

**Surry County  
Comprehensive Services Act Program  
For  
At Risk Youth**



***Policy and Procedures***

**February 2009**

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**i. County Wide Vision Statement**

*Surry County strives to improve the quality of life of our youth and families by encouraging economic growth, improving its citizens' health, and achieving educational excellence.”*

*Adopted 2007*

**ii. Philosophy/Long Range Planning**

The Surry County Community Policy and Management Team (CPMT) are committed to providing child-centered, family-focused, community-based services for children in the least restrictive environment. The Team will strive to increase positive youth development, strengthen/preserve families, and promote safe, stable family units. The Team will serve and advocate for intensive treatment services through a comprehensive, collaborative system of care.

**I. Community Policy and Management Team**

A. **Establishment** -The Surry County Community Policy and Management Team (**hereafter referred to as the “CPMT”**) shall be established and function as prescribed in Section 2.2-5204 et seq. of the Code of Virginia.

B. **Membership** - Code-mandated members shall include the Superintendent of Surry County Public Schools, Director of Social Services, Probation Supervisor of 6<sup>th</sup> District Court Service Unit, Senior Public Health Nurse of Surry Health Department, and Clinical Manager of Surry Community Services Board (D-19). Agency heads or their designees of Code-mandated organizations shall be permanent members of the CPMT. In the event that an agency’s Director or Manager is not available, he/she may designate an alternate to represent their agency’s interests at CPMT meetings.

Membership shall also include the County Administrator or his/her designee, a parent, and a private provider who shall all be appointed by the Surry County Board of Supervisors. Other members may be appointed to the CPMT, including but not limited to a local government official, a local law enforcement, youth and families agencies, and representative of other public agencies, all of whom have authority to make policy and funding decisions for their respective areas/agencies. A parent and a private provide if one exist. These representatives shall serve at the pleasure of the Board of Supervisors of Surry and may serve unlimited terms.

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 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 regular basis with children. Notwithstanding this provision, foster parents may serve as parent representatives. The family assessment and planning team may include a representative of a private organization or association of providers for children’s or family services and of other public agencies. 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 person 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 as set out in § 2.2-3117 of the State and Local Government Conflict of Interests Act (§ 2.2-3100 et seq.). Persons representing public agencies shall file such statements if required to do so pursuant to the State and Local Government Conflict of Interests Act.

All vacancies, including unexpired terms, shall be filled in the same manner as the original appointment. Persons who serve on the team shall be immune from any civil liability for decisions made about the appropriate services for a family or the proper placement or treatment of a child who comes before the team, unless it is proven that such person acted with malicious intent.

C. **Meetings** - CPMT shall meet at least bi monthly. Regular scheduled meetings shall be held at a time/place to be determined by the CPMT and will be announced at least two weeks in advance via traditional mail (hard copy) or computerized email. There will be no meeting scheduled for the month of July and August. The meeting schedule may be adjusted during the

months of November and December to accommodate holidays. Special meetings may be called as needed by the Chair or upon written request of any member of the CPMT.

**1. Attendance:** Attendance at all regularly scheduled meetings of the CPMT is required for each member or his/her designee. Absences by team members and/or designees shall be recorded in the minutes of team meetings and reported to the Board of Supervisors.

**2. Quorum:** The quorum for the CPMT shall consist of a majority of the membership including the Chair or Vice Chair.

**3. Confidentiality:** CPMT and Family Assessment and Planning Team (hereafter referred to as "FAPT") meetings where children/youth/families are discussed shall be confidential and not open to the public. All information about specific children and families obtained by team members shall be confidential. The CSA Coordinator will ensure that each CPMT and FAPT member shall have a signed the **Assurance of Confidentiality** on file before participating in meetings (**Appendix B**). This form is in addition to the Exchange of Information Form and does not replace it.

**D. Duties and Powers:** CPMT, as a governmental entity of the County of Surry and as a 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 POLICY AND MANAGEMENT TEAM as outlined in Section 3.1.1 of the Code of Virginia as amended. As set forth in the Code of Virginia, the powers and duties of CPMT or designees shall be:

1. Develop interagency policies and procedures to govern the provisions of services to children and families in this city.
2. Develop interagency fiscal policies governing access to the state pool of funds by the eligible populations including immediate access to funds for emergency services and shelter care.
3. Establish policies to assess the ability of parents or legal guardians to contribute financially to the cost of services to be provided and, when not specifically prohibited by federal or state law or regulation, provide for appropriate parental or legal guardian financial contribution, utilizing a standard sliding fee scale based upon ability to pay.
4. Coordinate long-range, community-wide planning which insures the development of resources and services needed by children and families in this city.
5. Establish policies governing referrals and reviews of children and families to the FAPT and a process to periodically review the FAPT recommendations for funding.
6. Establish quality assurance and accountability procedures for program utilization and funds management.
7. Establish procedures for obtaining bids on the development of new services.
8. Manage funds in the interagency budget allocated to the collective communities from the state pool of funds, the trust fund, and any other source.
9. Establish a system to authorize and monitor the expenditure of funds by the FAPT.
10. Submit grant proposals, which benefit this area to the state trust fund, and to enter into contracts for the provision of operation of services upon approval of the Board of Supervisors of Surry County
11. Serve as the County's liaison to the state CSA, reporting on the programmatic

and fiscal operation and our recommendations for improving this system.

12. May create grant proposals and seek other funding sources that meet the objectives and purpose of the CPMT and to submit such proposals to the Board of Supervisors for its approval.
13. Collect and provide uniform data to the state on, but not limited to, expenditures, numbers of youth served in specific CSA activities, length of stay for residents in core licensed residential facilities and proportion of youth placed in treatment settings suggested by a uniform assessment instrument for CSA funded services.
14. Administer funds pursuant to § 16.1-309.3.
15. Have authority, upon approval of the participating governing bodies, to enter into a contract with another community policy and management team to purchase coordination services provided that funds described as the state pool of funds under § 2.2-5211 are not used.
16. Submit to the Department of Mental Health, Mental Retardation and Substance Abuse Services information on children under the age of fourteen and adolescents aged fourteen through seventeen for whom on admission to an acute care psychiatric or residential treatment facility licensed pursuant to § 37.2-403 et seq, of the Code of Virginia, exclusive of group homes, was sought but unable to be obtained by reporting entities. Such information shall be gathered from the FAPT. Information to be submitted shall include:
  - ◆ The child or adolescent's date of birth;
  - ◆ Date admission was attempted; and
  - ◆ Reason the patient could not be admitted into the hospital or facility.
17. Establish policies for providing intensive care coordination services for children who are at risk of entering, or are placed in, residential care through the Comprehensive Services Act program, consistent with guidelines developed pursuant to subdivision D 22 of § 2.2-2648.

**E. Amendments to Policy:** The terms and provisions of the local CSA program may be amended at any regular meeting of the CPMT by a majority vote of those present and voting, given that notice of any proposed amendments was submitted to all voting members in writing and received by them two weeks prior to the meeting. The CPMT will seek advice from the County's legal representative when recommending amendments to this policy.

**F. Chair:-** Each meeting shall be facilitated by the appointed Chair. The CPMT shall elect a Chair and Vice Chair every two years at the last duly called meeting of the CPMT in the fiscal year, ending June 30<sup>th</sup>.

**Duties of the Chair:**

The duties of the Chair shall be:

- ◆ To confer with CSA Coordinator monthly to develop meeting agendas and provide oversight to minute's distribution.
- ◆ To preside at all meetings of the CPMT.
- ◆ To appoint committees necessary for the operation of the local CSA Program.

- ◆ To work closely with FAPT Chair and the CSA Coordinator and to keep the CPMT informed as to the activities of FAPT and statewide CSA policy and procedural changes.
- ◆ To keep the Board of Supervisors informed of the activities of the CSA Program.
- ◆ To ensure that all policies and procedures established by the CPMT are adhered to, in accordance with state and local law and to report any areas needing correction to the CPMT for it's consideration.
- ◆ As required, report to the state CSA and participate in Regional and Statewide CSA meetings.
- ◆ Sign off on CSA certifications/documentation as appropriate
- ◆ To perform any other duties determined by the CPMT.

**G. Vice Chair:** The Vice Chair shall in the absence of the Chair, perform the duties of the Chair and any other duties assigned by the CPMT.

**H. Vacancies:** Any vacancies occurring among the officers shall be filled by the CPMT in accordance to these policies and procedures. *The CSA Coordinator shall register each CPMT Chair with the Office of Comprehensive Services.*

## II. Eligibility for Services

### A. Interagency Policies for the Provision of Services to Eligible Populations

The CSA establishes a broad range of populations of children potentially eligible to be served. The Act provides policies for identifying mandated, non-mandated and other eligible populations. Included in these policies are definitions of the various eligible groups and funding available.

#### 1. A "child" or "youth" is defined as:

- a person less than 18 years of age, and any individual through 21 years of age who is otherwise eligible for mandated services from the participating state agencies including special education and foster care services.

#### 2. Eligible Populations

Youth, and their families, meeting one or more of the criteria below are eligible for services provided with CSA Pool Funds:

The child or youth has emotional or behavioral problems which:

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

- ◆ 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 services by at least two agencies.

The child or youth has emotional or behavioral 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 resources or routine collaborative processes across agencies, and requires coordinated services by at least two agencies.

The child or youth requires placement for purposes of special education in approved private school educational programs.”

The child or youth has been 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.

