

**MINUTES**  
**JUNE 10, 2014**

**Minutes**  
Winchester CPMT  
10 Baker Street, Conference Room  
Tuesday, June 10, 2014  
2:00 p.m.

**MEMBERS PRESENT**

Mary Blowe, City of Winchester  
Dr. Charles Devine, Virginia Dept. of Health  
Amber Dopkowski, Winchester Dept. of Social Services  
Mark Gleason, Northwestern Community Services Board  
Craig Gerhart, City of Winchester  
Lyda Kiser, Parent Representative  
Sarah Kish, Winchester Public Schools  
Paul Scardino, National Counseling Group

**MEMBERS/OTHERS NOT PRESENT**

Kelly Bober, Child Advocacy Center  
Peter Roussos, Dept. of Juvenile Justice

**Others Present:**

Karen Farrell, Winchester Comprehensive Services Act  
Coordinator  
Connie Greer, Winchester Dept. of Social Services

**RECAP OF CPMT VOTES:**

**Motion:**

- Motioned to approve the minutes from May 13, 2014 CPMT Meeting.
- Motioned to approve the appointment of Ms. Kimberly Drunagel as the parent representative to FAPT.
- Motion to accept the updated CSA Forms, as revised.
- Motion to accept the June 2014 CSA Policy revision. Dr. Devine seconded the motion. The motion passed unanimously.
- Motion to amend the CPMT Bylaws to incorporate language regarding the rotation of the CPMT Chair and Vice Chair.
- Motion to request full allocation of Wrap Funds from OCS.
- Motion to convene in Executive Session pursuant to 2.2-3711 (A) (4) and (15), and in accordance with the provisions of 2.2 – 5210 of the Code of Virginia for proceedings 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 reviewed by the community policy and management team.
- Motion to come out of Executive Session
- Motion to Certify Compliance by Roll Call Vote Move that the members of the Winchester CPMT certify that to the best of each

**Action:**

- 1<sup>st</sup>: Dr. Devine
- 2<sup>nd</sup>: Mr. Scardino
- 1<sup>st</sup>: Dr. Devine
- 2<sup>nd</sup>: Ms. Kiser
- 1<sup>st</sup>: Dr. Devine
- 2<sup>nd</sup>: Mr. Gleason
- 1<sup>st</sup>: Mr. Gleason
- 2<sup>nd</sup>: Dr. Devine
- 1<sup>st</sup>: Dr. Devine
- 2<sup>nd</sup>: Ms. Kiser
- 1<sup>st</sup>: Dr. Devine
- 2<sup>nd</sup>: Mr. Scardino
- 1<sup>st</sup>: Ms. Kiser
- 2<sup>nd</sup>: Dr. Devine

**Status:**

- Approved
- Two (2) abstentions
- Approved unanimously

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**Motion:**

member's knowledge, (1) only public business matters lawfully exempted from open meeting requirements, and (2) only such public business matters were identified in the motion by which the closed meeting was convened were heard, discussed, or considered in the closed meeting.

**Action:**

**Status:**

- Motion to Approve All Cases, as presented or amended  
 1<sup>st</sup>: Mr. Gleason  
 2<sup>nd</sup>: Dr. Devine  
 Approved  
 Mr. Scardino abstained from 4 cases
- Motion to adjourn CPMT Meeting  
 1<sup>st</sup>: Dr. Devine  
 2<sup>nd</sup>: Mr. Gleason  
 Approved  
 Unanimously

Item	Discussion	Action
<b>Call to Order/Additions to the Agenda</b>	The meeting was opened by Chair, Amber Dopkowski, at 2:05 pm.	Dr. Devine welcomed everyone to the new meeting location at the Health Department, 10 Baker Street. The CPMT members introduced themselves to each other.
<b>Approval of Minutes</b>		Dr. Devine motioned to approve the minutes from May 13, 2014. Mr. Scardino seconded. Motion to approve the minutes passed with two (2) abstentions.
<b>Announcements</b>	This is Ms. Dopkowski's final meeting as CPMT Chair.	Ms. Dopkowski was thanked for an extraordinary year of service to the CPMT.
<b>Financial Report</b>	The Financial Report was distributed and included expenditures for May, 2014  Report: May, 2014 Gross Expenditures: \$85,020.35 Expenditure Refunds: \$54,367.72 Net Expenditures: \$30,652.63 Local Dollars: \$10,832.38 Regular Medicaid Payments to Providers: \$61,762.42 Local Match: \$17,706.51	Ms. Farrell reviewed the report.

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Item	Discussion	Action
	<p>Wrap Dollars Funds Beginning Balance: \$23,424.00            Encumbered: \$210.00            Disbursed: \$11,695.00            Remaining Funds: \$11,519.00</p> <p>Non-Mandated Funds Beginning Balance: \$20,162.00            Encumbered: \$5,670.00            Disbursed: \$12,168.60            Remaining Funds: \$2,323.40</p> <p>Unduplicated Foster Care Case Count: 86</p>	<p>The CPMT requested an additional line item for "Cost per Child" on the Nine Year Comparison Report.</p>
<p><b>Old Business:</b></p> <p><b>a. Strategic Planning Report-Assignment of Work Committees</b></p>	<p>Four Strategic Target Areas were identified as follows:</p> <ol style="list-style-type: none"> <li>1. CPMT Foundation and Structure (Dopkowski, Gleason, Blowe)</li> <li>2. Common Ground through Education, Training and Shared Expectations (Roussos, Kiser)</li> <li>3. Data-Driven Accountability and Service Provision (Scardino, Bober)</li> <li>4. CPMT Services Development (Kish, Devine)</li> </ol>	<ol style="list-style-type: none"> <li>1. The subcommittee met on June 23 and reviewed and revised the various forms and local CSA policy.</li> <li>2. No report.</li> <li>3. Another meeting of the subcommittee to be scheduled soon to review the current vendor contracts.</li> <li>4. No report.</li> </ol>
<p><b>b. Eligibility Determination for Non-Medicaid Children</b></p>		<p>Mr. Gleason, Mr. Scardino and Ms. Dopkowski to schedule a meeting to review the Request for Quote template.</p>
<p><b>c. Intensive Care Coordination Services</b></p>		<p>The Office of Comprehensive Services (OCS) cancelled the training for ICC Service Providers. OCS may reschedule the training for the Fall with a new vendor.</p>

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<p><b>d. CPMT Chair and Vice Chair Rotation</b></p>	<p>DSS rotation of Chair ends on June 30, 2014.</p>	<p>Mr. Gleason, as the representative from the Community Service Board (NWCSB) will assume Chair on July 1, 2014. Ms. Dopkowski to contact Mr. Roussos regarding the possibility of DJJ representative assuming Vice Chair role on July 1, 2014, with the goal of DJJ assuming Chair role on July 1, 2015 in accordance with the rotation schedule.</p>
<p><b>e. Appointment of Parent Representative for FAPT</b></p>	<p>A parent representative for FAPT was identified during the Citizen's Insight Academy</p>	<p>Ms. Dopkowski and Mr. Gleason met with interested parent representative. Dr. Devine motioned to approve the appointment of Ms. Kimberly Drunagel as the parent representative to FAPT. Ms. Kiser seconded. Motion to approve the appointment passed unanimously.</p>
<p><b>f. Process for Approval of CSA Expenditures</b></p>		<p>Discussions continued regarding modalities to review cases in advanced of the CPMT meetings. CPMT to continue to explore possibilities.</p>
<p><b>g. CSA Policy Revision and Forms</b></p>	<p>Ms. Dopkowski reviewed the updated CSA policy and CSA Forms.</p>	<p>Dr. Devine motioned to accept the updated CSA Forms, as revised. Mr. Gleason seconded the motion. The motion passed unanimously.</p> <p>Mr. Gleason motioned to accept the CSA Policy revision. Dr. Devine seconded the motion. The motion passed unanimously.</p> <p>Dr. Devine motioned to amend the CPMT Bylaws to incorporate language regarding the rotation of the CPMT Chair and Vice Chair. Ms. Kiser seconded the motion. The motion passed unanimously.</p>

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<b>Item</b>	<b>Discussion</b>	<b>Action</b>
<p><b>New Business</b>            a. <b>Reimbursement of June Expenditures</b></p>	<p>FY2015 budget is still under discussion</p>	
<p>b. <b>FY15 Wrap-Around Services for Students with Disabilities</b></p>		<p>Dr. Devine motioned to request full allocation of Wrap Funds from OCS. Mr. Scardino seconded the motion. The motion passed unanimously.</p>
<p>c. <b>National Center for Missing and Exploited Children</b></p>	<p>Mr. Gleason explained the collaborative arrangement between NWCSB and the National Center for Missing and Exploited Children (NCMEC). NWCSB is currently the only agency with this relationship.</p>	<p>Mr. Gleason requested the CPMT to consider partnering with the NWCSB and NCMEC to be part of a collaborative model. To discuss further at July meeting.</p>
<p><b>Motion to Convene in Executive Session</b></p>	<p>Motion to convene in Executive Session pursuant to 2.2-3711 (A) (4) and (15), and in accordance with the provisions of 2.2 – 5210 of the Code of Virginia for proceedings 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 reviewed by the community policy and management team.</p>	<p>Ms. Dopkowski asked that the meeting move into Executive Session. On motion by Ms. Kiser, seconded by Dr. Devine, the meeting moved into Executive Session.</p>
<p><b>Motion to Come Out of Executive Session &amp; Immediately Reconvene in Open Session</b></p>		<p>Motion to come out of Executive Session by Mr. Gleason and seconded by Dr. Devine. Approved unanimously.</p>
<p><b>Motion to Certify Compliance by Roll Call Vote</b></p>	<p>Move that the members of the Winchester CPMT certify that to the best of each member's knowledge, (1) only public business matters lawfully exempted from open meeting requirements, and (2) only such public business matters were identified in the motion by which the closed meeting was convened were heard, discussed, or considered in the closed meeting.</p>	<p>Motion to Certify Compliance by Roll Call Vote was made by Mr. Gleason, seconded by Dr. Devine, and unanimously approved.</p>
<p><b>Motion to Approve All Cases</b></p>	<p>Motion to Approve all cases as accepted or amended. Mr. Scardino – abstained from 4 cases</p>	<p>All cases were approved, as noted, on motion by Mr. Gleason, seconded by Dr. Devine. Motion was approved with noted abstentions.</p>

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2:00 p.m.

<b>Item</b>	<b>Discussion</b>	<b>Action</b>
<b>Motion to Adjourn/Next Meeting Date</b>	The next CPMT meeting will be held Tuesday July 8, 2014 at 2:00 p.m., Winchester/Frederick County Health Department, 10 Baker Street, Conference Room, Winchester VA	The meeting was adjourned on motion by Dr. Devine and seconded by Mr. Gleason at 3:30 p.m.

