of Social Services, case managers will arrange for Social Security, SSI, Veteran's Benefits, etc., to/for such children to be redirected to reimburse the City of Winchester.

At the time a child goes into foster care or non-custodial foster care, the child's case manager shall file the appropriate application for child support with the State Division of Child Support Enforcement (DCSE). The case manager shall provide DCSE with any additional information they need to determine or collect child support.

The case manager will research if the child has been screened and/or enrolled in Medicaid, and whether private insurance or other resources are available for to meet the child's needs.

The case manager shall notify CSA involved families of the requirement for an assessment of parental contribution upon accessing CSA funded services and provide families with a copy of the Winchester City Parental Copayment Screening Form. The family shall be informed that failure to provide the supporting documentation to the CSA Office during the assessment period will result in being assessed the maximum monthly copayment amount until such time as the supporting documentation is provided and screening form is signed.

Case managers shall list the requirement for parental copayment on family plans when appropriate, i.e. - care plans, court orders, protective orders, etc.

COLLECTION RESPONSIBILITY

The Winchester CSA Office is responsible for the collection of the family's assessed financial contribution. Failure of the parent to pay the copayment may result in termination of services. The City of Winchester and/or the Office of Children's Services may take necessary action to collect copayments not paid in accordance with CSA policy.

INTENSIVE CARE COORDINATION

The City of Winchester Community Policy and Management Team supports the use of Intensive Care Coordination services for the specific purpose of maintaining the youth in, or transitioning the youth to, a family-based or community based setting. Intensive Care Coordination Services are characterized by activities that extend beyond the regular case management services that are within the normal scope of responsibilities of the public child serving systems and that are beyond the scope of services defined by the Department of Medical Assistance Services as “Mental Health Case Management.”

The youth shall be identified for Intensive Care Coordination by the Family Assessment and Planning Team. Eligible youth shall include:

1. Youth placed in out-of-home care and are within 90 days of the date of discharge
2. Youth at-risk of placement in out-of-home care

In accordance with the Office of Children’s Services, Intensive Care Coordination cannot be provided to individuals receiving other reimbursed case management including Treatment Foster Care Case Management, Mental Health Case Management, Substance Abuse Case Management, or case management provided through Medicaid waivers.

PROVIDERS OF INTENSIVE CARE COORDINATION

Providers of Intensive Care Coordination shall meet the following staffing requirements in accordance with the Office of Children’s Services:

1. Employ at least one supervisory/management staff who has documented establishing completion of annual training in the national model of “High Fidelity Wraparound” as required for supervisors and management/administrators (such documentation shall be maintained in the individual’s personnel file);
2. Employ at least one staff member who has documentation establishing completion of annual training in the national model of “High Fidelity Wraparound” as required for practitioners (i.e., Intensive Care Coordinators). Such documentation shall be maintained in the individual’s personnel file.

Intensive Care Coordination shall be provided by Intensive Care Coordinators who possess a Bachelor’s degree with at least two years of direct, clinical experience providing children’s mental health services to children with mental health diagnosis. Intensive Care Coordinators shall complete training in the national model of “High Fidelity Wraparound” as required for practitioners. Intensive Care Coordinators shall participate in ongoing coaching activities.

Providers of Intensive Care Coordinator shall ensure supervision of all Intensive Care Coordinators to include clinical supervision at least once per week. All supervision must be documented, to include

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

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

PARENTAL AGREEMENTS

Children or youth who meet criteria for a CHINS-Services but require out of home placement through an agreement between the local board or public agency designated by the CPMT and the parents or guardians where legal custody remains with the parents or guardians. These cases cannot be case managed by the LDSS.

The use of a Parental Agreement is intended for youth with behavioral/emotional needs that require out of home placement. It is not appropriate for cases of abuse/neglect, or where protection or permanency is a concern.