**a. Within the definition of eligible population, the Mandated Target populations are as follows:**

- ◆ Children placed for purposes of special education in approved private school education programs, previously funded by the Department of Education through private tuition assistance; plus
- ◆ Handicapped children placed by local social service 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 Plan indicates 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.
- ◆ Children for whom foster care services, as defined by Section 63.1-55.8 of the Code of Virginia, are being provided to prevent foster care placements, and children 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,

**b. Within the definition of eligible population, the Non-Mandated Target Populations are:**

- ◆ Children placed by a juvenile and domestic relations court, in a private or locally operated public facility or nonresidential program, plus
- ◆ Children committed to the Department of Juvenile Justice and placed by it in a private home or in a public or private facility.

**c. Other eligible population:** All children not identified in mandated or non-mandated populations who meet the criteria listed in the aforementioned or CHINSU cases. All of the referral procedures will apply. (i.e. such as Community Based Services)

**B. Funding from the Surry Community Pool of Funds is available for services for these populations as follows:**

- ◆ First Priority: Mandated Targeted population.
- ◆ Second Priority: Non-mandated Targeted population. (i.e. Court Services Involved)
- ◆ Third Priority: Other Eligible population. (i.e. such as Community Based Services)

**C. Impact of Legal Residency on Eligibility for Services**

1. The CPMT is responsible for payment of services identified in the IFSP for all children who are residents of Surry County.
2. In the event, the child's/family's legal residency changes, the following policy shall govern payment for services:
  - a. The sending CPMT jurisdiction is responsible for (a) providing written notification to the receiving CPMT jurisdiction of changes in the child/family's residence to include the following: Name of youth and family members; date of change in residence; current address and telephone number of parent in receiving locality, as well as address and telephone number of other parent if parents are separated; verification of custody; and a current Individual Family Service Plan and other FAPT documents; and (b) informing service providers of changes in the child/family's residence.
  - b. The sending CPMT jurisdiction pays for the services until thirty (30) calendar days after the receiving CPMT receives, in writing, the information listed in the above paragraph.
  - c. When the residence of the child/family transfers to a new CPMT, the receiving CPMT must review the current Individual Family Service Plan and adopt or revise and implement within thirty (30) calendar days.

**III. Family Assessment and Planning Team (FAPT)**

**A. Appointment** The CPMT will appoint the members of the FAPT.

**B. Membership**

1. **Public Agencies:** A representative from the Surry County Department of Social Services, the 6th District Court Service Unit, District 19 Community Services Board, Surry County Public Schools, the Surry County Health Department, and Office on Youth, Sheriff's Department, and a Parent Representative shall sit on the FAPT. These representatives have the authority to access services in their respective agencies. The decisions of the FAPT will not override waiting lists internal to specific agencies. The CPMT will be committed to giving priority to the FAPT cases when recommended for services should a waiting list exist.
2. **Parent/Private Representatives:** The FAPT will make every attempt to reasonably accommodate parent's schedules when scheduling meetings. 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 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 regular basis with children. Notwithstanding this provision, foster parents may serve as parent representatives. The family assessment and planning team may include a representative of a private organization or association of providers for children's or family services and of other public agencies. 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. Persons who serve on a family assessment and planning team shall be immune from any civil liability for decisions made about the appropriate services for a family or the proper placement or treatment of a child who comes before the team, unless it is proven that such person acted with malicious intent.

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

3. **Other Representatives:** When a family and youth are known to other public or private agencies not aforementioned, a representative may be invited to the meeting to discuss that specific family; however, this person or representative does not have "membership" and does not have authority to make decisions required of FAPT members (they do not have a "vote"). In order to assist in preparation for FAPT meetings, case managers who invite someone other than the usual participants, such as a vendor or parent, are to call the CSA Coordinator prior to the meeting to inform them of who is coming and why they are being invited.
4. **Quorum:** The quorum of a FAPT shall consist of a majority of the membership, including the CSA Coordinator.
5. **Attendance:** Attendance at all regularly scheduled meetings of the FAPT is required for each member or his/her designee. Absences by team members and/or designees shall be recorded in the minutes of team meetings and reported to the CPMT.
6. **Liability:** Persons who serve on a family assessment and planning team shall be immune from any civil liability for decisions made about the appropriate services for a family or the proper placement or treatment of a child who comes before the team, unless it is proven that such person acted with malicious intent.

### C. FAPT Duties and Responsibilities

The (FAPT) shall assess the strengths and needs of troubled youths and families who are approved

for referral to the team by the Screener. The FAPT shall also identify and determine the services required to meet these unique needs.

Specific responsibilities of the FAPT include the following:

1. Review referrals of youth and families to the team;
2. Provide for family participation in all aspects of assessment, planning and implementation of services;
3. Provide for the participating of foster parents in the assessment, planning and implementation of services when a child has a program goal of permanent foster care or is in a long-term foster care placement. The case manager shall notify the foster parents of a troubled youth of the time and place of all assessment and planning meetings related to such youth. Such foster parents shall be given the opportunity to speak at the meeting or submit written testimony if the foster parents are unable to attend. The opinions of the foster parents shall be considered by the family assessment and planning team in its deliberations;
4. Develop an Individual Family Service Plan (IFSP) for youths and their families, to be reviewed by the FAPT, which provides for appropriate and cost-effective services;
5. Identify children who are at risk of entering, or are placed in, residential care through the Comprehensive Services Act program that can be appropriately and effectively served in their homes, relatives' homes, family-like settings, and communities. For each child entering or in residential care, in accordance with the policies of the community policy and management team developed pursuant to subdivision 17 of § 2.2-5206, the family assessment and planning team or approved alternative multidisciplinary team, in collaboration with the family, shall (i) identify the strengths and needs of the child and his family through conducting or reviewing comprehensive assessments, including but not limited to information gathered through the mandatory uniform assessment instrument, (ii) identify specific services and supports necessary to meet the identified needs of the child and his family, building upon the identified strengths, (iii) implement a plan for returning the youth to his home, relative's home, family-like setting, or community at the earliest appropriate time that addresses his needs, including identification of public or private community-based services to support the youth and his family during transition to community-based care, and (iv) provide regular monitoring and utilization review of the services and residential placement for the child to determine whether the services and placement continue to provide the most appropriate and effective services for the child and his family;
6. Where parental or legal guardian financial contribution is not specifically prohibited by federal or state law or regulation, or has not been ordered by the court or by the Division of Child Support Enforcement assess the ability of parents or legal guardians, utilizing a standard sliding fee scale, based upon ability to pay, to contribute financially to the cost of services to be provided and provide for appropriate financial contribution from parents or legal guardians in the individual family services plan.

7. Refer the youth and family to community agencies and services in accordance with the IFSP.
8. Recommend to the CPMT expenditures from the local allocation of the state pool of funds. The Case Manager will be responsible for monitoring and reporting on the progress being made in fulfilling the IFSP developed for each youth and family. Such reports will be made to the FAPT and CPMT during each scheduled meeting. These reports may be made in writing and/or orally and will be recorded in the minutes by the CSA Coordinator. These reports are expected in addition to the monthly reports provided by the vendors as indicated in the Vendor Contracts.
9. Designate a person who is responsible for monitoring and reporting, as appropriate, on the progress being made in fulfilling the individual family services plan developed for each youth and family, such reports to be made to the team or the responsible local agencies; determine the need for closure.

#### **D. Decision Making and Operational Procedures**

##### **1. Referral Source**

Referrals to FAPT can be accepted from the following sources:

- a. Referrals for a family or child must be made through a member agency with that agency taking responsibility for the referral form, supporting documentation and presentation at the FAPT meeting.
- b. Families and youth who have received services from a CPMT from another jurisdiction. In such cases the thirty (30) day transfer period will be observed.
- c. State and local agencies, both public and private, including all FAPT agencies as well as those not represented on FAPT.
- d. In cases of self-referral, individuals shall be referred to the approved screener and/or an appropriate FAPT member to determine if services are deemed appropriate.

##### **2. Referral Information**

Referrals are made by a FAPT member or agency by submitting a completed **FAPT Assessment and Planning Referral Package** (Appendix D) with any supporting information, which will first be reviewed and approved by the FAPT Screener. A completed package includes the status of the case and services provided by the referring agency. In most cases, a referral will need to have the CSA Assessment Tool. If referrals were made in an emergency, an Assessment Tool may not be provided with the initial referral but it is expected from the referring agency within 5 business days thereafter. If residential placement is being sort, a D19 CSB Screening Form will also need to be completed (**Appendix J**).

If the FAPT Referral Package is not complete, it will be returned to the referral source and not be forwarded by the CSA Coordinator to be placed on the agenda. If all information is correct and attached, the CSA Coordinator will place the case on the agenda.

The referring agency is responsible for securing a **“Consent to Exchange Information”** form. A release of information form must be signed by a parent(s) or legal guardian in order for the case to be heard by FAPT. (Parents will be encouraged to attend and participate in all FAPT meetings.)

If the FAPT package is received before the Friday before the regularly scheduled FAPT meeting, Second Friday, the case shall be scheduled and heard at the FAPT meeting on the second Friday. If the FAPT package is received after the Friday before the regularly scheduled meeting, the case shall be scheduled for the next months meeting. Exceptions to this cycle will be allowed in emergency situations.

The staff person making the referral, or an informed substitute, must be at the FAPT meeting to present the cases.

