The Montgomery County Community Policy and Management Team Manual

The Montgomery County Community Policy and Management Team (CPMT), a body which was established as required by the Children's Services Act, and whose membership was appointed by the Montgomery County Board of Supervisors in a Resolution dated October 26, 1992, and whose purpose and function is detailed in its By-Laws adopted March 11, 1993, herein as required by the said Act, sets forth certain policies and procedures to guide its operation and provision of services.

I. CHILDREN AND FAMILIES ELIGIBLE FOR SERVICES UNDER THE CHILDREN'S SERVICES ACT

A. In order to be eligible for funding for services through the state pool of funds, a youth, or family with a child, shall meet one or more of the criteria specified in subdivisions 1 through 4 and shall be determined through the use of a uniform assessment instrument (COV § 2.2-2648.11 and SEC Policy 3.6, effective 07/01/09: Montgomery County uses the "Child and Adolescent Needs and Strengths (CANS)" Assessment) and by policies of the CPMT to have access to CSA funds:

1. The child or youth has emotional or behavior problems that:

   a. Have persisted over a significant period of time or, though only in evidence for a short period of time, are of such a critical nature that intervention is warranted;

   b. Are significantly disabling and are present in several community settings, such as at home, in school, or with peers; and

   c. Require services or resources that are unavailable or inaccessible, or that are beyond the normal agency services or routine collaborative processes across agencies, or require coordinated interventions by a least two agencies.

2. The child or youth has emotional or behavior problems, or both, and currently in in, or is at imminent risk of entering purchased residential care. In addition, the child or youth requires services or resources that are beyond normal agency services or routine collaborative processes across agencies, and requires coordinated services by at least two agencies.

3. The child or youth requires placement for purposes of special educational approved private school educational programs or for transitional services as set forth in subdivision B 6 of COV§ 2.2-5211.

4. The child or youth requires foster care services as defined in COV § 63.2-905.

B. For purposes of determining eligibility for the state pool funds, "child" or "youth" means (i) a person younger than 18 years of age or (ii) any individual through 21 years of age who is otherwise eligible for mandated services of the participating state agencies including special education and foster care services. COV § 2.2-5212B.

II. CHILDREN AND FAMILIES FOR WHOM SERVICES ARE TARGETED:

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, as authorized by § 63.2-900;

D. Children placed by a juvenile and domestic relations district court, in accordance with the provisions of §16.1-286, in a private or locally operated public facility or non-residential 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 in accordance § 66-14, COV § 2.2-5211 B.

III. CPMT MISSION AND STRATEGIC PLANNING PROCESS

A. The mission of the CPMT shall be "to create a collaborative system of services and funding that is child-centered, family focused, and community based when addressing the strengths and needs of troubled and at-risk youths and their families". The purposes of the Team are:

1. Ensure that services and funding are consistent with the Commonwealth's policy of preserving families and providing appropriate services in the least restrictive environment, while protecting the welfare of children and maintaining the safety of the public;

2. Identify and intervene early with young children and their families who are at risk of developing emotional or behavioral problems, or both, due to environmental, physical or psychological stress;

3. Design and provide services that are responsive to the unique and diverse strengths and needs of troubled youths and families;

4. Increase interagency collaboration and family involvement in service delivery and management;

5. Encourage a public and private partnership in the delivery of services to troubled and at-risk youths and their families;

6. Exercise statute-based authority, flexibility and accountability in the use of funds, in decision-making processes and in providing services which meet the purposes of the Act.

B. The CPMT will bring into effect a strategic planning process. This process will include:

1. Development and support of collaborative efforts among local agencies and service providers;

2. Coordination of a community-wide youth and family services needs assessment;

3. Facilitation of the effort needed to develop specific services not available in Montgomery County;

4. Prevention of unnecessary duplication of efforts and services

5. Identifying, assessing, prioritizing risks; considering liabilities related To risks; collaborating and applying resources to minimize risk; implementing plan to address risk, if necessary.

C. The CPMT will share the strategic plan outcomes with their respective agency's FAPT representatives and case managers.

Montgomery County CSA Goals and Objectives

GOAL #1: Encourage Family Involvement with the CSA Process

Objectives: -Require parent/legal guardian to attend initial FAPT meeting and subsequent reviews.

-Notify parent/legal guardian at FAPT meeting of next scheduled review in writing, by text, email or letter.

-Ensure all Team members follow the CSA and System of Care beliefs that all families have strengths; families are the experts on themselves and can make well-informed decisions about themselves and their children; families deserve to be treated with dignity and respect; and families are shaped by their rich and unique histories and cultural backgrounds.

-Provide vendor surveys to parent/legal guardian for their input on services.

-Have Case Manager/Agency Staff available to provide transportation to parent/legal guardian, if needed, to assist them in attending FAPT meetings.

-Hold FAPT meetings in an easily accessible location.

-Consider parent/legal guardian as equal partner when developing service plan.

-Allow for participation via telephone or virtually via Zoom

Performance Measure:

-Provide notification of FAPT staffing to parent/legal guardian/ foster parent and maintain copy of notification in child/youth's file.

-Evaluate family satisfaction by having parent/legal guardian/foster parent complete surveys.

GOAL #2: Contain CSA Costs While Delivering Effective Services to Montgomery County Families

Objectives: -Maximize all other funding sources before accessing CSA dollars.

-Provide instructional/training tools to Case Managers.

-Provide Utilization Management of records to ensure standards are meeting CSA mandates.

-Track expenditures using EXCEL spreadsheet.

Performance Measure:

-Access alternative funding sources in lieu of CSA dollars.

-Decrease number of children in residential facilities by working closely with service providers in monitoring child/youth's progress.

-Decrease number of children in Private Day School placements by supporting public school's efforts to offer alternative settings in locality.

-Apply consistent collection of, and obtain, verification of household income for parental copayments.

GOAL #3: Develop Creative Wraparound Services Plans

Objectives: -Provide training and technical assistance to Case Managers and FAPT members.

-Maximize all other funding sources before accessing CSA dollars.

-Assess strengths and needs of children/families through use of **CANS**

(COV §2.2-2648.11 "requires a mandatory uniform assessment instrument and process to be used by all localities to identify levels of risk of CSA youth". SEC Policy 3.6: "The Child and Adolescent Needs and Strengths Assessment (CANS) shall be the uniform assessment instrument for children and youth receiving services funded through the State pool. Use of the CANS shall be effective July 1, 2009."