PARENTAL AGREEMENT REQUIREMENTS

The Independent Assessment & Care Coordination Team (IACCT) helps provide support to parents/guardians who are seeking residential placement for their child. The IACCT process applies to all residential placements that are Level C or Level B programs. The IACCT process only makes decisions relative to Medicaid reimbursement for residential care. Educational services are not covered by Medicaid and shall be CSA funded. All Congregate Care placements require an IACCT inquiry submission.

Prior to the initial FAPT meeting, the agency case manager is required to complete the Winchester CSA Parental Agreement Checklist. The following is included:

- Schedule FAPT Presentation with CSA Coordinator
- Date IACCT Submission to Magellan (screenshot)
- Placement Options
- Complete FAPT Packet with Parent
- Date Parental Agreement is Reviewed

Submission of the IACCT inquiry is the responsibility of the legal guardian. However, the Case Worker should assist with the submission process. A copy of a release for Magellan, a screenshot of your

IACCT inquiry submission and the IACCT assessment (if completed) must be included in your FAPT packet to support the request for residential placement.

A Parental Agreement meeting shall occur prior to out of home placement to review the contract and be signed by members of each stakeholder group, including but not limited to the parents/guardians, agency case manager, CSA Coordinator, and an agent of the provider.

Youth who are placed out of the home through a Parental Agreement shall be reviewed by FAPT every 30-45 days and must include the parents/guardians and the provider. In rare instances, the family and/or provider may participate via phone, however every effort must be made to attend the meeting in person. Failure to participate in person may result in immediate discharge and termination of the Parental Agreement.

The parents/guardians of youth placed through a Parental Agreement must participate in weekly family therapy, preferably in person or through video conferencing, and weekly visitation. A Parental Agreement may be void and an extension shall not be allowed if parents/guardians do not meet this requirement unless otherwise determined by FAPT. Parents/guardians may be required to participate in additional services as recommended by FAPT to facilitate discharge and transition home. Failure to participate may result in immediate discharge and termination of the Parental Agreement.

Parents/guardians of youth placed out of the home through a Parental Agreement shall be referred to the Division of Child Support Enforcement for the collection of child support. Parents/guardians may appeal the decision of the court through the DCSE appeals process.

The Parental Agreement shall be reviewed and signed by parents/guardians, Agency Case Managers, CSA Coordinator, and authorized Provider Representative.

PARENTAL AGREEMENT TERMS AND LIMITATIONS

The Parental Agreement is a voluntary agreement between the local CPMT, the agency providing the case management (CSB, CSU, or WPS), and the parent/guardian of the youth.

CSA Parental Agreements are limited to short-term out of home placements. "Focus is on the treatment of the child, not parent's ability to care for or provide a safe home for a child." (taken from New Coordinator Academy "CHINS and CSA Parental Agreements" March 2018 presentation slide 31.)

If a youth is eligible for services under a Parental Agreement, treatment out of the home is limited to six months. If the FAPT determines that the youth is still in need of treatment at the end of six months, the team has the authority to extend the Parental Agreement for an additional length of time individualized for each child, but no longer than 90 days. This limit will include the amount of time placed out of the home through a Parental Agreement for a family that has moved into Winchester City from another jurisdiction. A summary of the case will be presented to CPMT at the next scheduled meeting.

In the rare instance that services beyond 270 days is necessary, services must be authorized by CPMT upon recommendation of FAPT.

Extensions will not be granted due to the lack of participation in preparation for discharge/transition or delay in support services being sought on the part of the family.

PRIVATE DAY PLACEMENTS

Private Day Placement Providers shall maintain monthly attendance records which shall be submitted to the City of Winchester Public Schools (WPS) Special Instructional Services Department within five (5) days after the end of each calendar month. If a student has been absent for a period of two (2) or more consecutive school days or for a period of more than four (4) days in any month, the Provider shall investigate the reasons for such absence. The Provider will consult with WPS regarding pre-approved absences and the method of documenting student attendance.

