

**Comprehensive Services Act
For At-Risk Youth and Families
Policy Manual**

Revised October 2009

PREFACE

Manual Format

This Policy Manual contains CSA (Comprehensive Services Act) Statute from the Code of Virginia (COV) and the State Budget/Acts of Assembly as well as directives and policy established by the State Executive Council (SEC) as the body charged with supervision of the Office of Comprehensive Services and the CSA Program. All citations from the Code of Virginia will appear in “quotation marks” and a link to the applicable code sections has been provided. References to SEC directives and policy have been identified by the meeting date and a link to the minutes of the meeting has been inserted whenever possible. Where electronic links are not available, excerpts from the minutes have been quoted and referenced by date.

As CSA is a comprehensive program serving children across agencies, the current Manual also incorporates a series of appendices related to these various agencies. Under each of these appendices you will find excerpts from the Code of Virginia, Agency policy and Agency regulation related to the that specific agency. This information has been provided by a State level Agency representative whose contact information has been included in the Appendix. Any questions related to the information contained in these sections should be directed to these named individuals.

The final appendix in this Manual relates directly to the CSA Web Page and provides a site map of information that can be gleaned from our online resources.

Finally, you will notice that a “Toolkit” link has been inserted at the end of most sections in the Manual, including the appendices. These links will take the reader to a series of Best Practices documents and/or other explanatory information related to the particular Manual section. These Best Practices documents will be updated and added to as new information becomes available.

Certain verbs have been chosen for use throughout the Manual:

Shall / Must – Denotes a requirement imposed by Code or administrative policy.

Should – Denotes an expectation, rather than a requirement, that generally reflects legislative intent, best practices, or common sense.

May – Denotes permissive language that provides only guidance.

Compliance with Manual

Consultation with the Office of the Attorney General has indicated that the procedures herein meet the State Executive Council’s legal obligation to oversee the administration of policies governing the use, distribution and monitoring of monies in the state pool of funds without promulgating extensive regulations. Failure to comply with the requirements in the Manual could result in withholding of funds or a denial of reimbursement for expenditures.

TERMS/ACRONYMS/DEFINITIONS

APA –	Auditor of Public Accounts
Best Practices -	A technique or innovative use of resources that has a proven record of success in demonstrating notable improvement in quality, performance, costs or other measurable factors related to CSA.. (Best Practice documents can be accessed through the “Toolkit” links throughout this Manual as well as through the CSA web page at: www.csa.state.va.us/html/training_technical/bestpracticespage.cfm)
CSA –	Comprehensive Services Act
Council –	State Executive Council
DBHDS -	Department of Behavioral Health and Developmental Services (agency formerly known as DMHMRSAS)
DJJ –	Department of Juvenile Justice
DMHMRSAS –	Department of Mental Health Mental Retardation and Substance Abuse Services (agency currently known as DBHDS)
DSS –	Department of Social Services
Eligible for Services -	All children who may be served with pool funds.
Mandated for Services -	Those children/youth, who meet relevant mandates for the provision of special education and foster care services and, prior to the enactment of CSA, were served by the funds placed in the pool.
OCS –	Office of Comprehensive Services
Service Fee Directory	An electronic system developed to assist localities and providers of services in sharing information regarding the availability of services and fees.
Set Aside -	funding designated in the Appropriations Act specifically for local government requests for supplemental funding.
Targeted for Services -	Children who were served by the funding streams incorporated into the Pool.

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THE COMPREHENSIVE SERVICES ACT FOR AT RISK YOUTH AND FAMILIES:

1. Intent and Purpose

Passage of the Comprehensive Services Act by the 1992 General Assembly dramatically altered the administrative and funding systems providing services to at-risk and troubled 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. State Level Management Structure

2.1 State Executive Council

2.1.1. Purpose

“The State Executive Council for Comprehensive Services for At-Risk Youth and Families (the Council) is established as a supervisory council, within the meaning of [§ 2.2-2100](#), in the executive branch of state government.” [COV § 2.2-2648](#)

2.1.2. Membership, Terms and Appointment

“The Council shall consist of:

- One Member of the House of Delegates to be appointed by the Speaker of the House

- One Member of the Senate to be appointed by the Senate Committee on Rules
- The Commissioner of the Department of Health;
- The Commissioner of the Department of Behavioral Health & Developmental Services;
- The Commissioner of the Department of Social Services;
- The Superintendent of Public Instruction;
- The Executive Secretary of the Virginia Supreme Court;
- The Director of the Department of Juvenile Justice;
- The Director of the Department of Medical Assistance Services;
- The Governor’s Special Advisor on Children’s Services, to serve as an ex officio non-voting member;
- The Chairman of the State and Local Advisory Team established pursuant to [§ 2.2-5202](#);
- Three local government representatives to include a member of a county board of supervisors or a city council and a county administrator or city manager to be appointed by the Governor;
- One Public Provider to be appointed by the Governor;
- Two Private Provider representatives from facilities that maintain membership in an association of providers for children’s or family services and receives funding as authorized by the Comprehensive Services Act ([§ 2.2-5200](#) et seq.), to be appointed by the Governor, who may appoint from nominees recommended by the Virginia Coalition of Private Provider Associations; and
- A Parent Representative.” [COV § 2.2-2648 B.](#)

“The parent representative shall be appointed by the Governor for a term not to exceed three years and shall not be an employee of any public or private program that serves children and families. The Governor’s appointments shall be for a term not to exceed three years and shall be limited to no more than two consecutive terms, beginning with appointments after July 1, 2009. Appointments of legislative members shall be for terms coincident with their terms of office. Legislative members shall not be included for the purposes of constituting a quorum.” [COV § 2.2-2648 B.](#)

“The Council shall be chaired by the Secretary of Health and Human Resources or a designated deputy who shall be responsible for convening the Council.” [COV § 2.2-2648 C.](#)

2.1.3. Duties and Responsibilities

“The Council shall meet, at a minimum, quarterly, to oversee the administration of this article and make such decisions as may be necessary to carry out its purposes.” [COV § 2.2-2648 C.](#)

“The Council shall have the following powers and duties:” ,

1. “Hire and supervise a director of the Office of Comprehensive Services for At-Risk Youth and Families;”
2. “Appoint the members of the state and local advisory team in accordance with the requirements of [§ 2.2-5201](#);”
3. “Provide for the establishment of interagency programmatic and fiscal policies developed by the Office of Comprehensive Services for At-Risk Youth and Families, which support the purposes of the Comprehensive Services Act ([§ 2.2-5000](#) et seq)

[COV § 2.2-5200](#) through the promulgation of regulations by the participating state boards or by administrative action, as appropriate;”

4. “Provide for a public participation process for programmatic and fiscal guidelines and dispute resolution procedures developed for administrative actions that support the purposes of the Comprehensive Services Act ([§ 2.2-5200](#) et seq.) The public participation process shall include, at a minimum, sixty days of public comment and the distribution of these guidelines and procedures to all interested parties;”
5. “Oversee the administration of and consult with the Virginia Municipal League and the Virginia Association of Counties about state policies governing the use, distribution and monitoring of moneys in the state pool of funds and the state trust fund;”
6. “Provide for the administration of necessary functions that support the work of Office of Comprehensive Services for At-Risk Youth and Families;”
7. “Review and take appropriate action on issues brought before it by the Office of Comprehensive Services for At-Risk Youth and Families; Community Policy and Management Teams (CPMTs), local governments, providers and parents;”
8. “Advise the Governor and appropriate Cabinet Secretaries on proposed policy and operational changes that facilitate interagency service development and implementation, communication and cooperation;”
9. “Provide administrative support and fiscal incentives for the establishment and operation of local comprehensive service systems;”
10. “Oversee the coordination of early intervention programs to promote comprehensive, coordinated service delivery, local interagency program management, and co-location of programs and services in communities. Early intervention programs include state programs under the administrative control of the state executive council member agencies;”
11. “Oversee the development and implementation of a mandatory uniform assessment instrument and process to be used by all localities to identify levels of risk of Comprehensive Services Act (CSA) youth;”
12. “Oversee the development and implementation of uniform guidelines to include initial intake and screening assessment, development and implementation of a plan of care, service monitoring and periodic follow-up, and the formal review of the status of the youth and the family;”
13. “Oversee the development and implementation of uniform guidelines for documentation for CSA-funded services;”
14. “Review and approve a request by a CPMT to establish a collaborative, multidisciplinary team process for referral and reviews of children and families pursuant to [§2.2-5209](#)”
15. “Oversee the development and implementation of mandatory uniform guidelines for utilization management; each locality receiving funds for activities under the Comprehensive Services Act shall have a locally determined utilization management plan following the guidelines or use of a process approved by the Council for utilization management, covering all CSA-funded services;”

16. “Oversee the development and implementation of uniform data collection standards and the collection of data, utilizing a secure electronic client-specific database for CSA-funded services, which shall include but not be limited to, the following client specific information: (i) children served, including those placed out of state; (ii) individual characteristics of youths and families being served; (iii) types of services provided; (iv) service utilization including length of stay; (v) service expenditures; (vi) provider identification number for specific facilities and programs identified by the state in which the child receives services; (vii) a data field indicating the circumstances under which the child ends each service; and (viii) a data field indicating the circumstances under which the child exits the Comprehensive Services Act program. All client-specific information shall remain confidential and only non-identifying aggregate demographic, service and expenditure information shall be made available to the public;” [CSA Data Set](#)
17. “Oversee the development and implementation of a uniform set of performance measures for evaluating the Comprehensive Services Act program, including, but not limited to, the number of youths served in their homes, schools and communities. Performance measures shall be based on information: (i) collected in the client-specific database referenced in subdivision 16, (ii) from the mandatory uniform assessment instrument referenced in subdivision 11, and (iii) from available and appropriate client outcome data that is not prohibited from being shared under federal law and is routinely collected by the state child-serving agencies that serve on the Council. If provided client-specific information, state child serving agencies shall report available and appropriate outcome data in clause (iii) to the Office of Comprehensive Services for At-Risk Youth and Families. Outcome data submitted to the Office of Comprehensive Services for At-Risk Youth and Families shall be used solely for the administration of the Comprehensive Services Act program. Applicable client outcome data shall include, but not be limited to: (a) permanency outcomes by the Virginia Department of Social Services, (b) recidivism outcomes by the Virginia Department of Juvenile Justice, and (c) educational outcomes by the Virginia Department of Education. All client-specific information shall remain confidential and only non-identifying aggregate outcome information shall be made available to the public;”
18. “Oversee the development and distribution of management reports that provide information to the public and CPMTs 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. Management reports shall include total expenditures on children served through the Comprehensive Services Act program as reported to the Office of Comprehensive Services for At-Risk Youth and Families by state child-serving agencies on the Council and shall include, but not be limited to: (i) client-specific payments for inpatient and outpatient mental health services, treatment foster care services and residential services made through the Medicaid program and reported by the Virginia Department of Medical Assistance Services and (ii) client-specific payments made through the Title IV-E foster care program reported by the Virginia Department of Social Services. The Office of Comprehensive Services shall provide client-specific information to the state agencies for the sole purpose of the administration of the Comprehensive Services Act program. All client-specific information shall remain confidential and only non-identifying aggregate demographic, service expenditure, and outcome information shall be made available to the public;”
19. “Establish and oversee the operation of an informal review and negotiation process with the Director of the Office of Comprehensive Services and a formal dispute resolution procedure before the State Executive Council, which includes formal notice and an appeals process, should the Director or Council find, upon a formal

written finding, that a CPMT failed to comply with any provision of this Act. “Formal Notice” means the Director or Council provides a letter of notification, which communicates the Director’s or Council’s finding, explains the effect of the finding, and describes the appeal process, to the chief administrative officer of the local government with a copy to the chair of the CPMT. The dispute resolution procedure shall also include the provisions for remediation by the CPMT that shall include a plan of correction recommended by the Council and submitted to the CPMT. If the Council denies reimbursement from the state pool of funds, the Council and locality shall develop a plan of repayment,”

20. “Deny state funding to a locality where the CPMT fails to provide services that comply with the Comprehensive Services Act ([§ 2.2-5200](#) et seq.), in accordance with subdivision 19;”
21. “Biennially publish and disseminate to members of the General Assembly and community policy and management teams a state progress report on comprehensive services to children, youth and families and a plan for such services for the next succeeding biennium. The state plan shall:
 - a. “Provide a fiscal profile of current and previous years’ federal and state expenditures for a comprehensive service system for children, youth and families;”
 - b. “Incorporate information and recommendations from local comprehensive service systems with responsibility for planning and delivering services to children, youth, and families;”.
 - c. “Identify and establish goals for comprehensive services and the estimated costs of implementing these goals, report progress toward previously identified goals, and establish priorities for the coming biennium;”
 - d. “Report and analyze expenditures associated with children who do not receive pool funding and have emotional and behavioral problems;”
 - e. “Identify funding streams used to purchase services in addition to pooled, Medicaid, and Title IV-E funding; and”
 - f. “Include such other information or recommendations as may be necessary and appropriate for the improvement and coordinated development of the state’s comprehensive services system.”
22. “Oversee the development and implementation of mandatory uniform guidelines for intensive care coordination services for children who are at risk of entering, or are placed in, residential care through the Comprehensive Services Act program. The guidelines shall: (i) take into account differences among localities, (ii) specify children and circumstances appropriate for intensive care coordination services, (iii) define intensive care coordination services, and (iv) distinguish intensive care coordination services from the regular case management services provided within the normal scope of responsibility for the child-serving agencies, including the community services board, the local school division, local social services agency, court service unit, and Department of Juvenile Justice. Such guidelines shall address: (a) identifying 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; (b) identifying specific services and supports necessary to meet the identified needs of the child and his family, building upon the identified strengths; (c) implementing a plan for returning the youth to his home, relative’s home, family-like setting, or a 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 (d) implementing a plan for 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 § 2.2-2648](#)

2.1.4. Bylaws of the State Executive Council

“Council adopted the attached Bylaws.” October 30, 1998 SEC Minutes

[Bylaws originally adopted by the SEC October 30, 1998](#)

2.2 Office Of Comprehensive Services For At-Risk Youth And Families

“The Office of Comprehensive Services for At-Risk Youth and Families (OCS) is established to serve as the administrative entity of the Council and to ensure that the decisions of the Council are implemented. The director shall be hired by and subject to the direction and supervision of the Council pursuant to [§ 2.2-2648](#).” [COV 2.2-2649 A](#).