Attachments: May 2014 Financials  
June Agenda Attachments

Transcribed by CPG

DRAFT

**May**

**Financials**

**CSA Pool Reimbursement Request Report Worksheet**

Date: May 27, 2014  
 Period Ending: May 30, 2014

Chart A

**Part 1 - Expenditure Description**

Part 1 - Expenditure Description	Number of Clients	Gross Total Expenditures	Expenditure Refunds	Net Total Expenditures
<b>1. Congregate Care/Mandated &amp; Non-Mandated Residential Services</b>				
1a. Foster Care - IV-E Child in Licensed Residential Congregate Care	1	1,417.50		1,417.50
1b. Foster Care - all other in Licensed Residential Congregate Care		0.00	217.96	-217.96
1c. Residential Congregate Care - CSA Parental Agreements; DSS Non-Custodial		0.00		0.00
1d. Non-Mandated Services/Residential/Congregate Care		0.00		0.00
1e. Educational Services - Congregate Care	3	26,815.18		26,815.18
<b>2. Other Mandated Services</b>				
2a. Treatment Foster Care - IV-E	9	21,148.24	60.00	21,088.24
2a.1 Treatment Foster Care	1	5,116.00	51,314.61	-46,198.61
2a.2 Treatment Foster Care - CSA Parental Agreements; DSS Non-Custodial		0.00		0.00
2b. Specialized Foster Care - IV-E; Community Based Services		0.00		0.00
2b.1 Specialized Foster Care		0.00		0.00
2c. Family Foster Care - IV-E; Community Based Services	6	568.00	300.00	268.00
2d. Family Foster Care Maintenance Only	2	1,332.00	1,449.15	-117.15
2e. Family Foster Care - Children Receiving Maintenance/Basic Activities; IL	3	3,803.66	267.00	3,536.66
2f. Community Based Services	9	14,658.54	759.00	13,899.54
2f.1 Community Transition Services		0.00		0.00
2g. Special Education Private Day Placement	2	9,651.23		9,651.23
2h. Wrap-Around Services for Students With Disabilities		0.00		0.00
2i. Psychiatric Hospitals/Crisis Stabilization Units		0.00		0.00
3. Non-Mandated Services/Community Based	2	510.00		510.00
<b>4. Grand Totals: Sum of categories 1 through 3</b>	<b>38</b>	<b>85,020.35</b>	<b>54,367.72</b>	<b>30,652.63</b>

**Part 2 - Expenditure Refund Description (reported in line 4)**

Vendor Refunds and Payment Cancellations	300.00
Parental Co-Payments	
Payments made on behalf of the child (SSA, SSI, VA benefits)	1,565.00
Child Support Collections through DCSE	504.11
Pool prior-reported expenditures re-claimed under IV-E	51,314.61
Other (Reclass to IL)	684.00
<b>Total Refunds (must agree with line 4)</b>	<b>54,367.72</b>

Chart B



[CSA Statistics Home](#) > [CSA Pool Reporting](#)

**CSA Reports  
Pool  
Reimbursement  
Reports  
FY14  
Transaction  
History for  
Winchester -  
FIPS 840**

**Active Pool Report Preparers**  
Nancy Valentine (540) 686-4838  
Donna Veach (540) 686-4826  
Amber Johnson (540) 686-4823  
Karen Farrell (540) 686-4832

Pended Forms are not  
on this report

**Transaction History**

Match Rate:	Status	Period End	Date Filed	Total Amount	State	Local
0.4587						
<b>Beginning Balance</b>				<b>\$1,218,121.00</b>	<b>\$659,331.00</b>	<b>\$558,790.00</b>

**Pool Reimbursement History**

<u>9</u>	07/31/2013	08/02/2013	\$166.42	\$493.75	(\$327.33)
<u>9</u>	08/31/2013	09/05/2013	\$70,156.19	\$40,942.14	\$29,214.05
<u>9</u>	09/30/2013	10/01/2013	\$76,193.02	\$44,898.67	\$31,294.35
<u>9</u>	10/31/2013	11/01/2013	\$76,052.90	\$47,385.06	\$28,667.84
<u>9</u>	11/30/2013	12/02/2013	\$109,379.65	\$62,089.91	\$47,289.74
<u>9</u>	12/31/2013	01/07/2014	\$103,368.41	\$57,125.30	\$46,243.11
<u>9</u>	01/31/2014	02/04/2014	\$108,602.83	\$59,713.28	\$48,889.55
<u>9</u>	02/28/2014	03/05/2014	\$115,147.77	\$63,686.43	\$51,461.34
<u>9</u>	03/31/2014	04/01/2014	\$66,667.82	\$38,763.54	\$27,904.28
<u>9</u>	04/30/2014	05/01/2014	\$152,250.00	\$81,510.21	\$70,739.79
<u>5</u>	05/31/2014	06/02/2014	\$30,652.63	\$19,820.25	\$10,832.38
<b>Pool Reimbursement Expenditure Totals</b>			<b>\$908,637.64</b>	<b>\$516,428.54</b>	<b>\$392,209.10</b>

**Supplement History**

		04/25/2014	\$40,839.00	\$49,346.00	(\$8,507.00)
<b>Supplement Totals</b>			<b>\$40,839.00</b>	<b>\$49,346.00</b>	<b>(\$8,507.00)</b>

**CSA System Balance** **\$350,322.36** **\$192,248.46** **\$158,073.90**

**Transaction History without WRAP Dollars**

<b>Match Rate:</b> 0.4587	<b>Status Period End</b>	<b>Date Filed</b>	<b>Total Amount</b>	<b>State</b>	<b>Local</b>
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<b>Beginning Balance</b>			<b>\$1,194,697.00</b>	<b>\$646,652.00</b>	<b>\$548,045.00</b>
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**Pool Reimbursement History**

-	07/31/2013	08/02/2013	\$166.42	\$493.75	(\$327.33)
-	08/31/2013	09/05/2013	\$64,626.19	\$37,948.75	\$26,677.44
-	09/30/2013	10/01/2013	\$74,333.02	\$43,891.85	\$30,441.17
-	10/31/2013	11/01/2013	\$75,432.90	\$47,049.45	\$28,383.45
-	11/30/2013	12/02/2013	\$107,904.65	\$61,291.49	\$46,613.16
-	12/31/2013	01/07/2014	\$102,858.41	\$56,849.24	\$46,009.17
-	01/31/2014	02/04/2014	\$108,302.83	\$59,550.89	\$48,751.94
-	02/28/2014	03/05/2014	\$115,147.77	\$63,686.43	\$51,461.34
-	03/31/2014	04/01/2014	\$65,267.82	\$38,005.72	\$27,262.10
-	04/30/2014	05/01/2014	\$152,250.00	\$81,510.21	\$70,739.79
-	05/31/2014	06/02/2014	\$30,652.63	\$19,820.25	\$10,832.38

<b>Pool Reimbursement Expenditure Totals</b>			<b>\$896,942.64</b>	<b>\$510,098.03</b>	<b>\$386,844.61</b>
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**Supplement History**

		04/25/2014	\$40,839.00	\$49,346.00	(\$8,507.00)
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<b>Supplement Totals</b>			<b>\$40,839.00</b>	<b>\$49,346.00</b>	<b>(\$8,507.00)</b>
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<b>CSA System Balance (Non-WRAP):</b>			<b>\$338,593.36</b>	<b>\$185,899.97</b>	<b>\$152,693.39</b>
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**Transaction History WRAP dollars only**

<b>Match Rate:</b> 0.4587	<b>Status Period End</b>	<b>Date Filed</b>	<b>Total Amount</b>	<b>State</b>	<b>Local</b>
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**WRAP Allocation Additions History**

		08/01/2013	\$19,138.00	\$10,358.00	\$8,779.00
		10/25/2013	\$4,286.00	\$2,319.00	\$1,966.00

<b>WRAP Allocation Additions Totals</b>			<b>\$23,424.00</b>	<b>\$12,677.00</b>	<b>\$10,745.00</b>
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**Pool Reimbursement History - WRAP only**

-	07/31/2013	08/02/2013	\$0.00	\$0.00	\$0.00
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-	08/31/2013	09/05/2013	\$5,530.00	\$2,993.39	\$2,536.61
-	09/30/2013	10/01/2013	\$1,860.00	\$1,006.82	\$853.18
-	10/31/2013	11/01/2013	\$620.00	\$335.61	\$284.39
-	11/30/2013	12/02/2013	\$1,475.00	\$798.42	\$676.58
-	12/31/2013	01/07/2014	\$510.00	\$276.06	\$233.94
-	01/31/2014	02/04/2014	\$300.00	\$162.39	\$137.61
-	02/28/2014	03/05/2014	\$0.00	\$0.00	\$0.00
-	03/31/2014	04/01/2014	\$1,400.00	\$757.82	\$642.18
-	04/30/2014	05/01/2014	\$0.00	\$0.00	\$0.00
-	05/31/2014	06/02/2014	\$0.00	\$0.00	\$0.00
<b>Pool Reimbursement Expenditure Totals -WRAP only</b>			<b>\$11,695.00</b>	<b>\$6,330.51</b>	<b>\$5,364.49</b>
<b>CSA System Balance (WRAP only):</b>			<b>\$11,729.00</b>	<b>\$6,348.70</b>	<b>\$5,380.30</b>

Wrap-Around Services for Students with Disabilities  
2013 - 2014

Chart C

Child	7	2	9	11	13	12	6	TOTAL
Agency	WPS-NREP	WPS-NREP	WPS-NREP	WPS	WPS	WPS-NREP	NWCSB	SPENT
Worker	Clatter	Clatter	Clatter	Kish	Kish	Clatter	Hines	
JUL								0.00
AUG	1,620.00	260.00	480.00	40.00	400.00	2,490.00	240.00	5,530.00
SEP	1,260.00		600.00					1,860.00
OCT			180.00				440.00	620.00
NOV	1,140.00			80.00	255.00			1,475.00
DEC		130.00		40.00	340.00			510.00
JAN		130.00			170.00			300.00
FEB								0.00
MAR				100.00		1,300.00		1,400.00
APR								0.00
MAY								0.00
JUN								0.00
TOTAL/								
CHILD	4,020.00	520.00	1,260.00	260.00	1,165.00	3,790.00	680.00	11,695.00
				Beginning Balance				23,424.00
				Disbursed				11,695.00
				Encumbered				210.00
				Remaining Funds				11,519.00





# **June Agenda Attachments**

**CSA Forms**

## City of Winchester CSA Required Checklist

Child's Name:

FAPT/FTM/IDT (*circle one*)

Date of Meeting:

Items	Required	Yes	No	Comments
Winchester CSA Referral Form	Yes	<input type="checkbox"/>	<input type="checkbox"/>	
Eligibility Determination Form(s)	Initial Referral	<input type="checkbox"/>	<input type="checkbox"/>	
FTM Report ( <i>FTM only</i> )	FTM only	<input type="checkbox"/>	<input type="checkbox"/>	
FTM Signature Sheet ( <i>FTM's only</i> )	FTM only	<input type="checkbox"/>	<input type="checkbox"/>	
Service/Care Plan	Yes	<input type="checkbox"/>	<input type="checkbox"/>	
FAPT/FTM Budget Request Form Include all services/funding sources	Yes	<input type="checkbox"/>	<input type="checkbox"/>	
Progress Report from Service Provider ( <i>must be current</i> )	At Review	<input type="checkbox"/>	<input type="checkbox"/>	
CANS	Yes	<input type="checkbox"/>	<input type="checkbox"/>	
Consent to Exchange Information	Yes	<input type="checkbox"/>	<input type="checkbox"/>	
Parental Co-Pay Screening Form & Agreement	Initial Referral	<input type="checkbox"/>	<input type="checkbox"/>	
CSA Brochure ( <i>signed</i> )	Initial Referral	<input type="checkbox"/>	<input type="checkbox"/>	
<b>As Needed:</b>				
CSA Update & Communication Form ( <i>Service Update and Changes</i> )		<input type="checkbox"/>	<input type="checkbox"/>	
Certificate of Need ( <i>Medicaid Facilities</i> )		<input type="checkbox"/>	<input type="checkbox"/>	