The Provider should document the interventions attempted to ensure that the student attends school regularly before referring the case to a school attendance officer. After five unexcused school absences, the Provider may consider referring the student for attendance violations if the student is of compulsory attendance age (five to sixteen.) In the event the child is absent without authorization for more than five (5) consecutive calendar days, the Provider must get written authorization from the CSA Coordinator to hold the placement open. The CSA Coordinator will discontinue payment for education and other services as of the fourteenth (14th) consecutive calendar day of the unauthorized absence.

In the event the child is provided education outside of the classroom, the number of days that the child is in that alternate setting must be reported to the placing agency. If a child has an authorized absence, such that the child is unable to participate in his/her special education placement, that placement will be held for the child for no more than fourteen (14) calendar days with written approval of the CSA Coordinator. Longer holds will be negotiated on a case-by-case basis

CSA can only pay up to five (5) absences, whether excused or unexcused, per school year, per placement. After the fifth (5th) day, payment will be at the CSA Coordinators discretion. Private Day Placement Providers are required to report all absences with submission of monthly invoices.

COMMUNITY BASED PROVIDERS

PARENT MENTOR REQUIREMENTS

All community-based providers who provide parent mentor services funded by the Winchester Children's Services Act (CSA), are required to have a bachelor's degree or higher.

FAMILY SUPPORT PARTNER REQUIREMENTS

Family Support Partner requirements coincide with the Department of Behavioral Health and Developmental Services requirements. They are as follows:

- Lived experience as the primary caregiver for a child with behavioral, mental, emotional, or co-occurring challenge
- Willingness to disclose your status as a caregiver and use that experience in a

professional capacity

- Have a high school diploma or GED
- Completed the Parent Peer Support Provider Training provided by the Virginia Department of Behavioral Health and Developmental Services.

CONTRACTING WITH PRIVATE SERVICE PROVIDERS

There will be services identified in the service plan that require a contractual arrangement with private service providers and/or community-based organizations. Priority consideration should be given to service providers registered with the OCS vendor list. Community based organizations wishing to regularly provide services for reimbursement, should register with OCS. This is not intended to prohibit the use of local organizations incorporated as natural supports for a specific family, or other one-time services. The CSA Coordinator shall develop an Agreement with potential service providers that spells out requirements related to licensing, fiscal management, adherence to the purchase order, and submission of monthly progress reports.

The CPMT shall enter into an agreement with potential providers that provides the minimum standards of practice required in order to be given consideration for future referrals.

CSA services must be properly licensed as required by law, and in compliance with all regulatory requirements. CSA shall not pay for any new placements of children with service providers placed on provisional status by state licensing entities.

ANTI-FRAUD POLICY AND GUIDELINES FOR INVESTIGATIONS

If fraudulent use of CSA funds is suspected, notification must be communicated verbally or in writing to the CSA Coordinator, Administrative Services Manager, and/or any member of the Community Policy and Management Team (CPMT). Notification of the alleged fraud will be provided to the City Manager or designee, Office of Children's Services, and the Community Policy and Management Team. Any allegation of fraud of the Children's Services Act Program will be investigated. The investigative process will be determined based upon the nature of the allegation(s).

Investigative findings will be shared with the following parties: 1) City Manager, 2) CPMT, and 3) Office of Children's Services whether substantiated or not. Substantiated investigations may result in referral to Law Enforcement and/or inability to provide services under Winchester CSA indefinitely. In order to appeal a substantiated investigation, the CSA vendor must submit an appeal in the form of a written letter within (10) ten business days of written notice. The appeal letter will be reviewed at the next scheduled CPMT meeting within (90) ninety days.

RECORDS MANAGEMENT

CSA staff shall retain one copy of the FAPT packet, and case material as needed to properly document the rationale for services provided, and any record of utilization review performed. Such files shall be maintained consistent with minimum state and federal guidelines. Appropriate legal consent is required to release any records. The FAPT Packet Checklist CSA file dividers shall provide

guidance on the types and location(s) of documentation maintained.

The CPMT shall conduct an annual review in July of the Winchester CSA policies and procedures for any recommended changes and/or updates.