“The director of the Office of Comprehensive Services for At-Risk Youth and Families shall:”

1. “Develop and recommend to the State Executive Council programs and fiscal policies that promote and support cooperation and collaboration in the provision of services to troubled and at-risk youths and their families at the state and local levels;”
2. “Develop and recommend to the Council state interagency policies governing the use, distribution and monitoring of moneys in the state pool of funds and the state trust fund;”
3. “Develop and provide for the consistent oversight for program administration and compliance with state policies and procedures;”
4. “Provide for training and technical assistance to localities in the provision of efficient and effective services that are responsive to the strengths and needs of troubled and at-risk youths and their families;”
5. “Serve as liaison to the participating state agencies that administratively support the Office and that provide other necessary services;”
6. “Provide an informal review and negotiation process pursuant to subdivision D 19 of [§ 2.2-2648](#);”
7. “Implement, in collaboration with participating state agencies, policies, guidelines and procedures adopted by the State Executive Council;”
8. “Consult regularly with the Virginia Municipal League, the Virginia Coalition of Private Provider Associations, and the Virginia Association of Counties about implementation and operation of the Comprehensive Services Act ([§ 2.2-5200](#) et seq.);”
9. “Hire appropriate staff as approved by the Council;”

10. "Identify, disseminate, and provide annual training for CSA staff and other interested parties on best practices and evidence-based practices related to the Comprehensive Services Program;"
11. "Perform such other duties as may be assigned by the State Executive Council;"
12. "Develop and implement uniform data collection standards and collect data, utilizing a secure electronic database for CSA-funded services, in accordance with subdivision D 16 of [§ 2.2-2648](#);"
13. "Develop and implement a uniform set of performance measures for the Comprehensive Services Act program in accordance with subdivision D 17 of [§ 2.2-2648](#);"
14. "Develop, implement, and distribute management reports in accordance with subdivision D 18 of [§ 2.2-2648](#);"
15. "Report to the Council all expenditures associated with serving children who receive pool-funded services. The report shall include expenditures for (i) all services purchased with pool funding; (ii) treatment, foster care case management, and residential care funded by Medicaid; and (iii) child-specific payments made through the Title IV-E program;"
16. "Report to the Council on the nature and cost of all services provided to the population of at-risk and troubled children identified by the State Executive Council as within the scope of the CSA program;"
17. "Develop and distribute model job descriptions for the position of Comprehensive Services Act Coordinator and provide technical assistance to localities and their coordinators to help them to guide localities in prioritizing coordinator's responsibilities toward activities to maximize program effectiveness and minimize spending;" and
18. "Develop and distribute guidelines, approved by the State Executive Council, regarding the development and use of multidisciplinary teams, in order to encourage utilization of multidisciplinary teams in service planning and to reduce Family Assessment and Planning Team caseloads to allow Family Assessment and Planning Teams to devote additional time to more complex and potentially costly cases."

[COV § 2.2-2649 B.](#)

"The director of the Office of Comprehensive Services, in order to provide support and assistance to the Comprehensive Policy and Management Teams (CPMTs) and Family Assessment and Planning Teams (FAPTs) established pursuant to the Comprehensive Services Act for At-Risk Youth and Families ([§ 2.2-5200](#) et seq.), shall:"

1. "Develop and maintain a web-based statewide automated database, with support from the Department of Information Technology or its successor agency, of the authorized vendors of the Comprehensive Services Act (CSA) services to include verification of the vendor's licensure status, a listing of each discrete CSA services offered by the vendor, and the discrete service's rate determined in accordance with [§ 2.2-5214](#);" and
2. "Develop, in consultation with the Department of General Services, CPMTs, and vendors, a standardized purchase of services contract, which in addition to the

general contract provisions when utilizing state pool funds will enable localities to specify the discrete service or services that are purchasing for the specified client, the required reporting of the client’s service data, including types and numbers of disabilities, mental health and mental retardation diagnoses, or delinquent behaviors for which the purchased services are intended to address, the expected outcomes resulting from these services and the performance timeframes mutually agreed to when the services are purchased.” [COV § 2.2-2649 C.](#)



2.3 State And Local Advisory Team

2.3.1. Purpose

“The state and local advisory team is established to better serve the needs of troubled and at-risk youths and their families by advising the Council by managing cooperative efforts at the state level and providing support to community efforts.” [COV § 2.2-5201](#)

2.3.2. Membership, Terms and Appointment

“The team shall be appointed by and be responsible to the Council.”

“The team shall include one representative from each of the following state agencies:”

- “The Department of Health,”
- “The Department of Juvenile Justice,”
- “The Department of Social Services,”
- “The Department of Behavioral Health & Developmental Services,”
- “The Department of Medical Assistance Services; and”
- “The Department of Education.”

“The team shall also include:”

- “a parent representative who is not an employee of any public or private program which serves children and families;”
- “a representative of a private organization or association of providers for children's or family services;”
- “a local Comprehensive Services Act coordinator or program manager;”
- “a juvenile and domestic relations district court judge; and”
- “one member from each of five different geographical areas of the Commonwealth and who serves on, and is representative of the different participants of community policy and management teams.” [COV § 2.2-5201](#)

“The non-state agency members shall serve staggered terms of not more than three years, such terms to be determined by the Council.” [COV § 2.2-5201](#)

2.3.3 Conflict of Interests

“Any person serving on such team who does not represent a public agency shall file a statement of economic interests as set out in [§ 2.2-3117](#) of the State and Local Government Conflict of Interests Act ([§ 2.2-3100](#) et seq.). Persons representing public

agencies shall file such statements if required to do so pursuant to the State and Local Government Conflict of Interests Act.” [COV § 2.2-5201](#)

2.3.4 Duties and Responsibilities

“The Team shall annually elect a chairman from among the local government representatives who shall be responsible for convening the Team.” [COV § 2.2-5201](#)

“The State and Local Advisory Team may:”

1. “Advise the Council on state interagency program policies that promote and support cooperation and collaboration in the provision of services to troubled and at-risk youths and their families at the state and local levels;”
2. “Advise the Council on state interagency fiscal policies that promote and support cooperation and collaboration in the provision of services to troubled and at-risk youths and their families at the state and local levels;”
3. “Advise state agencies and localities on training and technical assistance necessary for the provision of efficient and effective services that are responsive to the strengths and needs of troubled and at-risk youths and their families;” and
4. “Advise the Council on the effects of proposed policies, regulations and guidelines.” [COV § 2.2-5202](#)

2.3.5 Bylaws of the State and Local Advisory Team

“The team shall develop and adopt bylaws to govern its operations that shall be subject to approval by the Council.” [COV § 2.2-5201](#)

“The SEC approved the bylaw changes based on a motion by Delegate Hamilton and seconded by Robert Stroube.” [October 2, 2007 SEC Minutes](#)

[Bylaws adopted by SLAT October 2, 2007](#)

2.3.6 Duties of Agencies Represented on the State and Local Advisory Team

“The state agencies represented on the state and local advisory team shall provide administrative support for the team in the development and implementation of the collaborative system of services and funding authorized by this chapter. This support shall also include, but not be limited to, the provision of timely fiscal information, data for client- and service-tracking, and assistance in training local agency personnel on the system of services and funding established by this chapter.” [COV § 2.2-5203](#)

3. Local Management Structure



3.1 Community Policy and Management Team

3.1.1. Appointment/Fiscal Agent

“Every county, city, or combination of counties, cities, or counties and cities shall establish a community policy and management team in order to receive funds pursuant to this chapter. Each such team shall be appointed by the governing body of the participating local political subdivision establishing the team. In making such appointments, the governing body shall ensure that the membership is appropriately balanced among the representatives required to serve on the team in accordance with [§ 2.2-5205](#). When any combination of counties, cities or counties and cities establishes a community policy and management team, the board of supervisors of each participating county or the council in the case of each participating city shall jointly establish the size of the team and the type of representatives to be selected from each locality in accordance with [§ 2.2-5205](#). The governing bodies of each participating county and city served by the team shall appoint the designated representatives from their localities. The participating governing bodies shall jointly designate an official of one member city or county to act as fiscal agent for the team.” [COV § 2.2-5204](#)

3.1.2. Membership

“The community policy and management team to be appointed by the local governing body shall include, at a minimum, at least:”

- “one elected official or appointed official or his designee from the governing body of a locality that is a member of the team; and”
- “the local agency heads or their designees from the following community agencies:”
 - “Community Services Board established pursuant to [§ 37.2-501](#),”
 - “Juvenile Court Services Unit,”
 - “Department of Health,”
 - “Department of Social Services, and”
 - “the local school division.”
- “The team shall also include a representative of a private organization or association of providers for children’s or family services if such organizations or associations are located within the locality, and”
- “a parent representative.” [COV § 2.2-5205](#)

“The local governing body may appoint other members to the team including, but not limited to:”

- “a local government official;”
- “a local law-enforcement official; and”
- “representatives of other public agencies.” [COV § 2.2-5205](#)

3.1.2a. Multi-Jurisdictional Teams

“When any combination of counties, cities or counties, and cities establishes a community policy and management team, the membership requirements previously set out shall be adhered to by the team as a whole.” [COV § 2.2-5205](#)

3.1.2b. Agency Representatives

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

3.1.2c. Parent Representatives

“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 or supervise employees who interact directly on daily basis with children. Notwithstanding this provision, foster parents may serve as parent representatives.” [COV § 2.2-5205](#)



3.1.2d. Private Providers

“The team shall also include a representative of a private organization or association of providers for children’s or family services if such organizations or associations are located within a locality.” [COV § 2.2-5205](#)

3.1.2e. Optional Members

“The local governing body may appoint other members to the Team including, but not limited to, a local government official, a local law enforcement official and representatives of other public agencies.” [COV § 2.2-5205](#)

3.1.3 Liability

“Persons who serve on the 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. Any person serving on such team who does not represent a public agency shall file a statement of economic interests as set out in [§ 2.2-3117](#) of the State and Local Government Conflict of Interests Act ([§ 2.2-3100](#) et seq.). Persons representing public agencies shall file such statements if required to do so pursuant to the State and Local Government Conflict of Interests Act.” [COV § 2.2-5205](#)

3.1.4 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 Interest Act, or a fiduciary interest.” [COV § 2.2-5205](#)

3.1.5 Duties and Responsibilities

“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:”

1. “Develop interagency policies and procedures to govern the provision of services to children and families in its community;”
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 its community including consultation on the development of a community-based system of services established under [§ 16.1-309.3](#);”
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 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 Comprehensive Services for At-Risk Youth and Families, 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 Council as requested by the Office of Comprehensive Services for At-Risk Youth and Families in accordance with subdivision D 16 of [§ 2.2-2648](#);"
13. "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. 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;"
14. "Administer funds pursuant to [§ 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 & 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:"
 - 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; and"
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 Comprehensive Services Act program, consistent with guidelines developed pursuant to subdivision D 22 of [§ 2.2-2648](#)." [COV § 2.2-5206](#)

"The county or city that comprises a single team and the county or city whose designated official serves as the fiscal agent for the team in the case of joint teams, shall annually audit the total revenues of the team and its programs. The county or city that comprises a

single team and any combination of counties or cities establishing a team shall arrange for the provision of legal services to the team.” [COV § 2.2-5204](#)



3.1.5.a. Appointment of Family Assessment and Planning Teams

“Each Community Policy and Management Team shall establish and appoint one or more Family Assessment and Planning Teams, as the needs of the community require.” [COV § 2.2-5207](#)

3.1.5.b. Referrals to Family Assessment and Planning Teams

“The Community Policy and Management Team shall establish policies governing the referral of troubled youths and families to the Family Assessment and Planning Team or a collaborative, multidisciplinary team process approved by the Council. These policies shall include that all youth and families for which CSA-funded treatment services are requested are to be assessed by the Family Assessment and Planning Team or an approved collaborative, multidisciplinary team process and shall consider the criteria set out in subdivisions A 1 and A 2 of [§ 2.2-5212](#). Except for cases involving only the payment of foster care maintenance that shall be at the discretion of the local Community Policy and Management Team, cases for which service plans are developed outside of this Family Assessment and Planning Team process or approved collaborative, multidisciplinary team process shall not be eligible for state pool funds.” [COV § 2.2-5209](#)

“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](#)

“In cases involving the denial of state pool funds resulting from parental refusal to consent to release of student records under federal law, where such refusal precludes the development of placement through the family assessment and planning team process or the approved, collaborative, multidisciplinary team process, an appeal for good cause may be made to the Council.” [COV § 2.2-5209](#)

3.1.6. Confidentiality

“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 and 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.” [COV § 2.2-5210](#)

“Proceedings held to consider the appropriate provision of services and funding for a particular child or family or both who have been referred to the Family Assessment and Planning Team and whose case is being assessed by this team or reviewed by the Community Management and Planning Team shall be confidential and not open to the public, unless the child and family who are the subjects of the proceeding request, in writing, that it be open. All information about specific children and families obtained by the team members in the discharge of their responsibilities to the team shall be confidential.” [COV § 2.2-5210](#)

3.2. Family Assessment and Planning Teams

3.2.1. Appointment

“Each Community Policy and Management Team shall establish and appoint one or more Family Assessment and Planning Teams as the needs of the community require.” [COV § 2.2-5207](#)

3.2.2. Membership

“Each Family Assessment and Planning Team shall include representatives of the following community agencies who have authority to access services within their respective agencies:” [COV § 2.2-5207](#)

- “Community Services Board established pursuant to [§37.2-501](#),”
- “Juvenile Court Service Unit,”
- “Department of Social Services, and”
- “local school division.”

“Each Family Assessment and Planning Team also shall include a parent representative and may include a representative of the Department of Health at the request of the chair of the local Community Policy and Management Team.” [COV § 2.2-5207](#)

“The Family Assessment and Planning Team may include a representative of a private organization or association of providers for children’s or family services and of other public agencies” [COV § 2.2-5207](#)

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3.2.2.a. Parent Representatives

“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.” [COV § 2.2-5207](#)

[Toolkit](#)

3.2.3. Liability

“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. Any person serving on such team who does not represent a public agency shall file a statement of economic interests as set out in [§ 2.2-3117](#) of the State and Local Government Conflict of Interests Act ([§ 2.2-3100](#) et seq.). Persons representing public agencies shall file such statements if required to do so pursuant to the State and Local Government Conflict of Interests Act.” [COV § 2.2-5207](#)

3.2.4 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.” [COV § 2.2-5207](#)

3.2.5. Duties and Responsibilities

“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](#)

“Every such Team, in accordance with policies developed by the Community Policy and Management Team, shall:”

1. "Review referrals of youths and families to the team;"
2. "Provide for family participation in all aspects of assessment, planning, and implementation of services;"
3. "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 a troubled youth 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;"
4. “Develop an individual family services plan for youths and families reviewed by the Team that provides for appropriate and cost-effective services;”
5. 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. For each child entering or in residential care, in accordance with the policies of the Community Policy and Management Team developed pursuant to subdivision 17 of [§ 2.2-5206](#), the Family Assessment and Planning Team 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;"

6. "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;"
7. "Refer the youth and family to community agencies and resources in accordance with the individual family services plan;"
8. "Recommend to the Community Policy and Management Team expenditures from the local allocation of the state pool of funds; and"
9. "Designate a person who is responsible for monitoring and reporting, as appropriate, on 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 agencies." [COV § 2.2-5208](#)

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3.2.6. Access to Pool Funds from Community Policy & Management Teams

"The community policy and management team shall establish policies governing the referral of troubled youths and families to the family assessment and planning team or a collaborative, multidisciplinary team process approved by the Council. These policies shall include that all youth and families for which CSA-funded treatment services are requested are to be assessed by the family assessment and planning team or an approved collaborative, multidisciplinary team process and shall consider the criteria set out in subdivisions A 1 and A 2 of § [2.2-5212](#). ([COV § 2.2-5212](#)) Except for cases involving only the payment of foster care maintenance that shall be at the discretion of the local community policy and management team, cases for which service plans are developed outside of this family assessment and planning team process or approved collaborative, multidisciplinary team process shall not be eligible for state pool funds."