*\*Purchase Orders will not be processed until required paperwork is provided to the CSA office.*

**City of Winchester CSA Budget Request Form**

Child's Name:

Case Manager:

Meeting Type: FAPT  FTM  IDT  (check one)

Date of Meeting:

Client	Service	Provider	Unit Cost	Frequency/Months of Service	Total Cost	Funding Source

Date Services Starts:

Total cost to CSA: \_\_\_\_\_

Date Services Ends:

Date of next FAPT, FTM, IDT Review: \_\_\_\_\_

Review Schedule:  3 months or less  6 months or less  Annual Review

\_\_\_\_\_  
Signature of Case Manager

\_\_\_\_\_  
Signature of Case Manager's Supervisor

\_\_\_\_\_  
Signature of FAPT Chair/FTM or IDT Facilitator

\_\_\_\_\_  
Signature of CPMT Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

CSA Office Use Only	Date CSA office received:
Copayment Status:	
Mandate Type:	

## CITY OF WINCHESTER CSA REFERRAL FORM

Initial \_\_\_

Review \_\_\_

<b>Date of Referral</b>	<b>Lead Agency</b>
<b>Family Team</b> FAPT    IDT	<b>Worker Name</b>
<b>Mandate Type</b>	<b>Worker Phone</b>
<b>Last UR date:</b>	<b>Worker Email</b>

### CHILD DEMOGRAPHIC INFORMATION

<b>Child Name:</b>	<b>Current Address:</b>
<b>Gender:</b> M    F	<b>DOB:</b>
<b>Hispanic:</b> Y or N	<b>SSN #:</b>
<b>Race:</b>	<b>STI #:</b>
<b>Medicaid:</b> Y or N	<b>DJJ #:</b>
<b>Child's School:</b>	<b>IEP: Y or N</b>
<b>Grade:</b>	<b>Type:</b>
<b>Primary reason for referral:</b>	<b>IVE eligible: Y or N</b>
<b>Medication currently taking:</b>	

### FAMILY DEMOGRAPHIC INFORMATION

<b>Mother:</b>	<b>Father:</b>	<b>Caretaker/Custodian:</b>
<b>Address:</b>	<b>Address:</b>	<b>Address:</b>
<b>Phone:</b>	<b>Phone:</b>	<b>Phone:</b>
<b>Hispanic Y or N</b>	<b>Hispanic Y or N</b>	<b>Hispanic Y or N</b>
<b>Race:</b>	<b>Race:</b>	<b>Race:</b>
<b>SSN:</b>	<b>SSN:</b>	<b>SSN:</b>
<b>Medicaid Y or N</b>	<b>Medicaid Y or N</b>	<b>Medicaid Y or N</b>
<b>Insurance Y or N</b>	<b>Insurance Y or N</b>	<b>Insurance Y or N</b>
<b>Legal Custody Y or N</b>	<b>Legal Custody Y or N</b>	<b>Legal Custody Y or N</b>
<b>Other significant people in child's life:</b>		<b>Address/Phone:</b>

### FAMILY ENGAGEMENT

<b>Rights/Responsibilities material provided</b> Y or N	<b>Inclusion of those youth considers "family"</b> Y or N
<b>Family-driven decision making</b> Y or N	<b>Avoided redundant meetings</b> Y or N
<b>Family Strengths:</b>	<b>Youth Strengths:</b>

**1) Case narrative and Supporting Information:**

*(Must include presenting issue, child/family history, previous interventions/outcomes, strengths, interests, and needs of family, reason for referral for CSA funding)*

**2) Progress toward goals (*required at review*):**

**3) Recommendations:**

**Lead Worker Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Agency Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Individual Service Plan/Care Plan

Family Name:

Case Manager:

Date:

Need(s)	Ways to meet needs	Plan of Action/Services	Challenges/Barriers	Person(s) Responsible	Outcome
1.					Date of Review: Accomplished: Did not complete: Change: Still in Progress:
Outcome: Short Term Goal: Long Term Goal:					
2.					Date of Review: Accomplished: Did not complete: Change: Still in Progress:
Outcome: Short Term Goal: Long Term Goal:					
3.					

System of Care Principles

Family Voice and Choice • Natural Supports • Community-Based • Collaboration • Team Based  
 Culturally Competent • Persistence • Outcome-Based • Individualized • Strength-Based

						<b>Date of Review:</b> <b>Accomplished:</b> <b>Did not complete:</b> <b>Change:</b> <b>Still in Progress:</b>
<b>Outcome:</b> <b>Short Term Goal:</b> <b>Long Term Goal:</b>						
4.						<b>Date of Review:</b> <b>Accomplished:</b> <b>Did not complete:</b> <b>Change:</b> <b>Still in Progress:</b>
<b>Outcome:</b> <b>Short Term Goal:</b> <b>Long Term Goal:</b>						
5.						<b>Date of Review:</b>

**System of Care Principles**  
**Family Voice and Choice • Natural Supports • Community-Based • Collaboration • Team Based**  
**Culturally Competent • Persistence • Outcome-Based • Individualized • Strength-Based**

					Accomplished:  Did not complete:  Change:  Still in Progress:
Outcome: Short Term Goal:  Long Term Goal:					

Date of Next Meeting:

System of Care Principles  
 Family Voice and Choice • Natural Supports • Community-Based • Collaboration • Team Based  
 Culturally Competent • Persistence • Outcome-Based • Individualized • Strength-Based

# City of Winchester CSA Copayment Screening Form

<input type="checkbox"/> Exclusion/Waiver Ineligible	<input type="checkbox"/> No Copay:
<input type="checkbox"/> Fee Waived:	<input type="checkbox"/> IEP
<input type="checkbox"/> Home Energy Asst Program	<input type="checkbox"/> DCSE
<input type="checkbox"/> SNAP	
<input type="checkbox"/> TANF	
<input type="checkbox"/> SSI Disability Only Income	
<input type="checkbox"/> Free and Reduced Lunch	
<input type="checkbox"/> Housing Choice Voucher Program	
Eligible for Co-Payment Assessment: Yes/No	
Assessed Co-payment Amount: \$ _____	

Child's Name: \_\_\_\_\_

Screening Date: \_\_\_\_\_

Caregiver #1: \_\_\_\_\_ Caregiver #2: \_\_\_\_\_

Employment Status: \_\_\_\_\_ Employment Status: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Income Sources: \_\_\_\_\_ Income Sources: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_ Gross Total Monthly Income: \_\_\_\_\_

Verification Source: \_\_\_\_\_ Verification Source: \_\_\_\_\_  
 W-2  Paystub  Other: \_\_\_\_\_  W-2  Paystub  Other: \_\_\_\_\_

Household Size: \_\_\_\_\_ Household Size: \_\_\_\_\_

Does the household qualify/receive any of the following? *(Check all applicable boxes)*

- Home Energy Assistance Program
- SNAP
- TANF
- SSI Disability Only Income
- Free and Reduced Lunch
- Housing Choice Voucher Program

### Collection Agreement

I/we, the undersigned, do hereby agree to honor the terms of this parental co-payment agreement. I/we agree to report any changes in income, family size or treatment expenses to the CSA Office. If the level of service changes, the co-payment amount will be reassessed based on the new level of services. I/we understand that I am expected to pay the assessed copayment amount to the service provider. If the parental co-payment is not paid, services may be terminated and any action necessary to collect the debt will be determined by the service provider. In this case, the CSA Office will be notified of overdue payment and any action determined appropriate by the service provider.

\_\_\_\_\_  
Parent/Guardian #1 Signature Date

\_\_\_\_\_  
Parent/Guardian #2 Signature Date

\_\_\_\_\_  
Case manager Date

**City of Winchester**  
**Determination of Eligibility for CSA Funded Services**

**Child's Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Parents/Guardians Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Has the child been court ordered to FAPT?  Yes  No

Is the child currently living with their parent/legal guardian?  Yes  No

**To be eligible for CSA funding, the youth must meet one or more of the following criteria:  
Specific behaviors must be documented in the provided space below.**

- 1. The child or youth has emotional or behavior problems that: *(Youth must meet all three criteria, eligible for non-mandated services)*
  - 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; and
  - are significantly disabling and are present in several community settings, such as at home, in school or with peers; and
  - require services or resources that are unavailable or inaccessible, or that are beyond the 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 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 *(Eligible for non-mandated service)*.
  
- 3. The child or youth requires placement for purposes of special education in approved private school educational programs as indicated by the child's IEP *(Mandated)*.
  
- 4. The child or youth has been:
  - Placed in foster care through a parental agreement by a public agency designated by the community policy and management team and his parents or guardians *(CHINS Eligibility Checklist must be completed by FAPT and Parental Agreement must be signed, Mandated)*
  
  - Entrusted to a local social services agency by his parents or guardian *(Non-Custodial Agreement, Temporary Entrustment, Permanent Entrustment, Mandated); or*
  
  - Committed to the agency by a court of competent jurisdiction for the purposes of placement as authorized COV§63.2-900 *(DSS has Custody, Mandated)*.
  
  - Determined to be in need of foster care prevention services because they are at risk of removal from the home or meets CHINS Interagency Guidelines *(as designated by the court or*

*through FAPT- If FAPT, the Community Based Foster Care Prevention Eligibility Determination must be completed).*

5. Child receives special education services within the public school and meets criteria for CSA WRAP services below. *(Documentation must show a clear connection between student's disability and behaviors exhibited in the home or community. Services cannot be provided in the school setting.)*

- The special education mandate cited in §2.2-5211 B1 may be utilized to fund non-residential services in the home and community for a student with a disability when the needs associated with his/her disability extend beyond the school setting and threaten the student's ability to be maintained in the home, community, or school setting."

IEP Disability(s): \_\_\_\_\_

Document Behaviors Exhibited: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signatures**

_____ <b>Team Chair/Facilitator</b>	_____ <b>Date</b>
_____ <b>Team Member</b>	_____ <b>Date</b>

**City of Winchester CSA  
Community-Based Foster Care Prevention Eligibility Determination**

**Child Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Please sign off on the appropriate eligibility, based on the criteria in each section:

**Eligibility A: Foster Care Prevention – Abuse and Neglect**

- The child is eligible for Foster Care Prevention Services because they are at risk of removal from their home and placement into foster care due to abuse or neglect as defined by COV §63.2-100. (Explain below)*
- or*
- The child would come into foster care if the service(s) are not provided. (Explain below)*

**Explain:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Eligibility B: Foster Care Prevention – CHINS (Child in Need of Services)**

The child is eligible for Foster Care Prevention Services because they are at risk of removal from their home and placement into foster care due to meeting all 4 CHINS criteria below.

- Criterion 1**  *The child meets the statutory definition of a “child in need of services,”:  by Court or  by FAPT*
- Specifically, “the child’s behavior, conduct, or condition presents or results in a serious threat to the well being and physical safety of the child, or the well-being and physical safety of another person if the child is under the age of 14 (COV, §16.1-228).

**Criterion 2**  *has emotional and/or behavioral problems where either:*

- a. the child’s problems:
- 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; and
  - are significantly disabling and are present in several community settings, such as at home, in school or with peers; and
  - require services or resources that are unavailable or inaccessible, or that are beyond the normal agency services or routine collaborative processes across agencies, or require coordinated interventions by at least two agencies
- or
- b. the child is currently in, or at imminent risk of entering, purchased residential care; and 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.