### **3. Criteria for Referral to FAPT**

Children at risk of foster care who may need pool funded services requiring FAPT approval. There must be documentation that the child is at risk of Foster Care within six months. Criteria for those defined as “at-risk” are as follows:

- ◆ Children who are the subject of a founded or reason to suspect disposition related to abuse/neglect and require services to be protected;
- ◆ Children with serious emotional disturbance whose parents have not demonstrated an ability to meet the child’s needs through the treatment process and require services to be maintained in the home;
- ◆ Children with serious handicapping conditions who cannot be maintained at home without pool funded services;
- ◆ Children with a combination of serious behavioral problems who cannot be maintained at home without pool funded services Treatment and legal remedies to curtail said behavior and to restore parental control must be demonstrated and documented;
- ◆ Children whose parents have filed a petition for relief of custody;
- ◆ Children in foster care who need pool funded services that require FAPT approval; the services requiring FAPT approval are In-Home or the creation of a new service;
- ◆ Children requiring special educational services, documented by an IEP. The local school division demonstrates that the local school is unable to meet the child’s educational needs in the community.
- ◆ Children receiving pool funded services needing review.
- ◆ Children/families ordered by the Court to be assessed.

- ◆ Multi problem and or multi agency cases which require assessment and planning assistance from other community services, but who are not eligible for pool funded services unless they meet one of the above criteria. (Non Mandated)

Refer also to Section: II-Eligibility of Services

#### 4. Procedural Issues

- a. **Meetings:** Surry County will have one FAPT. The team will meet once per month unless an emergency special meeting is necessary. The list of members is provided in Appendix A.

**Emergency Special Meetings:** Any FAPT member may request an emergency team meeting within 48 hours (excluding weekends/holidays) by contacting the CSA Coordinator and/or FAPT Chair. Emergency meeting may be needed for emergency placements as deemed critically necessary and that are compliance with the policy and procedures of the placing agency. Procedures for payments of placements and/or services must also comply with those defined in this manual. In the case of emergency removal/placements, the move may be made and the follow-up must be done at the next scheduled FAPT meeting.

In addition to the normal documentation of all services request, the CSA Coordinator is to keep the CPMT informed of all emergency service requests as well as any need for a emergency meeting of the CPMT for funding levels that exceed pre approved levels.

- b. **Referrals:** Packages completed successfully as determined by the FAPT Screener and/or CSA Coordinator will be placed on the FAPT agenda by the CSA Coordinator as referenced in the aforementioned or as soon as possible according to agenda availability. As necessary, the CSA Coordinator is responsible for obtaining the CPMT Chairs approval/signature and returning the FAPT Package back to the submitter/referring agency within 5 working days.
- c. **FAPT Package** (inclusive of the Individualized Family Service Plan-**IFSP**, Follow-Up Form and FAPT Notes), Vendor Contract, Purchase of Service Order (POSO), CANS Assessment, D19 CSB Assessment Form if applicable, and Vendor Invoices.
- d. **Presenters:** Presenters will provide a thorough history to include the history of interventions, which have been ineffective, and the agency's involvement with the case. Other team members will share information regarding their involvement. Each case review should take, as a general rule, no longer than one hour (to complete the presentation, treatment plan and recommendations).
- e. **FAPT Reviews:** The FAPT will schedule follow up reviews on a case-by-case basis to insure that the interventions have been implemented and some effect can be noted. Follow-ups will occur monthly.

- f. **Presentation to CPMT:** For cases being referred from FAPT to CPMT, the CSA Coordinator will present the case and all requests for funding on behalf of the Case Manager. The paperwork will need to be submitted to FAPT or it will not be presented until the information is provided.
- g. **Determination and Assignment of Case Manager:** There will be, at least, one Case Manager for each case, this Case Manager may request assistance as needed. FAPT will select the AGENCY to be responsible for Case Management according to the Agency with the greatest expertise/most involvement in the major issues of the client/family. It is not a requirement that the individual or agency who initially presents the case be the case manager. The assignment of Case Manager will be determined by consensus at the initial staffing. If there is no consensus, a formal vote will be taken. The individual with the most votes shall be designated Case Manager. This designation can be appealed to the agency supervisors if issues remain. If unable to resolve, the matter shall be referred to the CPMT.
- h. **Making Decisions/Voting Procedures:** The FAPT members will make decision by consensus, using a formal voting procedure when they deem it necessary. The FAPT members will vote on all decisions. Those members eligible to vote are the designated agency representatives (one each) from Law Enforcement, Court Services, Social Services, Surry Counseling Services, D-19 CSB, Surry County Public Schools, and Office on Youth, the Health Department and the Parent Representative. In cases of a tie, the Case Manager will discuss with his/her supervisor or CPMT member from their agency for guidance. FAPT and CPMT members will determine if the private provider, if one is available, will be a voting party in this process.
- i. **Non Voting Representatives:** Other public or private agencies not aforementioned, a representative may be invited to the meeting to discuss that specific family; however, this person or representative does not have “membership” and does not have authority to make decisions required of FAPT members.
- j. **Case Manager Designees:** If the duties of Case Manager are reassigned from one person to another due to a shift in agency involvement or court decision, etc. the CSA Coordinator should be notified immediately.

## 5. FAPT Agenda:

It shall be the responsibility of the CSA Coordinator to prepare and disseminate the agendas at least three (3) calendar days prior to each meeting and to provide copies of the agenda and minutes to each voting member of FAPT.

It shall be the responsibility of the referring agency and/or CSA to ensure that the parents of juveniles, whose cases are to be heard, are notified, in writing, of the date and time of FAPT meetings. This notification must be provided no less than 5 days prior to the meeting date.

Neither parental notifications, nor agendas will be required for emergency situations.

## **6. Family Participation**

The Case Manager and/or CSA Coordinator will notify families when their cases are scheduled for review. The FAPT process will be explained to the family and they will be asked to sign the Consent to Exchange Information form. The FAPT will make reasonable attempts to plan meeting times, which enable families to attend. Attempts to notify families of the meeting will be documented with a copy of the letter sent to the family. If parents do not attend, documentation of a follow-up contact is required and a meeting scheduled to have the family sign the Individualized Family Service Plan (IFSP). In such cases, the referring agency will be responsible for scheduling a meeting to obtain parental signature(s). If he/she is unsuccessful in doing so, the case will return to the FAPT for further action. Information will be provided in the family/child's native language or mode of communication.

The IFSP cannot be implemented without the consenting signature of the custodial parent, agency or legal person serving in the place of the parent, unless otherwise ordered by the court, upheld by the appropriate appeals process or authorized by law.

## **7. Disposition of Referral and/or Services**

The FAPT has the following options in order to dispose of a referral or to “close” a case from further FAPT review:

- a. Develop a plan of service (IFSP) and determine the need for follow-up.
- b. If no follow-up is needed, the case may be closed from further review by FAPT, with a plan of services being implemented by the case manager.
- c. If follow-up is needed, the case is reviewed as necessary until FAPT determines that no further follow-up is needed. The case is then closed to further review by FAPT.
- d. FAPT can determine that the referral is not appropriate or that no service are available and close the case from further FAPT review until a new referral is initiated.
- e. The CSA Coordinator is responsible for obtaining the CPMT Chairs approval/signature and returning the FAPT Package back to the submitter with in 5 working days.

## **E. Implementation and Monitoring of the Individual Family Service Plan (IFSP)**

### **1. Completing the IFSP**

The Case Manager duties may be shared or one person can assume this responsibility. This determination will be made by the FAPT members and based upon previous work will designate members to insure completion of case management tasks, noting such on the IFSP.

### **2. The duties of a Case Manager are as follows:**

- a. Monitor all aspects of the case, family, treatment planning, service delivery, effectiveness of services and monthly reports from provider.
- b. Coordinate services; work with service providers to establish goals and objectives.
- c. Complete and monitor Purchase of Services Order and Vendor Invoice forms and check for accuracy before submitting for payment.
- d. Gather information on the family.
- e. Assess income of parents, determine fees and advise family of how to submit payment (as per Section VII. Parental Financial Contributions for CSA Services- pg.19 of this document).
- f. Follow-up on service delivery and evaluate progress.
- g. Represent FAPT in court and inform CPMT of the need for an attorney, when appropriate.
- h. Attend FAPT and provide case information to the CSA Coordinator prior to the CPMT meetings. If that member is unable to attend a FAPT meeting they must provide an alternate to represent them.
- i. Assess services of Provider, terminate if necessary (request input from others if needed); request contract with new provider if needed (contact CSA Coordinator for list of approved vendors).
- j. Provide follow-up report to FAPT before closing case either verbal or written so that FAPT records can be kept current.
- k. Make an initial home visit with family, with on-going quarterly contact, unless otherwise noted (type of contact and frequency to be determined by Case Manager depending on case needs and agency requirements).
- l. Duties of the Case Manager may be delegated in accomplishing some tasks.
- m. At least three (3) days prior to the meeting of the CPMT, the Case Manager must submit the following information to the CSA Coordinator:
  1. IFSP (signed by parent or guardian)
  2. Consent to Exchange Information (provided for initial FAPT Meeting)
  3. Vendor Contract, Purchase of Service Order and Vendor Invoices if one is already available. If a POSO is not already available, it shall be attached as soon as a provider is contacted and it is agreed upon to be the provider.

n. The Case Manager assigned to the case is to present the IFSP and recommendations to the CSA Coordinator who will present it to the CPMT. The Case Manger must provide current Foster Care Service Plans, IEP, legal agreements that involve funding from CSA and any documentation needed for the case.

o. Invite providers, *guardian's ad litem* or other interested parties to the FAPT meetings as appropriate.