"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](#)

3.2.7. Exchange of Information

“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 and 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.” [COV § 2.2-5210](#)

3.2.8. Confidentiality

“Proceedings held to consider the appropriate provision of services and funding for a particular child or family or both who have been referred to the Family Assessment and Planning Team and whose case is being assessed by this team or reviewed by the Community Management and Policy Team shall be confidential and not open to the public, unless the child and family who are the subjects of the proceeding request, in writing, that it be open. All information about specific children and families obtained by the team members in the discharge of their responsibilities to the team shall be confidential.” [COV § 2.2-5210](#)

3.3. Multi-disciplinary Team Process

[Toolkit](#)

3.3.1 Establishing a Multi-disciplinary Team

“The Council shall...review and approve a request by a CPMT to establish a collaborative, multidisciplinary team process for referral and reviews of children and families pursuant to [§ 2.2-5209](#).” [COV § 2.2-2648 D.14](#)

[Toolkit](#)

3.3.2 Policies and Expenditure of Funds

“The Community Policy and Management Team shall...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 and a process to review the teams’ recommendations and requests for funding;” [COV § 2.2-5206 \(5\)](#)

“The Community Policy and Management Team shall...authorize and monitor the expenditure of funds by each Family Assessment and Planning Team or a collaborative, multidisciplinary team process approved by the Council;” [COV § 2.2-5206 \(9\)](#)

“The Community Policy and Management Team shall establish policies governing the referral of troubled youth and families to the Family Assessment and Planning Team or a collaborative, multidisciplinary team process approved by the Council. These policies

shall include that all youth and families for which CSA-funded treatment services are requested are to be assessed by the Family Assessment and Planning Team or an approved collaborative, multidisciplinary team process and shall consider the criteria set out in subdivisions A 1 and A 2 of [§ 2.2-5212](#). Except for cases involving only the payment of foster care maintenance that shall be at the discretion of the local Community Policy and Management Team, cases for which service plans are developed outside of this Family Assessment and Planning Team process or approved collaborative, multidisciplinary team process shall not be eligible for state pool funds.” [COV § 2.2-5209](#)

“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. In cases involving the denial of state pool funds resulting from parental refusal to consent to release of student records under federal law, where such refusal precludes the development of placement through the Family Assessment and Planning Team process or the approved collaborative, multidisciplinary team process, an appeal for good cause may be made to the Council.” [COV § 2.2-5209](#)

3.3.3 Duties and Responsibilities

“For each child entering or in residential care, in accordance with the policies of the Community Policy and Management Team developed pursuant to subdivision 17 of [§ 2.2-5206](#), the Family Assessment and Planning Team 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;” [COV § 2.2-5208 \(5\)](#)

3.4. Dispute Resolution Process

“The Council shall... Provide for a public participation process for programmatic and fiscal guidelines and dispute resolution procedures developed for administrative actions that support the purposes of the Comprehensive Service Act ([§ 2.2-5200](#) et seq.). The public participation process shall include, at a minimum, 60 days of public comment and the distribution of these guidelines and procedures to all interested parties;” [COV § 2.2-2648 D. 4](#)

“Following brief discussion, a motion was made and seconded to approve adoption of the process as presented. The SEC approved the Dispute Resolution process.” [April 26, 2000 SEC Minutes](#)

3.4.1. Specific Issues that can be appealed through the CSA Dispute Resolution Process

“The following issues can be appealed through the Dispute Resolution Process:”

- A. “Denial by the Office of Comprehensive Services (OCS) of financial reimbursement for expenditures incurred by a community policy and management team (CPMT), which the CPMT anticipated would be paid for by Comprehensive Services Act (CSA) funds.”
- B. “Application of a CSA policy by the OCS to a CPMT, which results in a detrimental impact on a CPMT.”
- C. “Denial by the OCS of a request for a waiver or exception to or for relief from the application of a CSA policy, which results in a detrimental impact on a locality.”

[Procedure adopted by the SEC April 26, 2000](#)

3.4.2. Who Can File an Appeal?

“Only the community policy and management team (CPMT) can file an appeal. Appeals are not available to clients of CSA services or to any subgroup of the CPMT, such as a member agency or an individual on the team.”

[Procedure adopted by the SEC April 26, 2000](#)

3.4.3. To Whom an Appeal is Made?

“All appeals shall be filed with the State Executive Council, constituted pursuant to § 2.1 – 746 of the Code of Virginia (now [COV § 2.2-2648](#)), at the Office of Comprehensive Services for At-Risk Youth and Families, 1604 Santa Rosa Road, Wythe Building, Suite 137, Richmond, Virginia, 23229-5008.”

[Procedure adopted by the SEC April 26, 2000](#)

3.4.4. Process Governing an Appeal.

3.4.4a. Informal Review and Negotiation.

“Within 30 calendar days of the written notification from the OCS to the CPMT of the denial of financial reimbursement or of the application of one or more provisions of the Comprehensive Services Act Manual which adversely affects the locality and/or the CPMT, the CPMT may file a written request for an informal review of the denial or of the application of the policy with the OCS.”

1. “The request for an informal review shall be deemed to be filed when delivered to or mailed by registered or certified mail to the Executive Council at the address of the OCS. Within 15 calendar days after receipt of the request, the OCS Director shall contact the chairman of the CPMT in order to determine if informal negotiation can resolve the dispute.”
2. “If informal negotiation fails to resolve the dispute, either the CPMT or the Director of the OCS may elect to engage in dispute resolution proceedings as provided for in Section IV.B(*Manual Section 3.4.4.b*). Such election shall

be in writing and shall be filed with the Director of the OCS and the other party, on or before the 45th calendar day following receipt of the initial written request by the CPMT or as indicated by the Director of OCS.”

3. “If either party chooses not to go forward with a dispute resolution proceeding, the CPMT may request a formal review before the State Executive Council pursuant to Section IV C (*Manual Section 3.4.4.c*). of this process.”

[Procedure adopted by the SEC April 26, 2000](#)

3.4.4b. Dispute Resolution Proceedings.

1. “If the parties agree to go forward with a dispute resolution proceeding, they may, within 10 calendar days of the request for dispute resolution, agree on a specific dispute resolution program or on the use of a neutral facilitator, experienced in conducting dispute resolution proceedings and in providing dispute resolution services. In the event the parties are unable to agree on the employment of a dispute resolution facilitator or program, the Director of the OCS, shall immediately request the Department of Dispute Resolution Services in the Office of Executive Secretary, Supreme Court of Virginia, to refer the appeal to a neutral facilitator or a dispute resolution program on the list of neutral facilitators maintained by that Department, taking into account the subject matter of the dispute and the expertise of the neutral facilitator. Any expense incurred for such facilitator or program shall be borne equally by the parties.”
2. “The provisions of [§ 8.01-576.9](#), Code of Virginia, shall govern the conduct of the parties and the neutral facilitator in such a proceeding.”
3. “In the event the dispute resolution proceeding fails to resolve the appeal, the CPMT may request a formal review before the State Executive Council.”

[Procedure adopted by the SEC April 26, 2000](#)

3.4.4c. Formal Review before the State Executive Council.

“The CPMT may request the opportunity for a formal review before the State Executive Council, and, upon such a request, such a proceeding shall be scheduled.”

1. “A request for a formal review before the State Executive Council shall be made:”
 - a. “Within 30 calendar days of the conclusion of any informal process under Section IV A (*Manual Section 3.4.4.a*). above, if no request is made for a dispute resolution proceeding.”
 - b. “Within 10 calendar days of the final session of a dispute resolution proceeding, which did not produce an agreement, if a request for a dispute resolution proceeding is made, and the dispute resolution process fails to resolve the issues under appeal.”

2. "Such a request shall be filed in writing with the Director of the OCS and the Chairman of the State Executive Council at 1604 Santa Rosa Road, Wythe Building, Suite 137, Richmond, Virginia 23229-5008"
3. "A formal review before the State Executive Council shall be scheduled within 30 calendar days of such a request, unless an agreed extension up to an additional 45 days is negotiated between the parties. Written notice of the time and place for such a proceeding shall be provided by the Chairman of the State Executive Council to the CPMT and the OCS no less than 15 days prior to the scheduled review date."
4. "The Chairman of the State Executive Council or his designee, who shall be a member of the Council, shall preside over the formal review to be held before a panel composed of a quorum of the Council."
5. "The CPMT and the OCS shall be entitled to be present and be represented by counsel and to submit oral and documentary evidence and rebuttal proofs. The burden of proof shall be upon the CPMT to demonstrate the improper denial of financial reimbursement, misapplication of CSA policy and /or denial of a request for a waiver or exception, and that the decision which is appealed is within the control of the State Executive Council."
6. "At the conclusion of the formal review, the Council shall consider the merits of the statements and evidence presented by the CPMT and the OCS and shall render a decision within 10 days. The decision of the State Executive Council shall be in writing and shall be signed by the Chairman of the Council or his designee who presided over the proceeding. Any member of the panel may note his dissent. The Council may announce its decision in the presence of the CPMT and the OCS. However, all such decisions shall be sent by registered or certified mail to the CPMT and a copy delivered to the OCS within 5 calendar days of the date of being rendered."
7. "The decision of the State Executive Council shall be final."

[Procedure adopted by the SEC April 26, 2000](#)

3.5. Records Management

"The Council shall ... Oversee the development and implementation of uniform guidelines for documentation for CSA-funded services" [COV § 2.2-2648.D.13](#)

Uniform documentation guidelines approved by the State Executive Council address the minimum child-specific documentation required to demonstrate compliance with the Comprehensive Services Act.

"Karin Clark of the OCS introduced John Harroll, a member of the Uniform Documentation Standards Workgroup. Mr. Harroll provided an overview. He reported the workgroup developed the Inventory of CSA Documentation Requirements and incorporated elements of the state endorsed UM model as well as general Code of Virginia requirements. The recommendations are intended to enhance uniformity in CSA documentation as well as provide clarification to localities on the expectations for documentation. Discussions occurred and suggestions were made including:

- Need to look at how to gather the items on the inventory to be in one location
- Include parent signature to release information
- Separate out and bold what information is required.

The SEC approved for dissemination to local government with the changes.”
(August 28, 1998 SEC minutes).



4. State Pool Funds

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

4.1. Purposes of CSA Pool Funds

“The purposes of this system of funding are to:”

1. "Place authority for making program and funding decisions at the community level;”
2. “Consolidate categorical agency funding and institute community responsibility for the provision of services;”
3. “Provide greater flexibility in the use of these funds to purchase services based on the strengths and needs of youths and families; and”
4. “Reduce disparity in accessing services and reduce inadvertent fiscal incentives for serving children according to differing required local match rates for funding streams.” [COV § 2.2-5211 A.](#)



4.2. Scope of Pool Funds

4.2.1. Eligible Population

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

1. "The child or youth has emotional or behavior problems that:”
 - a. “Have persisted over a significant period of time or, though only in evidence for a short period of time, are of such a critical nature that intervention is warranted;”

- b. "Are significantly disabling and are present in several community settings such as at home, in school or with peers; and"
 - c. "Require services or resources that are unavailable or inaccessible or that are beyond normal agency services or routine collaborative processes across agencies or require coordinated interventions by at least two agencies."
2. "The child or youth has emotional or behavior problems, or both, and currently is in, or is at imminent risk of entering, purchased residential care. In addition, the child or youth requires services or resources that are beyond normal agency services or routine collaborative processes across agencies, and requires coordinated services by at least two agencies."
 3. "The child or youth requires placement for purposes of special education in approved private school educational programs." [See "DOE Appendix B" for further information](#)
 4. " The child or youth has been placed in foster care through a parental agreement between a local social services agency or public agency designated by the community policy and management team and his parents or guardians, entrusted to a local social services agency by his parents or guardian or has been committed to the agency by a court of competent jurisdiction for the purposes of placement as authorized by [§ 63.2-900.](#)" [COV § 2.2-5212 A.](#)
[See "DSS Appendix D" and its Toolkit for further information, including CHINS Interagency Guidelines](#)

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

4.2.2. Targeted Population and Mandated Service Population

"The state pool shall consist of funds that serve the target populations identified in subdivisions 1 through 5 of this subsection 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." [COV § 2.2-5211 B.](#)

"The target population shall be the following:"

1. "Children placed for purposes of special education in approved private school education programs, previously funded by the Department of Education through private tuition assistance;" [See "DOE Appendix B" for further information](#)
2. "Children with disabilities placed by local social services agencies or the Department of Juvenile Justice in private residential facilities or across jurisdictional lines in private, special education day schools, if the individualized education program indicates such school is the appropriate placement while living in foster homes or child-caring facilities, previously funded by the Department of Education through the Interagency Assistance Fund for Non-educational Placements of Handicapped Children;"

3. "Children for whom foster care services, as defined by [§ 63.2-905](#), are being provided to prevent foster care placements, and children placed through parental agreements, entrusted to local social service agencies by their parents or guardians or committed to the agencies by any court of competent jurisdiction for purposes of placement in suitable family homes, child-caring institutions, residential facilities or independent living arrangements, as authorized by [§ 63.2-900](#);" [See "DSS Appendix D" for further information](#)
4. "Children placed by a juvenile and domestic relations district court, in accordance with the provisions of [§16.1-286](#), in a private or locally operated public facility or nonresidential program; or in a community or facility-based treatment program in accordance with the provisions of subsections B or C of [§ 16.1-284.1](#)" [See "DJJ Appendix C" Toolkit regarding non-mandated youth](#)
5. "Children committed to the Department of Juvenile Justice and placed by it in a private home or in a public or private facility in accordance [§ 66-14](#) ." [COV § 2.2-5211 B.](#)

4.3 Pool Fund Usage

4.3.1 Local Government Financial Responsibilities

“The General Assembly and the governing body of each county and city shall annually appropriate such sums of money as shall be sufficient to (i) provide special education services and foster care services for children identified in subdivisions B1, B2 and B3 and (ii) meet relevant federal mandates for the provisions of these services. The Community Policy and Management Team shall anticipate to the best of its ability the number of children for whom such services will be required and reserve from its state pool allocation to meet these needs. Nothing in this section prohibits local governments from requiring parental or legal financial contributions, where not specifically prohibited by federal or state law or regulation, utilizing a standard sliding fee scale based upon ability to pay, as provided in the appropriation act.” [COV § 2.2-5211 C.](#)

“Pursuant to [§2.2-5200](#), Code of Virginia, Community Policy and Management Teams shall seek to 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.” [2009 Appropriations Act, Item 283 § B.2.d](#)

4.3.1a Payment for Services and Change of Legal Residence

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 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 30 calendar days.
- Community Policy and Management Team jurisdictions are encouraged to:
 - a. Keep track of the child/family's residence status;
 - b. Notify receiving Community Policy and Management Teams as soon as they know of the child/family's pending move, to facilitate planning; and
 - c. To work cooperatively to resolve issues related to legal residence.