**Criterion 3**  *The child requires services:*

- a. to address and resolve the immediate crisis that seriously threatens the well being and physical safety of the child or another person; and
- b. to preserve and/or strengthen the family while ensuring the safety of the child and other persons; and
- c. the child has been identified by the Team as needing:
- services to prevent or eliminate the need for foster care placement. Absent these prevention services, foster care is the planned arrangement for the child

**Criterion 4**  *The goal of the family is to maintain the child at home.*

\_\_\_\_\_  
FAPT Chair Print Name

\_\_\_\_\_  
CSA Coordinator Print Name

\_\_\_\_\_  
FAPT Chair Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CSA Coordinator Signature

\_\_\_\_\_  
Date

# AUTHORIZATION TO USE AND EXCHANGE INFORMATION

## **Introduction**

Specified information can be shared among ALL of the agencies listed below, if the individual or his authorized representative agree, without having to obtain any additional signed authorization from the individual. The *Authorization to Use and Exchange Information* form was developed for use by the following agencies:

- Local departments of social services
- Area agencies on aging
- Centers for independent living
- Community services boards
- Department of Correctional Education
- Department of Youth and Family Services
- Health department clinics and programs
- Service delivery areas for the Workforce Investment Act
- Local/Regional Departments of Rehabilitative Services/Disability Services Boards
- Local school systems
- Regional offices, Department of Corrections
- Regional outreach offices, Department for the Deaf and Hard of Hearing
- Regional offices, Department for the Blind and Vision Impaired
- Virginia Employment Commission Offices

The “referring agency” is defined as the agency that initiates the completion of the *Authorization to Use and Exchange Information* form with the individual. The referring agency may use the form to request or to transmit information to other agencies. Agencies may be considered either a “referring” or an “other” agency, depending upon which agency is contacted first by the individual. If all parties agree, additional public and private agencies, facilities, and organizations may be included.

Agencies are assured that, when properly executed, this is a legally valid form that meets not only their own agency’s state and federal requirements, but also those of the other participating agencies. The *Authorization to Use and Exchange Information* form has been reviewed by the Office of the Attorney General to assure compliance with federal and state confidentiality requirements. Agencies may choose to use a different uniform release form that addresses their individual needs if it meets the state and federal confidentiality and release of information statutory and regulatory requirements of ALL involved agencies.

## **Purpose of the Authorization to Use and Exchange Information Form**

The *Authorization to Use and Exchange Information* form is designed for use by agencies that work together to jointly provide or coordinate services for individuals with complex needs and should be used along with the referring agency’s specific procedures for obtaining a valid authorization to exchange information. It also can be used to assist agencies obtain information needed from other agencies to determine an individual’s eligibility for services or benefits. The completed form should reflect that the individual (or his or her representative) controlled the choices and understood the process. When using this form, always keep in mind the importance of individual wishes, individual choices, and individual comprehension of the process.

Agency staff and the authorizing person shall first determine whether the individual might be eligible for services or benefits provided by other agencies. This determination should be based upon the needs, interests, and circumstances of the individual as well as staff’s knowledge of other agencies’ services or benefits and eligibility requirements.

Referring agency staff shall explain the following to the individual:

- Potential services and benefits that might be available from other agencies.
- What information these agencies might need and for what purpose(s).
- The purpose of the form.
- The consequences of signing or not signing this authorization.
- Key provisions and protections (e.g., revocation, access to agencies’ written record).

Staff shall make every attempt to ensure that the authorizing person understands the provisions of the form and should make appropriate efforts to accommodate the special needs of the authorizing person. If the authorizing person is unable

to read or is blind or visually impaired, staff shall read the form to him or her. Interpreters should be made available for people who do not speak English and for those who are deaf or hearing impaired. If the authorizing person does not appear to comprehend the meaning of the form, it should be explained. If staff have ANY doubts that the authorizing person is not comprehending the purpose and provisions of the form, they should ask the authorizing person questions about the form (what the form allows the agency to do, etc.).

Based upon these answers, if staff determine that the authorizing person is NOT comprehending the purpose and provisions of the form, staff should follow their agency's procedures for assuring that the form is signed by a legally authorized authorizing person who fully comprehends the purpose and provisions of the form. The signature of an authorizing person who does NOT comprehend what he or she is signing is not valid.

If the authorizing person agrees, the form should be completed. This should be done by the authorizing person, wherever possible. The authorizing person must sign the form and insert the date in the indicated place. Staff explaining the form to the authorizing person must sign the form in the indicated place. For those agencies with procedures requiring a witness (e.g., for a person who cannot write), space is provided for a witness to sign the form. The witness must observe the authorizing person signing or placing a mark on the form and then must sign as indicated. The referring agency must give a copy of the completed form to the authorizing person.

### **Sharing Information with Other Agencies**

It is important for the referring agency to notify the other listed agencies that they are parties to this agreement to exchange information. This notification can be by telephone or through written correspondence. This notification must be entered into the individual's record. If the referring agency wants to receive information from other agencies, it must provide a copy of the signed authorization form with its initial request for information from each listed agency.

### **Government Data Collection and Dissemination Practices Act**

To ensure compliance with the Government Data Collection and Dissemination Practices Act each time information is disclosed by any of the listed agencies, staff of the disclosing agency must enter the following information into the individual's record:

- Name of the agency and the name of the individual receiving the information.
- Type and source of the information disclosed.
- Reason or purpose for the disclosure.
- Date the information was disclosed.

This requirement can be met by using a disclosure log (a sample can be found in the User's Manual: Virginia Uniform Assessment Instrument, Appendix B) or through the agency's own record keeping policies and procedures.

NOTE: The authorizing person has the right to review the records of disclosure of the referring and other agencies upon request during the agencies' normal business hours.

### **Agency Record Keeping Policies and Procedures**

**Referring Agency:** The original signed copy of the *Authorization to Use and Exchange Information* form, disclosure record, and any related materials shall be maintained in accordance with the agency's record keeping policies and procedures.

**Other Agencies:** A copy of the *Authorization to Use and Exchange Information* form, disclosure record, and any related materials shall be maintained in accordance with the agency's record keeping policies and procedures.

### **Renewing or Amending the Authorization Form**

For No Wrong Door this authorization is valid for one year from date of signature, unless the individual or his or her authorized representative specifies an expiration date, event or condition that will occur prior to one year from the date of signature.

### **Revocation of Authorization**

Authorization to exchange information will expire on the date or condition agreed to by the authorizing person. However, anytime prior to the expiration, the authorizing person may choose to revoke or cancel this authorization either with all or with selected agencies.

The authorizing person may revoke his or her authorization by informing any of the involved agencies in writing, by telephone, or in person. This notification must be noted on the back of the *Authorization to Use and Exchange Information* form and signed and dated by the agency staff person receiving the request to revoke the authorization.

If the authorizing person exercises the option of revoking his or her authorization (in entirety or with selected agencies) to share information under the agreement, the agency receiving this notice shall inform all other listed agencies that are authorized to exchange information under the agreement of the revocation of the authorization.

#### **Individuals Who Refuse to Sign the Authorization Form**

It is absolutely essential that the individual understand and appreciate what will happen as a result of signing this form. The individual also needs to understand that there is no requirement to sign this form, but that not signing the form will result in specific consequences. If the form is not signed, the individual must deal with each agency individually to obtain needed information, and/or the agency may not be able to provide services. If the form is signed, the process for applying for and receiving services may be easier for both the individual and the involved agencies.

#### **When Not to Use This Form**

The *Authorization to Use and Exchange Information* form should not be used with:

- Individuals who do not comprehend the purpose and substance of the authorization form; or
- Individuals for whom drug or alcohol abuse diagnostic or treatment information is being shared. In these cases, a separate authorization form (attached) should be used.

#### **Can Other Interagency Authorization Forms Be Used?**

Agencies should accept the *Authorization to Use and Exchange Information* form as a legally valid form. However, they may choose to use a different authorization form that addresses their individual needs IF it meets the state and federal confidentiality statutory and regulatory requirements of ALL the involved agencies.

COMMONWEALTH OF VIRGINIA
UNIFORM AUTHORIZATION TO USE AND EXCHANGE INFORMATION

I understand that different agencies provide different services and benefits. Each agency must have specific information to provide services and benefits. By signing this form, I allow agencies to use and exchange certain information about me, including information in an electronic database, so it will be easier for them to work together efficiently to provide or coordinate these services or benefits.

I, \_\_\_\_\_, am signing this form for
(FULL PRINTED NAME OF AUTHORIZING PERSON OR PERSONS)

(FULL PRINTED NAME OF INDIVIDUAL)

(INDIVIDUAL'S ADDRESS)

(INDIVIDUAL'S BIRTH DATE)

(INDIVIDUAL'S SSN - OPTIONAL)

My relationship to the individual is: [ ] Self [ ] Parent [ ] Power of Attorney [ ] Guardian
[ ] Other Legally Authorized Representative

I want the following confidential information about the individual to be exchanged:

- Yes No Assessment Information
Yes No Medical Diagnosis
Yes No Educational Records
Yes No Financial Information
Yes No Mental Health Diagnosis
Yes No Psychiatric Records
Yes No Benefits/Services Needed, Planned, and/or Received
Yes No Medical Records
Yes No Criminal Justice Records
Yes No Substance Abuse Records
Yes No Psychological Records
Yes No Employment Records
Yes No All of the Above

Other Information (write in): \_\_\_\_\_

I want \_\_\_\_\_

(NAME AND ADDRESS OF REFERRING AGENCY AND STAFF CONTACT PERSON)

and the following entities to be able to use and exchange this information among themselves:

- Yes No Identify By Name
[ ] Dept. of Juvenile Justice
[ ] Dept. of Social Services
[ ] Community Service Board
[ ] Local Health Dept.
[ ] Physicians
[ ] Private Providers

Other: \_\_\_\_\_

I want this information to be exchanged ONLY for the following purpose(s):

- [ ] Service Coordination and Treatment Planning [ ] Eligibility Determination
[ ] Other: \_\_\_\_\_

I want this information to be shared by the following means: (check all that apply)

- [ ] Written Information [ ] In Meetings or By Phone [ ] Computerized Data [ ] Fax

I want to share additional information received after this authorization is signed: [ ] Yes [ ] No

This authorization is effective: \_\_\_\_\_ (DATE)

This authorization is good until: [ ] My service case is closed. [ ] Other: \_\_\_\_\_

For No Wrong Door this authorization is valid for one year from date of signature, unless the individual or his authorized representative specify an expiration date, event or condition that will occur prior to one year from the date of signature.