### **3. Review of Individual Family Service Plan (IFSP)**

The team will set a minimum of a 90 calendar day review date to determine the effectiveness of the recommended intervention. The review shall be documented in the FAPT meeting deliberations. All participants of the meeting shall sign and date the **IFSP**.

If the parents are unable to attend the meeting, the referring source shall notify them of the results of the meeting. Parents may request a copy of the referral packet and the committee deliberations.

#### **The IFSP shall contain:**

- a. **What measurable/observable progress are the child and family making toward achieving the objectives in the Individual Family Service Plan?**
- b. **Why are the child and family making progress or not making progress?** This question is essential because it not only helps identify barriers to success, it helps identify interventions that work in particular settings and that may be transferable to other settings.
- c. **What new strengths and needs have been uncovered as a result of implementation of the IFSP?** This will assist the FAPT in making IFSP revisions related to the development of new objectives and the implementation of contingency plans.
- d. **What resources are needed but are not available?** This will assist the CPMT in future planning for and development of child-centered, family-focused and community-based services.
- e. The parent/family/child will be invited to review meetings. Documentation of efforts to schedule the meeting will be required as mention in the FAPT Section, Parent Participation. If present, the parent(s) will sign the review.

## **IV. Management of the Community Pool Funds**

### **A. Cost Containment Requirements**

Because of greatly increasing costs in CSA, the state is requiring that we document how we have

implemented specific cost containment methods. In order to accomplish this, the following policy has been set forth.

**B. The Local Fiscal Agent:** The County Administrator serves as the local fiscal agent and is responsible for ensuring that:

- ◆ Prior to payment of any authorized bill, that adequate funds exist in the Pool Fund line item;
- ◆ All disbursements are proper and correct and are paid on a timely basis in accordance with the County policies and procedures; and, that monthly line item balance reports are sent to the CPMT and the FAPT.
- ◆ The procedures for Comprehensive Services Act are implemented properly and that the CSA Coordinator, CPMT Chair and the FAPT Chairs communicate and coordinate services effectively.

***\*\*Some exception may be warranted on payment of some applicable, non-mandated payments in which agency specific policy and procedures will be utilized. (Such as through District 19 Community Services Board CSA budget, which will be managed by District 19's, finance department.) All of CSA Policy and Procedures will still be applicable in order to maintain an effective CSA Program.***

Other duties include:

- Ensuring that a copy of a monthly line item budget report is provided to the CSA Coordinator to forward directly to the CPMT and the FAPT.
- Ensuring that any request for payment, which would exceed existing Pool Fund balances, is brought to the immediate attention of the CPMT Chair and the CSA Coordinator.
- Ensuring that funds contained in the Pool Fund are audited in accordance with County policies.
- Ensuring that the CPMT be advised of the Budget Calendar regarding deadlines for non-county agencies to submit budget requests. (Note: Budget data will be drawn from projections received from all participating agencies).

**C. Funding Procedures and Access**

1. CPMT must approve all proposed residential placements; as Case Managers begin to think residential may be needed, the case should be placed on the CPMT agenda for prior approval. If residential placement is being sought, Case managers will be required to refer the case to District 19 Community Services Board. The D19 CSB Case Manager will then complete the Screening Form located in the Appendix J and provide it along with the FAPT Package. This D19 Screening Form will serve as “gateway assessment tool” in the screening process in addition to the CANS Assessment Tool.
2. Each residential placement will include the Vendor Contract, Purchase of Services Order and Vendor Invoices with specific outcomes expected (to be completed by the Provider) in addition to the monthly reports now required, so the case manager can monitor progress.

3. Assess use of In-Home and distinguish between In-Home and mentoring; use contracts, which specify outcomes/expectations.
4. Establish and mandate use of a service fee policy.

**D. Annual Projections:** Each year by March 31, the CSA Coordinator shall determine the number of children to be served during the next budget year and shall give an estimated cost (based on the expenditures of at least the two previous years). The following data shall be used:

- a. Number of children who received mandated services and related expenses for the previous two fiscal years.
- b. Number of children and families, for whom services were not mandated, who received services, and related expenses for the previous two fiscal years.
- c. Number of children and families currently receiving mandated services and related expenses.
- d. Number of children and families for whom services are not mandated and who are currently receiving services, and related expenses.
- e. Number of children anticipated to need mandated services in the upcoming fiscal year and projected related expenses.
- f. Anticipated number of children and families who are eligible for but not mandated for services and related expenses.

The CSA Coordinator will maintain the detailed instructions for completing the pool allocation expenditure plan as a part of the CSA fiscal requirements. If the total need exceeds the county's allocation, children for whom services are mandated must receive first priority.

**Vendor Identification:** The CSA Coordinator shall maintain an up to date listing of all state approved residential and non-residential services vendors. Vendors selected by the FAPT must be assigned a Vendor Identification Number by the County Administrator Office designated staff. Only approved vendors may be considered for placement.

- E. Access to funds:** CSA Coordinator is responsible for receiving all requests for funding under the Comprehensive Services Act and logging those cases as either:
- (a) Process Cases or
  - (b) Staffing Cases.

Based upon the FAPT's decision, the CSA Coordinator is authorized to approve expenditures up to the following levels:

- ◆ Targeted Mandated-Residential Cases: Maximum of \$4,000/month
- ◆ Targeted Mandated-Non-Residential: Maximum of \$2,000/ month
- ◆ Non Mandated: Maximum of \$1,000/ month  
(*Any child/youth/family receiving Non Mandated funds will only be allowed a maximum of \$3,000 per year in CSA pool funds.*)

All projected monthly expenditures that exceed the above totals are to be submitted to the CPMT Chairman for approval by the CPMT. Time constraints on all such referrals to the CPMT will be determined individually based upon the services needs of the youth and his/her family.

Emergency meetings of the CPMT may be called in order to meet service needs. However, unless expressly waived by the CPMT all such FAPT Packages will be forwarded to the CSA Coordinator within a period of 30 days of the staffing by the FAPT. Upon 3 working days of receipt of the vendor's bill, the Case Manager will complete a Check Request Form, attach the vendor's bill to this request, and forward this form to the CSA Coordinator who will forward the Check Request to the Chair of the CPMT for review.

The CSA Coordinator is responsible for maintaining an Excel Spread sheet which;

- ◆ Reflects the total amount of Pool Funds;
- ◆ Reflects the cumulative total of Pool Funds received along with any additional income (i.e. parental contributions, etc.)
- ◆ Reflects the cumulative total of expenditures approved in accordance with these procedures;
- ◆ Reflects the cumulative unpaid estimated obligations for Pool Funds; and maintains adequate documentation regarding individual expenditures.

The Excel Spreadsheet of all monthly expenditures shall be submitted by CSA Coordinator to the CPMT at each regularly scheduled meeting and/or at special meetings called for the purpose of formally adopting such expenditures. The Expenditure Report provided by the county Administration may be used in addition to this form.

## V. Payment for Services

A. **Purchase of Services:** The Vendor Contract/POSO/Vendor Invoices shall serve as the CPMT's **initial authorization** for the expenditure of funds. It shall be signed and submitted to the CSA Coordinator for review; the CSA Coordinator maintains the original and sends a copy to the Case Manager.

B. **Case Manager Assurance:** The Case Manager is responsible for assuring that the Vendor provides services according to the Vendor Contract/POSO/Vendor Invoices and for receiving and forwarding invoices to the CSA Coordinator no later than the 5<sup>th</sup> day of each month. Expenditures and reports are due dates must concur with the times indicated in the Vendor Contract. No invoices will be paid until invoices and reports are received from the Vendor.

C. Using the **Check Request Form** (See Appendix H), the CSA Coordinator will recommend approval of invoices with approval from his/her Department Head. Final approval will be authorized by the CPMT Chair and/or the Fiscal Agent Designee.

## VI. Payment for Services – Requiring Approval by FAPT and CPMT

- ◆ After FAPT recommendations are developed to provide services to a child and family, the Case Manager shall use the IFSP to prepare a Vendor Contract/POSO/Vendor Invoice with details of the service being provided.
- ◆ The Case Manager must submit a Vendor Contract/POSO/Vendor to the CSA Coordinator before payments can be made and should be done before services begin.
- ◆ Approval/Denial will be made by the CPMT immediately following the CSA Coordinator's presentation of the case.
- ◆ The Case Manager shall review and approve invoices and submit them to the CSA Coordinator for processing to go to the Fiscal Agent for payment.

- ◆ The Local Fiscal Agent/County Designee will only pay invoices for which there is a correct Vendor Contract/POSO/Vendor Invoice on file.

## VII. Parental Financial Contributions for CSA Services

- **Purpose of seeking parental contributions.**– Virginia law includes a provision for localities to assess and collect fees from parents. This process may help in holding parents responsible and accountable as well as increase parental involvement and commitment to the service plan.
- **Who will be expected to contribute?** – All biological parents of children receiving services with a cost to CSA, EXCEPT: 1) Parents of children receiving IEP directed services; 2) Parents of children in foster care who have had support ordered by the court to support required by DCSE.
- State law provides that children have a right to a free public education; therefore, a fee cannot be charged to the parents in these instances. If a child is receiving special education services and another service, such as in-home, the parent may be assessed a fee for the in-home services.
- **How will the level of contribution be determined?** – The sliding fee scale will be used in calculating a percentage of income, not to exceed the cost of the service. This fee will be based on the guidelines provided by the state Department of Social Services, which is subject to change annually and is based upon the families' monthly median income.
- **Who is responsible for assessing parental contribution?** – The Case Manager is responsible for completing this process as a part of service planning with the family.
  - Each case, which comes to the CPMT for funding, must include the Case manager's
  - recommendation regarding a fee; i.e., the case is exempt from fee, amount of fee assessed, etc.
- **What forms or agreements are needed?** – Once the Case Manager determines the amount, the parent should sign an agreement or statement agreeing to pay the specified amount. The Case Manager should direct the parent to mail the contribution each month to:

**Surry County Comprehensive Services Act Program  
Attention: CSA Coordinator  
P. O. Box 65  
Surry, VA 23883**

The check or money order must include the name of the child for whom the contribution is being made. A receipt will be sent to the parent.

