

## Practice Guidelines for Serving a "Child in Need of Services"

### Applicability:

These Practice Guidelines apply to children who have been determined by either a Juvenile and Domestic Relations (J & DR) District Court, a CSA Family Assessment and Planning Team (FAPT), or an approved alternative multi-disciplinary team (MDT) to be a "Child In Need of Services" (CHINS) as defined in COV [§16.1-228](#) and [SEC Policy 4.1.1](#).

Section [2.2-5212](#) of the Code of Virginia (COV) lists the eligibility categories for receiving services through the CSA. Legislation passed by the 2025 General Assembly revised the eligibility categories listed in [§2.2-5212](#) to include:

“4. Children and youth who are determined, by either a juvenile and domestic relations district court or a family assessment and planning team, to be a child in need of services as defined in [§16.1-228](#).”

Additional information regarding CSA sum-sufficient (mandated) funding for this population is found in [§2.22-5211.4](#), which reads:

“Children and youth who are determined, by either a juvenile and domestic relations district court or a family assessment and planning team, to be a child in need of services as defined in [§ 16.1-228](#) and requiring (i) community-based services to prevent or eliminate the need for an out-of-home placement or (ii) placement outside of the home through an agreement between the public agency designated by the community policy and management team and the parents or legal guardians who retain legal custody of the child or youth.”  
(Effective July 1, 2025)

These practice guidelines **do not** address or implement any changes in law, policy, or practice for children and families served by a local department of social services (LDSS) receiving foster care services (as defined in [§63.2-905](#)) due to abuse/neglect or as a CHINS, including those served through an active in-home services case intended to prevent a foster care placement, foster care placement (including Non-Custodial Foster Care Agreements), and placement through the Kinship Guardianship Assistance Program or the State Funded Kinship Subsidy Assistance Program. Children and families who need or are receiving foster care services remain eligible and may be served through sum-sufficient (“mandated”) funding if all CSA requirements are met. ([§§2.2-5211](#), [2.2-5212](#)).

## Definition:

COV Section [16.1-228](#) defines a CHINS as "a child whose behavior, conduct or condition presents or results in a serious threat to the well-being and physical safety of the child " (ii) a child who remains away from or deserts or abandons his family or lawful custodian during one occasion and is demonstratively at risk of coercion, exploitation, abuse, or manipulation or has been lured from his parent or lawful custodian by means of trickery or misrepresentation or under false pretenses or (iii) a child under the age of 14 whose behavior, conduct or condition presents or results in a serious threat to the well-being and physical safety of another person."

## Process for Determining Eligibility as a CHINS:

The eligibility determination shall be made in one of two ways:

A J & DR court finds that a child meets the statutory definition found in the first paragraph of [§16.1-228](#) (see Definition above) and that "(i) the conduct complained of must present a clear and substantial danger to the child's life or health or to the life or health of another person, (ii) the child or his family is in need of treatment, rehabilitation or services not presently being received, and (iii) the intervention of the court is essential to provide the treatment, rehabilitation or services needed by the child or his family."

OR

A FAPT or approved alternative multi-disciplinary team (MDT) designated by the Community Policy and Management Team (CPMT) determines that the child's behavior, conduct, or condition meets this specific statutory definition.<sup>1</sup>

This determination of eligibility will be made by gathering and considering all relevant information (e.g., agency records, assessments, psychological or other evaluations) while relying on the expertise and knowledge of the team members. The family will provide their perspective on the child's needs and strengths.

Specific facts, observations, diagnoses, psychological or other evaluations, assessments, including the Child and Adolescent Needs and Strengths (CANS) assessment, and the conclusions drawn by the collaborative team members will contribute to the FAPT's determination of whether the child meets or does not meet the statutory definition of a CHINS.

The FAPT must document the factors considered and their determination of the child's CSA eligibility as a CHINS on the *Documentation of Eligibility Form* (Appendix A to SEC [Policy 4.1.1](#)).

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<sup>1</sup> A Child in Need of Services (CHINS) is distinct from a Child in Need of Supervision (CHINSup) ([§16.1-228](#)). A court-finding of CHINSup does not, on its own, provide CSA-eligibility under CSA eligibility statutes and [Policy 4.1.1](#).

If the FAPT finds that the youth does not meet the statutory definition of a CHINS, the team should inform the parent(s) of their right to appeal this eligibility decision by filing a petition with the J & DR Court. FAPT is strongly encouraged to consider all available supports for youth who do not meet CHINS criteria, including utilizing protected funds, special education wraparound services, and other community-based resources.

### **Services for a Child in Need of Services:**

All services for CSA-eligible children and families, including those for a child determined to be a CHINS, should be provided through a collaborative system of care that is child-centered, family-focused, and community-based ([§2.2-5200](#)). The FAPT should engage families in all aspects of assessment, planning, and the implementation of services (§2.2-5208), building on their strengths, resources, and natural supports, as informed by the CSA uniform mandatory assessment instrument, and documenting these services in the Individual Family Service Plan (IFSP). CSA teams should strive to preserve and strengthen families by providing appropriate services in the least restrictive environment that protects children's welfare and maintains public safety ([§2.2-5200 A.1](#)). The nature and duration of services are planned and reviewed based on the specific needs of the individual youth and their family.