I can withdraw this authorization at any time by telling the referring agency. The listed agencies must stop sharing information after they know my authorization has been withdrawn. I have the right to know what information about me has been shared, and why, when, and with whom it was shared. If I ask, each agency will show me this information. I want all agencies to accept a copy of this form as valid authorization to share information. If I do not sign this form, information will not be shared and I will have to contact each agency individually to give information about me that is needed. However, I understand that treatment and services cannot be conditioned upon whether I sign this authorization. There is a potential for information disclosed pursuant to this authorization to be re-disclosed by the recipient and not be subject to the HIPAA Privacy Rule.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_
(AUTHORIZING PERSON OR PERSONS)

Person Explaining Form: \_\_\_\_\_ (Name) (Address) (Phone Number)

Witness (If Required): \_\_\_\_\_ (Signature) (Address) (Phone Number)

**COMMONWEALTH OF VIRGINIA  
UNIFORM AUTHORIZATION TO USE AND EXCHANGE INFORMATION**

Full Printed Name of Individual: \_\_\_\_\_

**FOR AGENCY USE ONLY**

**AUTHORIZATION HAS BEEN:**

- Revoked in entirety  
 Partially revoked as follows:

**NOTIFICATION THAT AUTHORIZATION WAS REVOKED WAS BY:**

- Letter (Attach Copy)                       Telephone                       In Person

**DATE REQUEST RECEIVED:** \_\_\_\_\_

**AGENCY REPRESENTATIVE RECEIVING REQUEST:**

\_\_\_\_\_  
*(AGENCY REPRESENTATIVES FULL NAME AND TITLE)*

\_\_\_\_\_  
*(AGENCY ADDRESS)*

\_\_\_\_\_  
*(PHONE NUMBER)*

## **Instructions for Completing the *Authorization to Use and Exchange Information Form***

**PURPOSE** - The "Authorization to Use and Exchange Information" form is designed for use by agencies that work together to jointly provide or coordinate services for individuals with complex needs. It also can be used to assist agencies to obtain information needed from other agencies to determine an individual's eligibility for services or benefits.

This form should be viewed as the end product of a discussion between the worker and the individual or the individual's authorized representative which documents the individual's decision on when and what type of information can be released or obtained. This form should NOT BE USED with an individual who does not comprehend the purpose and substance of the Authorization Form.

**WHEN PROPERLY EXECUTED, THIS IS A LEGALLY VALID DOCUMENT FOR EXCHANGING INDIVIDUAL INFORMATION. TO BE PROPERLY EXECUTED ALL STATEMENTS MUST BE COMPLETED WITH THE APPROPRIATE INFORMATION AND/OR BY CHECKING THE APPROPRIATE YES OR NO BOX.**

**AUTHORIZING PERSON OR PERSONS** - Enter the full name of the person/persons authorizing the exchange of information.

**NAME OF INDIVIDUAL** - Enter the full name of the individual about whom the information will be shared.

**INDIVIDUAL'S ADDRESS, BIRTHDATE, SOCIAL SECURITY NUMBER (SSN)** - Enter the individual's address, date of birth, and social security number (SSN). NOTE: Section 2.2-3808 of the *Code of Virginia* makes it unlawful to require an individual's social security number in order to obtain benefits or services unless a specific law allows the agency to require it.

**RELATIONSHIP TO INDIVIDUAL** - Check the authorizing person's relationship to the individual. Note: A legally valid authorization requires that one of the listed relationships be present.

**INFORMATION TO EXCHANGE** - Check the appropriate box next to the information the individual wishes to exchange among the listed agencies. If necessary, write in any other information the individual wishes to exchange. NOTE: If the individual wishes to limit some of the information to be exchanged in any category, the limitations must be recorded on the back of the form. An individual may want to exchange most, but not ALL, of the specific information checked "Yes" (e.g., a reference to past psychiatric hospitalization contained in psychiatric records). If the individual wants some specific parts of a record to remain confidential, the referring agency MUST exclude this information when that record is shared with the other agencies).

**REFERRING AGENCY AND STAFF CONTACT PERSON** - Enter the name and address of the agency which initiates the completion of the form. The staff contact person is the name of the staff person who discussed/explained the use of the form with the individual and, if appropriate, assisted the individual in completing the form.

**SHARING AGENCIES** - Check the type of agencies with which the information will be exchanged. If more space is needed, additional agencies can be listed on the back of the form. The authorizing person(s) must place his or her signature or initials beside the name(s) of each agency listed on the back. The referring agency should notify the listed agencies that they are parties to the AUTHORIZATION TO EXCHANGE INFORMATION. This notification can be by telephone or written correspondence. This notification must be recorded in the individual's record. If the referring agency wants to obtain information from the listed agencies, it must provide a copy of the signed authorization form. The copy may be mailed or faxed.

**PURPOSE OF EXCHANGE** - Check the appropriate box(es) or enter other purposes in the designated space.

**HOW THE INFORMATION IS EXCHANGED** - Check all appropriate boxes.

**SHARING OF NEW INFORMATION** - The individual can limit the exchange of information contained in the record as of the date of the authorization by checking the NO box. Information not in the record after the authorization is signed can be exchanged by checking the YES box.

**EXPIRATION** - The length of time the authorization is valid should bear a relationship to the individual's participation in a project, service plan or treatment plan, and should be the individual's choice. The authorization form may NOT be valid

“forever”, “indefinitely” or for extremely long periods of time. Unless the individual specifies a particular date or circumstances, acceptable length of time would be “until placement” or “until my case is closed”. For No Wrong Door this authorization is valid for one year from date of signature, unless the individual or his authorized representative specify an expiration date, event or condition that will occur prior to one year from the date of signature.

SIGNATURES - The authorizing person(s) must sign and date the form. A copy of the signed authorization form must be given to the authorizing person(s). If the authorizing person cannot write he or she will put his or her mark (i.e., initials, an “X”) in the signature space. The staff person explaining the form to the authorizing person(s) must sign the form and enter identifying information and a telephone number. If the agency procedures require a witness to an authorizing person’s mark, space is provided for his or her signature. The witness must observe the authorizing person sign or place a mark on the form.

REVOCATION OF AUTHORIZATION - The authorization to exchange information will expire on the date or circumstances agreed to by the authorizing person(s). The authorizing person(s) may revoke all or part of the authorization at any time prior to the expiration by notifying any of the involved agencies. This notification can be by telephone, in writing, or in person. This notification to revoke must be documented on the back of the authorization form by checking the appropriate boxes and entering the applicable information.

NOTIFICATION OF REVOCATION - The agency receiving the revocation notice must notify in writing all listed agencies of the individual’s revocation of his or her authorization, either entirely or partially. Notification must be recorded in the case record.

RENEWING OR AMENDING THE CONSENT AUTHORIZATION FORM - The referring agency can renew or amend (e.g., by adding additional agencies) the original signed copy of the *Authorization to Use and Exchange Information* form by having the authorizing person complete and sign a new form. The referring agency must give a copy of the new form to the authorizing person and forward a copy of the new form to each of the listed agencies. For No Wrong Door this authorization is valid for one year from date of signature, unless the individual or his or her authorized representative specifies an expiration date, event or condition that will occur prior to one year from the date of signature.

# Winchester City CSA Sliding Fee Scale

Monthly Payment	Household Size							
	2	3	4	5	6	7	8	9
Non-Residential	under 34,999	under 38,999	under 42,999	under 46,999	under 49,999	under 53,999	under 56,999	
\$10.00	\$20.00	42,000	45,000	48,000	52,000	55,000	59,000	
\$20.00	\$30.00	45,000	48,000	51,000	54,000	57,000	61,000	
\$25.00	\$38.00	48,000	51,000	54,000	57,000	60,000	63,000	
\$30.00	\$45.00	51,000	54,000	57,000	60,000	63,000	66,000	
\$40.00	\$60.00	54,000	57,000	60,000	63,000	66,000	69,000	
\$50.00	\$75.00	57,000	60,000	63,000	66,000	69,000	72,000	
\$60.00	\$90.00	60,000	63,000	66,000	69,000	72,000	75,000	
\$70.00	\$105.00	63,000	66,000	69,000	72,000	75,000	78,000	
\$85.00	\$127.50	66,000	69,000	72,000	75,000	78,000	81,000	
\$100.00	\$150.00	69,000	72,000	75,000	78,000	81,000	84,000	
\$115.00	\$172.50	72,000	75,000	78,000	81,000	84,000	87,000	
\$130.00	\$195.00	75,000	78,000	81,000	84,000	87,000	90,000	
\$145.00	\$217.50	78,000	81,000	84,000	87,000	90,000	93,000	
\$160.00	\$240.00	81,000	84,000	87,000	90,000	93,000	96,000	
\$175.00	\$262.50	84,000	87,000	90,000	93,000	96,000	99,000	
\$190.00	\$285.00	87,000	90,000	93,000	96,000	99,000	102,000	
\$205.00	\$307.50	90,000	93,000	96,000	99,000	102,000	105,000	
\$220.00	\$330.00	93,000	96,000	99,000	102,000	105,000	108,000	
\$235.00	\$352.50	96,000	99,000	102,000	105,000	108,000	111,000	
\$250.00	\$375.00	99,000	102,000	105,000	108,000	111,000	114,000	
\$265.00	\$397.50	102,000	105,000	108,000	111,000	114,000	117,000	
\$280.00	\$420.00	105,000	108,000	111,000	114,000	117,000	120,000	
\$295.00	\$442.50	108,000	111,000	114,000	117,000	120,000	123,000	
\$310.00	\$465.00	111,000	114,000	117,000	120,000	123,000	126,000	
\$325.00	\$487.50	114,000	117,000	120,000	123,000	126,000	129,000	
\$340.00	\$510.00	117,000	120,000	123,000	126,000	129,000	132,000	
\$355.00	\$532.50	120,000	123,000	126,000	129,000	132,000	135,000	
\$370.00	\$555.00	123,000	126,000	129,000	132,000	135,000	138,000	
\$385.00	\$577.50	126,000	129,000	132,000	135,000	138,000	141,000	
\$400.00	\$600.00	129,000	132,000	135,000	138,000	141,000	144,000	
\$415.00	\$622.50	132,000	135,000	138,000	141,000	144,000	147,000	
\$430.00	\$645.00	135,000	138,000	141,000	144,000	147,000	150,000	
\$445.00	\$667.50	138,000	141,000	144,000	147,000	150,000	153,000	
\$460.00	\$690.00	141,000	144,000	147,000	150,000	153,000	156,000	
\$475.00	\$712.50	144,000	147,000	150,000	153,000	156,000	159,000	
\$490.00	\$735.00	147,000	150,000	153,000	156,000	159,000	162,000	
\$505.00	\$757.50	150,000	153,000	156,000	159,000	162,000	165,000	
\$520.00	\$780.00	153,000	156,000	159,000	162,000	165,000	168,000	
\$535.00	\$802.50	156,000	159,000	162,000	165,000	168,000	171,000	

Note: For income limits over this scale, parent fees for non-residential services will increase by \$15.00/month and parent fees for residential services will increase by \$30.00/month for every \$3000.00 increase in annual gross income.

