



COMMONWEALTH of VIRGINIA

Scott Reiner, M.S.
Executive Director

OFFICE OF CHILDREN'S SERVICES
Administering the Children's Services Act

REQUEST FOR
STATE EXECUTIVE COUNCIL APPROVAL
COLLABORATIVE MULTIDISCIPLINARY TEAM(S)

The Family Assessment and Planning Team (FAPT) process is considered the *exemplary standard* for multidisciplinary teams for the CSA. The intent of the original CSA legislation was for multi-agency teams to work collaboratively and the State Executive Council supports the continuation of this objective. The State Executive Council also recognizes the CPMT as the CSA governing body at the local level, and expects all multidisciplinary teams to be accountable to the CPMT.

Please provide the following information clearly and concisely. Requests that are not submitted in this format will *not* be considered. If directly related to your locality's collaborative, Multidisciplinary Team Request, you may submit supplemental documents.

CPMT Chair: _____

Participating Locality(ies): _____

Address: _____

Phone: _____

Date the CPMT Approved the Alternate Multidisciplinary Team Structure: _____

1. Indicate the representatives on the proposed multidisciplinary team
(please complete a separate form for each different team requested).

<input type="checkbox"/> CSU	<input type="checkbox"/> Health
<input type="checkbox"/> Schools	<input type="checkbox"/> CSB
<input type="checkbox"/> Parent	<input type="checkbox"/> Provider
<input type="checkbox"/> DSS	<input type="checkbox"/> Other (please list)

2. What criteria will be used to determine which children and families will be served by the team?

3. Please provide a brief statement as to why you believe the proposed team will provide a review and assessment of services equal to that of a FAPT.

4. Describe the process, as defined by your CPMT, by which children and families will be referred to these alternate teams.

5. Describe the process for CPMT oversight of the multidisciplinary team actions. Identify the mechanism for approval of multidisciplinary team recommendations for CSA purchase of services.

I understand that, state and federal laws/policies pertaining to CSA affiliated agencies, provisions in the CSA Policy Manual and all other criteria specified in the Children’s Services Act (§2.2-5200 et seq.) must be followed by these teams. I further understand that said provisions include but are not limited to uniform assessment, utilization review, and family/child involvement in service planning.

Further, that the CPMT will revise their policies to adequately reflect all changes and assure full accountability of the team to CSA policies and procedures.

Signature of Authorized CPMT Representative Submitting the Request:

Date: _____

State Executive Council Approval

In conjunction with approval by the State Executive Council for Children’s Services, I hereby approve the collaborative, multidisciplinary team described herein. It is understood that any team variation (other than the Family Assessment and Planning Team described in the Code of Virginia) will require submission of another application to the SEC.

Signature of Authorized SEC Representative:

Date Approved: _____

(Revised July 2020)