[Guidelines adopted by the SEC during the initial structuring of CSA](#)

4.3.2 Responsibilities of CPMT Member Agencies

“When a community services board established to [§ 37.2-501](#), local school division, local social services agency, court services unit, or the Department of Juvenile Justice has referred 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 community services board, the local school division, local services agency, court services unit or the Department of Juvenile Justice has met its fiscal responsibility for that child for the services funded through the pool. However, the community services board, the local school division, local social services agency, court service unit or Department of Juvenile Justice 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.”
[COV § 2.2-5211 D.](#)

4.3.3 Financial Responsibility for SPED Services

“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 a local social service agency that has custody 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." [COV § 2.2-5211 D.](#)

[See "DOE Appendix B" for Age of Eligibility Requirements](#)

4.3.3a “Special Education-Other” Reporting

In addition to the services listed above, the State Executive Council allows the use of mandated, special education funding for IFSP services that will support a child's continued education in the public school setting and that FAPT has agreed that without which, the child would be placed in a more restrictive private special education placement. These services, though they may be charged to the “mandated, special education” fund category, are NOT special education services.

Inclusion of certain IFSP services in the mandated, special education funding category ensures that there is no incentive to place a child in a more restrictive placement in order to access mandated funds. It provides communities flexibility to plan and fund services to maintain children within the public schools preventing a more restrictive special education placements.

There are certain restrictions to the IFSP services that can be billed to the CSA Pool under this mandated, special education funding category. The services must be identified by the FAPT and must be written into the IFSP. The FAPT record must make clear that the services are necessary to keep the child out of a more restrictive (private day or private residential) special education placement.

Services identified by the FAPT that are to be provided for reasons unrelated to the child's special education placement cannot be billed to the CSA Pool under the mandated, special education category - such services could be charged to an alternative funding category such as non-mandated.

Consistent with a student's eligibility for special education services under IDEA, if the special education student with mandated services enters the school year at 21 years of age, that child may remain under the mandated, special education category of CSA funding until completion of the IEP academic year. Eligibility would terminate upon the student's completion of that IEP academic year.

[1998 Policy developed by the State Executive Council](#)

4.3.4 Court Involvement

“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.](#)

4.3.5 Provision of Services

"These funds, as made available by the General Assembly, shall be expended for public or private non-residential or residential services for troubled youths and families" [COV § 2.2-5211](#)

"The Council shall...Deny state funding to a locality where the CPMT fails to provide services that comply with the Comprehensive Services Act..." [COV § 2.2-2648 D. 20](#)

Further, "except for cases involving only the payment of foster care maintenance that shall be at the discretion of the local community policy and management team, cases for which service plans are developed outside of this family assessment and planning team process or approved collaborative, multidisciplinary team process shall not be eligible for state pool funds." [COV § 2.2-5209](#)

[Toolkit](#)

4.4. Restrictions on Pool Fund Usage

[Toolkit](#)

4.4.1. Reimbursement and Children Placed in Residential Facilities

"Notwithstanding any provision of this chapter to the contrary or any practice or previous decision-making process of the state executive council, Office of Comprehensive Services, state and local advisory team, any community policy and management team, any family assessment and planning team or any other local entity placing children through the Comprehensive Services Act (CSA), the following restrictions shall control:"

1. "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.”

2. “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 Comprehensive Services on the gaps in the services needed to keep children in the local community and any barriers to the development of those services.”
3. “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.” [COV § 2.2-5211.1](#)

4.4.2 Medicaid Funded Services

“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.” [2009 Appropriations Act, Item 283 § E.](#)

4.5. Fiscal Procedures

4.5.1. Formula Allocations

“The allocations for the Medicaid and non-Medicaid pools shall be the amounts specified in paragraphs B 1 b and B 1 c in this Item. These funds shall be distributed to each locality in each year of the biennium based on the greater of that locality’s percentage of actual 1997 Comprehensive Services Act pool fund program expenditures to total 1997 pool fund program expenditures or the latest available three-year average of actual pool fund program expenditures as reported to the state fiscal agent.” [2009 Appropriations Act, Item 283 § C. 1.](#)



4.5.2. Local Match

“All localities are required to appropriate a local match for the base year funding consisting of the actual aggregate local match rate based on actual total 1997 program expenditures for the Comprehensive Services Act for At-Risk Youth and Families. This local match rate shall also apply to all reimbursements from the state pool of funds in this Item and carry forward expenditures submitted prior to September 30 each year for the proceeding fiscal year, including administrative reimbursements under paragraph C 4 of this Item.” [2009 Appropriation Act, Item 283 § C.2.](#)

“Notwithstanding the provisions of C 2 of this Item, beginning July 1, 2008, the Secretary of Health and Human Resources shall oversee the implementation of a system of financial incentives that is consistent with the statutory purposes of the Comprehensive Services Act. The financial incentive system shall use the methodology in place on July 1, 2007, for calculating the base rate for each locality.” [2009 Appropriations Act, Item 283 § C.3.a.](#)

“Beginning July 1, 2008, the local match rate for community based services for each locality shall be reduced by 50 percent.” [2009 Appropriations Act, Item 283 § C.3.b.](#)

“Localities shall review their caseloads for those individuals who can be served appropriately by community-based services and transition those cases to the community for services. Beginning January 1, 2009, the local match rate for non-Medicaid residential services for each locality shall be increased by 15 percent above the fiscal year 2007 base rate after a locality has incurred a total of \$100,000 in residential care expenditures for the period of January 1, 2009, through June 30, 2009. Beginning July 1, 2009, the local match rate for non-Medicaid residential services for each locality shall be 25 percent above the fiscal year 2007 base rate after a locality has incurred a total of \$200,000 in residential care expenditures. The local match rate for all Medicaid services in both years shall be based on the match rate in place on September 1, 2008.” [2009 Appropriations Act, Item 283 § C.3.c.](#)



4.5.3 Disbursement Procedures

“Effective immediately, the reimbursement procedures have been amended as follows:”

- “Final claims for reimbursements for prior year payments will not be accepted after the first quarter of the next fiscal year. Localities will no longer have a full year to submit their prior year expenditures. In other words, **after September 30, 1995, we will no longer process local reimbursements for fiscal year ending June 30, 1995 expenditures.** Based on our analysis only a small number of localities will be impacted by this change. A majority of localities (88) would have met this cutoff had it been effective for fiscal year 1994 reimbursements.”
- “Effective immediately, with the exception of the final year end report referenced above, request for reimbursement of local pool expenditures must be submitted no later than thirty (30) days after the close of the quarter in which the expenditure was paid. Localities may continue to report as often as monthly, but must report at least every quarter. A report should be submitted at the end of the

quarter even if it indicates no expenditures were made during that quarter. The state fiscal agent will be monitoring local compliance with this requirement and will advise local administrative officials if there is non-compliance.”

- “Effective for the quarter ending September 30, 1995, localities that have not submitted their Quarterly Services Utilization report will have their pool reimbursements held in abeyance until the quarterly report is submitted. A notice will be mailed to the local fiscal agent advising that the reimbursement request is considered incomplete until the past due statistical data is received. The quarterly report will be mailed to the same address as the fiscal reports beginning with the September 30th report due on or before October 15th. The CSA Evaluation staff will be sending each locality a revised minimal report format including a submission timetable and at that time will again remind localities of the fiscal impact of not submitting the statistical data.”

“A letter was sent to every locality detailing these changes on 7/15/95. These requirements will be included as revisions in the CSA Manual.”

June 30, 1995 SEC Minutes



4.5.4. Sliding Fee Scale

“The Community Policy and Management Team shall...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;” [COV § 2.2-5206 \(3\)](#)

“Pursuant to subdivision 3 of § 2.2-5206, Code of Virginia, Community Policy and Management Teams shall enter into agreements with the parents or legal guardians of children receiving services under the Comprehensive Services Act for At-Risk Children and Youth. The Office of Comprehensive Services shall be a party to any such agreement. If the parent or legal guardian fails or refuses to pay the agreed upon sum on a timely basis and a collection action cannot be referred to the Division of Child Support Enforcement of the Department of Social Services, upon the request of the Community Policy and Management Team, the Office of Comprehensive Services shall make a claim against the parent or legal guardian for such payment through the Department of Law’s Division of Debt Collection in the Office of the Attorney General.” [2009 Appropriations Act, Item 283 § F.](#)

“The Family Assessment and Planning Team, in accordance with [§ 2.2-2648](#), shall...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;” [COV § 2.2-5208 \(6\)](#)

“Approval for Distribution of the Standard Family Sliding Fee Scale Guidelines for Basing a Family’s Ability to Provide a Co-payment” [February 23, 2000 SEC Minutes](#)

[Sliding Fee Scale Guidelines adopted by the SEC February 23, 2000](#)

[Toolkit](#)

4.5.5. Supplemental State Allocation

"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 education services and foster care services for children identified in subdivisions B 1, B 2 and B 3 and (ii) to meet relevant federal mandates for the provision of these services. The community policy and management team shall anticipate to the best of its ability the number of children for whom such services will be required and reserve funds from its state pool allocation to meet these needs." [COV § 2.2-5211 C.](#)

“...funds ... shall be set aside to pay for the state share of supplemental requests from localities that have exceeded their state allocation for mandated services.” [2009 Appropriations Act, Item 283 § B.2.a.](#)

"Localities requesting funding from the set aside in paragraph 2.a and 2.b must demonstrate compliance with all CSA provisions to receive pool funding.” [2009 Appropriations Act, Item 283 § B.2.d.](#)

[Toolkit](#)

4.5.6. State Fiscal Agent

“The Department of Education shall serve as fiscal agent to administer funds cited in paragraphs B and C.” [2009 Appropriations Act, Item 283 § A](#)

4.5.7. Local Fiscal Agent

“Every county, city, or combination of counties, cities, or counties and cities shall establish a Community Policy and Management Team in order to receive funds pursuant to this chapter. ... The participating governing bodies shall jointly designate an official of one member city or county to act as fiscal agent for the team. ... The county or city that comprises a single team and the county or city whose designated official serves as the fiscal agent for the team in the case of joint teams shall annually audit the total revenues of the team and its programs.” [COV § 2.2-5204](#)

[Toolkit](#)

4.5.8 Fund Audit

“The Office of Comprehensive Services, per the policy of the State Executive Council, shall deny state pool funding to any locality not in compliance with federal and state requirements pertaining to the provision of special education and foster care services funding in accordance with § 2.2-5211, Code of Virginia.” [2009 Appropriations Act, Item 283 § B.1.e.](#)

“The county or city that comprises a single team and the county or city whose designated official serves as the fiscal agent for the team in the case of joint teams shall annually audit the total revenues of the team and its programs”. [COV § 2.2-5204](#)



4.6 Additional Reporting Requirements

4.6.1 CSA Data Set

The Office of Comprehensive Services for At-Risk Youth and Families shall “develop and implement uniform data collection standards and collect data, utilizing a secure electronic database for CSA-funded services, in accordance with subdivision D 16 of [§ 2.2-2648](#),” [COV § 2.2-2649](#) B. 12.

“The Council shall ...oversee the development and implementation of uniform data collection standards and the collection of data, utilizing a secure electronic client-specific database for CSA-funded services, which shall include, but not be limited to, the following client specific information:

- (i) children served, including those placed out of state;
- (ii) individual characteristics of youths and families being served;
- (iii) types of services provided;
- (iv) service utilization including length of stay;
- (v) service expenditures;
- (vi) provider identification number for specific facilities and programs identified by the state in which the child receives services;
- (vii) a data field indicating the circumstances under which the child ends each service; and
- (viii) a data field indicating the circumstances under which the child exits the Comprehensive Services Act program.

All client-specific information shall remain confidential and only non-identifying aggregate demographic, service, and expenditure information shall be made available to the public;” [COV § 2.2-2648](#) D. 16.



4.6.2 Mandatory Uniform Assessment Instrument

“The Council shall ...Oversee the development and implementation of a mandatory uniform assessment instrument and process to be used by all localities to identify levels of risk of Comprehensive Services Act (CSA) youth;” [COV § 2.2-2648 D.11.](#)

“The State Executive Council shall require a uniform assessment instrument.” [2009 Appropriations Act, Item 283 § B.9](#)

“After a period of discussion, a motion was made.....and carried to adopt CANS as the new assessment instrument and to move forward with tailoring the instrument to meet the needs of Virginia, and contracting for web-based training.” [December 18, 2007 SEC Minutes](#)

“The CANS work group and SLAT recommended that localities should begin implementing CANS once their caseworkers are trained and certified, with localities completing the transition to CANS for all children served through CSA by July 1, 2009. The SEC approved this timeframe...with a motion...carried.” [May 12, 2008 SEC Minutes](#)

[Toolkit](#)

5. Administrative Funds

5.1. Use Of Administrative Funds

“Localities are encouraged to use administrative funding to hire a full-time or part-time local coordinator for the Comprehensive Services Act program. Localities may pool this administrative funding to hire regional coordinators.” [2009 Appropriations Act, Item 283 § C. 4.](#)

[Toolkit](#)

6. State Trust Funds

6.1. State Trust Fund

“There is established a state trust fund with funds appropriated by the General Assembly. The purposes of this fund are to develop:

1. Early intervention services for young children and their families, which are defined to include: prevention efforts for individuals who are at-risk for developing problems based on biological, psychological or social/environmental factors.

2. Community services for troubled youths who have emotional or behavior problems, or both, and who can appropriately and effectively be served in the home or community, or both, and their families.