# CERTIFICATION OF NEED FOR ADMISSION TO COMMUNITY-BASED RESIDENTIAL SERVICES FOR CHILDREN

Resident Name: \_\_\_\_\_ Placing Agency: \_\_\_\_\_

- 1. Explain how ambulatory/outpatient care does not meet the specific treatment needs of the recipient.**
  
- 2. Explain how proper treatment of the recipient's psychiatric condition requires services in a community-based residential program.**
  
- 3. Explain how the services can reasonably be expected to improve the recipient's condition or prevent regression so that the services will no longer be needed.**

- ❖ *Billing eligibility may only be determined by the most recent date on this form.*
- ❖ *For CSA children who are Medicaid recipients, this form must be completed and signed by the local CSA interdisciplinary team or FAPT (3 signatures) and signed by a physician.*
- ❖ *For Non-CSA children who are Medicaid recipients, this form must be completed and signed by the LMHP and a physician.*
- ❖ *The physician cannot be the treating physician at the facility to which the child will be admitted. If the child is in acute care, the acute care physician may complete the CON.*
- ❖ *For a recipient who applies for Medicaid while a resident at the facility, the certification must be made by the LMHP and a physician.*

Team Signatures:

1. \_\_\_\_\_ Date \_\_\_\_\_ 3. \_\_\_\_\_ Date \_\_\_\_\_

2. \_\_\_\_\_ Date \_\_\_\_\_ 4. \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LMHP Signature (if applicable): \_\_\_\_\_ Date \_\_\_\_\_

# CSA UPDATE & COMMUNICATION FORM

9/11

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CSA Coordinator               | <input type="checkbox"/> Service Unit Secretary | <input type="checkbox"/> Guardian Ad Litem         |
| <input type="checkbox"/> DSS Care Worker               | <input type="checkbox"/> DSS Supervisor         | <input type="checkbox"/> Court Services Supervisor |
| <input type="checkbox"/> Court Services Worker         | <input type="checkbox"/> Finance                | <input type="checkbox"/> Winchester Schools Worker |
| <input type="checkbox"/> Winchester Schools Supervisor |   |  |

Date: \_\_\_\_\_ Worker: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Service has changed from \_\_\_\_\_ on this date \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ if different

Phone Number \_\_\_\_\_ if different

<input type="checkbox"/> SERVICE CHANGE IF APPLICABLE
Reason for service change: _____
Type of placement: <input type="checkbox"/>
Narrative:

<input type="checkbox"/> CHANGE IN FUNDING FOR SERVICES:
<input type="checkbox"/> Funding source for _____ services changed from _____ to _____ effective: _____
<input type="checkbox"/> Reason: _____
<input type="checkbox"/> Change in rate from _____ per _____ to _____ per _____
Reason: _____
<input type="checkbox"/> Services authorized by ___FTM ___FAPT ___Emergency CSA Coordinator Approval

Winchester Department of Social Services (Name of Lead Agency)  
Family Team Meeting Report

Family Name:

Case No:

Team Vision Statement:

Date of Meeting:

Date of Next FTM:

90 Day Review Date Due:

Child:

DOB:

Child:

DOB:

Parents/Caregiver(s):

Reason for/Purpose of Meeting: *(check all that apply)*

- Very High or High Risk Child Assessment
- Emergency Removal or At Risk of Out of Home Placement
- Placement Preservation/Change of Placement/Disruption or Dissolution of Adoption
- Prior to a Change of Goal
- Requested by a Parent (birth, foster, adoptive, or legal guardian), Youth, or Social worker
- Other *(please explain)*

Reason for Department's Current Involvement: *(check one)*

- CHINS
- Delinquency
- Foster Care Prevention (not CHINS or Delinquency Related)
- Entrustment/Noncustodial
- Abuse & Neglect
- Foster Care

Funding:

Yes—Funding Authorized    Type:     CSA Mandated     CSA Non-Mandated

Date of last CANS assessment:

Presenting Issue: *(Reason for Family Team Meeting)*

•

Strengths

Youth:

•

Parent(s)/Family:

•

System of Care Principles  
 Family Voice and Choice • Natural Supports • Community-Based  
 Collaboration • Team Based • Culturally Competent • Persistence  
 Outcome-Based • Individualized • Strength-Based

Family Vision Statement (finish this statement):

"Life will be better when..."

- 1.
- 2.
- 3.
- 4.
- 5.

RECOMMENDATIONS:

- 

Family Team Members in Attendance: *(include name and relationship)*

- 

Family Team Members invited but not in attendance: *(include name and relationship)*

Date of Next Team Meeting:

- 

System of Care Principles  
• Family Voice and Choice • Natural Supports • Community-Based  
Collaboration • Team Based • Culturally Competent • Persistence  
Outcome-Based • Individualized • Strength-Based

## Winchester Family Team Meeting Signature Sheet

Family Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signing this sheet verifies that you were present during the Family Team Meeting (FTM) and that you actively participated in its development with guidance and input from the team. The Family Team Care Plan will serve as a written contract between family members, the Winchester Department of Social Services and family team members. ***Please sign legibly.*** After signing, please check whether you *agree* or *disagree* with the plan that was developed or outcome that was decided by the team.

Your signature on this document also verifies that you understand that everything discussed in this FTM is considered as private and will not be discussed with persons outside of this team unless a *Consent to Release Information* form has been signed by the family, the youth/family is under a court order, *abuse or neglect has been alleged*, or a person is a danger to self or others.

Parent/Custodian	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	Parent/Custodian	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Parent/Custodian	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	Parent/Custodian	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Youth	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	Natural Support	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Social Worker	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	Natural Support	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Social Worker	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	Natural Support	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Guardian Ad Litem	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	School Representative	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Attorney	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	School Representative	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Attorney	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	School Representative	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Attorney	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	School Representative	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Probation Officer	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	Other	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Service Provider	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	Other	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Service Provider	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	Other	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Service Provider	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	FTM Facilitator	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree

Supervisor's initials/date: \_\_\_\_\_

System of Care Principles  
 Family Voice and Choice • Natural Supports • Community-Based  
 Collaboration • Team Based • Culturally Competent • Persistence  
 Outcome-Based • Individualized • Strength-Based

# **June Agenda Attachments**

**CSA Policy Revision**

**Revised  
June 2014**

**City of Winchester  
Comprehensive Services Act Policy**

**DRAFT**

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# CITY OF WINCHESTER COMPREHENSIVE SERVICES ACT POLICIES AND PROCEDURES

## 1. INTENT AND PURPOSE

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

### 1.1. City of Winchester Mission

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

### 1.2. Community Policy and Management Team Vision

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

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

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

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

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

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

- 3) Data-Driven Accountability and Service Provision
- 4) CPMT Service Development

## **2. LOCAL MANAGEMENT STRUCTURE**

### **2.1 Fiscal Agent**

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

### **2.2 Community Policy and Management Team (CPMT)**

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

- One elected official or appointed official, or his designee from the governing body of a locality that is a member of the team
- Local agency heads or their designees from : the Community Services Board, Juvenile Court Service Unit, Department of Health, Department of Social Services and Winchester Public Schools
- A parent representative
- A private provider if located within the jurisdiction
- Additional members may be appointed as appropriate, including but not limited to representatives from law enforcement, other public agencies or government officials

The City of Winchester CPMT Organizational Chart is located in APPENDIX B.

#### **2.2.1 Terms of Certain Appointments**

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

#### **2.2.2 Authority of Members**

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

#### **2.2.3 Liability**

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

#### **2.2.4 Conflict of Interest**

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

#### **2.2.5 Attendance**

Any member of the CPMT who fails to personally attend at least 75% of the regularly scheduled CPMT meetings within any calendar year may be reported to the local appointing authority by the CPMT.

### **2.3 CPMT Duties and Responsibilities**

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

- (A) Develop interagency policies and procedures to govern the provision of services to children and families in Winchester.
- (B) 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.
- (C) 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.
- (D) Coordinate long-range, community-wide planning which ensures the development of resources and services needed by children and families in Winchester including the development of community based services as established under § 16.1-309.3.
- (E) Establish policies governing referrals and review of children and families to the family assessment and planning teams and a process to review the teams' recommendations and requests for funding.
- (F) Establish quality assurance and accountability procedures for program utilization and funds management.
- (G) Establish procedures for obtaining bids on the development of new services.

- (H) Manage funds in the interagency budget allocated to Winchester from the state pool of funds, the trust fund, and any other source.
- (I) Authorize and monitor the expenditure of funds by each family assessment and planning team or a collaborative, multidisciplinary team process approved by the Council.
- (J) Submit grant proposals that benefit the city of Winchester to the state trust fund and to enter into contracts for the provision or operation of services upon approval of the participating governing bodies.
- (K) Serve as the 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 the consideration of realignment of geographical boundaries for providing human services.
- (L) 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.
- (M) 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.
- (N) Administer funds pursuant to §16.1-309.3.
- (O) The financial policies and procedures of the CPMT will be in accordance with the policies and regulations appropriate and consistent with § 16.1-309.3.
- (P) 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.

- (Q) 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.
- (R) 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
- (S) Establish appropriate number of Family Assessment Teams and ensure appropriate membership includes Juvenile Court Services Unit, Department of Health, Social Services and Mental Health/Mental Retardation Services (CSB), Local School Division, parent representative and other representatives, as specified in the Code of Virginia CSA language. The CPMT shall appoint parent and private provider representatives for a two-year term. The CPMT will review the appointments in May of the even numbered years. Incumbents in an expired term shall continue to serve until appointments are made by the governing body.

#### **2.4 Family Assessment and Planning Team (FAPT)**

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

The FAPT shall include representatives of the following community agencies who have authority to access services within their respective agencies: Community Services Board, Juvenile Court Service Unit, Department of Social Services, and Winchester Public Schools and may include a representative of the Department of Health at the request of the chair of the CPMT. Agency representatives shall be assigned by the CPMT member representing that agency.

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

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

#### **2.4.1 Liability**

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

#### **2.4.2 Conflict of Interest**

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

#### **2.4.3 FAPT 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. In accordance with policies developed by the Community Policy and Management Team, the FAPT shall:

- (A) Review referrals of youths and families to the team;
- (B) Provide for family participation in all aspects of assessment, planning, and implementation of services; observing Family Engagement policies enacted by the SEC on March 25, 2010, and outlined in guidance documents from the Office of Comprehensive Services. The referring agency shall facilitate such participation. Additionally, a pre-meeting shall be held, either in person or by telephone, with each family who is scheduled to attend FAPT to describe the process, guiding principles, and objectives of the FAPT meeting. A copy of the family's rights and responsibilities (brochure) shall be provided to each participating family. It is the lead worker/agency's responsibility to facilitate family participation at FAPT;
- (C) Provide for the participation of foster parents in the assessment, planning and implementation of services when a child has a program goal of permanent foster care or is in a long-term foster care placement. The case manager shall notify the foster parents of the time and place of all assessment and planning meetings related to such youth. Such foster parents shall be given the opportunity to speak at the meeting or submit written testimony if the foster parents are unable to attend. The opinions of the foster parents shall be considered by the Family Assessment and Planning Team in its deliberations;
- (D) Develop an individual family services plan for youths and families reviewed by the Team that provides for appropriate and cost-effective services;

(E) 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, the FAPT or approved alternative multidisciplinary team, in collaboration with the family, shall (i) identify the strengths and needs of the child and his family through conducting or reviewing comprehensive assessments, including but not limited to information gathered through the mandatory uniform assessment instrument, (ii) identify specific services and supports necessary to meet the identified needs of the child and his family building upon the identified strengths, (iii) implement a plan for returning the youth to his home, relative's home, family-like setting, or community at the earliest appropriate time that addresses his needs, including identification of public or private community-based services to support the youth and his family during transition to community-based care, and (iv) provide regular monitoring and utilization review of the services and residential placement for the child to determine whether the services and placement continue to provide the most appropriate and effective services for the child and his family;

(F) Where parental or legal guardian financial contribution is not specifically prohibited by federal or state law or regulation, or has not been ordered by the court or by the Division of Child Support Enforcement, assess the ability of parents or legal guardians, utilizing a standard sliding fee scale, based upon ability to pay, to contribute financially to the cost of services to be provided and provide for appropriate financial contribution from parents or legal guardians in the individual family services plan ("IFSP");

(G) Refer the youth and family to community agencies and resources in accordance with the individual family services plan;

(H) Recommend to the Community Policy and Management Team expenditures from the local allocation of the state pool of funds; and

(I) The lead agency is responsible for monitoring and reporting, as appropriate, on the progress being made (i.e. utilization review) in fulfilling the individual family services plan developed for each youth and family.