Performance Measure:

-Inform Case Managers of instructional/training information opportunities as available.

GOAL #4: Enhance Communication Between CSA and All Stakeholders

Objectives: -Maintain current CPMT By-Laws and Manual

-Provide program assistance to Case Managers

-Continue participation in SWVA Regional Steering Committee and SWVA Regional Coordinators Group

Performance Measures:

-Human Services/CSA staff to attend at least one half or more meetings held by the SWVA Steering Committee or SWVA Regional CSA Coordinators Group.

-Inform stakeholders of instructional/training opportunities as available.

Goal #5: Provide Management and Information Data for Decision-making

Objectives: -Utilize OCS data management reports.

-Provide effective services to reduce length of stay/placement by tracking pertinent data and notable behaviors via vendor progress reports each quarter.

Performance Measure:

-Monitor child/youth's behaviors while in placement.

IV. APPOINTMENT OF FAMILY ASSESSMENT AND PLANNING TEAMS (FAPT)

The CPMT shall establish and appoint one or more FAPT depending on the scope and volume of CSA cases being served. The FAPT will meet the required minimum membership as defined in the Children's Services Act. Agency directors will identify a representative, and one designee from the New River Valley Community Services, the 27th District Juvenile Court Services Unit, the Montgomery County Department of Social Services, and the Montgomery County Public School System. Interviews for FAPT members will be conducted, as needed, for new appointments. *(Refer to CSA Program Protocol, Revised August 8, 2012).* In accordance with COV § 2.2-5207 members of FAPT 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 proven that such person acted with malicious intent.

The team shall include a parent representative. Parent representatives who are employed by a public or private program that receives funds pursuant to this chapter or agencies represented on a community policy and management team may serve as a parent representative provided that they do not, as a part of their employment, interact directly on a regular and daily basis with children or supervise employees who interact directly on a daily basis with children. Notwithstanding this provision, foster parents may serve as parent representatives.

FAPT Parent Representative Reimbursement Policy:
The Montgomery County FAPT Parent Representatives support parents and caregivers who are seeking help for their families through the Montgomery County CSA program. The Parent Representatives may be eligible for reimbursement through the CSA administrative budget not to exceed $45.00 per FAPT meeting/training for their childcare expenses when actively participating in the local process. The Parent Representative shall submit a signed statement specifying the FAPT meeting(s) date(s) to request reimbursement. The invoice will be authorized by the Human Services Division/CSA and processed in accordance with the Division's operating manual, "Processing CSA Invoices". *July 9, 2014*

The team shall include a representative of a private organization or association of providers for children's or family services if such organizations or associations are located within the locality COV § 2.2-5205. This private provider representative is appointed by the CPMT on a rotation basis biennially. FAPT membership appointments are made with the understanding that the representative will have the authority to access services within their respective agencies. Members may be reappointed to an unlimited number of consecutive terms in keeping with the perceived benefit in continuity of the Team, and as long as the member remains appropriately active.

The persons serving on the team who represent private organizations or association 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 COV § 2.2-3101 of the State and Local Government Conflict of Interest Act, or a fiduciary interest.

V. FAMILY ASSESSMENT AND PLANNING TEAM PURPOSE AND REFERRAL PROCESS

A. The purpose of the FAPT is:

1. Staff cases with a view toward inter-agency coordination and management of services;

2. Make recommendations regarding interventions for the family, including treatment, and in some cases, placement outside of the home;

3. Provide one central mechanism for parent/ person who have primary physical custody of a child in their care and agencies required by law or statute to provide interdisciplinary team management;

4. Provide feedback to the CPMT when services are non-existent in the community and client needs are unable to be met.

B. A case (child/youth or family) is appropriate for referral when any of the following apply:

1. Family/child has a long-standing persistent problem and there is multiple agency involvement;

2. Family/child is in need of services or supervision and the Court has entered an order referring the case for FAPT recommendations;

3. Child is being considered for residential placement or foster care placement (provided the youth/placement is assessed by the FAPT within 14 days of admission and the emergency placement is approved at the time of placement.)

4. Child is returning to the community from a residential placement and an interagency plan is needed for services as defined in the IFSP transition plan.

5. Child has an IEP that includes services to be funded by CSA.

C. Roles and responsibilities in the referral process:

Case Manager and parent/persons who have primary physical custody of a child in their care:

1. Determine if the child/family meets the criteria above;

2. Notify the FAPT representative from his/her own organization to review

case details and determine if appropriate for referral;

3. Discuss the referral process with parent and obtain proper release form to enable exchange of information with the FAPT. In compliance with COV § 2.2-5208 assess parental co-pay, as follows:

For Community-Based Services: 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/legal guardians utilizing a standard sliding fee scale, based upon ability 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).

For Out-of-Home Placements: CSA staff shall file the appropriate application for child support with the State Division of Child Support Enforcement (DCSE). Custodial and non-custodial parents of children in out-of-home care are to be referred to DCSE. (Adopted 2/11/15)

There will be no double collection of copayments while child/youth is in an out-of-home placement. Payment will either be collected by locality or by DCSE but not at same time.

4. Prepare for FAPT staffing by gathering referral data on the child/family;

5. Complete the FAPT referral packet;

6. Complete the Child and Adolescent Needs and Strengths Assessment (CANS) (pursuant to COV § 2.2-2648.11). Per Virginia Children's Services Act Policy Manual, effective 01/01/19, Section 3.6 Mandatory Uniform Assessment Instrument:

   "Local policy adopted by the Community Policy and Management Team (CPMT) shall direct the frequency of reassessment of the CANS between the one year intervals of required Annual CANS unless otherwise required by another funding source (e.g. Medicaid)."

   Montgomery County CPMT local policy is: The CANS will be completed every three months (or 90 days) by the case manager and provided to the CSA office. An initial CANS is to be completed prior to the initiation of CSA-funded services. If significant changes occur in the status of the case or if the case manager is requesting a change in services, the CANS should be completed prior to the FAPT meeting during which the request is being made. IEP cases require a CANS be completed every six months. A discharge CANS is to be completed within 90 days of closure/end of CSA-funded services. The case manager is responsible for ensuring that the CANS is inputted into the CANVAS online system: https://www.csa.canvas.virginia.gov/ , and for providing a copy of the CANS to service providers so that Medicaid billing can occur for those services that qualify. The case manager is responsible for ensuring that they are re-certified in the CANS on an annual basis.