The fund shall consist of moneys from the state general fund, federal grants, and private foundations.” [COV § 2.2-5213 A.](#)

“Out of this appropriation, \$965,579 the first year and \$965,579 the second year from the federal Temporary Assistance to Needy Families block grant shall be designated for the "Community Services Trust Fund for Youth and Families." The Department of Social Services shall assist the Office of Comprehensive Services in developing procedures to support these activities.” [2009 Appropriations Act, Item 283 § I.](#)



7. Additional Funding Options



8. CSA Related Services

8.1. Utilization Management

“The Council shall ...oversee the development and implementation of mandatory uniform guidelines for utilization management; each locality receiving funds for activities under the Comprehensive Services Act shall have a locally determined utilization management plan following the guidelines or use of a process approved by the Council for utilization management, covering all CSA funded services;” [COV § 2.2-2648 D.15](#)

“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. 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;” [COV § 2.2-5206 \(13\)](#)

"...the Family Assessment and Planning Team or approved alternative multidisciplinary 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 \(5\)](#)

"Each locality receiving funds for activities under the Comprehensive Services Act (CSA) shall have a utilization management process, approved by the State Executive Council, covering all CSA services." [2009 Appropriations Act, Item 283 § B. 3.](#)

"The State Executive Council shall establish a Memorandum of Understanding between the Office of Comprehensive Services for At-Risk Youth and Families and the Department of Behavioral Health & Developmental Services to provide utilization management of residential placements provided to youth under the Comprehensive Services Act who are not eligible for Medicaid benefits... The Office of Comprehensive Services and the Department of Behavioral Health & Developmental Services, in cooperation with representative of the Virginia Association of Counties, the Virginia Municipal League, and the State Executive Council, shall develop the criteria and guidelines to be followed when providing these utilization management services." [2009 Appropriations Act, Item 283 § B.7.](#)

"Dr. deFur from the DOE and Cecelia Kirkman, from DMHMRSAS provided an overview of the SEC workgroup's product. This document is a list of procedures for localities to follow when performing utilization review. Discussions occurred and suggestions were made including:

- Move page four (4) to the front
- Change title to Introduction rather than Executive Summary

The SEC approved for dissemination to local government with the changes.

(August 28, 1998 SEC minutes)



8.2 Intensive Care Coordination

"The Council shall ... Oversee the development and implementation of mandatory uniform guidelines for intensive care coordination services for children who are at risk of entering, or are placed in, residential care through the Comprehensive Services Act program. The guidelines shall:

- (i) take into account differences among localities,
- (ii) specify children and circumstances appropriate for intensive care coordination services,
- (iii) define intensive care coordination services, and
- (iv) distinguish intensive care coordination services from the regular case management services provided within the normal scope of responsibility for the child-serving agencies, including the community services board, the local school division, local social services agency, court service unit, and Department of Juvenile Justice.

Such guidelines shall address:

- (a) identifying 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;
- (b) identifying specific services and supports necessary to meet the identified needs of the child and his family, building upon the identified strengths;
- (c) implementing 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
- (d) implementing a plan for 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 § 2.2-2648.D.22](#)

[See "DBHDS Appendix A" for more information on ICC Guidelines.](#)

“Ray Ratke ... offered the following recommendations for SEC approval:

- 1) Establishment of an implementation work group to further examine issues related to role confusion and technical assistance issues based on the public comments received.
- 2) The Intensive Care Coordination population consists of all children who are currently in residential care and children who are at risk of placement in residential care as identified by Family Assessment and Planning Teams (FAPTs).
- 3) Intensive care coordination services are a billable service to a locality’s CSA funding.
- 4) The local CSBs will be the oversight/point of contact agency for intensive care coordination services.

A motion was made by Secretary Tavenner and seconded by Commissioner Conyers to approve all four of the recommendations. After a period of discussion, the motion carried.”

[August 28, 2008 SEC Minutes](#)

“At the direction of the State Executive Council, local Community Policy and Management Teams (CPMTs) and Community Services Boards (CSBs) shall work collaboratively in their service areas to develop a local plan for intensive care coordination (ICC) services that best meets the needs of the children and families. If there is more than one CPMT in the CSB's service area, the CPMTs and the CSB may work together as a region to develop a plan for ICC services. Local CPMTs and CSBs shall also work together to determine the most appropriate and cost-effective provider of ICC services for children in their community who are placed in, or at-risk of being placed in, residential care through the Comprehensive Services Act for At-Risk Youth and Families program, in accordance with guidelines developed by the State Executive Council. The State Executive Council and Office of Comprehensive Services shall establish guidelines for reasonable rates for ICC services and provide training and technical assistance to CPMTs and fiscal agents regarding these services.” [2009 Appropriations Act, Item 283 § B.3.e.](#)

“The Community Policy and Management Team shall... Establish policies for providing intensive care coordination services for children who are at risk of entering, or are placed in, residential care through the Comprehensive Services Act program, consistent with guidelines developed pursuant to subdivision D 22 of [§ 2.2-2648.](#)” [COV § 2.2-5206.17](#)



8.3. Service Fee Directory

“The rates paid for services purchased pursuant to this chapter shall be determined by competition of the market place and by a process sufficiently flexible to ensure that family assessment and planning teams and providers can meet the needs of individual children and families referred to them. To ensure that family assessment and planning teams are informed about the availability of programs and the rates charged for such programs, the Council shall oversee the development of and approve a service fee directory that shall list the services offered and the rates charged by any entity, public or private, which offers specialized services for at-risk youth or families. The Council shall designate the Office of Comprehensive Services for At-Risk Youth and Families to

coordinate the establishment, maintenance and other activities regarding the service fee directory.”
[COV § 2.2-5214](#)

[Toolkit](#)

APPENDICES

The following Appendices (A through E) contain Code, regulation and policy specific to the named Agency. This information has been provided by a State level contact from each of the named agencies in an attempt to assist locals in decision making related to CSA practices. Please direct any questions you may have on the material contained in these Appendices to the contact person named therein.

APPENDIX A – DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

APPENDIX B – DEPARTMENT OF EDUCATION

APPENDIX C – DEPARTMENT OF JUVENILE JUSTICE

APPENDIX D - DEPARTMENT OF SOCIAL SERVICES

APPENDIX E – VIRGINIA FEDERATION OF FAMILIES

APPENDIX F – CSA WEB PAGE DIRECTORY

APPENDIX A

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Intensive Care Coordination

The Comprehensive Services Act (CSA) has always placed value on keeping youth in their communities. This value is also emphasized with the systems of care efforts at the Department of Behavioral Health and Developmental Services and with the Children's Services System Transformation.. To further the goal of returning youth to their communities and providing a permanent connection for all youth in CSA, the Office of Comprehensive Services and the Department of Behavioral Health and Developmental Services worked collaboratively with state and local children's services stakeholders to develop the Guidelines for Intensive Care Coordination and tools for implementation. Although there will always be a need for residential services, the overarching philosophy of CSA is to meet the needs of the family and youth and provide services in the least restrictive environment that enable youth to live in their homes and communities. Successfully keeping the youth in their home or community settings depends on involving families throughout the process with emphasis on listening to the child and family members, valuing their input on knowing what is best for their child and family situation, and treating families as equal partners. The Intensive Care Coordinator, in collaboration with the case manager, partners with the family and youth utilizing a strengths-based assessment and planning process to develop service recommendations. These services are intended to allow the youth to return home from a residential placement or to prevent a youth from being placed in residential care. The CPMT, working collaboratively with the Community Services Boards, decides which youth in their locality will be eligible for ICC services.

Guidelines for Intensive Care Coordination

Authority

The following are guidelines for implementation of Intensive Care Coordination as required by statute, as follows:

2008 Session Adopted - Requires the State Executive Council to oversee the development and implementation of mandatory uniform guidelines for Intensive Care Coordination services for children who are at risk of entering, or are placed in, residential care through the Comprehensive Services Act program. The community policy and management team is responsible for establishing policies for providing Intensive Care Coordination services. The bill also requires family assessment and planning teams to 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 and coordinate services and develop a plan for returning the child to his home, relative's home, family-like setting, or community.

Virginia's Values for Intensive Care Coordination

Intensive Care Coordination shall be guided by the following values and shall be consistent with the state's practice model for children's services.

- We believe that all children deserve safe, nurturing and permanent homes and permanent family connections.
- We believe that child safety is first and foremost.
- We believe that parents have the right and responsibility to raise their own children.
- We believe that the family and youth perspective must be honored at all times during the service planning process and service options must reflect the family's values and preferences.
- We believe that all children can be served in the community. When exceptions to this must occur, placements out of the community are of the shortest duration possible.
- We believe that coordinating community services to transition or maintain children in their homes and communities is a public responsibility and that public community agencies should serve the community in this role.

Process for Developing the Guidelines

The guidelines build on the considerable work of a broad range of stakeholder groups, including the State Executive Council (SEC), the CSA State and Local Advisory Team (SLAT), the SLAT Care Coordination Workgroup and the resulting SLAT Case Management paper. Equally important, the experience of many communities, including the CSA Innovative Community Services Grantees and many other localities, who are already practicing Intensive Care Coordination was taken into consideration. The invaluable input of service providers who have taken the initiative to do Intensive Care Coordination has strongly influenced the development of these guidelines.

Definition of Intensive Care Coordination

Services conducted by an Intensive Care Coordinator, as defined under the State Executive Council guidelines, for children who are at risk of entering or who are placed in residential care. The purpose of the services are to safely and effectively maintain, transition, or return the child home or 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 beyond the regular case management services provided within the normal scope of responsibilities for the public child serving systems. Services and activities include:

- Identifying 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;

- Identifying specific services and supports necessary to meet the identified needs of the child and his family, building upon the identified strengths;
- Implementing 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;
- Implementing a plan for 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.

(Does not include wraparound and community-based services which are reported in the community-based services category.)

Population to be Served by Intensive Care Coordination

Children should be identified to receive Intensive Care Coordination by their local Family Assessment and Planning team (FAPT). Eligible children include:

1. All children who are currently in residential care.
2. Children who are at risk of placement in residential care as identified by FAPTs.

Providers of Intensive Care Coordination

Providers. Providers of Intensive Care Coordination shall be Community Services Boards (CSBs). As the local agency for mental health, mental retardation and substance abuse services, the CSB is the public entry point for children needing care coordination services. A CSB may potentially contract with another entity to provide Intensive Care Coordination. In contracting for Intensive Care Coordination, the CSB must carefully consider how to assure that the CSB still serves as the public entry point for children needing services and that the contractual arrangement meets the needs of children, families and the community. If a CSB contracts with another entity to provide Intensive Care Coordination, the CSB nonetheless maintains full responsibility for Intensive Care Coordination, including monitoring the services provided under the contract. CSBs shall work in close collaboration with their Community Policy and Management Teams (CPMTs) and Family Assessment and Planning Teams (FAPTs) to implement Intensive Care Coordination and to assure that all children receive appropriate assessment and care planning. All children who receive Intensive Care Coordination must be reviewed by the FAPT. An Intensive Care Coordinator should facilitate the review process.

The Intensive Care Coordinator shall develop a plan of services to assure that the child's needs are met in the community. The perspective and preferences of the family and the youth shall be solicited and honored in developing the plan. The Intensive Care Coordinator and the Community Services Board do not necessarily have to provide any or all of the services. The

Intensive Care Coordinator shall serve as a broker for arranging the needed services using the preferences of the family as a guide. Any provider may provide any of the services described in the plan, as long as the provider has the expertise and qualifications to assure quality service.

Staff. Staff shall be selected to provide Intensive Care Coordination consistent with the Position Description attached to these guidelines. Staff functions shall include a strengths discovery and assessment process, planning, coordination and monitoring, utilization review and other appropriate functions as needed to transition or maintain a child in the community. Intensive Care Coordination staff shall possess, at minimum, a Bachelor's degree with at least 2 years of experience in children's mental health services. Strong interpersonal skills and group facilitation skills are also essential.

Staff Supervision. Community Services Boards shall provide supervision for all Intensive Care Coordinators, including clinical supervision regarding specific cases, administrative supervision, coordination with CPMTs and FAPTs and supervision for clinical licensure when appropriate. Intensive Care Coordinators shall receive clinical supervision at least once per week. Supervisors shall possess, at minimum a Master's degree in social work, counseling, psychology or other related human services field and be licensed-eligible with at least 4 years of experience in children's mental health services. Supervisors must also possess strong interpersonal skills and group facilitation skills. In addition, it is expected that supervisors will display leadership abilities and work closely with supervisors from other child serving systems to implement an organized system of care for children and families.

Caseload size. Caseload size should be sufficiently small to allow for the intensity required and is estimated to be 7 to 12 children. Specific caseloads shall be determined locally based on local need, complexity of cases, geographic differences (such as need to travel), time necessary to work with families to develop services and supports in preparation for the child's return home, and other locality-specific circumstances. The estimated caseload size of 7 to 12 children is based on the experience to date of localities currently providing Intensive Care Coordination. The Intensive Care Coordinator may need to work with each case an average of six to nine months to assure a successful transition from residential care.

Role. The Intensive Care Coordinator functions in collaboration with, and in addition to, other community staff with coordinating and case management roles, such as regular CSB case managers (providing targeted case management to larger caseloads), CSA Coordinators, FAPT coordinators, school system coordinators working on IEPS, child welfare and foster care workers, and others. The Intensive Care Coordinator has an in-depth clinical assessment role working with a very small caseload to plan and wrap services around a child. While a child is on the Intensive Care Coordinator's caseload, other service providers continue to have the responsibility to fulfill their respective roles.

Procedures for Implementing Intensive Care Coordination

1. All cases shall be referred to the Community Services Board for Intensive Care Coordination by the FAPT. Intensive Care Coordinators will work with the Community Policy and Management Team (CPMT) with FAPT input to develop a process for FAPTs to transition children from residential placements. CPMTs and FAPTs, with guidance from the intensive care coordinator, will be expected to review all children in residential care and determine which cases should be initially transitioned from residential care.
2. Parents, family members and youth shall be involved in a meaningful way that honors their choices and preferences in developing the service plan.
3. In referring children who are deemed to be at substantial risk of residential placement, the FAPT may want to consider, among other factors, the following:
 - The likelihood of residential placement within the next few months.
 - Other services that have been tried within the community setting.
 - Initial screening information provided by a CSB, including clinical and diagnostic information, as well as other information about the child's functioning in home, school and other community environments.
 - If referred for residential care, the determination must be made that residential services are the least restrictive, most appropriate level of care that meets the child's current needs. Clear discharge criteria and a transition plan that notes how reintegration into the community will occur over time must be developed prior to initiating residential care. The transition plan must include target dates and milestones to be achieved (i.e. so many visits and treatment sessions at the program; so many day visits at home with treatment with clinician processing these visits, so many overnights with treatment with clinician processing these visits, etc.)
4. A comprehensive strengths discovery/assessment with the child and family shall be completed by the Intensive Care Coordinator on each child within 30 days of referral by the FAPT team.
5. The intensive care coordinator will begin the Individual and Family Services Plan (IFSP) based on the strengths discovery/assessment. The IFSP will be further defined through input from the family, the youth and the FAPT.
6. CPMTs shall fully support and facilitate the implementation of Intensive Care Coordination in their locality. CPMTs shall establish a local procedure for reimbursing CSBs for Intensive Care Coordination. Each CSB in collaboration with the local CPMT shall establish a rate for Intensive Care Coordination.
7. This case rate may be billed to CSA according to local procedures established by the CPMT.