#### **2.4.4 FAPT Documentation and Financial Requirements**

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

Self-referring families will be directed to the CSA Coordinator who will assist the family in identifying the appropriate public agency for referral to FAPT.

The required FAPT packet shall consist of:

- a) CSA Required Checklist (APPENDIX E)
- b) Determination of Eligibility for CSA Funded Services (APPENDIX F)
- c) Community-Based Foster Care Prevention Eligibility Determination \*if applicable (APPENDIX F)

- d) CSA Referral/Review Form (APPENDIX G)
- e) CSA Budget Request (APPENDIX H)
- f) Individual Service Plan/Care Plan (APPENDIX I)
- g) CANS Assessment
- h) Consent to Exchange Information (APPENDIX J)
- i) City of Winchester CSA Co-payment Screening Form (APPENDIX K)
- j) Certificate of Need \*if applicable (APPENDIX L)
- k) CSA Update & Communication Form \* if applicable (APPENDIX M)
- l) City of Winchester CSA Brochure (APPENDIX N)

The required FTM/IDT Packet shall consist of:

- a) CSA Required Checklist (APPENDIX E)
- b) Determination of Eligibility for CSA Funded Services (APPENDIX F)
- c) Community-Based Foster Care Prevention Eligibility Determination \*if applicable (APPENDIX F)
- d) CSA Referral/Review Form (APPENDIX G)
- e) Family Team Meeting Report (APPENDIX O)
- f) Family Team Meeting Signature Form (APPENDIX P)
- g) CSA Budget Request (APPENDIX H)
- h) Individual Service Plan/Care Plan (APPENDIX I)
- i) CANS Assessment
- j) Consent to Exchange information (APPENDIX J)
- k) City of Winchester CSA Co-payment Screening Form (APPENDIX K)
- l) Certificate of Need \*if applicable (APPENDIX L)
- m) CSA Update & Communication Form \* if applicable (APPENDIX M)
- n) City of Winchester CSA Brochure (APPENDIX N)

CSA referral and review materials must be completed in order to proceed with funding. It is the case worker's responsibility to obtain all required documentation. Financial documentation (purchase orders) will not be processed until complete documentation is provided to the CSA Coordinator. Retroactive reimbursement of funds expended prior to appropriate approvals and documentation will not be processed for payment.

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

Children shall be scheduled on the FAPT agenda as quickly as possible, but not to exceed 30 days beyond the date of referral. Written material describing the family's rights and responsibilities shall be provided to each participant.

Information shall be presented in the child/family's native language or mode of communication.

#### **2.4.5 Interagency Cooperation, Confidentiality and Ethics**

All public agencies that have served a family or treated a child referred to a Family Assessment and Planning Team shall cooperate with this team. The agency that refers a youth and family to the team

shall be responsible for obtaining the consent required to share agency client information with the team. After obtaining the proper consent, all agencies shall promptly deliver, upon request without charge, such records of services, treatment or education of the family or child as are necessary for a full and informed assessment by the team. If consent is not granted, or a conditional release is granted, the CSA Coordinator shall obtain legal counsel prior to any FAPT discussion.

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

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

1. Perform their duties to the very best of their abilities, treating the public and each other in a courteous manner that is fair and equitable, without regard to race, color, gender, age, religion, national origin, disability, political affiliation, or any other factor unrelated to the impartial conduct of City business.
2. Demonstrate integrity, honesty, and ethical behavior in the conduct of all City business. To help maintain these standards, CPMT members agree to work through the committee system thereby limiting contact with City employees and City agencies except for inquiry purposes. Individual CPMT members shall not attempt to represent the CPMT to others except as directed by the Chair of CPMT or the respective committee chair.
3. Ensure that their personal interests do not come into conflict with their official duties, resulting in a real conflict of interest or the appearance of a conflict of interest. This shall apply to CPMT members, employees and CPMT appointed Committee and Subcommittee members when dealing with vendors, customers, and other individuals doing business or seeking to do business with the City.
4. Ensure that they do not accept any gift, favor or thing of value that may tend to influence the discharge of their duties, or grant any improper favor, service or thing of value in the discharge of their duties. This is a zero tolerance policy. This shall include the acceptance of a gift from a person who has interests that may be substantially affected by the performance of the employee's official duties under circumstances where timing and nature of the gift would cause a reasonable person to question the employee's impartiality in the matter affecting the donor. This prohibition shall not apply to the acceptance of any gift, favor or thing of value that benefits the City and/or the community as a whole.
5. Ensure that information concerning the property, government or affairs of the City is held confidential, disclosed only with proper legal authorization, and never to advance the financial or other special interest of themselves or others.
6. Ensure that all City resources, including City funds, equipment, vehicles and other property, are used in strict compliance with City policies and solely for the benefit of the City. To ensure that City employees do not receive unauthorized or conflicting directives, individual CPMT members

and CPMT appointed Committee and Subcommittee members without supervisory responsibilities shall not give direction to City employees and departments except as directed by the majority of CPMT to the City Manager.

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

#### **2.4.6 Family Engagement Through Family Team Decision-Making**

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

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

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

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

#### **2.4.7 Family Team Meetings/Interdisciplinary Team (IDT) as FAPT**

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

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

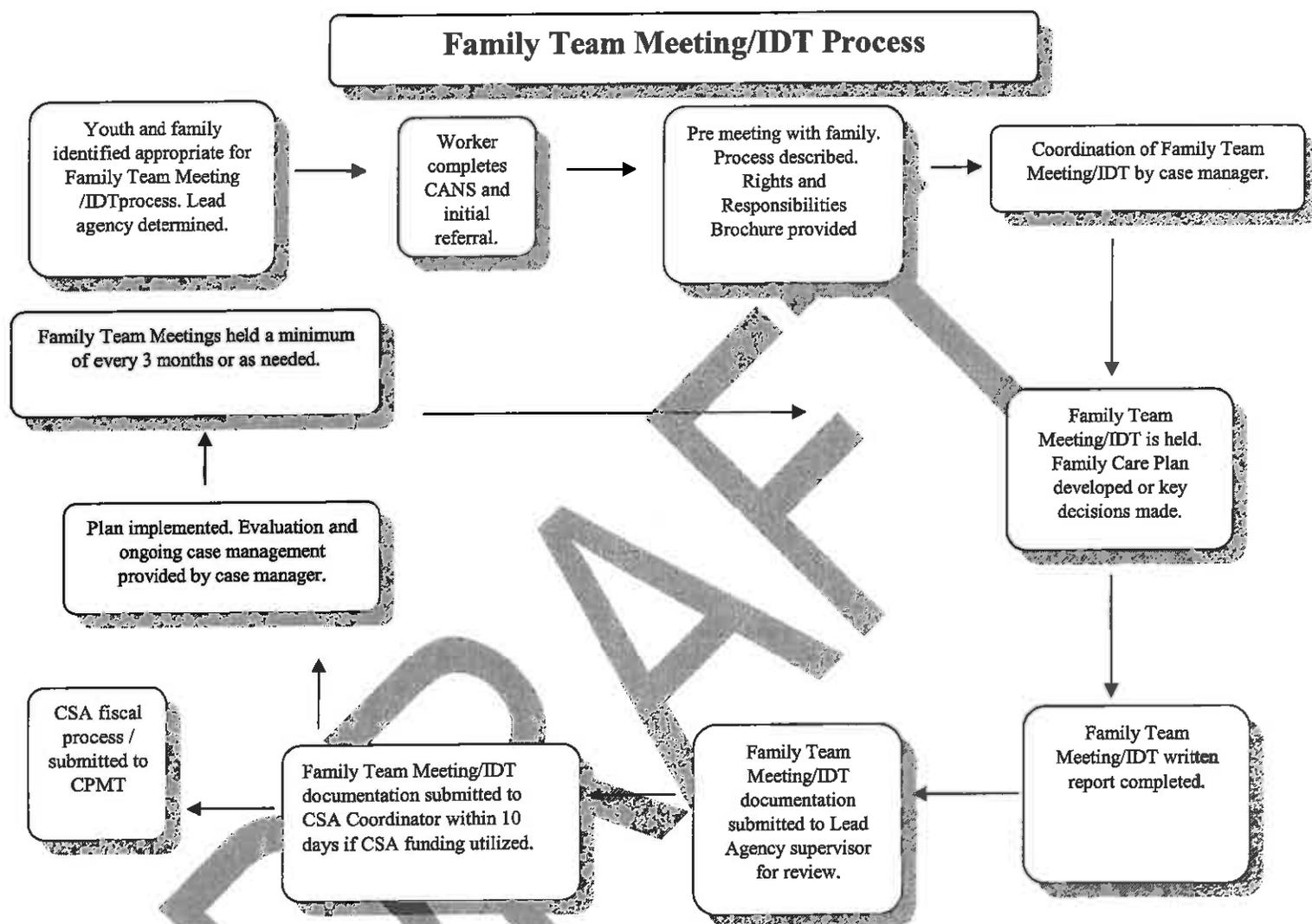
Families shall be provided with a written copy of their Rights and Responsibilities, at the onset of any FTM process. See APPENDIX N for the City of Winchester's CSA Brochure. The meeting location and time should strive to accommodate the family's convenience and comfort level to the extent possible.

A complete packet of information, as listed in Section 2.4.4 of this policy and procedure manual, must be reviewed internally by the Lead Agency to insure that the payment for service is directly related to an identified need and outcome, outcomes are clearly written and measurable; alternative community resources have been thoroughly explored and utilized prior to authorizing CSA funding; the use of incentives are time sensitive and directly related to a need/outcome and part of an Individual Service/Care Plan; sustainability and family budget considerations are part of any decision to provide supportive services (rent, car repair, etc.); and the ability for parental co-pay is assessed.

The final packet must be submitted to the CSA Coordinator within 10 days of the FTM/IDT in order to be submitted to the CPMT for funding authorization.

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

## Family Team Meeting/IDT Process



### 2.4.8 FAPT/Utilization Review

The City of Winchester conducts the Utilization Review process at the time of presentation to the FAPT, FTM, or IDT. Cases funded by CSA shall be reviewed regularly (see Section 2.4.1i-k hereto) to make sure that the right service is being provided, that the service is effective, and that the costs are reasonable and necessary. The frequency of review dates for all cases is as follows:

- a. Children in Residential Treatment Facilities (except children placed through their IEP) are to be reviewed a minimum of every 3 months.
- b. Children in Group Homes are to be reviewed a minimum of every 3 months.
- c. Children in Therapeutic Foster Care homes are to be reviewed a minimum of every 6 months.
- d. Children in Therapeutic Foster Care with a permanent foster care agreement shall be reviewed

- annually.
- e. Children/families receiving Prevention Services will be reviewed a minimum of every 3 months.
  - f. Children in Regular/Therapeutic Foster Care Homes, Group Home Care, or Residential Treatment Facilities receiving CSA-funded services in addition to boarding care payments will be reviewed a minimum of every 3 months.
  - g. Children in Regular Foster Care Homes receiving boarding care maintenance only will be reviewed annually unless otherwise requested by FAPT or CPMT.
  - h. Children in placement based on an Individualized Educational Plan (IEP) will be reviewed annually unless the IEP changes.
  - i. Children who are being stepped down to a Less Restrictive environment or moved to a new placement will be reviewed prior to that move.
  - j. Children who are moved on an Emergency Basis will be reviewed at the next available FAPT meeting.

The CSA Coordinator shall document in the CSA file, and CPMT documentation when such review is completed, and the nature of any findings/recommendations. The lead worker shall be notified if any action is required.