7. Inform the parent/legal guardian of the following expectations:

   a. The parent(s) or guardian must attend the initial staffing and subsequent reviews of their child's case, and are encouraged to be active participants in all aspects of assessment, planning, and implementation of services for their child. Provide transportation when available;

   b. The parent(s) or guardian should attend all team meetings, provide input and opinions during the planning process, and participate actively in the delivery of services.

   c. The parent(s) or guardian is expected to share in the cost of services at a level consistent with their assessed ability to pay.

8. Assist the parent/child in discussing the presenting problem;

9. Serve as case manager to provide the following:
   - follow-up with the Team's recommendations,
   - refer youths and families to community agencies and resources in accordance with the IFSP,
   - assist parent(s)/guardians with IACCT process when applicable,
   - make on-site visits to prospective and on-going service providers as needed to assess quality and to monitor service provision,
   - report back to the Team on progress with the case. Progress reports and/or evaluation of client status should be presented to FAPT by case managers during the scheduled review. Case managers are advised to document difficulty receiving progress reports from providers and have the matter returned to CPMT to be addressed.
   - locate vendor for services recommended by the Team as follows: choose a possible vendor as options for placement of a child in a residential treatment facility. The vendor must not have provisional license status. The vendor must have an available slot, and must have given tentative agreement to accept the child's placement. The case manager must bring negotiated rates for the vendor, and usual length or duration of treatment provided by the vendor. Medicaid vendors will be contacted and considered first. If child/youth has Medicaid, IACCT process must be completed and placement recommended by Acentra.
   - develop any necessary letters of intent or vendor agreements,
   - submit required documentation for payment.

The Case Manager/parent/persons who have primary physical custody of a child in their care: will comply with all requirements of utilization management review, as necessary. Utilization Review conducted by the Case Manager must include CANS updates. Payment for a Medicaid funded service (Case Management, Treatment Foster Care and Residential) denied by DMAS due to a

CANS reassessment not submitted by the required Utilization Management review deadline will be the obligation of the FAPT/CPMT case managing agency. Utilization Review will also include site visits, no less than quarterly, and the following:

- assessing progress of the child and family toward achieving goals and outcome objectives in the IFSP,

- determining the appropriate service level based on individual child's specific needs and strengths. Assessment Treatment Level shall not exceed 60 days to complete needs assessment and service plan. Determination of the initial level of care and a child's movement between levels of care will be based on a combination of factors, including but not limited to:
  -current and past behaviors;
  -needs and strengths;
  -number of placements the child has experienced;
  -ratings on CANS, VEMAT, and any other available assessments;
  -anticipated level of support needed for the foster home;
  -available documentation (i.e. psychological evaluations, reports from parent, school, case manager, provider, etc.)

- assessing the ongoing ability of the service provider to meet the needs of the child and family,

- determining necessity for changing service provider,

- determining the optimum time for discharge from a residential program and facilitating that discharge at the earliest possible date to maximize treatment impact and to minimize expenditure of CSA funds,

- notifying the Montgomery County Human Services Division/CSA of changes or terminations of approved services such as loss of custody by Department of Social services; services deemed unsuccessful or case closed by sponsoring agency; termination of placement; significant change in IEP; or family moving out of jurisdiction.

FAPT Chair:

1. Ensure that all persons present at the FAPT staffing sign the required confidentiality statement;

2. Ensure that decision-making occurs by consensus, with majority rule when consensus is not possible; ensure that "dissenting minority" recommendations are entered into the Team minutes;

3. Ensure that an Individual Family Services Plan (IFSP) is developed for each case and that the Plan is child-centered, family focused with treatment provided in the least restrictive setting possible;

4. Ensure that the "Acknowledgement of the IFSP and Assessment" form is signed by the parent(s) or guardian. The IFSP cannot be implemented without the consenting signature of the custodial parent and/or agency or individual legally serving in the place of the parent, excepting alternative orders by the court;

5. Ensure that the IFSP includes a transition plan for children placed in out-of-community residential programs. The transition plan shall include:

   - the type of placement to which the child will be stepped down;
   - alternatives where the child might be living at the time of discharge;
   - projected discharge date;
   - summary of follow-up and aftercare planned, and key players involved.

FAPTeam Members:

1. Attend all scheduled meetings and relevant training;

2. Participate in a consensus-based approach to Team decisions relative to case recommendations;

3. Provide information pertinent to the cases to be staffed. Confirm family members are informed and understand their rights/responsibilities with respect to CSA services (i.e. notifications, information, procedural safeguards, summary of rights);

4. Document Team recommendations for their agency and ensure follow through on all recommended actions. Collaborate with families on written service plans to establish common definitions and goals. Offer services, based on the families' strengths, to help take action to increase their stability.

5. Provide reports concerning follow up actions as required;

6. Request the attendance of additional agency staff when needed;

7. Treat fellow team members, parents, youth, and other visitors to the team meeting with respect regarding the diversity of the families, which may include but are not limited to: race, ethnicity, immigration status, religion, sexual orientation, gender and socioeconomic status; by understanding the impact of stress and adversity on families; and respecting differing opinions and be willing to work together to implement the service plan.

8. Use accurate and respectful language in all oral and written communication to or about youth, families, and fellow team members and avoid the use of derogatory language and unwarranted negative criticism;

9. Adhere closely to FAPT confidentiality policy that all information about specific children and families obtained by Team members shall be used only for the professional purpose for which it was obtained and shared only with the agencies listed and for the purposes specified on the Consent to Exchange Information form.

10. Support family members for their participation (i.e. FAPT Parent Representative);

11. Assist families with navigating human services systems to streamline programs.

CSA Program Manager:

1. Screen cases for appropriateness for referral and schedule FAPT meetings;

2. Assist Case Managers by providing referral forms and ensure that materials needed for the scheduled meeting are received at least two days prior to the staffing (including signed Consent form);

2. Ensure that respective families participate in staffing to the maximum extent possible;

3. Ensure that Team minutes are recorded and placed in child's file;

4. Serve as liaison to the CPMT;

5. Responsible for preparing requests for funds for services recommended by the FAPT to the CPMT;

6. Responsible for reporting data to OCS.

VI. FAMILY ENGAGEMENT

Montgomery County CSA will create a culture of respect, inclusion and equity to promote family engagement and provide for family participation in all aspects of assessment, planning and implementation of CSA services. COV § 2.2-5208.