Technical Assistance and Monitoring

- The Department of Behavioral Health & Developmental Services and the Office of Comprehensive Services shall collaborate to provide technical assistance and monitoring of Intensive Care Coordination.
- Specific technical assistance activities and methods are under development. Technical assistance and monitoring may include statewide and/or regional meetings to focus on implementation of Intensive Care Coordination. Local governments that already provide Intensive Care Coordination will provide hands-on information to assist with start-up/troubleshooting.
- Review of management reports and monitoring of data submitted to the Office of Comprehensive Services to determine appropriate use of Intensive Care Coordination, caseload size, and statewide comparisons of service provision.
- Input from localities on technical assistance needs will shape these activities.

For questions regarding Intensive Care Coordination please contact:

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Toolkit

APPENDIX B DEPARTMENT OF EDUCATION

Special Education and the Comprehensive Services Act

Two special education funding streams were placed in the CSA Pool effective July 1, 1993. These streams had previously paid for placements in private day schools and private residential special education facilities, whether made by the local school division according to the student's IEP (Special Education Private Tuition) or made by social services or the juvenile justice system (Interagency Assistance Fund). The rules governing these funding streams were applied to the CSA Pool and thus define what services are funded by the CSA Pool.

The passage of CSA in 1992 enabled communities to better meet the needs of children and youth, including children receiving special education services. Local social service or court services staff persons have long been involved in IEP meetings on a case specific basis, but the comprehensive multidisciplinary planning mandated by CSA significantly enhanced the ability of local communities to collaborate around the needs of children and families and to provide services outside of the IEP. When local teams utilize multidisciplinary planning to support students with disabilities in the public school setting, schools may be better able to meet student needs within less restrictive environments. This approach enables communities to wrap the necessary services around children and families in an effort to prevent more restrictive, and potentially more costly, placements.

The special education target population defined in the (Code of Virginia) includes those “children placed for purposes of special education in approved private school educational programs, previously funded by the Department of Education through private tuition assistance.” This includes all children whose IEPs include placements in private day school or private residential facilities. When an IEP has been developed for a private day school or private residential program, multidisciplinary planning may be employed to consider services outside of the IEP that will enhance the student's benefit from the educational services and/or facilitate a more effective return to the public schools.

The requirements associated with special education are specified by federal law and regulations (the Individuals with Disabilities Education Act), as well as state law (Code of Virginia § 22.1-215, <http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+22.1-215>) and regulations (*Regulations Governing Special Education Programs for Children with Disabilities Act in Virginia* 8 VAC 20-80-10 et seq)

<http://www.doe.virginia.gov/VDOE/duproc/regulationsCWD.html>. These requirements:

- specify criteria for evaluation and determination of a child's eligibility for special education services;
- define the process by which special education services and placements are determined (through development of an Individualized Education Program, IEP);
- define special education (“specially-designed instruction, at no cost to the parent, to meet the need of a child with a disability”) and related services (“services required to assist a child with a disability to benefit from special education”)
- define the timeline for and content of review and revision of a child's special education program; and
- establish significant parent and student rights regarding notice of meetings, notice of rights, consent for services for release of records, participation in meetings and steps when the parent or student disagrees. A copy of the procedural safeguards afforded parents and students and *A Parent's Guide to Special Education* can be found in the For Parent's section on the Virginia Department of Education's web site <http://www.doe.virginia.gov/VDOE/sped/parents.shtml>

The CPMT must ensure that no local policies or procedures interfere with the provisions and protections afforded to students with disabilities under federal and state laws and regulations.

Individual Education Program (IEP)

A child may be found eligible to receive special education after an evaluation is conducted, in accordance with IDEA procedures, and a team (including the parents) determines that the child meets the eligibility criteria. Following determination of eligibility, an Individual Education Program (IEP) is developed for the child. The IEP will address the special education and related services the child needs to benefit from the general curriculum and identify the “least restrictive environment” (LRE) in which the child’s needs can be met. The local school division develops the IEP to assure the child receives a free and appropriate public education (FAPE) as required by the IDEA.

The IEP team develops the IEP considering the strengths of the child, concerns of the parents for the child’s education, and evaluation results. It includes annual, measurable goals to address the needs identified, special education and related services and supplementary aids and services to be provided, and a statement of the program modifications or supports for school personnel that will be provided.

Beginning when a child is age 14, the IEP must address transition to adult services. By the time the child is 16, the IEP shall include a statement, if appropriate, of interagency responsibilities or any linkages.

The child’s placement is determined following the identification of services. IDEA requires that services be provided to children with disabilities in the least restrictive environment, generally the environment where the child would be educated if he/she did not have a disability. Decisions regarding moving to a more restrictive environment are made when the use of supplemental supports and services are insufficient to enable a the child to remain in the least restrictive setting.

IEP Team

A multi-disciplinary team that includes the parent, teachers, related services providers (e.g., psychologists, school social workers, occupational therapists, physical therapists, speech-language pathologists) administrators and others as appropriate develop the IEP in accordance with IDEA. The child’s parents must give consent for a representative of another agency to participate in the IEP meeting. Including representatives of other agencies (e.g., social services for children who are in foster care, court services unit for children who are on probation, or community services board for children receiving mental health services) will enhance seamless coordination of services between the schools and other agencies and is considered “best practice.”

Role of the local FAPT/CSA with respect to the IEP

Federal and state requirements prohibit any entity from changing the services or placement specified on the IEP. The FAPT and the CPMT are likewise prohibited from changing the IEP, including services and placement specified. When an IEP for private day services or private residential services is reviewed by the FAPT, the role of the team includes the authorization of funding, collection of uniform assessment and demographic data required for reporting, consideration of the child/family needs beyond the IEP, collecting information from IEP reviews and progress reporting for purposes of documenting utilization review, and assuring coordination of services for those children served by multiple agencies.

With respect to the IEP, best practice suggests that students with IEPs for private day and residential services may benefit from multidisciplinary planning that considers the needs of the child and/or family that extend beyond the IEP. An IFSP may be developed by the FAPT to address non-special education needs of the child or needs of the family. Such needs would not be related to the child’s disability and would require services that are not a part of the child’s special education program. The services might be designed to increase the child’s ability to be successful in the home and/or community setting.

Special Education and Utilization Review

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 and progress reporting at least as often as reporting is provided to parents of students without disabilities. It is common for IEP progress reporting to coincide with the school division's report card schedule.

The CSA utilization management process must be applied to special education services in conformity with special education laws and regulations. IDEA requires that students with disabilities be provided services in accordance with their IEPs and that funding for such services must be "sum sufficient," i.e., these services must be provided regardless of cost. IDEA prohibits a State from using a funding mechanism by which funds are distributed based on the type of setting in which a child is served that would result in the failure to provide a child with a disability a free and appropriate education. Each locality must ensure that its utilization management process does not interfere with the IDEA protections provided to each individual student with a disability, i.e., each decision regarding services and placement must be an individualized consideration.

Parental Rights in Special Education

Federal special education law and regulations afford the parents of children with disabilities significant rights regarding their children. Compliance with federal laws and protections to children with disabilities requires that CSA processes not impede a child's access to the services specified in his/her IEP, e.g., a parent may not be required to attend a FAPT meeting in order to gain access to funding for placement or services specified in a child's IEP.

Federal special education law and regulations do not apply to CSA processes around the development of an IFSP for a child with a disability. Best practice suggests that FAPT planning outside of a child's IEP (e.g., development of an IFSP) may be beneficial to the child and family and may, in fact, enable the CPMT to maintain the child within the community. Clear explanation must be given to the parent/family that the purpose of FAPT planning is not connected to the child's special education program, i.e., to his right to a free appropriate public education.

Federal confidentiality requirements give parents the authority over their child's educational records, including participants at the meetings in which their child's education record is discussed. Schools must secure parental consent whenever any non-school employee is to review the child's confidential record. In the absence of parental consent, the schools cannot share information with others including CSA entities. The absence of parental consent for the release of student records may not prevent the authorization of funding or implementation of services in accordance with a student's IEP.

Students with Disabilities in Private Placements

All children placed in a private placement through CSA who are eligible for special education shall have an IEP. The local school division that is part of the CSA Team that placed the child shall be responsible for the IEP.

- For an educational placement of a student with a disability (as specified by the child's IEP) the school division shall develop the IEP and hold responsibility for assuring that special education services are provided.
- For a non-educational placement for a student with a disability (a placement made by another agency or the CSA team as a whole), the school division that is part of the CSA team shall revise the IEP to reflect the non-educational placement. The IEP shall reflect that the student is now in a non-educational placement and shall address the student's special educational needs while in the placement.

The revised IEP for a non-educational placement is not considered the source of the residential placement.

- ✓ The school division is responsible for ensuring that special education and related services are provided in accordance with the IEP while the child is in the non-educational placement. The school division has no responsibility for the residential placement/services.
- ✓ The school division is not responsible for special education least restrictive environment requirements, as the child's placement was made for non-educational reasons.
- ✓ If a due process hearing is filed, the last educational placement agreed to by the school and parent is the "stay put" placement.

Role of Private Special Education School

Any IEP meeting for a child in a private school placement shall include a representative of a private school or facility. The school division **may** have the private school or facility revise the IEP, however, the facility may not do so unless requested by the school division and must involve school division personnel. No changes may be made to the IEP without local school division involvement and written approval. For any child placed into a private special education school through CSA, for educational or non-education reasons, the responsibility for compliance with special education requirements remains with the school division on the CPMT responsible for the placement.

Students with Disabilities Placed in Care in another Locality

If the local social services agency, community services board, court services unit, or Community Policy and Management Team places a student with a disability in a child caring facility, foster home or other residential setting cross-jurisdictionally (outside of the CPMT's political jurisdiction), the placing CPMT shall ensure that the student's special education needs are considered in the context of the proposed placement. When the IEP specifies services within a public school setting, the receiving school division must review the current IEP and determine if a) the school division can implement the IEP as written, or b) make appropriate modifications to the IEP so that it can be implemented. If it is determined that the student's needs cannot be met in the receiving school division, the school division on the placing CPMT is responsible to determine an appropriate placement for the child. Collaboration with the school division in the receiving locality is encouraged. Funding for private educational services remains the fiscal responsibility of the placing CPMT.

Students with Disabilities in Foster Care

Local school divisions shall provide special education services to children in foster care who can be educated in the public schools in that locality or in a public regional program. The division will be reimbursed by the Department of Education as part of the foster care reimbursement fund (Code of Virginia) §22-101.1 <http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+22.1-101.1>, and §22.1-215 <http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+22.1-215>

If a child's special education needs cannot be met within the public schools in the jurisdiction in which the child is placed, the school division that is part of the placing CSA team is the division responsible for ensuring development of an IEP to determine an appropriate educational placement. Fiscal responsibility for private education placements remains the responsibility of the placing CPMT.

Students with Disabilities not in Foster Care

Local school divisions are not required to enroll children who are non-residents and not in foster care nor a licensed child-caring facility (Code of Virginia) § 22.1-101.1

<http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+22.1-101>. Each local school board can determine whether that division will admit non-residents and, if so, if the board will charge tuition (Code of Virginia) § 22.1-3; § 22.1-5.

<http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+22.1-3> <http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+22.1-5>

Prior to placing a non-foster care child cross-jurisdictionally; it is imperative that the CPMT determine if the child can enroll in the local school division. If the school board's policies do not permit enrollment, then other arrangements must be made for either the child's education, or for another living arrangement. The CPMT shall not make a placement for a child which denies the child's access to education.

The CSA Pool cannot pay tuition to a local school division. If a child who is not in foster care is placed for non-educational reasons in a group home in a locality which charges tuition for non-resident students, the local school division on the placing CSA team will be responsible for payment of tuition. This underscores the importance of working with the local school division representatives on the FAPT/CPMT prior to out-of-jurisdiction placements.

Residency

The Regulations Governing Special Education Programs for Children with Disabilities in Virginia define residency for students with disabilities who are placed in residential programs for non-educational reasons outside of their resident jurisdictions.. In general, students who are not in foster care remain residents of the locality in which their parents reside.

When a student with a disability who is not in foster care is placed into a residential program by a CSA participating agency or by the FAPT/CPMT, the student remains a resident of the locality in which his/her parent resides. The CPMT of the child's residence is fiscally responsible for special education services.

When a student who is not in foster care is placed into a residential program by his/her parent for non-educational reasons, the school division of the child's residence is responsible for the provision of a free, appropriate public education (FAPE).

Age of Eligibility for Students with Disabilities

Consistent with a student's eligibility for special education services under IDEA, CSA is responsible for funding private school special education services specified in the IEP for a student who has not reached his/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 remainder of the school year.

CSA Pool Responsibility

The sum sufficient nature of special education is captured in the Comprehensive Services Act legislation (Code of Virginia) § 2.2-5211 C <http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+2.2-5211>. The CSA pool is responsible to fund the following special education services:

- All services delineated in an IEP which specifies placement into a private day special education facility or a private residential facility,
- The special education costs associated with the non-educational placement of a student with a disability into a private residential program by a participating CSA entity or CSA team (FAPT/MDT/CPMT).
- Placement into a private school which is ordered by a hearing officer as a result of a due process hearing or which is part of a legally binding mediation agreement between a parent and school division.

Local School Division Responsibility

Local school divisions are responsible for payment of the following:

- All services specified in the IEP for students with disabilities who are served in the public schools.
- Evaluations to determine eligibility for special education and as required for re-evaluation of students with disabilities
- Homebound instruction
- Public school personnel necessary to implement the Standards of Quality and staffing requirements specified in the *Regulations Governing Special Education Programs for Children with Disabilities in Virginia* (including teachers and paraprofessionals), and staff necessary to provide services specified in a child's IEP when the child is served in the public schools
- Regional special education programs costs
- Tuition payments to another school division
- Transportation costs necessary to implement IEP placements in private programs (i.e., private day and private residential placements)

Regional Special Education Programs

Local school boards that create a regional special education program to serve children with low incidence disabilities may receive “regional tuition reimbursement” from the Department of Education. The cost for services is shared by the state and local school divisions.

Parental Co-Payments

As federal law requires that all special education services must be provided at no cost to parents, no co-payment may be charged to a parent for any service specified on the IEP or otherwise provided as a requirement of a free appropriate public education. Thus, IEP services funded by CSA (i.e., private day and private residential services) are exempt from the parental co-payment. For a student with a disability placed into a residential program for non-educational reasons (e.g., by social services), the educational portion of the placement is exempt from the parental co-payment.

Medicaid-Funded Residential Placements of Students with Disabilities

When a CSA team places a student with a disability into a residential treatment program and utilizes Medicaid funding for the treatment services, the cost for educational services is the responsibility of the CSA pool.

If a student with a disability is placed into a residential program by his/her parents for non-educational reasons, the school division of the parent’s residence is responsible for the provision of a free appropriate public education (FAPE). If the school division determines that a public school service (e.g., enrollment in the LEA where the residential program is located, homebound, etc.) is appropriate to meet the needs of the student, the school division is responsible for ensuring the delivery and funding of those services. If the school division determines that private day or private residential services are necessary to meet the needs of the student, and develops an IEP for those services, the services are funded by the CSA pool.