- **Does the parent have the right to appeal?** – YES; our policy currently provides procedures for the parent to appeal the services plan; the assessment of the fee will become a part of the services plan and therefore can be appealed by the parent. The appeal

- **Non – payments** Non-payment of parent’s co-payment obligations will be result in legal procedures.

## **VIII. Miscellaneous**

### **A. Non-discrimination**

It is the policy of the Surry County CPMT to ensure that services are provided to all identified children and families without regard to sex, race, age, religion, socio-economic status, handicapping conditions, sexual orientation or national origin. The Surry County CPMT will act in compliance with all applicable State and Federal Statutes regarding the non-discriminatory provision of service.

Alleged violations of this policy shall be submitted to the CPMT, via the CSA Coordinator, in writing. The CPMT shall review all alleged violations, received in writing, of this policy within five (5) days of receipt. The CSA Coordinator shall respond, in writing, within three (3) days, after review by the CPMT. A copy of the complaint and response shall be maintained in the records of the CPMT.

### **B. Procurement procedures**

The CPMT is responsible for ensuring that all services and programs are solicited/contracted for in accordance with established County and State procurement requirements. Services and program contracts will require service providers to make application to all other payment sources (direct Client pay, third-party insurance, Medicaid, etc.) before use of Pool Funds.

### **C. Grant funding proposals**

The CPMT will review and approve all requests for grant funds from the State Trust Fund and will submit to the Surry County Board of Supervisors for approval.

### **D. Complaints and Appeal Procedures**

The service plan and assessment of fees developed by FAPT may be appealed by the child and/or family, in part of whole. The following process shall be followed for the appeal of a FAPT service plan.

The child and/or family shall advise the referring agency, in writing, of its decision to appeal a service plan within ten (10) days of notice after the FAPT meeting. The request for appeal from the child and/or family shall identify the objective(s) from the service plan begin appealed and state the reason(s) for the appeal.

Upon receipt of this notice, the referring agency shall hold an informal conference to discuss the appeal. Present at this conference should be representatives of the referring agency, the child and/or family/parent/guardian. The informal conference shall be held within five (5) days of

receipt of the appeal notice. If the referring agency agrees with the child and/or family, the modified service plan shall be referred to the next meeting of the FAPT for acceptance.

The youth/family can request a review of actions taken, including but not limited to denial of access to the Family Assessment and Planning Team, dissatisfaction with the Family Assessment and Planning Team assessment, plan, implementation of services or improper notification of meetings. Eligibility for services has been indicated in Surry County's Community Policy and Management Team and shall not provide a form for due process review.

If the referring agency denies the appeal or if the FAPT denies the modified service plan, the parent, child and/or family must submit a written request for appeal within ten (10) days of the denial to ask the CPMT to review the appeal. The child and/or family shall be notified in writing of the date, time and location that the CPMT will consider review of their appeal. This must be held within thirty (30) days from when the request has been received. The parent, case manager and CPMT will be present at the appeal as there may be a need for further details or/and questions. The parent/guardian will leave the meeting. Then, the CPMT will make a determination regarding the appeal and inform the parent/guardian and case manager (orally if possible on the same review date). Within ten (10) days the family, parent, case manager will receive a written notice of the outcome of the appeal from the CPMT. During the appeal process, the CPMT will not discuss any information that was not originally presented at the FAPT meeting or during the appeal review. CPMT policies as well as the eligibility process are not items for deliberation. If needed, information will be provided for the youth/family through an official translator or in their native language.

The appeal process does not supersede other appeal rights which may be governed by regulatory policy or statute. There is no appeal body other than the court beyond Surry County's CPMT. **For any petitions before the Court related to a Child In Need of Services it will be followed up with previously outlined Foster Care Prevention Guidelines as well as a written recommendation for services from FAPT.**

#### **E. Quality Assurance/Accountability**

Procedures are in place at the State Level to assume assurance measures regarding program utilization and funds management. Program effectiveness, cost containment methods, cost benefit analysis functions procedures, development of data tracking functions, and evaluative criteria all need to be addressed.

CPMT and FAPT member agencies are encouraged to gather the following data in order to assess the effectiveness of CSA services in Surry County.

1. Number of children in each service type.
2. Assessment scores at admission versus discharge.
3. Number and percentage of FAPT meetings attended by parent/guardians.
4. Number of CSA alternative funding streams.
5. Average amount expended in each service type.
6. Percentage of each service type to overall expenditures.

7. Amount and percentage of services funded through alternative funding sources and what (if any) impact this has on family satisfaction.
8. Amount of state and local funding split.

An annual “work session or in service” will be dedicated to discussing perceived data needs for future evaluations of quality service and effectiveness, as well as the methods/procedures needed to capture this data. Updates to the State level CSA will also be made annually.

**V. Recording of FAPT/CPMT meetings**

It shall be policy of the Surry County Comprehensive Services Act (CSA) program that, given the confidential nature of staffing, FAPT and CPMT meetings not be electronically recorded by any means. Minutes/notes shall be incorporated into the IFSP at each meeting and may be provided to parents upon request.

## **Appendices**

**(For a user-friendly copy of forms contained in the appendices, please contact CSA Coordinator)**

## Appendix A

### Surry County Community Policy and Management Team (CPMT)

<b>Agency</b>	<b>Title</b>
Department of Social Services	Director
Surry County Public Schools	Superintendent
Sixth District Court Service Unit	Probation Supervisor
D19 Community Services Board	Manager, Children Services
Surry Health Department	Sr. Public Health Nurse
County Official	County Administrator or Designee
Parent Representative	Parent
Office on Youth Comprehensive Services	Director CSA Coordinator
Vendor Representative	Private Provider

### Surry County Family Assessment and Planning Team (FAPT)

<b>Agency</b>	<b>Title</b>
Department of Social Services	Senior Social Worker
Surry County Public Schools	School Social Worker
Sixth District Court Service Unit	Probation Officer
D19 Community Services Board	Children's Services Case Manager
Parent Representative	Parent
Office on Youth Comprehensive Services	Program Coordinator CSA Coordinator
Surry Sheriff's Department	Capitan or Designee
Surry Health Department	Public Health Nurse
Private Provider and/or Parent	Private Provider

**Appendix B**

*Surry County  
Comprehensive Services Act  
P. O. Box 65  
Surry, VA 23883*

**Confidentiality Agreement**

*I, \_\_\_\_\_, agree to hold all information concerning clients of Surry County Family Assessment and Planning Team Confidential. I fully understand any information released by me must have prior approval from the Parent or Legal Guardian of the CSA FAPT Client and the FAPT.*

\_\_\_\_\_  
*Signature*

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

*Rev. 12/08*

**Appendix C**

## **Surry County CSA Coordinator (PART-TIME POSITION)**

### **GENERAL DESCRIPTION OF RESPONSIBILITIES:**

Performs professional and administrative work to support the implementation of the Comprehensive Services Act (CSA) in Surry County. Position is responsible for ALL Fiscal Management of the CSA (Including administering grant funds and monitoring budgets. Collects and assembles data. Considerable accuracy and judgment is required.

### **EXAMPLES OF WORK:**

- Responsible for all CSA clerical duties and coordinate meeting schedules and plan agendas for Surry CPMT and FAPT, Maintain confidentiality at all times
- Record and maintain all meeting minutes and related information, schedule case staffing and reviews, send notice letter to parent and/or vendor one week prior to meeting
- Distribute CSA information and other CSA-related items to appropriate teams and team members (i.e. training notices, grant notices, policy/procedure changes)
- Assist CSA Case Managers in compiling required CSA case information (i.e. Screening and Referral Packet for new cases, updated reports from vendors/providers, new and updated CANS Assessments, 90-day review info. etc.) Inform Case Manager of Utilization Management (UM) review date (case manager must complete UM review and CANS if necessary, any progress updates)
- Responsible for ELECTRONICALLY submitting Quarterly/Yearly Utilization Reports
- Responsible for submitting Quarterly/Yearly Reimbursement Reports, informing FAPT and CPMT of budget allocations monthly, update CSA Data Set as necessary
- Responsible for submitting necessary Supplemental Allocation Requests
- Responsible for tracking, reporting and projecting CSA Case Expenditures on a monthly and yearly basis and communicating information to the CPMT regularly
- Liaison between local and State CSA office when necessary; Liaison between local CSA and outside vendors/providers when necessary; Liaison between FAPT and CPMT when necessary
- Responsible for implementing the CANS and for serving as a Super user.
- Technical consultant to both the FAPT and CPM Teams regarding CSA policy and procedure
- Responsible for tracking and compiling bills for services rendered for CSA cases and preparing checks for signature by CSA Fiscal Agent and/or County Treasurer; Responsible for maintaining CSA ledger and fiscal folder regarding payments made for services rendered
- Assist Case Managers in preparing vendor contracts and purchase of service orders (i.e. responsible for ensuring that all contracts/agreements are signed and will monitor adherence to stipulations within the contracts; Document certification and licensure of providers to offer the needed services; secure evidence to ensure vendors have professional liability insurance for the services they provide.)
- If necessary, assist Case Managers in obtaining proper authorization for client services and assisting in implementing these services through the vendor/provider
- Establish and maintain updated list of all resources and service providers

### **KNOWLEDGE/SKILLS/ABILITIES:**

Extensive experience with Microsoft Office, specifically Excel and Word; excellent typing skills to support correspondence, reports, and special projects; ability to organize and establish priorities. Most possess knowledge of internet and working in database systems. Ability to communicate in writing and possess excellent communication skills.