CPMT and FAPT members will respect:

- the diversity of the families, which may include, but are not limited to, race, ethnicity, immigration status, religion, sexual orientation, gender and socioeconomic status;
- the impact of stress and adversity on families;
- the differing of opinions and will work together to implement the service plan.

Family Partnership:

CPMT has adopted the Virginia Department of Social Services Family Engagement/Partnership Policy and will not establish local policies that are in conflict or opposition to such.

A. All Family Engagement/Partnership team funding requests will be submitted for CPMT consideration in accordance with Montgomery County CSA policy.

B. The Montgomery County Department of Social Services, in conjunction with the family, will be responsible for organizing and inviting participants to the Family Engagement/Partnership team meetings.

C. At least one core agency (27th District Juvenile Court Services Unit, Montgomery County Public School, or New River Valley Community Services) other than the Department of Social Services, will have a representative at the Family Engagement/Partnership meetings. The other core agency will be available for consultation before, during, and after the meeting, as needed.

D. The Montgomery County Department of Social Services shall submit written progress reports on a quarterly basis for all on-going Family Engagement/Partnership team CSA funded approvals for FAPT/CPMT review.

VII. FINANCIAL MANAGEMENT

A. Circumstances under which youth and families are not required to be assessed by the FAPT but for whom funds from the state pool may be directly accessed include:

1. Special Education IEP cases
2. Emergency Foster Care maintenance only

B. Management and audit responsibilities for the funds pool rests in the office of the Montgomery County Financial and Management Services Division. Specific access to the funds involves:

1. Case assessment by FAPT unless covered by Section VIII Items A. 1 and A. above

2. CSA Program Manager submits request for funds via the CPMT Chair to the CPMT. Request will include:

    a. Case name, number
    b. Purpose of funds
    c. Vendor
    d. Amount requested, for what period of time
    e. Documentation of parental co-payment determination

3. Following approval by the CPMT, the CSA Program Manager will forward to the Financial and Management Services Division on an approved form, the authorization to release the funds (i.e., to submit a check to the vendor).

4. The Financial and Management Services Division will provide to the CPMT Chair on a routine basis, a report of the expenditures assigned to the State Pool Funds.

5. The Financial and Management Services Division will have an annual audit prepared on the State Funds Pool and have such audit submitted to the CPMT.

6. The CPMT will conduct a review not less than quarterly of the expenditure of funds in order to assess the effectiveness and quality of programs/services being purchased with the State Funds Pool.

C. The procedure for the CPMT suggesting that the County submit proposals for new services is as follows:

1. Funding for new community services provided by grants, proposals, or contracts secured by the CPMT shall be awarded on the basis of a competitive, sealed RFP process if the funding is in excess of $10,000, and in accordance with the procurement procedures of Montgomery County.

2. According to the Virginia Procurement Act, the County Procurement Manager may designate a service to be provided as being available only from a single, sole source in the community, and may recommend that the County award a contract on this basis.

3. Requests for proposals shall be used for awarding any service contract exceeding $10,000 in one calendar year. Such proposals shall be submitted through a sealed proposal process.

4. Multiple criteria shall be specified in the request for proposals that establish the basis for evaluation of each proposal submitted by community agencies.

5. The notice for requests for proposals shall be published by the County Procurement Manager, and shall allow at least 20 calendar days for submission of proposals including the possibility of holding a pre-proposal conference.

6. The CPMT shall appoint at least one member to serve on the RFP review committee, ranking competing proposals with other committee members and forwarding the top-ranked applicants to County Administration.

7. In awarding contracts for professional services, proposals submitted by community agencies shall be ranked according to the criteria established in the request for proposals. The County's Procurement Manager shall negotiate with the community agency that submitted the proposal ranked first and attempt to arrive at a suitable agreement. If an agreement cannot be reached with the agency submitting the proposal ranked first, negotiations shall be terminated with this agency, and negotiations shall begin with the agency submitting the proposal ranked second. This process shall continue until a suitable agreement is reached with an agency submitting a proposal.

8. This process shall meet all of the other provisions of the Virginia Procurement Act, and comply with Montgomery County purchasing procedures.

VIII. NON-DISCRIMINATION

A. Neither the CPMT nor the FAPT shall discriminate on the basis of race, sex, age, religion, socioeconomic status, handicapping conditions, or national origin.

IX. RETENTION AND DESTRUCTION OF CSA RECORDS

A. The retention of and destruction of original records is based on the agency's retention and destruction policy under whose purview the record originated. The State Library of Virginia is responsible for managing the retention and destruction of all public agency records and has developed schedules applicable to each agency. (http://www.lva.virginia.gov/agencies/records/retention.asp) Record Officers, who must sign off on forms before destroying any public record, are located through the State of Virginia. The MC Human Services Director/CPMT Chair shall be the designated Records Officer. The RM-25 form must be submitted to the Library of Virginia for appointment of position.

1. CPMT Retention and Destruction of CSA records:

   a. CSA records will be retained for three (3) years following a client's 18th birthday within a given fiscal year;

   b. Exceptions:
   - Client is still receiving services on 18th birthday;
   - Client has an IEP and therefore eligible for services until age 22
   - Client in the custody of DSS and therefore eligible until age 21 or until custody is relinquished

B. CPMT will adhere to requirements of the Family Education Rights and Privacy Act and the Code of Virginia regarding education records. Specifically, parental consent is required to release education records. Education records are broadly defined as all records maintained by the education agency.

X. DUE PROCESS FOR APPEALS

A. The CPMT will ensure that due process for appeals is followed. In cases not before a court of subject to appeal under applicable statutes, the child and family will have the right to appeal the recommendations of the Family Assessment and Planning Team (FAPT).

B. The process is as follows:

At the conclusion of the FAPT meeting all children and families will be provided with a copy of the Individual Family Service Plan (IFSP) and be informed of their right to appeal the FAPT recommendations and the process to follow.