NOTE: If a student without a disability is placed into a residential program by his/her parents for non-educational reasons, neither the local school division or the CSA team have any obligation to pay for educational services.

Agency Disputes Involving Children with Disabilities

The local school division is responsible to ensure compliance with IDEA requirements for the provision of a free appropriate public education to every student in accordance with the IEP. IDEA requires that special education services must be provided as soon as possible following the development of an IEP and that services may not be

delayed while funding is being determined. In the instance of any interagency dispute that may interfere with the provision of a free appropriate public education to a student with a disability the local school division shall provide or pay for such services and claim reimbursement from the CPMT.

For questions about Special Education and CSA, please contact:

Susan Cumbia Clare
(804) 371-2725
Susan.clare@doe.virginia.gov

or

Paul Raskopf
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APPENDIX C
DEPARTMENT OF JUVENILE JUSTICE

APPENDIX UNDER DEVELOPMENT

For questions about CSA and Juvenile Justice, please contact:

Scott Reiner
Dept. of Juvenile Justice representative to the SLAT:
(804) 371-0720
scott.reiner@djj.virginia.gov

or

Randy Blevins
Court Service Unit Director Association representative to the SLAT:
(276) 676-6284
Randall.blevins@djj.virginia.gov

The Director of the Dept. of Juvenile Justice, Barry Green is the designated agency representative to the State Executive Council

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APPENDIX D
DEPARTMENT OF SOCIAL SERVICES

Department of Social Services
Technical Assistance Document
Regarding
Guidance on the Provision of
Foster Care Services

2009 DSS VERSION

Foster Care Guidelines
VIRGINIA DEPARTMENT OF SOCIAL SERVICES
July 1, 2009

The following table lists the most important federal and state statutes and regulations.

CATEGORY	CITATION	DESCRIPTION
FEDERAL		
Statutes	Titles IV-B and IV-E of the Social Security Act	Contains requirements for administering and funding foster care programs, family support and preservation, adoption, and Independent Living Programs
Regulations	45 CFR 1355-57	Regulations pertaining to Titles IV-B and IV-E
STATE STATUTES		
DEFINITION OF FOSTER CARE SERVICES	63.2-905	Foster care services are the provision of a full range of casework, treatment and community services for a planned period of time to a child and his family when the child (i) has been identified as needing services to prevent the need for foster care placement, (ii) has been placed through an agreement between social services or the public agency designated by the CPMT and the parents or guardian where legal custody remains with the parents or guardian, (iii) has been committed or entrusted to a local board of social services or child welfare agency.
FUNDING	63.2-400 63.2-319 and 63.2-410	Local governing bodies and the General Assembly shall appropriate such sum or sums of money as shall be sufficient to provide for the foster care of children in the custody or under the supervision of the local boards of public welfare.
HOW CHILDREN ARE PLACED IN FOSTER CARE	63.2-900; 63.2-903 and 63.2-1105	Gives local departments of social services the authority to accept children for placement
	16.1-277	Entrustments
	16.1-278.2	Abuse and Neglect
	16.1-277.02	Relief of care and custody
	16.1-278.4	Children in Need of Services
	16.1-278.8	Delinquent Youth
SERVICE PLANNING AND COURT APPROVAL AND REVIEW	16.1-281-2	Requires and defines content of service plans. Requires court review and approval of service plan and case progress.

FOSTER CARE PROTECTIONS

Federal and state statutes require agencies responsible for the care of foster children provide them certain protections. These protections apply to ALL children in care. The state, local departments of social services and courts are to ensure these protections are provided to children and their families. Federal funding is contingent on their provision. The following summarizes federal and state requirements.

REASONABLE EFFORTS	
Prevention	Reasonable efforts must be made to prevent unnecessary removal of children from their families.
Prevention	If placement occurs, the court must find that reasonable efforts were made to prevent out-of-home placement.
Reunification	Reasonable efforts must be made to reunify the child with the family. A court must find that these efforts have been made. A court may determine that reasonable efforts do not need to be made if certain exceptions exist.
Permanency	If the goal is not return home, reasonable efforts must be made to find a permanent home for the child. The court must determine that such reasonable efforts have been made.
CASE PLANNING, REVIEWS AND SERVICE PROVISION	
Safety	The child's health and safety shall be the paramount concern of the court and the agency throughout the case planning, service provision and review process.
Permanency	Permanency planning should begin as soon as a child enters foster care and should be expedited by the provision of services.
Case Planning	Service plans must be current and reviewed every six months by the court until a permanency goal is achieved. The service plan must describe (i) the programs, care, services and other support which will be offered to the child and his parents and other prior custodians, (ii) the participation and conduct which will be sought from the parents and prior custodians, (iii) visitation and other contacts, (iv) the nature of the placement, and (v) for children age fourteen or over, the programs and services which will prepare the child for the transition to independent living. If consistent with the child's health and safety, the plan shall be designed to support reasonable efforts, which lead to the return of the child to his parents or prior custodians within the shortest practicable time.
	If return home is not the goal, the plan shall (i) reasons why the child is not returning home, (ii) determine opportunities for placing the child with a relative or in an adoptive home, (iii) identify a plan leading to the child's successful placement with a relative if a subsequent transfer of custody to the relative, or in an adoptive home within the shortest practicable time, and if neither is feasible, (iv) explain why independent living for a child sixteen years of age or older or permanent foster care

	is the plan for the child.
	Families must be involved in service planning and review. Parents are required to attend court hearings. Foster and pre-adoptive parent(s) are invited to attend.
Court Reviews	Permanency planning hearings must occur within 14 months of placement to determine the permanent plan for the child.
Permanency	Local departments must petition for termination of parental rights if a child remains in care for more than 15 of 22 months unless certain federally defined exceptions exist.
	Subsequent to termination of parental rights, local departments must report to court every six months on progress made toward adoption.
PLACEMENT	
Appropriateness	The placement must be appropriate for the child.
Family-based	The child must be placed in the least restrictive (most family like setting) consistent with the best interests and special needs of the child.
	Relatives must be considered first as placement resources.
	The child must be placed in as close proximity as possible to the parent(s) or prior custodian's home to facilitate visitation.
	The local department must enter into a placement agreement with the placement provider.
Safety	The placement must be licensed or approved.
	Educational and medical information must be provided to the foster parents or provider on initial placement, each time a child is placed, and on an on-going basis in order to assure that providers have basic medical and educational information about the child.
	Placement of a child into foster care cannot be denied or delayed solely on the basis of race, color, national origin, or geographic location of the foster parents or child involved.

FUNDING FOR FOSTER CHILDREN

There are two primary sources of funding for foster children- Title IV-E (federal and state funding) and Comprehensive Services Act funding. Prior to implementation of the Comprehensive Services Act (CSA), funding for maintenance for non-Title IV-E eligible children, services for all children in foster care and their families, and foster care prevention were funded through local departments of social services. ALL of the local department of social services “state and local foster care” and Social Services Block Grant (SSBG) foster care funds were transferred to the CSA State Pool Fund and responsibility for funding of all of these services transferred as well.

MAINTENANCE

Maintenance for children in foster care may be funded through Title IV-E funds or State Pool Funds. A child must be determined eligible for Title IV-E. Eligibility is dependent upon the income of the family (income must be very low), deprivation, type of placement, and whether the court determines that reasonable efforts were made to prevent placement. The following table defines maintenance based on the federal definition for Title IV-E eligible costs. If a child is not eligible for Title IV-E, these maintenance costs are paid from State Pool Funds.

TYPE OF PLACEMENT	ALLOWABLE MAINTENANCE COSTS	ADDITIONAL COMMENTS
Regular foster homes	Uniform rates based on age Components are: Room and Board Clothing Personal Care, Recreation, Reading Allowance	Rates as of July 1, 2009 Age 0-4: \$448 5-12: \$525 13-21: \$666 Youth may stay voluntarily in care after age 18 if making progress in treatment, training, or educational program. Special needs payment made to foster parents out of service funds.
	Day care when foster parent works, or attends training or reviews related to child	Day care provider must be licensed or approved
	Supplemental Clothing Allowance	Ages 0-4 \$300 Ages 5-12 \$375 13+ \$450 per year for clothing at time of placement, change in placement, or if clothing outgrown, lost, or destroyed
Treatment Foster Care provided by Child Placing Agency or Public Agency	All of the Above Payment to Foster Parent for Additional Daily Supervision Required for a Special Needs Child	Daily supervision payment cannot be so great as to constitute a salary to foster parent.

TYPE OF PLACEMENT	ALLOWABLE MAINTENANCE COSTS	ADDITIONAL COMMENTS
Residential	Room and Board Clothing Personal Care, Recreation, Reading Allowance Daily Supervision Proportion of overhead related to costs of providing above.	Facility must determined rate. Payment may not include costs for therapy, medical services, counseling, or other non-maintenance expenses.
Minor Child of Foster Child	Maintenance	Paid from same source as parent's funding
Independent Living Stipend	Cannot be funded out of Title IV-E. CSA funds only	Rate as of July 1, 2009: \$644

Maintenance costs for non-IV-E eligible children are paid from State Pool Funds. All Interstate Placements must comply with Interstate Compact to receive state and federal funding.

Placements Ineligible for Title IV-E Funding (These placements must be funded with CSA funds)

- Unapproved homes or unlicensed facilities, (also ineligible for CSA funding);
- Placements in public facilities that accommodate more than 25 children;
- Children on runaway status for more than two days. Funding must be switched to CSA funding;
- Youth over age 19. Youth who are 18 may be funded through Title IV-E if in an educational/vocational training program with a reasonable expectation to complete the program by their nineteenth birthday;
- Independent Living Arrangements where youth receives IL Stipend.

SERVICES

Funding for services and to meet basic needs of foster children, in addition to maintenance, largely comes from the CSA State Pool Fund. Foster care services are defined broadly in the *Code* as the provision of a full range of casework, treatment and community services for a planned period of time to a child and his family. Foster care services are any appropriate service documented as needed on the Foster Care Service Plan.

The services listed below are examples of foster care services funded through CSA. The third column provides other potential local department of social services funding sources for these services. All of these other sources are limited, some may not be available in every locality or for every child, and some sources may be used for other client categories, in addition to children at-risk of or in foster care and their families.

CSA FUNDED FOSTER CARE SERVICES

GENERAL CATEGORY	SPECIFIC SERVICES FUNDED BY CSA	OTHER POTENTIAL DSS FUNDING
Services listed on foster care plan to meet the needs of the child, reunite the child with family, or obtain a permanent placement for child		All child specific services (not services to parents) listed can be reimbursed fully or partially from funds in the child's special welfare fund resulting from child support collections, or receipt of SSI, SSA, Veteran's, etc.
Medical services not covered by Medicaid	Examples are medical appliances and devices or supplies, dental and orthodontic services, optometry/optical services, pharmaceutical services, adaptive devices, wheel chairs, medical services for foster children who are illegal aliens and not eligible for Medicaid	All child specific medical services not paid by Medicaid can be reimbursed fully or partially from funds in the child's special welfare fund resulting from child support collections, or receipt of SSI, SSA, Veteran's, etc.
Education Services, Including Special Education, not funded by local school division	Residential services Private Day School Tutoring, School fees: lab, art, locker, band, school trips, or other fees, tuition and fees (including college), graduation fees, life skills training, summer school	* Maintenance payment should cover school supplies. * Independent Living Funds for youth 16 and over for educational services preparing youth for self-sufficiency * Textbooks are to be provided at no cost
Residential	Costs of services not considered maintenance	

GENERAL CATEGORY	SPECIFIC SERVICES	OTHER POTENTIAL DSS FUNDING
Child Specific Service Payments to Foster Parents	Day care, respite care, special needs payments, services to maintain stability of home, pre-approved expenses by foster parents paid for child	* Day care and special needs payments for Title IV-E eligible children available through Title IV-E * Respite Care- Respite Care appropriations and pool funds
Vocational Services	Employment counseling and training, job coaching	Independent Living funds first choice
Social-recreation	Mentoring, camp, recreation	Camp-respite care pool funds
Incidentals for the foster child	Child safety seats, diapers for older children, photographs, miscellaneous costs related to caring for child not covered by maintenance payment	
Transportation	Child specific costs for reasonable transportation for visits with parent and/or siblings	* Medicaid for health related transportation * Title IV-E for transporting child for visitation
Burial	Funeral and burial costs	General Relief
Legal expenses	Child specific legal representation, Orders of Publication, expert witnesses	* Agency legal expenses are out of administrative funds or IV-E administrative * GAL expenses paid by court
Reunification services to parents or family	Services not covered by Medicaid, parent training, mental health and substance abuse treatment not covered by insurance	* 20% of Promoting Safe and Stable Families Funds (formerly Family Preservation) is to be used on reunification services
Adoption expenses	Child specific recruitment and home approval, adoption counseling	* Title IV-E adoption recruitment and training funds * State adoption recruitment contracts
Prevention of foster care services	Any purchase or service that would eliminate or reduce the risk of out-of-home placement, emergency needs to prevent placement (clothing, rent, and utilities)	* Line 829-Family Preservation * Promoting Safe and Stable Families funding * Title IV-E Administrative Funds (staff expenses only) * General Relief

LOCAL DEPARTMENT OF SOCIAL SERVICES RESOURCES FOR FUNDING OF FOSTER CARE SERVICES

CHILD’S PERSONAL RESOURCES

TYPE OF RESOURCE	TITLE IV-E CHILDREN	CSA CHILDREN	COMMENTS
Child Support	Support payments reimburse Virginia Department of Social Services for maintenance. Any amount over maintenance sent to locality.	Support payments reimburse locality for child-specific costs.	Support collected from date of placement unless good cause claimed. Excess funds placed in child’s Special Welfare Account for child’s personal needs or future needs.
SSI	SSI payment is reduced by amount of IV-E payment made. SSI funds may not be used to reimburse IV-E costs. Funds may be used to reimburse other child –specific costs.	Child is entitled to full SSI check. SSI payment reimburses child-specific costs, including maintenance and services.	Agencies need to evaluate whether to accept SSI check or IV-E benefits. Generally: For a child in regular foster care, discontinue IV-E and accept full SSI check. For treatment foster care or residential, suspend SSI and use IV-E. Excess funds placed in Special Welfare Account for child’s personal needs or future needs
SSA, Railroad, Veterans, trust funds, other resources, etc.	These funds are used to reimburse current maintenance and services.	These funds are used to reimburse maintenance and services.	Excess funds are placed in Special Welfare Account for child’s personal needs or future needs.*

*When a child leaves foster care, funds left in the Special Welfare Account belong to the child.

Independent Living Program Funds: These federal funds are allocated to local departments with approved plans to fund services which prepare youth in foster care, ages 16 and over, to transition to independence. Funds may be used to fund IL staff or purchase the following services:

- Education
- Vocational Training
- Daily Living Skills/Assistance Training
- Counseling
- Other Assistance Promoting Independent Living

These funds may not be used for maintenance. The Virginia Department of Social Services also manages a trust fund to assist in paying for educational services for former foster care youth over age 21 that need to complete higher education.