If disagreements arise over the appropriate placement or services for the child, the team and legal guardian should explore alternatives. Ultimately, the legal guardian decides whether to accept the services or placement developed with and recommended by the team. Neither the legal guardian nor the CPMT must enter into an agreement if they disagree on the child's appropriate placement. The CPMT has final authority to approve CSA-funded services and to approve the expenditure of CSA funds in compliance with federal and state requirements. The parent or legal guardian may appeal FAPT decisions consistent with [§2.2-5206.17](#) and the locally established appeals process.

Two types of services may be provided to a CHINS:

- Community-based services directly related to the child's behavioral health treatment needs, intended to prevent out-of-home placement for the treatment of the child's behavioral/emotional needs
- Placement outside the home through an agreement between the public agency designated by the CPMT (other than the LDSS) and the child's parents or legal guardians, who retain legal custody of the child.

### **Placements Outside of the Home**

If community-based services and supports have been explored and are unavailable or will not meet the child's needs, the team and family should explore the most appropriate and least restrictive out-of-home placement.

FAPT should consider the most appropriate way to serve a child out of the home. If there is an open LDSS “In-Home” foster care prevention case, and the child is placed outside of the home for treatment with the parent(s) retaining legal custody, a Non-Custodial Foster Care (NCFC) Agreement must be the mechanism by which the child is placed through LDSS case management. If LDSS involvement is unnecessary, a CSA Parental Agreement may be used, provided a community services board (CSB), juvenile court service unit (CSU), or the school division provides case management. When the FAPT or approved MDT and the legal guardian agree on an out-of-home placement as the most appropriate and least restrictive service, a local public agency (other than the LDSS) designated by the CPMT and the legal guardian must enter into a written agreement (“CSA Parental Agreement”).

CSA Parental Agreements may not be used for any purpose other than the behavioral health treatment of a child. Consequently, placements must be in a group home, a psychiatric residential treatment facility (PRTF), or, in limited circumstances, a sponsored residential or treatment foster home. Other placements, such as local agency foster homes, hospitals, or independent living arrangements, are not allowable or appropriate settings for a child placed through a CSA Parental Agreement.

A standard template for CSA Parental Agreements ([Policy 4.1.1](#), Appendix B) addresses family participation and parental/legal guardian financial responsibility, including co-payments, private health insurance, or Medicaid, as well as the conditions and methods for terminating the agreement. The template may be modified or replaced at the discretion of the local CSA program.

Non-family and congregate care settings are inherently restrictive environments. Safeguards should be in place to protect children from inappropriate, non-medically necessary, long-term stays.

## **Placements Outside the Child’s Home Locality**

Before placing the child across jurisdictional lines, the team shall comply with the expectations outlined in COV [§2.2-5211.1.2](#). Specifically:

“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.”

For all children placed out-of-state using CSA funds, the team shall follow the requirements of the Virginia Interstate Compact for the Placement of Children (ICPC). See <https://www.dss.virginia.gov/family/icpc/index.cgi>.

## **Case Management:**

The FAPT is responsible for facilitating family participation, developing a plan, referring the youth and family to services, and designating a case management agency responsible for monitoring and reporting on the progress in implementing the IFSP to the team ([§2.2-5208](#)).

Case management services for a CHINS are to be provided by a public agency. Case Support may be purchased through CSA to allow the CSB to fulfill CSA case management responsibilities if no other public agency provides case management. Case Support may not generally be paid if the LDSS or CSU has open cases, as those agencies are responsible for and funded separately for routine case management.

## **Differences between Services Provided through the SEC CHINS Policy and Services Provided by the LDSS:**

The LDSS is responsible for case management for children and families where child abuse or neglect is a concern. If such concerns exist, even if the child also has behavioral health treatment needs (and might meet the criteria for CHINS), only the LDSS may provide case management, as other agencies are not responsible for doing so. Children whose families are receiving services because of abuse or neglect, even if the child is also determined a CHINS, may not be placed through CSA Parental Agreements.

If the LDSS opens or maintains an “In-Home” CHINS prevention case, and a child is placed in an out-of-home treatment setting, a CSA Parental Agreement may not be used. The comparable appropriate agreement for out-of-home treatment when an LDSS has an open case is a Non-Custodial Foster Care Agreement.

Non-Custodial Foster Care Agreements are considered “foster care placement” and include expectations and benefits such as permanency safeguards, title IV-E eligibility, and additional maintenance resources unavailable with CSA Parental Agreements (e.g., required school enrollment in the placement locality, childcare, Best Interest Determination transportation).<sup>2</sup>

Services for children and families with open LDSS In-Home or foster care cases, whether due to concerns over child abuse/neglect or children determined as CHINS, are eligible for CSA under one of the CSA foster care mandate types (including foster care prevention).