The request for an appeal must be made by the child/family within 30 days of the decision by the FAPT on which the appeal is focused. Upon request of the child/family, the appropriate agency (i.e. the agency which originated the referral to FAPT), will consider the appeal through an informal conference. If the agency agrees with the child/family, the agency will refer the issue to the FAPT for modification of the plan and/ or reassessment. If the agency reaffirms the initial decision of the FAPT, the child/family may ask to have the service plan reviewed by the CPMT. The request for the review by the CPMT must be made in writing to the Chair of the CPMT within 10 working days of the agency decision.

The request shall include: a) specifically what they are appealing; b) what they are requesting as an alternative; and c) the supporting information to justify the appeal. The request is to be submitted to the CPMT Chair, Human Services Division/CSA, 210 South Pepper Street, Suite D, and Christiansburg, VA, 24073.

The appeal hearing shall be heard at the next regularly scheduled CPMT meeting in closed session. The CPMT may uphold or alter the FAPT's decision. A determination in writing shall be rendered within five (5) business days of the appeal to the person requesting the appeal, the case manager and the FAPT Chair. The process does not supersede other appeal rights which may be governed by the statute. The CPMT is the final step for local appeal. (*CPMT 4/15*)

XI. INTENSIVE CARE COORDINATION – *adopted by the State Executive Council April 30, 2013*

Intensive Care Coordination shall include facilitating necessary services provided to a youth and his/her family designed 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 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."

Population to be served by Intensive Care Coordination

Youth shall be identified for Intensive Care Coordination by the Family Assessment and Planning team (FAPT). Eligible youth shall include:

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

[1]Out-of-home care is defined as one or more of the following:

- Level A or Level B group home
- Regular foster home, if currently residing with biological family and due to behavioral problems is at risk of placement into DSS custody
- Treatment foster care placement, if currently residing with biological family or a regular foster family and due to behavioral problems is at risk of removal to higher level of care
- Level C residential facility
- Psychiatric hospitalization
- Juvenile justice/incarceration placement (detention, corrections)
- Emergency Shelter (when placement is due to child's MH/behavioral problems)

[2] At-risk of placement in out-of- home care is defined as one or more of the following:

- The youth currently has escalating behaviors that have put him or others at immediate risk of physical injury.
- Within the past 2-4 weeks the parent or legal guardian has been unable to manage the mental, behavioral or emotional problems of the youth in the home and is actively seeking out-of-home care.
- One of more of the following services has been provided to the youth within the past 30 days and has not ameliorated the presenting issues:
  - Crisis Intervention
  - Crisis Stabilization
  - Outpatient Psychotherapy
  - Outpatient Substance Abuse Services
  - Mental Health Support

NOTE: 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.

Providers of Intensive Care Coordination

Providers of ICC shall meet the following staffing requirements:

1) Employ at least one supervisory/management staff who has documentation 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), including participation in annual refresher training. 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 a 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 Coordination 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 in 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 by the 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 for Intensive Care Coordination

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 Children's Services with consultation and support from the Department of Behavioral Health and Developmental Services.

XII. FOSTERING FUTURES PROGRAM – CSA

Legal authority for Fostering Futures is found in the 2023 Virginia Appropriation Act, Section 344 (L. 1-4). This language carves out the eligible population of youth and directs the Virginia Department of Social Services to develop the program. The Virginia Department of Social Services (VDSS) Fostering Futures program, VDSS Foster Care Policy Manual, Sections 14.4, 14.8 (July 2022).

Eligibility for Fostering Futures:

Implementation of Fostering Futures creates two populations of DSS youth ages 18-21 who are eligible for different "foster care services."

Youth who attain age 18 on or after July 1, 2023 while in the custody of the LDSS or placed through a DSS Non-Custodial Foster Care Agreement are eligible for Fostering Futures.

Youth who attained age 18 prior to July 1, 2023 while in DSS foster care placement are eligible (with two exceptions) only for Independent Living (IL) services.

Both populations, those served by Fostering Futures or those receiving Independent Living services, are eligible and mandated for CSA services. All CSA policies apply including, but not limited, to:

- review and recommendations by the Family Assessment and Planning Team (FAPT),
- approval by the Community Policy and Management Team (CPMT)
- completion of CANS
- utilization review

NOTE: Youth who were placed through CSA Parental Agreements are not eligible for Independent Living Services or Fostering Futures as these youth were not in the custody of the local DSS or placed through a DSS non-custodial agreement at the time of their 18th birthdays.
If the youth is IV-E eligible, IV-E will pay maintenance costs. If the youth is not IV-E eligible, and CSA local procedures for approval are followed, CSA pays maintenance costs.

Minor children of youth in foster care placement under Fostering Futures are eligible for maintenance payments if residing in the foster home. If the youth is IV-E, the minor child is considered IV-E. If the youth is CSA, the minor child is considered CSA.

Regardless of type of placement (e.g., foster home, IL arrangement), any additional services such as counseling, mentoring, are provided based on FAPT recommendation and CPMT approval, just as with foster youth under the age of 18.

If the youth moves to an IL arrangement, then the maximum monthly room and board maintenance payment is made directly to the youth ($772). The existing IL stipend ($772) for these youth is not applicable. These maintenance payments are subject to FAPT review and CPMT approval, unless the locality has a written CPMT policy which exempts maintenance-only cases.
The living arrangements are chosen by the young adult, not the agency or the FAPT, and may be anywhere, including the removal home. Living arrangements may include supervised apartment living. Providers may be paid for supervision of these arrangements; however, this amount must be negotiated with clear expectations of what is to be provided for the rate. These arrangements must also be individualized; consistent with the intent of CSA, the services and supports should be based on the youth's specific needs and not purchased at a standard, "one-for-all" per diem rate.

Regardless of when the foster youth's birthday falls (before or after July 1, 2023) the current exception continues to exist for youth who are in foster care placement and attain age 18 but will graduate prior to their 19th birthdays. Costs are funded either by IV-E or CSA until the graduation month or it becomes evident the youth will not graduate on time. Foster youth meeting this exception are the only youth who may be in congregate care placements past the age of 18.

Youth placed in Permanent Foster Care (PFC) who attained age 18 prior to July 1, 2023 remain

eligible for PFC until age 21 if the youth remains in the foster home. If the youth is not IV-E eligible, CSA continues to pay maintenance and services as it would for any foster youth. However, these youth may not be placed, even temporarily, into group homes or residential treatment.