Promoting Safe and Stable Families Program funding (formerly Family Preservation and Support):

Funds family preservation and support services and programs, reunification, and adoption services in localities that apply and have approved plans. Beginning July 1, 1999, 20% of grant funds must be spent on reunification services. Reunification services are services provided to children and families to enable a child in foster care to return home. Local agencies can also use these funds for adoption services. While the fiscal agent for these funds is the local department of social services, the Community Policy and Management Team are responsible for planning for use of these funds.

Line 829: Family Preservation: Funding allocated to local department of social services for family preservation services. Local departments of social services use these funds to provide supportive services to families they serve. Some localities use these funds to support general relief efforts.

Adoption Subsidy (Maintenance and Services): Children may be eligible for these funds, if still in foster care, once an adoption placement and subsidy agreement is signed.

Respite Care Funding: Funding to local departments who have been awarded grants for respite care. Additional respite care pool funds are available to all localities, with an approved grant, for the child-specific provision of respite care services.

Title IV-E Training: Federal funding requiring 25% local match available to local departments that have a state approved plan to train foster and adoptive parents. Federal funding requiring a 25% local match is also available to fund training for local department child welfare staff. Local departments must have a state-approved plan for staff training.

Title IV-E Administrative Pre-Placement Prevention Funding: For children who have been determined a reasonable candidate for foster care, VDSS, after applying the Title IV-E penetration rate, can claim 50 percent FFP for allowable administrative costs on behalf of the LDSS. Local departments of social services evaluate reasonable candidacy on a case-by-case basis to access these funds.

Non-Custodial Foster Care Placements

Non-custodial foster care placements are held to the same requirements as all foster care placements. Time frames for administrative panel reviews and court hearings are based on the date of the initial non-custodial foster care placement. Court hearings must document reasonable efforts to prevent removal and that it continuation in the home would be contrary to the child's welfare. Case data must be entered into and maintained in OASIS. These placements require a non-custodial foster care agreement at placement and a foster care service plan completed within 60 days of placement. These placements may be eligible for Title IV-E and Medicaid and must be evaluated for eligibility. Parents who place children in these placements are required to pay child support, and a referral to the Division of Child Support must be made.

**For more information regarding the Virginia Department of Social Services
Foster Care Program and Services, go to:**

[FC Laws, Regulations, Guidance - VDSS](#) or to the Foster Care Manual at [Foster Care Manual-VDSS](#)
or contact:

Therese Wolf, Foster Care Program Manager
Virginia Department of Social Services
7 North 8th Street
Richmond, Virginia 23219
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(804) 726-7522

[Toolkit](#)

APPENDIX E

VIRGINIA FEDERATION OF FAMILIES

Introduction:

Your child/youth and family maybe eligible for assistance through the Virginia Comprehensive Services Act for At-Risk Youth and Families (CSA), if your child/youth meets the following guidelines:

- is under the age of 18,
- or aged 22 or younger and eligible for special education, and their Individualized Education Program (IEP) requires education in a private day placement or residential treatment center. If so, they are eligible for CSA services until the last day of the school year in which they turn 22 years of age; and
- at risk of having serious emotional or behavioral difficulties; and
- in need of services from multiple county/city agencies.

What Is The Comprehensive Services Act (CSA):

In 1992, the Comprehensive Services Act for At-Risk Youth and Families (CSA) was passed by the Virginia General Assembly. The purpose of the CSA is to meet the needs of families with children/youth who have, or are at risk of having, serious emotional or behavioral challenges.

The goal of the CSA is to keep families together and provide services within the child's home and community, based on the child and family's assessed needs. These services are intended to:

- preserve and strengthen families,
- indentify needs and help families as soon as possible,
- be provided in the least restrictive environment possible (i.e. in the child's home/community),
- create service plans to meet the specific needs of children and youth,
- increase communication and partnerships between families and county/city agencies,
- encourage public-private partnerships in serving families,
- provide more control and flexibility of funding at the county/city level.

Who Receives Services Under The CSA:

Mandated: This category as for children/youth who are eligible to receive services, as required by law, which are those:

- Children/youth who are eligible for special education and their IEP requires special education services in a private day placement or residential treatment center.
- Children/youth in foster care and those determined to be at imminent risk for foster care placement.

Non-mandated: This category is for those who are not required to receive services by law. Funding must be available in the community; otherwise these children/youth may be placed on a waiting list or outright denied services until funding is available. This category is children/youth served by:

- Juvenile Court
- Community Services Board (CSB)
- Public Schools,
- Other county/city public agencies, and
- Those whose needs cannot be met through the family's or public agencies' resources.

Who Is Involved in the CSA Process:

The following work together to implement the CSA process in the locality:

- Community Planning and Management Team (CPMT)—oversees how the Family Assessment and Planning Team (FAPT) operates and determines policy and procedures on how the CSA funding is appropriated. The CPMT also appoints the FAPT members. The CPMT is made up of at least one local elected or appointed official or designee, and the agency heads or designees from the Department of Social Services (DSS), CSB, Department of Health, School System, Court Services Unit (CSU), a parent representative who does not work for a local agency receiving CSA funds, and a private provider.
- Family Assessment and Planning Team (FAPT)—a community-based team that implements the CSA at the local level. The team is comprised of staff from the same agencies as the CPMT, and usually led by the CSA Coordinator or FAPT chair. FAPT's purpose is to work with the family to determine their concerns and needs, services requested and available resources to meet these needs.
- The child/youth and their family are an important part of the CSA process—participating in the FAPT meeting as an equal member to help decide what services are needed and how best to provide them. Families and youth are encouraged to attend the FAPT meeting to present concerns and solutions.

What is the Individual Family Service Plan (IFSP):

The IFSP 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 approval. Some localities do it before the FAPT meeting; some do it in conjunction with FAPT. The IFSP is a written plan that includes information about the strengths and challenges of the child/youth and family, professionals involved and services that have been provided, as well as services being recommended with the appropriate goals and objectives. The IFSP is reviewed periodically, to determine effectiveness and appropriateness of services. Reviews may occur from 3-12 months, depending on the services approved. Case managers should be kept involved and aware of any changes, especially if needs are not being met, so the IFSP is kept current and accurate.

The CSA Appeal Process—what happens if you do not agree with the FAPT’s decisions:

Every parent or legal guardian is a participating member of the FAPT and as such, their opinion is crucial. If you do not agree with the decisions made in regards to your child/youth, you have the right to appeal. Your written appeal request must be submitted to your local CPMT, for their review. There may also be a form that your local FAPT can provide to you. Contact your local CSA Coordinator or FAPT Chair to determine the correct course of action for your locality, especially any related timeframes.

Parental Rights and the Comprehensive Services Act, with the code denoted

Community Policy and Management Teams

"Every Community Policy and Management Team shall establish policies governing referrals and reviews of children and families to the Family Assessment and Planning Teams or a collaborative multidisciplinary team approved by the Council and a process to review the team's recommendations and requests for funding" [COV§ 2.2-5206.5](#).

“Every community policy and management team shall 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 specially prohibited by federal or state law or regulations, provided for appropriate parental or legal guardian financial contribution utilizing a standard sliding fee scale based on ability to pay”. [COV § 2.2-5206.3](#)

“The community policy and management team shall anticipate to the best of its ability the number of children for whom such services will be required and reserve funds from its state pool allocation to meet these needs. Nothing in this section prohibits local governments from requiring parental or legal financial contributions, where not specifically prohibited by federal or state law or regulation, utilizing a standard sliding fee scale based upon ability to pay, as provided in the appropriation act”. [COV §2.2-5211C](#)

Family Assessment and Planning Teams

"The Family Assessment and Planning Team shall provide for family participation in all aspects of assessment, planning, and implementation of services." [COV § 2.2-5208.2](#).

"The Family Assessment and Planning Team shall designate a person who is responsible for monitoring and reporting, as appropriate, on 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 agencies". [COV§ 2.2-5208.9](#).

Exchange of Information and Confidentiality

"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 and 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".

"Proceedings held to consider the appropriate provision of services and funding for a particular child or family or both who have been referred to the Family Assessment and Planning team, and whose case is being assessed by this team or reviewed by the Community Policy and Management Team shall be confidential and not open to the public, unless the child and family who are subjects of the proceedings request, in writing, that it be open. All information about specific children and families obtained by the team members in the discharge of their responsibilities to the team shall be confidential". [COV§2.2-5210](#)

Parental Rights and the Comprehensive Services Act

The Comprehensive Services Act was designed to assist troubled youths and their families to gain access to the services from various human services agencies in order to meet their needs. State and local agencies, parents and private service providers work together to plan and provide services. All parents of children served by the CSA have the right to:

- 1) Understand the local CSA process and to receive information on the timelines for receiving and reviewing referrals for services.
- 2) Be notified before the child is assessed or offered services.
- 3) Understand the information received in the parent's native language.
- 4) Consent in writing before beginning any services that are part of the Individual Family Service Plan (IFSP) developed, except when ordered by the court, upheld by the appropriate appeals process, or authorized by law.
- 5) Review and receive information regarding the child's record and to confidentiality (unless otherwise authorized by law ordered by the court).
- 6) Assistance from local human services professionals to receive the services your child requires.
- 7) Review, disagree with and appeal any part of the child's assessment or service plan.
- 8) Participate during the entire meeting at which a Comprehensive Services Act Team discusses the child and family situation.

Relationship to the Individualized Education Program

The Individualized Education Program (IEP) is developed in accordance with your child's right to receive a Free and Appropriate Public Education (FAPE), as defined by federal regulation and law, and, if before accessing CSA funding, the child would have been in private day or private residential placement in order to receive an education, the services identified by the IEP team must be provided to the child. Local policies governing access to the pooled funding by these children/youth shall ensure access to funds for students whose IEP call for such services.

Community Policy and Management Teams must ensure that children and youth who are receiving mandated services (students with an IEP and children/youth in foster care) receive access to funds without delay.

Resources:

Office of Comprehensive Services, Wythe Building
1604 Santa Rosa Road, Suite 137
Richmond, VA 23229
(804) 662-9815
www.csa.virginia.gov

For further information on Parent's and the CSA Process Contact:

Vicki Hardy-Murrell, RN-BSN
Director, Virginia Federation of Families
a program of Mental Health America--VA

3212 Cutshaw Avenue, Suite 315
Richmond, VA 23230

Office: (804) 257-5455
Toll free: 1-866-798-2363
Fax: (804) 257-5593
Email: vhardy-murrell@medhomeplus.org
Website: www.mhav.org



APPENDIX F CSA WEB PAGE DIRECTORY

Welcome to OCS Web Page Directory! The purpose of OCS Web Page Directory is to give an overview of the Office of Comprehensive Services (CSA) website. The web address for the OCS (CSA) web site is <http://www.csa.virginia.gov/> . The various links on the CSA home page and the sub links in them are described briefly.

LOCATED ALONG THE TOP LEFT OF THE WEB PAGE:

Links to the Commonwealth of Virginia Home Page and various online State resources are available in the Header Bar of the CSA web page.

LOCATED AT THE TOP RIGHT OF THE WEB PAGE IS THE FOLLOWING LINK:

[Contact Us](#)

This link contains contact information of Office of Comprehensive Services staff. It has names, job titles, job functions, and contact information for all OCS staff.

ALONG THE LEFT MARGIN OF THE WEB PAGE THE FOLLOWING LINKS CAN BE FOUND:

[News](#)

This link contains sub links to news related to the CSA program by year of publication for the years 2000 - 2009. The news posted under 'What's New' on home page for each year is also archived to this section.

[For Parents](#)

This link contains many important and useful documents for parents and families that educate them about the Comprehensive Services Act for At Risk Youth and Families (CSA).

[Systems of Care](#)

This link contains many sub links with important information on Overview of Systems of Care, CSA as Systems of Care, Utilization Management, and Intensive Care Coordination etc.

[CANS](#)

The Child and Adolescent Needs and Strengths Assessment (CANS) is the mandatory uniform assessment instrument required for use with all children and families receiving services under CSA. It is an assessment instrument to help plan and manage services for children and their families at both an individual and system of care level. This link has sub links that will take the reader to information about the CANS documents, CANS Fact Sheet Series, CANS Training, CANS Policy, Super User Information and Training.

[Local Government Reporting/Contacts](#)

This link contains two sub links. The first sub link is “local government reporting”, where the localities login to prepare the data set reporting and fiscal agents approve the reports. The second sub link is “local government contacts”, which also has two sub links. The first, “CSA Roster Page” contains contact information for all CSA localities by various topics such as CANS Super Users, CPMT Members and an overall Locality listing.

NOTE: ALL LOCALITIES ARE INDIVIDUALLY RESPONSIBLE FOR KEEPING THE CONTACT INFORMATION LOCATED ON THIS WEB CITE CURRENT TO INSURE THAT INFORMATION DISSEMINATED FROM THE STATE OFFICE CAN BE RECEIVED SUCCESSFULLY.

This page also contains contact information for regional and state staff from the various agencies represented in the CSA program..

[Statewide Statistics](#)

This link allows localities to access various statistical reports compiled from data set information. It also provides access to Administrative Reports on Utilization, and Locality Reports such as Medicaid Billings, Census Information and Local Expenditure Reports.

[State Executive Council/State and Local Advisory Team](#)

This link contains two sub links with information on the State Executive Council (SEC) and the State and Local Advisory Team (SLAT). Each sub link has information about membership, meeting schedule and minutes, announcements etc.

[Training/Technical Assistance & Best Practices](#)

This link contains two sub links. The first sub link is “Training/Technical Assistance”. This sub link contains instructional information related to various CSA functions such as data set preparation and Supplemental Funding Requests. The second sub link is “Best Practices”. The Best Practices page contains information on Best Practices surrounding various CSA related topics and also provides localities with an opportunity to submit their CSA Best Practices to be shared through the CSA web site.

[CSA Manual/CSA Publications](#)

This link accesses the CSA Manual and other CSA Publications such as Memos, Guidelines, the CSA Strategic Plan and the Biennial Report.

[CSA Service Fee Directory](#)

This link contains several sub links. The first sub link takes the reader to an online application for inclusion in the Service Fee Directory. A second sub link gives directions as to how to update Provider information online. There are also additional sub links that allow the user to search the Service Fee Directory by various criteria such as provider name, service, or characteristic. The 'help' link on this page offers more detailed help to providers with questions about the Service Fee Directory.

[CSA Code/Legislative Updates](#)

This section takes to a page where we can find the information about CSA Appropriations Act, CSA Code sections, Procurement Act, and Policy updates.

[Site Index](#)

This section takes to CSA Website Index

For questions related to the CSA Web Page, Contact:

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Statistical Analyst/Webmaster
(804) 662-9819
madhavi.oruganti@csa.virginia.gov