



## Frequently Asked Questions (FAQ)

### State Executive Council "Levels of Care" Policy for Licensed Child Placing Agencies

*(Please see the end of this document for an explanation of the acronyms used in this FAQ)*

**Original Date:** March 2015

**Reviewed and Updated:** January 2023

The questions in this FAQ were taken from the public comments and other questions identified by providers and localities during the policy review process in 2014 that became effective on July 1, 2015.

#### **1. Are there specific descriptions or definitions of services associated with each level?**

No. The levels are intentionally broad and based on the *child's needs* (including physical health/medical needs, not solely behavioral/emotional needs), not on levels of service or rates. The general nature of the TFC levels is purposeful to support local governments and TFC providers in defining their practices within the parameters of the Guidelines.

#### **2. Is there a relationship between the Medicaid criteria for TFC case management and the levels of TFC?**

Yes. Licensing standards for LCPAs operating TFC programs require case management and provide specifics regarding caseload size, service planning, and visits per month. These requirements are consistent with the DMAS (Medicaid) medical necessity criteria for Treatment Foster Care-Case Management (TFC-CM). LCPAs should apply to Medicaid to fund TFC-CM for Medicaid-eligible children in TFC. If the child is determined not to meet the medical necessity criteria and appropriate appeals are exhausted, the FAPT/CPMT should either: a) authorize CSA funding for TFC-CM based on assessment data that indicates the child's needs require treatment case management (e.g., physical health needs, abuse or neglect) and maintain specific documentation of the justification for this decision; or b) re-evaluate the level of care and, if the team concurs that the non-treatment level of care is appropriate to meet the youth's needs, place the youth at the non-treatment level of care.

#### **3. Do providers require a separate license from VDSS to offer non-treatment foster care?**

Licensed Child Placing Agencies authorized to provide treatment foster care are also permitted to offer "non-treatment" foster care. At the time of application to the VDSS Division of Licensing Programs (DOLP), the licensed child-placing agency completes a form that requires the agency to request approval for the types of services it wishes to provide. If the LCPA's "physical" license does not reflect the authorization to offer non-treatment foster care, the agency should contact its licensing specialist in the VDSS Division of Licensing Programs and request to add this designation.

**4. Is the level system adopted by the SEC required?**

Yes. Any locality seeking state CSA reimbursement for treatment foster care or non-treatment foster care by an LCPA must demonstrate that "levels of foster care services are appropriately matched to the individual needs of a child or youth," consistent with the policy adopted by the SEC.

**5. How does the level system interact with the rates for services provided by LCPAs?**

The policy adopted by the SEC does not address rates. As stated in statute (COV §2.2-5214), CSA rates are determined by the "free market" process.

**6. Is it reasonable for a local CSA program to request that an LCPA accept "maintenance-only" payment for a child on the non-treatment level of care?**

Licensure regulations for LCPAs have various requirements beyond the provision of basic foster case maintenance and a subset of these requirements apply to the non-treatment level of care. These include activities defined by the "Private Foster Care Support, Supervision and Administration" CSA service name, which are appropriately billable to CSA.

**7. Who has the final say if the locality and provider disagree about a level of service?**

The contracting of services and rates continues to be a local decision along with existing collaborative decision-making processes. The determination of the level of care needs to be supported by assessment data.

**8. How often should FAPT review the level placement of a child?**

The policy adopted by the SEC does not address the frequency of FAPT reviews, and FAPT reviews cases according to local policy.

**9. How do the current assessment instruments (.e.g., CANS and VEMAT) correlate to the levels?**

Decisions about placement at a level and movement between levels should use all available information to determine the child's needs. The CANS and VEMAT use progressive "severity categories" in rating items, consistent with three progressive levels of TFC. *The intent is to use **all information collected** to reach the best possible decision for the child's care.* There is no direct correlation between the CANS or VEMAT assessment and a specific TFC level (e.g., a child with all ratings of "1" on the CANS does not determine that a child is at level 1). Rather the CANS assessment, VEMAT, provider progress reports, foster parent reports, psychological and other evaluations, social histories, and medical records should **all** be considered in determining the appropriate level. For example, a child may have ratings of "1" on the CANS in several areas of the Life Functioning domain but not have the behavioral/emotional needs or risk behaviors that warrant placement at TFC Level 1. Instead, the child could be served at the non-treatment foster care level. Alternatively, a child could have numerous ratings of "2" on the CANS, but because some of those ratings reflect needs such as self-harm or psychotic behaviors, the child may need to be placed at TFC Level 3.