The youth is eligible for the stipend of $772 a month and IL services. CSA funds are used to pay the stipend. The stipend may not exceed $772 unless local-only funds are used.
IL services should be determined on an individualized basis and when possible other payor sources such as Medicaid should be accessed prior to CSA. CSA funds are used for the stipend and to purchase IL services if appropriate procedures (e.g. FAPT review) and requirements (e.g. CANS) are met.

XIII. OPEN DOOR POLICY

Montgomery County CPMT has an Open Door Policy. This is an informal policy which provides for open communication through all levels of the CSA process. Any employee, team member, case manager, agency representative, etc. who has a concern or would like assistance in solving issues is encouraged to meet with his/her immediate supervisor. The Department Director or CPMT Chair is also available to meet with employees if the need arises. This opportunity is in no way a substitute for the chain of command. There will be no retaliation or reprisal for using this policy.

XIV. INDEPENDENT ASSESSMENT AND CARE COORDINATION TEAM (IACCT) PROCESS

On 07/01/17, the Virginia Department of Medical Assistance Services (DMAS) implemented new regulations involving changes to the Psychiatric Residential Treatment Service Program (current Level B and C placements). Included in the changes was the establishment of a revised process for determining if a Medicaid-eligible child meets medical necessity criteria and issuing a Certificate of Need required for Medicaid funding for such placements. DMAS contracted with Acentra of Virginia as their behavioral health services administrator (as of 11/01/23). Acentra will work with Independent Assessment and Care Coordination Teams (IACCT) when making determinations and recommendations for children. The IACCT is in addition to the current Family and Assessment Planning Team (FAPT) requirements.

New River Valley Community Services (NRVCS) will serve as the IACCT for Montgomery County FAPT/CPMT. Acentra will notify Montgomery County CSA via email the child's name, advising they have received a referral to the IACCT for an assessment. Referrals can come from parent/guardian, a private provider, the Schools, or other agencies involved in child's life. As soon as the parent/guardian signs a release, the IACCT will share the clinical information with the MC CSA office in order to facilitate the FAPT process as necessary. Once the IACCT receives the referral, they will schedule the assessment within 2 business days and contact MC CSA for a

FAPT date. The IACCT has 10 business days to hold a recommendation meeting (with an extension of 6 additional days if there are scheduling issues with the parent/guardian or others needed for the meeting). Ideally, the recommendation meeting would also be the FAPT meeting.

Acentra requires that a CANS be completed on all children being authorized for Medicaid funded residential treatment. CANS is to be completed by the CSA case manager (DSS, CSB, CSU, School, or CSA staff). A CSA completed CANS is separate from the IACCT CANS (because it is completed by private providers and they aren't authorized to access the State CANVaS system).

If placement in a Residential Treatment Center (RTC) or Therapeutic Group Home (TGH) is authorized, Acentra will provide a list of vendors to the parent/guardian, taking into consideration the proximity of the service providers to the family's residence. MC CSA does not limit the provider options based on current contracts, as it contracts with providers at time of placement. The IACCT LMHP will send the IACCT assessment and Certificate of Need (CON) to the selected residential facility within 1 calendar day of selection.

The local CSA will report on the cases where a CON is not authorized by the IACCT to the Office of Children's Services for the purpose of establishing data in order to improve the service continuum. (See Data Collection Form for CSA/IACCT Interface).

Referrals are classified as:

-DSS: Non-emergency or Emergency placements
-IEP placements
-CHINS/CSA Parental Agreement
-Direct referrals to IACCT
-Children that are Medicaid-Eligible after 30 days in placement

Non-Emergency

Children in the custody of MCDSS and presently in a viable foster care placement and for whom MCDSS is recommending a placement change to a RTC or TGH. Medicaid will fund treatment services and CSA funds cover educational costs. For Level C placements, room and board and daily supervision costs are either paid by Title IVE funds or included in Medicaid billing (if not IVE eligible). For Level B placements, room and board is paid by Title IVE or CSA funds.

If placement is approved by CSA but IACCT denies and does not issue a CON, CSA is authorized to cover full cost of the placement for a period of time approved by MC CPMT. The FAPT/CPMT will work with IACCT and Acentra to determine and arrange appropriate services to meet the child's needs and implement an alternative service to residential placement as soon as possible (as directed through FAPT IFSP/CPMT approval). Room and board and daily supervision costs will be billed to Title IVE or to CSA.

If a child in foster care is ordered by the Court to be placed in a RTC (Level B or C), CSA shall cover the full cost of the placement in accordance with the Court order, even if placement is denied by IACCT (no issuance of a CON).

If a child is placed in a Non-Medicaid facility, CSA will be responsible for cost of the placement and no IACCT approval is required.

Emergency

Children in the custody of MCDSS who are in immediate need of placement and don't meet criteria to receive crisis intervention, crisis stabilization or acute psychiatric inpatient services may require emergency placement in a RTC or TGH. Such placements are authorized under CSA for up to 14 days, at which time FAPT and CPMT approval processes must occur. The CON for such placements shall be completed by the facility within 14 days of admission and submitted to Acentra. The CON shall need to cover the full period of time after admission, and before, for which claims are made for reimbursement by Medicaid. The facility will work with MCDSS to refer the child to IACCT within 5 days of admission. The facility will complete the CON, not the IACCT. All children placed in a RTC or TGH under DSS placement shall immediately be referred by DSS to FAPT. A new CON is required for reauthorization for Medicaid funding after the initial 14 days, as child is no longer considered an emergency.

If placed in a Non-Medicaid facility, CSA is responsible for the full cost of placement and no IACCT is required.

IEP

Students placed in Level C facilities due to the setting being specified as the Least Restrictive Environment (LRE) in their IEP shall be referred to CSA for funding.

If the child is Medicaid eligible, parent/guardian shall be asked to make a self-referral to the IACCT to determine if child meets medical necessity criteria (to potentially allow treatment component of placement be paid by Medicaid).
If parent/guardian declines to refer to the IACCT or IACCT determines child doesn't meet medical necessity criteria, CSA is fully responsible for all costs associated with the educational placement.