### **EDUCATION/TRAINING/EXPERIENCE:**

College Degree in Human Services, Business Administration or related field preferred. Three (3) years of experience in government, or human services desired. Most possess office management skills, including computer skills and the ability to work with other agencies including governmental agencies, and other public/private organizations.

**Reports To:** The CSA Coordinator reports to the Director of Office on Youth and the County Administrator.

7/07

## **Appendix D**

### *FAPT Screening Package*

**FAMILY ASSESSMENT TEAM  
CRITERIA FOR REFERRAL**

<u>Person referring the case:</u>			HAVE YOU? (Please circle the appropriate response for each question)
yes	no	n/a	a. referred the case to mental health professional if there is a mental health issue? To whom _____ When _____
yes	no	n/a	b. referred the case to the Child Development Clinic, or other appropriate professional, if evaluations are needed?
yes	no	n/a	c. referred the case for substance abuse Assessment/treatment if needed?
yes	no	n/a	d. referred the case to Social Services if abuse or neglect is suspected?
yes	no	n/a	e. referred the case to the appropriate school professionals if there are school problems?
yes	no	n/a	f. referred the case to the Health Department, or other appropriate medical professional, if there are medical problems?
yes	no	n/a	g. obtained all the necessary information needed from the involved parties to present the case to the FAP Team?
yes	no	n/a	h. made contact with all other professionals working with the child and family in an effort to coordinate services and/or treatment?
yes	no	n/a	2. Have you staffed this case within your agency or with your supervisor?
			3. What specifically do you want to come out of the FAP Team staffing? _____ _____ _____
yes	no	n/a	4. Have you obtained appropriate signatures on the Consent for Exchange of Information form? yes no
			5. List name/address of any individual other than parents who needs notification of this meeting. _____ _____ _____

(List any additional names/addresses on the reverse side.)

**FAMILY ASSESSMENT AND PLANNING TEAM  
REFERRAL FORM/SUMMARY AND FINDINGS**

Date of Referral \_\_\_\_\_ Leading Agency/Presenter \_\_\_\_\_

Date of Staffing \_\_\_\_\_ Court ordered/Parental Consent attached  
(Circle one)

1. Identifying Data

Name of Child \_\_\_\_\_ Address \_\_\_\_\_

Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_

Father/Step \_\_\_\_\_ Age \_\_\_\_\_ Mother/Step \_\_\_\_\_ Age \_\_\_\_\_

Father's SSN \_\_\_\_\_ Mother's SSN \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone # (        ) \_\_\_\_\_ Phone # (        ) \_\_\_\_\_

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

Education: \_\_\_\_\_

Siblings:

\_\_\_\_\_ Age \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ Age \_\_\_\_\_

Significant Others: (teachers, scout leader, etc.) \_\_\_\_\_

2. Reason for Referral (include statement of presenting problem)

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3. Steps Taken to Solve Problem(s) (previous problem)

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4. Developmental Physical and Medical Information (Child and Family)

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5. Education and Vocational Information

School: \_\_\_\_\_ Grade \_\_\_\_\_  
Special  
Needs/Services \_\_\_\_\_

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Attendance (Past and Present) \_\_\_\_\_

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Performance (Past and Present) \_\_\_\_\_

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Child's Employment \_\_\_\_\_

6. Emotional and Behavioral Information (Child and Family) \_\_\_\_\_

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7. Family Financial and Insurance Information \_\_\_\_\_

8. Description of Home and Neighborhood \_\_\_\_\_

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(Please attach additional information as needed.)

**SURRY ASSESSMENT AND PLANNING TEAM**  
Meeting Deliberations

Name of Child \_\_\_\_\_ Case Number \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviews:

<u>Date</u>	<u>Recommendations</u>

Case Plan Approved by:

- \_\_\_\_\_ Team Chairperson
- \_\_\_\_\_ School Representative
- \_\_\_\_\_ Court Services Representative
- \_\_\_\_\_ Mental Health Services
- \_\_\_\_\_ Social Services Representative
- \_\_\_\_\_ Health Department Representative
- \_\_\_\_\_ Parent Representative
- \_\_\_\_\_ Other (Specify)

## COMPREHENSIVE SERVICES NETWORK

### INDIVIDUAL FAMILY SERVICE PLAN

NAME OF CHILD \_\_\_\_\_

CASE NUMBER \_\_\_\_\_

Parent's Names \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Original Staffing Date: \_\_\_\_\_

Referral Source: (See Key)

Date of Original Assessment: \_\_\_\_\_ Score: \_\_\_\_\_

Follow-up Date: \_\_\_\_\_ Score: If Applicable: \_\_\_\_\_

Case manager: \_\_\_\_\_

DSS     SHD

SCS     SPS

MH   

Parent

Other \_\_\_\_\_

Describe why the child needs services/placement:

Describe strengths of youth/family that may contribute to service delivery:

KEY: DSS-Department of Social Services  
 SCS-Surry Court Services  
 MH- Mental Health

SHD- Surry Health Dept.  
 SPD- Surry Public Schools

## INDIVIDUAL FAMILY SERVICE PLAN

NAME \_\_\_\_\_

## SERVICE DELIVERY

Service			Begin	End	
Goals/Objectives	Strategies	By: Stipulation	Date	Date	Progress

Appendix E

**CONSENT TO EXCHANGE INFORMATION**

*I understand that different agencies provide different services and benefits. Each agency must have specific information in order to provide services and benefits. By signing this form, I am allowing agencies to exchange certain information so it will be easier for them to work together effectively to provide or coordinate these services or benefits.*

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

\_\_\_\_\_  
(FULL PRINTED NAME OF CLIENT)

\_\_\_\_\_  
(CLIENT'S ADDRESS)      \_\_\_\_\_  
(CLIENT'S BIRTH DATE)      \_\_\_\_\_  
(CLIENT'S SSN - OPTIONAL)

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

I want the following confidential information about the client (except drug or alcohol abuse diagnoses or treatment information) to be exchanged:

Yes No		Yes No		Yes No						
<input type="checkbox"/>	<input type="checkbox"/>	Assessment Information	<input type="checkbox"/>	<input type="checkbox"/>	Medical Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	Educational Records	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Financial Information	<input type="checkbox"/>	<input type="checkbox"/>	Mental Health Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric Records	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Benefits /Services Needed Planned, and/or Received	<input type="checkbox"/>	<input type="checkbox"/>	Medical Records	<input type="checkbox"/>	<input type="checkbox"/>	Criminal Justice Records	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Psychological Records	<input type="checkbox"/>	<input type="checkbox"/>	Employment Records	<input type="checkbox"/>	<input type="checkbox"/>			

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

I want: \_\_\_\_\_  
(NAME AND ADDRESS OF REFERRING AGENCY AND STAFF CONTACT PERSON)

And the following other agencies to be able to exchange this information:

Are More Agencies Listed on Back? YES  NO

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

- Service Coordination and Treatment Planning     Eligibility Determination
- Other (write in): \_\_\_\_\_

I want information to be shared: (check all that apply)

- Written Information     In Meetings or By Phone     Computerized Data

I want to share additional information received after this consent is signed:  YES  NO

This consent is good until: \_\_\_\_\_

I can withdraw this consent at any time by telling the referring agency. This will stop the listed agencies from sharing information after they know my consent 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 the agencies to accept a copy of this form as a valid consent 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 them information about me that they need.

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

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

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

5-14-92

032-01-005

**UNIFORM CONSENT TO EXCHANGE INFORMATION FORM**

**FULL PRINTED NAME OF CLIENT:** \_\_\_\_\_

**FOR AGENCY USE ONLY**

**CONSENT HAS BEEN:**

- Revoked in entirety
- Partially revoked as follows:

**NOTIFICATION THAT CONSENT WAS REVOKED WAS BY:**

- Letter (Attach Copy)
- Telephone
- In Person

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

**AGENCY REPRESENTATIVE RECEIVING REQUEST:**

\_\_\_\_\_  
*(AGENCY REPRESENTATIVE'S FULL NAME AND TITLE)*

\_\_\_\_\_  
*(AGENCY ADDRESS AND TELEPHONE NUMBER)*

**County of Surry, Virginia  
Comprehensive Services  
Policy and Management Team  
Vendor Contract Form**

This Agreement is entered into by and between the County of Surry, Hereinafter "the Buyer", and \_\_\_\_\_, hereinafter "the Provider." The terms of this Agreement shall commence upon its full execution and shall continue in effect so long as services are to be provided to the client identified in the Addendum, attached hereto and made a part hereof, or until sooner terminated as herein provided.