#### **2.4.9 Mandatory Uniform Assessment Instrument**

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

### **3. ROLE OF CSA COORDINATOR**

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

### **4. RIGHTS OF THE CHILD AND FAMILY**

#### **4.1 Due Process and Appeals**

At the time of referral of the child and family to the City of Winchester CSA, the child and family will be notified of their rights and responsibilities related to access of CSA funds. The child and family will be provided the City of Winchester CSA Brochure located in APPENDIX N.

The identified youth, his parent, guardian or custodian may appeal any decision made by the FAPT or a Family Team Meeting process, except those mandated by federal or state regulation or law, or covered

under a court order or other legally binding agreement or document. At the state level, both the Department of Education, and the Department of Social Services maintain a due process/appeal system independent of the CSA system. The court system also maintains an appeal process.

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

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

Agency representatives who have concerns about a team decision rendered in a FAPT or Family Team, may request a "Collateral Meeting" with involved community partners to review concerns about procedure, logistics, agency policy, etc. Such meetings are considered advantageous for purposes of continuous process improvement, but are not to be used to circumvent the Family Team. No decisions about the family are to be made during such meetings.

## **5. FUNDING POLICIES**

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

The Lead Agency is responsible for obtaining accurate rate estimates for any services requested from CSA. When a FAPT/FTM approves a service based on a rate quoted in the meeting, and the actual rate is different, but within fifteen percent (15%) of the rate quoted, the actual rate shall be deemed approved, and the lead agency shall provide the appropriate documentation of the need for the revision to the CSA Coordinator. If the actual rate exceeds fifteen (15%) difference, the lead Agency shall request an "Addendum" at the next available FAPT.

The Lead Agency shall submit to the CSA Coordinator the approved IV-E/CSA Communication form (APPENDIX M) whenever a child experiences a change of placement or other significant change.

Per state policy: "When a core agency refers a child and family to a family assessment and planning team and that team has recommended the proper level of treatment and services needed by that child and family and has determined the child's eligibility for funding for services through the state pool of

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

### **5.1 Emergency Funding**

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

In the event of such emergency, the lead worker shall notify their supervisor immediately and obtain supervisory approval prior to committing such funds, and shall develop the necessary documentation to provide to the CSA Coordinator within ten (10) days of the emergency, and schedule a FAPT or FTM to review the rationale for the expenditure. The CSA Coordinator shall identify any funds spent on emergencies in the monthly financial report to the CPMT.

### **5.2 Parental Co-payment**

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

#### **5.2.1 Family Contribution Assessment Process**

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

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

- 1) Low Income Home Energy Assistance Program
- 2) Federal Public Housing Assistance or Section 8

- 3) Supplemental Assistance and Nutritional Program (SNAP)
- 4) Temporary Assistance for Needy Families (TANF)
- 5) Parents receiving Social Security Disability as their only source of income
- 6) Free and Reduced Lunch

### 5.2.2 Methodology

This policy separates parental co-payment into three CSA treatment categories:

- 1) Children in the custody of the Winchester City Department of Social Services (WDSS);
- 2) Foster care services for children not in the custody of WDSS (excluding Parental Agreements);
- 3) Non-IEP services prescribed by Family Assessment and Planning Team (FAPT), Non-mandated, and residential Parental Agreements.

- 1) Parental co-pay for children in the custody of Winchester City Department of Social Services shall be processed by the Division of Child Support Enforcement (DCSE).
- 2) CSA parental co-pay for community-based Foster Care Prevention services shall be waived for the initial 30 day period of services while the co-pay is being assessed. After this period parents/guardians shall be subject to parental co-pay.
- 3) Parental co-pay for Non-IEP, Non-mandated, and Residential Parental Agreements shall be pursued, as follows:
  - a. Informed parental consent – the parents are alerted prior to FAPT/FTM that CSA funded services are subject to a co-pay.
  - b. Individual Family Service Plan or Care Plan – the FAPT/FTM service plan shall identify services eligible for co-pay.
  - c. CSA Office Screening – The family shall be subject to a co-pay screening by the CSA Office representative prior to, or immediately after FAPT/FTM to review fees for prescribed services. Services shall not start prior to receiving a signed Fee Payment Agreement.

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

### 5.2.3 Amount of Parental Co-payment

Co-pay amounts shall be assessed using total gross household income, including child support, with a CPMT-approved sliding fee table based on ability to pay. The referring case manager is required to complete the Co-payment Screening Form and Parental Co-payment Agreement prior the initial presentation to the FAPT or other approved multidisciplinary team. A sliding fee scale will be utilized to assess the parental contribution. See APPENDIX K for Co-payment Screening Form and Agreement and CSA Sliding Fee Scale.

### 5.2.4 Co-payment Assessment/Dispute

Eligible cases for which the Parental Co-Payment Screening Form has not been completed and signed by the parent/guardian shall be assessed the maximum co-payment amount.

Families with extenuating financial situations/hardships, such as extraordinary medical expenses, may request a review by the CSA Coordinator. If, after such a review, the family still believes the fee is

unjust or inappropriate, an appeal can be filed for review by the CPMT. The parent/guardian must submit in writing, a letter of appeal to the CSA Office within fourteen (14) days of the date that they receive notice, either orally or in writing, of the CSA Office's determination. The CSA Office will place the appeal on the next regularly scheduled CPMT meeting agenda. The CPMT shall review the materials provided and render a decision, which shall be final. The CSA Office will notify the family in writing of the decision of the CPMT within thirty (30) days of the review.

#### **5.2.5 Case Manager Responsibility**

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

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

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

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

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

#### **5.2.6 Collection Responsibility**

Service providers are responsible for the collection of the family's assessed financial contribution. The amount of the assessed co-payment shall be deducted from the authorized funding amount when the purchase of service order is issued. Should multiple service providers be authorized during the same monthly service period, the amount of the co-payment shall be divided on a percentage allocation basis. The amount of co-payment will be divided between each service provider based on the percentage of overall services. In the event a family fails to pay the assessed co-payment, it will be at the service provider's discretion the action it chooses to take to recover those fees. The vendor shall notify the case manager and CSA Coordinator of the family's failure to pay, and its collection procedure, if any.

### **5.3 Court Involvement in Service Determination**

Per state policy: "In any matter properly before a court for which state pool funds are to be accessed, the court shall, prior to final disposition, and pursuant to the §§ 22.5209 and 2.2-5212, refer the matter to the Community Policy and Management Team for assessment by a local family assessment and planning team as authorized by policies of the community policy and management team for assessment

to determine the recommended level of treatment and services needed by the child and family. The family assessment and planning team making the assessment shall make a report of the case or forward a copy of the individual family services plan to the court within 30 days of the court's written referral to the community policy and management team. The court shall consider the recommendations of the family assessment and planning team and the community policy and management team. If, prior to a final disposition by the court, the court is requested to consider a level of service not identified or recommended in the report submitted by the family assessment and planning team, the court shall request the community policy and management team to submit a second report characterizing comparable levels of service to the requested level of service. Notwithstanding the provisions of this subsection, the court may make any disposition as is authorized or required by law. Services ordered pursuant to a disposition rendered by the court pursuant to this section shall qualify for funding as appropriated under this section." COV § 2.2-5211 E.

#### **5.4 Medicaid Funded Services**

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

#### **5.5 Intensive Care Coordination**

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

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

1. Youth placed in out-of-home care
2. Youth at-risk of placement in out-of-home care

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

#### **5.6 Providers of Intensive Care Coordination**

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

1. Employ at least one supervisory/management staff who has documented establishing completion of annual training in the national model of "High Fidelity Wraparound" as required for supervisors and

management/administrators (such documentation shall be maintained in the individual's personnel file);

2. Employ at least one staff member who has documentation establishing completion of annual training in the national model of "High Fidelity Wraparound" as required for practitioners (i.e., Intensive Care Coordinators). Such documentation shall be maintained in the individual's personnel file.

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

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

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

#### **5.7 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 thirty (30) calendar days after the new Community Policy and Management Team receives written notification of the child/family's residence in the new Community Policy and Management Team locality.
- When the residence of the child/family transfers to a new Community Policy and Management Team jurisdiction, the receiving Community Policy and Management Team jurisdiction must review the current Individual Family Service Plan and adopt or revise and implement within thirty (30) calendar days.

#### 5.8 CSA funds should not be used for:

- Services recommended by the IEP in order to meet the child's educational needs that are provided in the child's public school setting. (Notwithstanding this limitation, services included in the IFSP to be provided to the child or family in the community, which are needed to prevent placement in a more restrictive setting, are eligible for pool funds.)
- Facilities that have had their license downgraded to provisional (i.e. due to failure to comply with licensing standards), beyond a suitable period of time needed for transition planning in order to effect a reasonable transfer to an eligible institution.
- Services provided by an unlicensed provider if such service requires licensing per the appropriate regulatory body, particularly those in accordance 12 VAC 35-105-30.

## 6. ELIGIBLE POPULATION

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

For purposes of determining eligibility for the state pool of funds, "child" or "youth" means (i) a person less than eighteen years of age and (ii) any individual through twenty-one years of age who is otherwise eligible for mandated services of the participating state agencies including special education and foster care services. The *Regulations Governing Special Education Programs for Children with Disabilities in Virginia* specify age of eligibility for special education as follows: "eligible children with disabilities who have not graduated with a standard or advanced high school diploma who, because of such disabilities, are in need of special education and related services, and whose second birthday falls on or before September 30, and who have not reached their 22<sup>nd</sup> birthday on or before September 30 (2-21, inclusive in accordance with the (Code of Virginia).

- a. The child or youth has emotional or behavior problems that:

1. 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;
  2. Are significantly disabling and are present in several community settings such as at home, in school or with peers; and
  3. 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.
- b. 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.
  - c. The child or youth requires placement for purposes of special education in approved private school educational programs.
  - d. 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.

#### **6.1 Mandated Population**

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

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

- d. Children placed by a juvenile and domestic relations district court, in a private or locally operated public facility or nonresidential program; or in a community or facility-based treatment program in accordance with the provisions of subsections B or C of § 16.1-284.1.
- e. Children committed to the Department of Juvenile Justice and placed by it in a private home or in a public or private facility.

## **6.2 Non-Mandated Population**

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

## **7. CONTRACTING WITH PRIVATE SERVICE PROVIDERS**

- There will be services identified in the service plan that require a contractual arrangement with private service providers and/or community based organizations. Priority consideration should be given to service providers registered with the OCS vendor list. Community based organizations wishing to regularly provide services for reimbursement, should register with OCS. This is not intended to prohibit the use of local organizations incorporated as natural supports for a specific family, or other one time services.
- The CSA Coordinator shall develop an Agreement with potential service providers that spells out requirements related to licensing, fiscal management, adherence to the purchase order, and submission of monthly progress reports.
- The CPMT shall enter into an agreement with potential providers that provides the minimum standards of practice required in order to be given consideration for future referrals.
- CSA services must be properly licensed as required by law, and in compliance with all regulatory requirements. CSA shall not pay for any new placements of children with service providers placed on provisional status by state licensing entities.

## **8. RECORDS MANAGEMENT**

CSA staff shall retain one copy of the FAPT packet, and case material as is needed to properly document the rationale for services provided, and any record of utilization review performed. Such files shall be maintained consistent with minimum state and federal guidelines. Appropriate legal consent is required to release any records. The "CSA Documentation Inventory" (state manual toolkit) shall provide guidance on the types and location(s) of documentation maintained.