The IEP remains the governing authority for IEP placements. If, at any time, Acentra/DMAS discontinues authorization for the placement, CSA will become fully responsible for the cost of the placement as long as the IEP remains in effect with residential placement as the LRE.

If child is placed in a RTC by a parent/guardian for non-educational purposes, CSA is only responsible for the educational cost of the placement. Parent/guardian or Medicaid will pay for the non-educational services. FAPT review is required to determine whether child meets criteria for a CSA parental agreement and placement as appropriate.

If the child is placed in a Non-Medicaid facility (facilities designated exclusively as residential schools and not psychiatric treatment facilities), CSA is responsible for the cost of the placement and no IACCT approval is required.

CHINS/Parental Agreement

If child is determined CSA eligible and FAPT has determined placement in a Level B or C facility is appropriate, and CPMT approves, a CSA Parental Agreement is initiated.

If child is Medicaid-eligible, the parent/guardian will be asked to make a self-referral to the IACCT to determine if child meets medical necessity criteria. All CSA Parental Agreements for Medicaid eligible children shall be referred to the IACCT for consideration of Medicaid funding, as Medicaid funding shall be utilized when possible. Residential placements for Medicaid eligible children are contingent on completion of the IACCT process and an approval for Medicaid funding of the applicable components (treatment, room/board) is received.

If approved by the IACCT, CSA will cover the educational costs and Medicaid will pay for treatment services. For Level C placements, Medicaid will pay for room and board. For Level B placements, room and board is paid through CSA as those costs in such facilities are not a Medicaid covered expense.

For CSA Parental Agreements, the parent/guardian will be referred to the Division of Child Support Enforcement for collection of parental contribution.

Direct Referrals to IACCT

A parent/guardian of Medicaid eligible children (not in the custody of DSS or placed through an IEP for educational purposes) may refer directly to the IACCT without current CSA involvement. Acentra will notify MC CSA. CSA eligibility determination and service planning will occur through routine CSA process.

Children Medicaid Eligible After 30 days in Placement:

Children in psychiatric RTC placements utilizing private medical insurance who will become Medicaid eligible within 30 days of admission (family of one) are required to have an independent CON completed by the facility within 14 days of admission. Once the child is Medicaid eligible, the child shall be referred within 5 days to Acentra for the IACCT process.
If parent/guardian declines to seek Medicaid eligibility, MC CSA will only pay for educational costs.

XV. VIRGINIA KINSHIP GUARDIANSHIP PROGRAM (KinGap)

Montgomery County CPMT has adopted the 2018 General Assembly legislation establishing the Virginia Kinship Guardianship Program effective July 1, 2018. KinGap facilitates the placement of children with relatives and provides a supported permanency option for foster children for whom return home or adoption are not appropriate goals. KinGap provides a new way for relatives to access long-term support when assuming the responsibility of caring for children in their extended family.

Local Departments of Social Services are encouraged to use the emergency foster home approval process to facilitate relative placements, when appropriate, which may ultimately become KinGap homes. Children placed through the existing emergency approval process are eligible for funding through CSA. As with any foster child, CSA funds may be used while eligibility for Title IVE is

being determined. If child is found not IVE eligible, CSA is responsible for foster care maintenance costs.

Once the goals of return home and adoption have been ruled out and the child has been in the DSS approved relative foster home six months or longer, the relative may sign a KinGap assistance agreement with MCDSS. MCDSS will petition the Court to transfer legal custody to the relative. Once custody is transferred, the child is no longer in foster care but the child and family are eligible for KinGap assistance until the child reaches age 18. The child's funding source for maintenance continues to be IVE or CSA.

Children whose custody has been transferred to a relative with a KinGap agreement are eligible for all foster care services as defined in §63.2-905. These children meet the established criteria as eligible and mandated for CSA funding. Department of Social Services remains the case managing agency.

KinGap Assistance Agreements are similar to VDSS Adoption Assistance Agreements in several ways, to include:

-there is a written agreement between the agency and the caregivers reflecting the relatives' intent to provide a permanent home for the child;

-basic and enhanced maintenance may be paid;

-maintenance is negotiated and may not exceed the amount paid if the child had remained in foster care;

-the locality holding custody of the child at the time of transfer to the relative is the responsible locality for maintaining the agreement and making maintenance payments;

-non-recurring expenses to facilitate the custody transfer may be made not to exceed $2000 (IVE funds if IVE eligible, CSA funds if not IVE eligible);

-KinGap payments continue until the child's 18th birthday and may continue to the age of 21 if the youth meets the criteria (as stated in Foster Care Handbook).

However, unlike Adoption Assistance, there is no provision for special services payments. If services are needed, KinGap children and families will be referred to the FAPT/CPMT in the locality of the family's residence. Provision of services is the responsibility of the residence locality; maintenance costs, whether IVE or CSA, are the responsibility of the locality holding the KinGap Assistance Agreement. Children and families living in KinGap homes are eligible and mandated for services through CSA.

When using CSA funding, regular FAPT reviews shall occur to ensure Utilization Management requirements are being met.

XVI. FUNERAL EXPENSES FOR FOSTER CARE CHILDREN

For non-title IV-E children, if it is determined that funds are needed for funeral expenses for a child in foster care, the local DSS service worker shall refer the child to the Family Assessment and Planning Team (FAPT) and request funds up to $2000 to be approved by the MC CPMT.

XVII. CHILD TRAFFICKING

Local Departments of Social Services (LDSS) are now required to respond to all complaints or reports involving child human trafficking. The law establishes that the alleged victim's parent, caretaker or any other person suspected of trafficking a child may meet the caretaker criteria needed to determine the validity of a child protective services complaint or report involving the alleged human trafficking of a child. The LDSS must complete a trafficking assessment and the law permits DSS to assume emergency custody of child victims for up to 72 hours during this assessment without approval from the child's parent or guardian. These children will meet the criteria as eligible and mandated for CSA while in the custody of the LDSS, just like any other child in DSS custody in an approved placement. If the local department cannot resolve the situation within the 72 hours of the emergency custody hold, it is required to petition the court for continuation of custody and placement.