**WHEREAS** the Buyer, through its Family Assessment and Planning Team, and with the approval of its Community Policy and Management Team, has determined that various services identified in the Addendum should be provided to the client; and

**WHEREAS** the Provider has established itself as a qualified provider of the services identified in the Addenda, has provided a complete description of those services to the Service Fee Directory, and meets all applicable State and Federal standards relative to the services to be provided hereunder;

**NOW, THEREFORE**, The parties hereto mutually agree as follows:

**1. ADHERENCE TO LAW**--This Agreement is subject to the provisions of relevant Federal, State and local law and regulation and any amendments thereof. This Agreement shall be governed in all respects, whether as to validity, construction, capacity, performance or otherwise, by the laws of the Commonwealth of Virginia.

**2. SPECIFIC INTERPRETATIONS**--The failure of the Buyer to enforce at any time any of the provisions of this Agreement, or to exercise any option which is herein provided, or to require at any time performance by the Provider of any of the provisions hereof, shall in no way affect the validity of this Agreement or any part thereof, or the right of the Buyer to thereafter enforce each and every provision. All remedies afforded in the Agreement shall be taken and construed as cumulative, that is, in addition to every other remedy provided herein or by law. If any part, term, or provision of this Agreement is held by a court to be in conflict with any State, local or Federal law or regulation, the validity of the remaining portions or provisions shall be construed and enforced as if the Agreement did not contain the particular part, term or provision held to be invalid.

**3. PROVIDER'S DUTIES**--The Provider shall provide all services specified in the attached Addenda. Any additional requirements not set forth in this Agreement, in the Addenda or other attachments hereto are provided as an addendum hereto entitled "Specific Requirements" and are incorporated herein.

**4. ENTIRE AGREEMENT**--Any documents, including the Addenda and the Specific Requirements Form referred to in this Agreement, are incorporated herein by reference as part of this Agreement. No other understandings, oral or written, are deemed to exist or to bind of the parties hereto in relation to the client identified in the Addenda. Any alterations, variations, modifications or waivers of provisions of this Agreement shall be valid and effective only when they have been reduced to writing, signed by an authorized representative of the Buyer and of the Provider, and are attached to this Agreement. Where there exists any inconsistency between this Agreement and other provisions of collateral contractual agreements, which are made a part of this Agreement by reference or otherwise, the provisions of this Agreement shall control.

**5. CHARGES AND DATES OF SERVICE PROVISION**--The Provider shall charge the Buyer only for those services listed in the Addenda and at the rates established therein. The Provider shall provide the services commencing on the "Begin Date" and ending on the "End Date" set forth in the Addenda, unless extended by the written agreement of the parties.

**6. SERVICE QUALITY**--The Provider shall provide required services as described in the Addenda. Unless exempted, the Provider shall be listed in the Service Fee directory as authorized to receive payment from the state of pool funds under the Comprehensive Services Act and shall meet and maintain all State requirements for inclusion in that Directory. The Provider shall permit representatives authorized by the Buyer to conduct program and facility reviews in order to assess service quality. Such reviews may include, but are not limited to, meetings with consumers, review of service records, review of service policy and procedural issues, review of staffing ratios and job descriptions, and meeting with any staff directly or indirectly involved in the provision of services. Such reviews may occur as often as deemed necessary by the Buyer and may be unannounced.

**7. SERVICE CHANGES**--Substantial changes in the proposed delivery of services from that stated in the Addenda, whether actual or anticipated, such as, but not limited to, changes in service quality, key personnel, and compliance with applicable State, local and/or Federal standards, shall be reported in writing to the Buyer within five calendar days.

**8. REPORTS**--The Provider shall submit written reports within 72 hours of staffing or team meetings to the Buyer indicating significant deviations from anticipated client progress as agreed by the Provider and Buyer. The Provider shall submit to the Buyer a written treatment plan [home visit report for foster care] and progress report regarding the client on the first business day of each month following service or more frequently at the request of the case manager and upon termination of service to the client. The treatment plan and progress report shall include at least the following information: short and long term goals, anticipated time of completion, prognosis, medications administered, progress or lack of progress of client, reasons for lack of progress, significant incidents or accidents and any past or planned special events. If the Provider fails to provide any written treatment plan or progress report in a timely manner, the Buyer may withhold payment of the Provider invoices pending receipt of such plan or report(s). The Provider shall provide the Buyer with a copy of any reports of physical examinations and psychological or psychiatric examinations of the client while under the care of the Provider.

**9. REPORTING**--The Provider will submit a monthly written report for each child enrolled, to the Buyer's case manager and CSA office. For children funded under Virginia Medicaid, a copy of the monthly written report submitted to Medicaid should also be submitted to the case manager and CSA office within the timeframes stipulated by Medicaid. For children funded by CSA, the report should be submitted within 10 days after the end of each month of service, and should include the information outlined in the Agreement for Purchase of Services, Section 8.

**10. RECORDS MAINTENANCE**--The Provider and any subcontractor shall maintain an accounting system and supporting records adequate to ensure that claims for funds are in accordance with applicable State, local and Federal requirements. The Provider also shall collect and maintain fiscal and statistical data on forms designated by the Buyer, if so requested. The Provider shall maintain all program records required by the Buyer. The Provider agrees to retain all books, records and other documents relative to this Agreement for five (5) years after final payment, or longer if necessary for the purposes of an unresolved State, local or Federal audit. The Buyer, its authorized agents, and/or State or Federal auditors shall have full access to and the right to examine any and all records during this period.

**11. CONFIDENTIALITY**--Any information obtained by the Provider concerning clients pursuant to this Agreement shall be treated as confidential. Use and/or disclosure of such information by the Provider shall be limited to the purposes directly connected with the Provider's responsibilities for services under this Agreement. It is further agreed by both parties that all client information shall be safeguarded in accordance with all applicable State and Federal laws and regulations.

**12. CLIENT GRIEVANCES**--In the event that a client or legal guardian registers a grievance, requests a fair hearing, or submits an appeal, the Provider, its agents and employees agree to appear on request of the Buyer in any proceedings arising from such a claim and provide all oral written information, and documentary evidence, within its control relevant to such claim.

**13. DISCRIMINATION**--Neither the Provider, nor any subcontractor, shall discriminate against employees or applicants for employment or deny any individual any service or other benefit provided under this Agreement, pursuant to all requirements of the National Civil Rights Act of 1964, as amended, and any applicable State or Federal law or regulation.

**14. HOLD HARMLESS**--The Provider agrees to indemnify and hold harmless the Buyer from any and all claims for damages, either in law or in equity, directly or indirectly arising out of or by virtue of the actions or inactions of the Provider or its agents, servants, or employees in connection with this Agreement.

**15. DISASTERS**--Neither party hereto shall be held responsible for the delay or failure to perform hereunder when such delay or failure is due to acts of God, flood, severe weather, fire, epidemic, strikes, the public enemy, legal acts of public authorities or delays or defaults of public carriers, which cannot be forecast or provided against.

**16. SUBCONTRACTS AND ASSIGNMENT**--The Provider shall not enter into subcontracts for any of the services to be provided under this Agreement. Nothing in this Agreement shall be construed as authority for either party to make commitments that will bind the other party beyond the scope of services contained herein.

**17. PROVIDER NOT BUYER EMPLOYEE**--Neither the Provider nor its agents, employees, assignees or subcontractors shall be deemed employees nor agents of the Buyer while performing under this Agreement.

**18. CHILD PROTECTIVE SERVICES INFORMATION**--The Provider agrees that if the Provider or any of its agents, employees, assignees or subcontractors are named in the Child Protective Services Central Registry or through a criminal records check, then this information shall be made available to the Buyer and to any appropriate child placement and regulatory personnel of the Departments of Youth and Family Services, Education, Mental Health and Mental Retardation and the local department of social services.

**19. BUYER TERMINATION OF PURCHASE INVOICE**--The Buyer shall have forty five (45) calendar days from the date of the signature of the CSA representative in the Addenda to gain authorization of the CPMT. The CPMT retains the right to terminate or adjust this Agreement within those 45 days without penalty to the Buyer; however, the Buyer shall make payment for any services rendered during the forty five day period, subject to the terms of this Agreement. The Buyer's agreement in the Addenda may be adjusted or terminated at any time for client-related causes to include, but not limited to, changes in eligibility and changes in client's progress. The Buyer may terminate or adjust this Agreement for any reason upon forty five (45) days notice to the Provider. In the event that the Buyer becomes unable to honor this Agreement for causes beyond the Buyer's reasonable control, including but not limited to failure to receive promised revenue from Federal, State or local government sources or donor default in providing matching funds, the Buyer may terminate or modify this Agreement as necessary to avoid delivery of services for which the Buyer cannot make payment. The Buyer, upon becoming aware of any such cause, shall notify the Provider immediately.

**20. PROVIDER TERMINATION OF THE ADDENDA FUNDS**--After accepting the Addenda, the Provider may terminate service provisions only for just cause and only when a fourteen (14) calendar day advance written notice is given to the Buyer.

**21. INVOICES**--The Provider shall charge for services as provided in the Addenda. Such charges shall not exceed that set forth in the Service Fee Directory for the Provider appearing therein. The Provider shall not invoice the Buyer for a greater number of units of any service than that specified in the Addendum unless the Buyer specifically authorized in writing such increased units. The Provider shall invoice the Buyer only for services actually delivered. The Provider shall not submit any billings for services provided prior to the "Begin Date" or subsequent to the "End Date" shown in the Addenda, unless these dates are amended or extended by the parties in writing. The Buyer shall not be obligated to pay for services pursuant to authorized Addenda when the Provider fails to submit a Provider invoice for such services within forty-five (45) calendar days after the close of the calendar month in which services were delivered. Provider invoices, which are correct and are received by the Buyer by the first day of the month following services rendered shall be processed and paid no later than thirty (30) calendar days after the close of the next month. Those Provider invoices received later shall be processed and paid with the next month's Provider invoices. Provider invoices received that are not correct shall be returned to the Provider for correction.