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<sup>2</sup> Foster care placement is “(i) an agreement between the parents or guardians and the local board where legal custody remains with the parent or guardians or (ii) entrustment or commitment of the child to the local board or a licensed child-placing agency.” ([63.2-100](#))

## Discharge / Continuing Care Planning:

The Code of Virginia requires that discharge planning by the FAPT begin at the time of placement for a child placed through CSA into a residential setting (COV, [§2.2-5208.5.iii](#)).

“For each child entering or in residential care ... 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.”

The FAPT or approved MDT is charged with assessing and identifying the child's and family's needs and strengths to create a service plan, the IFSP, detailing the services and supports to meet those needs and utilize strengths. As the statutory language directs, from the beginning of the process, decisions must be made about what constitutes a successful discharge of the child from the residential program and how that will be achieved. Regular monitoring of the IFSP by FAPT and utilization review will determine if modifications should be made to the IFSP to serve the child and family more effectively and to update discharge planning as more information is gathered about the child's response to treatment over time.

While a child is in an out-of-home placement, parents and other caregivers should receive services to help them better understand and manage their child's behavior and facilitate the child's return home. Services such as family counseling, parent coaching, or intensive care coordination are appropriate for funding through the CSA as a Community Transition Service (Service Placement Type 3). Services to address primarily parental needs, such as mental health or substance use disorder treatment, may be funded through private insurance, Medicaid, or the local community services board.

Discharge and continuing care planning for children whose out-of-home placement is primarily due to intellectual and developmental disabilities (and who are likely to require long-term care) should include consideration of applications for Medicaid waivers, vocational rehabilitation through the Department of Aging and Rehabilitative Services (DARS), or involvement of the LDSS, and other applicable resources.

## **Parental Responsibilities and Financial Resources:**

Services provided to a CHINS are subject to the CSA parental contribution requirements as detailed through local CMPT policy.

The model CSA Parental Agreement specifies that parents and legal guardians are expected to apply for Medicaid and/or utilize other public or private funding and resources, as applicable, to support out-of-home placements.

Children served as CHINS and placed through CSA Parental Agreements are NOT in a foster care placement; therefore, maintenance categories, such as the supplemental clothing allowance and transportation for Best Interest Determinations provided for children in foster care, are not applicable. The parent(s) or legal guardian(s) retain specific financial responsibilities related to their child's care that are usual and customary parental responsibilities, including but not limited to medical and dental care, clothing, toiletries, personal care items, and spending allowances.

The parent, the CPMT, and the case managing agency voluntarily enter into placements through CSA Parental Agreements. They are intended to offer out-of-home behavioral health treatment to children and youth who are not involved with the child welfare system. The parent(s) are voluntarily seeking assistance in obtaining behavioral health treatment for their child, and the parent retains legal custody with all the attendant responsibilities of a legal parent or guardian.

## **Funding:**

Children determined eligible for CSA as a CHINS are considered a "sum-sufficient" population as specified in [§2.2-5211](#) to provide services developed by the FAPT and approved by the CPMT.

## **Age of Eligibility:**

Eligibility as a CHINS for both community-based services and CSA Parental Agreements terminates as of the youth's 18<sup>th</sup> birthday.

## **Court Involvement:**

If a local DSS is court-ordered to provide foster care prevention services to a CHINS child and family, the LDSS opens an in-home prevention case to provide community-based services to the child and to prevent foster care placement.

However, if a child comes to the attention of the court and the LDSS is placed "on notice" in the absence of abuse/neglect concerns, and the sole concern is the child's behavioral health needs, a referral to FAPT is optimal to determine the most appropriate way to serve the child.

CSA Parental Agreements may be used for eligible children and youth court-ordered into residential treatment for behavioral health needs. The court's order does not reduce their legal obligations to care for their child.

## **Standard Requirements for Use of CSA:**

All the usual requirements for using CSA funds apply when serving CHINS-eligible children. These include FAPT review, development of a service plan (IFSP), and CPMT funding authorization. As required by [§2.2-2648.D.15](#), the CPMT shall conduct Continuous Quality Improvement (CQI), also known as utilization management, to assess the overall effectiveness and appropriateness of services provided to children and their families ([§2.2-2648.D.15](#)). Utilization review of individual cases shall be conducted as required by the Code of Virginia and as described in the local CPMT's CQI plan.

The Mandatory Uniform Assessment Instrument (CANS) shall be administered in accordance with SEC [Policy 3.5](#) and local CPMT policy.

## **Due process protections:**

Section [§2.2-5206.17](#), COV requires that each CPMT "shall...establish policies and procedures for appeals by youth and their families of decisions made by local family assessment and planning teams regarding services to be provided to the youth and family pursuant to an individual family services plan developed by the local family assessment and planning team..."

Although this review process cannot directly reconsider FAPT's determination of CHINS eligibility, it can review CSA eligibility decisions and service recommendations issued by the FAPT. Local CSA appeal processes shall not replace or supersede any procedures required under state or federal law.