XVIII. FAMILY FIRST

Montgomery County CPMT will follow the CSA guidance regarding Implementation of Title IVE-Funded Foster Care Prevention Services through the Family First Prevention Services Act (FFPSA), effective July 1, 2021. The FFPSA is comprehensive federal legislation intended to support evidence-based prevention services to families whose children are otherwise likely to be placed in foster care. By bolstering the provision of community and evidence-based interventions, the expectation is that fewer children will enter foster care. Family First allows the use of Title IVE funds, which are 50% federal and 50% State, to achieve this goal. FFPSA may fund only certain evidence-based practices in mental health, substance use disorders and in-home parenting skills.

Montgomery County will access three Evidence-Based Practices designed to prevent a youth's entry into foster care – Multisystemic Therapy (MST), Functional Family Therapy (FFT), and Parent-Child Interaction Therapy (PCIT). These services will be provided to families funded through Title IVE, accessed through the local Department of Social Services. These services will be referred to as In-Home Services.

Eligibility for Title IVE prevention services is not based on family income, deprivation factors, or court documentation as needed for Title IVE foster care eligibility. Neither the implementation of Family First or the In-home model changes the eligibility requirements for the Title IVE foster

care or the process of how that eligibility is determined. However, Family First does place new requirements on using Title IVE funds for youth in foster care in congregate care placements (now Qualified Residential Treatment Programs – QRTPs).

The local Department of Social Services will use the CANS as their assessment tool. VDSS requires the CANS to be completed every 90 days for children and caregivers served through the In-Home model to assure the ongoing assessment of the family's needs and strengths and evaluate progress towards meeting the goals on the prevention plan. Montgomery County CSA will accept these completed CANS from local DSS case managers for CSA-funded services within the same time frame so as to avoid duplication of assessments and reduce work load.

Montgomery County will use the Montgomery County Family Planning and Assessment Team (FAPT) as a Consultative meeting, rather than creating a Multi-disciplinary Review Team (MDT). The DSS prevention plan may serve as the service plan. The purpose of the Consultative FAPT meeting is to provide the multi-disciplinary perspective regarding the use of an evidence-based practice. To access the Consultative FAPT, the DSS case manager will complete a referral form, and submit a CANS and a Consent to Exchange Information form. The Consultative FAPT may determine that additional services are needed for the child/family. If so, the Consultative FAPT will refer the case to the Comprehensive (or regular) FAPT for a CSA service plan to be developed. Once the case is staffed by the FAPT, it is treated like any other case presented to FAPT and CPMT must approve CSA funding for the additional services.

Montgomery County CPMT, consistent with the statutory expectations of the CSA, will provide oversight and leadership in coordinating the community's response to all identified children and families, including those receiving Title IVE funded foster care prevention services. With FFPSA, the role includes maintaining awareness of the utilization and impact of the new In-Home prevention practices. There are no changes regarding statutory expectations and the roles of FAPT and CPMT in the implementation of CSA, including eligibility and funding.

Montgomery County will use existing CSA contracts for the FFPSA-specific purposes.

The local DSS shall submit all expenditures of Title IVE payments for Foster Care and In-Home Prevention Services through the Local Expenditure, Data and Reimbursement System (LEDRS) T4E (Title IVE) file. This will allow DSS to enhance their quality assurance and accountability review of Title IVE.

The FFPSA establishes a series of requirements for a congregate care facility to be designated as a QRTP and eligible to receive federal (and matching State) Title IVE funding. The requirements to become a QRTP include a trauma-informed treatment model, accreditation approved the Children's Bureau, on-site or accessible medical and clinical staff available 24 hours a day/7 days per week, outreach to families, and family-based aftercare support. The requirements are detailed in the VDSS Family First Webpage.

Montgomery County CPMT expects the local DSS to follow the requirements as listed in the FFPSA guidance from VDSS found in the VDSS Foster Care Guidance. Youth already in a congregate care placement on July 1, 2023 are exempt and may continue, if eligible, to receive

Title IVE support for the placement. If a youth in placement on July 1, 2023 subsequently transfers to another congregate placement, the FFPSA requirements become applicable for that new placement. During the initial implementation of FFPSA, children in foster care may continue to be placed in non-QRTP facilities. This allowance is because there are not sufficient designated QRTPs to ensure necessary placements. Local DSS and CSA are encouraged to prioritize the use of QRTP designated facilities or one of the other specified settings. Children in foster care placed in a non-QRTP setting are eligible for appropriate funding from CSA and Medicaid. Title IVE funds may not be used to support placements in non-QRTP facilities. For placements in Psychiatric Residential Treatment Facilities or Therapeutic Group Homes, the existing Medicaid IACCT process continues to be required to obtain Medicaid authorization and funding. The CSA FAPT and CPMT processes remain unchanged.

XVIV. FAPT AND CPMT MEETINGS DURING STATE OF EMERGENCY

During times declared as a State of Emergency by local, state, or federal government, Montgomery County FAPT and CPMT meetings will follow guidance set forth by government officials and the CDC.

FAPT meetings will be held virtually. Confidentiality Statements and Authorization for Services forms will be completed by the CSA Program Manager, with agreement from the FAPT members and parents/guardians.

CPMT meetings will be held virtually. No business items will be discussed or voted on for approval when meeting virtually. The meeting agendas and minutes will be posted on the County's website by the Public Information Officer.

Once the State of Emergency ends, meetings will return to in-person. The FAPT may continue to allow virtual participation, as necessary (for parents/guardians). The CPMT will discontinue virtual participation.

The CPMT Manual is revised and adopted by the CPMT on the 8th day of August, 2012.

Revision to pages 5-7, Section C, "Roles and responsibilities in the referral process, Case Manager", approved by CPMT on the 9th day of January, 2013.

Revisions to page 7, V. Appointment of FAPT, and VIII. Financial Management, A. #2., approved by CPMT on the 9th day of July, 2014.

Revisions: July 2014, Feb, May, July 2015

SB850 Name change; Comprehensive Services Act for At-Risk Youth and Families – Children's Services Act - Pages, 2, 7, &8
SB 1041 Add policy governing FAPT referrals/reviews to include parents/persons who have primary physical custody of a child –Pages 8&10
Due Process for Appeals changes- Pages 15&16

Reviewed: March 8, 2017
July 12, 2018
July 10, 2019

Revised December 11, 2019 – revised Section 1: Eligibility for Services; added policies XV, XVI, XVII, and XVIII

Revised July 2021 – added Sections XVIV (Family First Act); XX (Meetings during State of Emergency)

Revised July 13, 2022
Revised July 2023