## 10. How do the guidelines permit/encourage the placement of siblings in the same foster home?

The SEC policy requires that each child is provided services according to their documented level of need. Each child within a sibling group in the same foster home must receive services at their individual level of need. For example, one child may have emotional/behavioral problems determined to be at TFC Level 2 and need structured treatment foster care but have siblings who do not demonstrate this level of need. Implementing the guidelines concerning the non-treatment level of care gives the LCPA and the foster home the flexibility to serve the entire sibling group, with every child at the correct level of need.

### Assessment Level

The remaining questions address questions about the "Assessment Level." The following information is provided to assist providers and local governments in understanding the intended purpose and functionality of the "Assessment Level."

## 11. What do providers need to offer at the Assessment Level?

The Assessment Level is *a collaborative process* in which all stakeholders (e.g., the LDSS, the LCPA, the FAPT, the parents, and anyone with information about the child) work together to learn about the child and family and assess strengths and needs. As a child may come into foster care unexpectedly and the LDSS has little or no information about the child, evaluating any child's needs is best practice before making a placement-level determination. During the assessment period, it is expected that the following activities will be completed:

- required assessment tools (CANS and VEMAT)
- all documentation required of the provider by licensing standards (e.g., social history, service plan)
- a Family Partnership Meeting
- a FAPT meeting to include discussion about how the child is adapting to that foster home and what services may be needed to enhance the adjustment
- an assessment of the relationship between the child and foster parent; and
- if necessary, a psychological assessment.

The assessment process provides a formal structured opportunity to implement the best practice of assessing a child's strengths and needs prior to determining what services should be put in place. It provides a less restrictive alternative to a 60–90 day residential assessment program alleviating the need for the child to experience multiple moves. The intent is that the assessment level of care will result in the identification and delivery of appropriate services and result in fewer placement disruptions.

As with all the levels, placement at the assessment level is not associated with a specific rate and rates may vary depending on what the locality negotiates with the provider for this level of service.

## 12. When is the Assessment Level required?

The assessment process (and level) is required for children entering care for the first time and children moving from the care of one licensed child placing agency to another. Placement at the assessment level may not require the full 60 days, but in no circumstance shall it exceed 60 days. The Assessment Level is not used when a child moves from one foster home to another within the same LCPA.

**13. Are children being placed at the non-treatment level also assessed first? If so, why?**

As indicated above, children who are new to care or moving from one provider to another (e.g., different LCPA, step-down from residential, placed from detention) are to be placed at the assessment level. A child may appear to have few needs or have been stable in their current foster home. However, needs, behaviors, and other concerns may emerge after placement or moving to another LCPA. A child's removal from their birth (or adoptive) home and subsequent placement changes are inherently traumatic and the child's needs should be assessed at the time of initial placement with an LCPA.

**14. Is it a conflict of interest for the provider to do the assessment?**

No. The decision regarding the appropriate level of care is collaborative based on information obtained during the assessment period.

***Terms as used in this FAQ:***

CSA	Children's Services Act
DMAS	Department of Medical Assistance Services
DOLP	Division of Licensing Programs (within VDSS)
FAPT	Family Assessment and Planning Team
LCPA	Licensed Child Placing Agency
LDSS	Local department of social services
SEC	State Executive Council (policy-making and oversight body for CSA)
TFC Agency	Licensed Child Placing Agency authorized by regulatory language (Virginia Administrative Code) to provide Medicaid Treatment Foster Care Case Management
VDSS	Virginia Department of Social Services