**22. PROVIDER FEES**--No fee shall be imposed by the Provider upon the client served pursuant to this Agreement.

**23. PAYMENT THROUGH INSURANCE**--The Provider agrees to accept the family's insurance (including CHAMPUS or its equivalent), or Virginia Medicaid or FAMIS for payment of services, provided that the Buyer obtains the permission and signature of the parent or legal guardian of the child. CSA will not fund services covered

by the above forms of insurance if that insurance is made available to pay for services. When all or any portion of the services rendered by the Provider hereunder is covered by a policy of insurance or by CHAMPUS (or its equivalent), Medicaid, or FAMIS, the Provider shall submit claims for such service to the insurance company holding such policies or to CHAMPUS (or its equivalent), as the case may be. The Buyer shall pay the balance remaining due, if any, within forty-five (45) days after the Provider furnishes satisfactory evidence to the Buyer that the payment by the insurance company or CHAMPUS (or its equivalent) is the full amount. If the Provider receives Virginia Medicaid or FAMIS payments for services rendered under this Agreement, such payments shall constitute payment in full for those services.

**24. INCORRECT PAYMENTS**--If the Provider feels that the payment received for services invoiced is incorrect, then it is the Provider's responsibility to notify the Buyer in writing of the questionable payment. Supporting evidence must accompany such notification. The Buyer must correct any error found or respond in writing to the Provider as to why no error exists within forty-five (45) calendar days after receipt of the Provider's notification. If the Provider's notification and supporting evidence are not received by the Buyer within the forty-five (45)-calendar day limit, then the Buyer is not obligated to make any adjustments in the questionable payment. If the Provider believes that the payment received for services invoiced was an overpayment, the Provider must notify the Buyer immediately.

**25. DISPUTES**--Except as otherwise provided in this Agreement, any dispute concerning a question of fact arising under this agreement which is not disposed of by negotiation and agreement shall be decided by the Buyer's Fiscal Officer, who shall reduce his/her decision to writing and furnish a copy thereof to the Provider. This provision shall not preclude the Provider from exercising any rights under law for failure of the Buyer to comply with the terms of this Agreement.

**26. PROVIDER BREACH**--If the Provider fails to comply with any part of this Agreement, the Buyer may, by written notice of default to the Provider, terminate or revise the whole or any part of this Agreement and collect from the Provider any funds paid by the Buyer, which is related to the Provider's failure to comply.

**IN WITNESS WHEREOF** the parties have caused this agreement to be executed by officials hereunto duly authorized.

*Important: The provider must attach other pertinent information to this contract that includes the Purchase of Services Order, Vendor Invoices, and a brochure or service packet.*

\_\_\_\_\_  
Authorized Representative of Provider

\_\_\_\_\_  
Surry CSA Coordinator

\_\_\_\_\_  
Title

\_\_\_\_\_  
CPMT Chairperson

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## Appendix H

# SURRY COUNTY

## COMPREHENSIVE SERVICES NETWORK CHECK REQUEST FORM

**REFERRAL SOURCE**

School System: \_\_\_\_\_

Mental Health: \_\_\_\_\_

Health Dept.: \_\_\_\_\_

Social Services: \_\_\_\_\_

Court Services: \_\_\_\_\_

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

AMOUNT OF REQUEST \_\_\_\_\_

TYPE OF SERVICE:

Mandated Services/Residential/Congregate Care

- Foster Care-IV-E in Licensed Residential Congregate Care;  
 Pool expenditures for costs not covered by IV-E (i.e., non room-and board)  
 Foster Care- all others in Licensed Residential Congregate Care  
 Residential Congregate Care-CSA Parental Agreements; DSS Noncustodial  
 Agreements  
 Educational Services-Congregate Care  
 School Referred Residential-Non Educational Services (Cannot have for first six  
 months)

Other Mandated Services

- Therapeutic Foster Care-IV-E  
 Therapeutic Foster Care  
 Therapeutic Foster Care-CSA Parental Agreements; DSS Noncustodial Agreements  
 Specialized Foster Care- IV-E; Community Based Services  
 Specialized Foster Care  
 Family Foster Care-IV-E; Community Based Services  
 Family Foster Care Maintenance only  
 Family Foster Care-Children receiving maintenance and basic activities payments;  
 independent living Stipend/Arrangements  
 Community-Based Services  
 Community Transition Services-Direct Family Services to Transition from  
 Residential to Community  
 Alternative Day Placement/SPED Private Day  
 Services in the Public School (Ex. Behavioral Aids)  
 Psychiatric Hospitals/Crisis Stabilization Units

Non Mandated Services

- Non-Mandated Services/Residential Congregate  
 Non-Mandated Services/Community-Based

Vendor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Check Disposition: \_\_\_\_\_ Mail To: \_\_\_\_\_  
Pick Up By: \_\_\_\_\_

APPROVED FOR PAYMENT BY THE FAMILY ASSESSMENT TEAM:

\_\_\_\_\_, 20 \_\_\_\_\_  
CSA Coordinator

CASE NUMBER \_\_\_\_\_

CASE INITIAL \_\_\_\_\_

PUBLIC \_\_\_\_ PRIVATE \_\_\_\_

COMMUNITY PLANNING AND MANAGEMENT TEAM APPROVALS IS ONLY REQUIRED FOR ALL RESIDENTIAL PLACEMENTS THAT EXCEED A MAXIMUM OF **\$4,000** PER MONTH (AGGREGATE TOTAL) OR NON-RESIDENTIAL PLACEMENTS THAT EXCEED A MAXIMUM OF **\$2,000** PER MONTH (AGGREGATE TOTAL).

APPROVED BY THE COMMUNITY PLANNING AND MANAGEMENT TEAM:

\_\_\_\_\_, 20 \_\_\_\_\_  
CHAIRPERSON

---

NOTE: ATTACH VENDOR INVOICE WITH CHECK REQUEST FORM.  
DELETE CASE NAME AND DATE OF BIRTH FROM INVOICE.

CERTIFIED BY FINANCE DEPARTMENT: \_\_\_\_\_

DISTRIBUTION: ORIGINAL- CSA COORDINATOR  
COPY-RETAINED BY F.A.P. TEAM CASE MANAGER

## Appendix I

**SURRY COUNTY**  
**Community Policy & Management Team/**  
**Family Assessment & Planning Team**

*Parent Co-Payment Procedure:*

*The FAP Team is responsible for assessing and collecting Parental Co-payments, where parental or legal guardian financial contribution is not specifically prohibited by federal law or regulation, or has been ordered by the Division of Child Support Enforcement.*

*Assessment and collection of co-payments are for all non-mandated services, utilizing the local approved income scale. When the family's income is beyond the income scale, 10% of the family's gross income shall be counted as the co-pay amount. A parental request for waiver of the co-payment or reduction of fee shall be based on CSA eligibility and parental availability to pay assessed by the FAP Team. Refusal to pay established co-pay without documented waiver may result in denial of services. Co-payments shall be reviewed at the time of case review.*

**State of Virginia**  
**Monthly Median Income by Number in Family Unit**

1	2	3	4	5	6	7	8	9	10
1,553	2,031	2,509	2,987	3,465	3,943	4,033	4,123	4,212	4,302

- ~ Is the family's income at or below the median income level? Yes \_\_\_ No \_\_\_  
 - If the family's income is at or below the median income level above, there is no co-payment required.  
 ! If the family's income is above the median income level, use the worksheet below.

**CO-PAY WORKSHEET**

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Number in Family Unit:	
Gross Monthly Income - A	A - _____
Percentage Of Income To Be Counted - B	B - 10% or .10
Amount Family Pays - C (Multiply family gross monthly income by the % of income to be counted A x B = C)	C - _____

\_\_\_\_\_  
 Case Manager Date

\_\_\_\_\_  
 FAPT Coordinator Date



Appendix K  
(Must be completed by District 19 employee)  
**DISTRICT 19 COMMUNITY SERVICES BOARD**  
**TELEPHONE/WALK-IN SCREENING FORM**

**SECTION I**

<b>Consumer Name</b>			
<b>Last:</b> _____	<b>First:</b> _____	<b>Middle:</b> _____	
<b>SSN:</b> _____	<b>Date of Birth:</b> _____	<b>Age:</b> _____	<b>Gender:</b> M/F <b>Pregnant:</b> Y/N
Address: _____			
City: _____		State: _____	Zip Code: _____    City/County: _____
Telephone: (H) (    ) _____		(W) (    ) _____	
<b>Caller Name:</b> _____			
<b>Relationship To Consumer:</b> _____			

**SECTION II**

<b>Here for Drug Urinalysis Test only?</b> Y/N	<b>Date:</b> _____
<b>Is this a Memorandum of Agreement Referral?</b> Y/N	
<i>(If yes, do not need to complete below, however, provider must sign name on end of page 2)</i>	
<b>Screening Date/Initial Contact:</b> _____	<b>Time Begin:</b> _____ am/pm <b>End:</b> _____ am/pm
<b>Method of Screening: 1. Telephone    2. Walk-In</b> <i>(Please Circle)</i>	

<b>Presenting Problem(s):</b> <i>Include current psychiatric/substance abuse/mental retardation/medical problem(s) &amp; history of previous psychiatric/substance abuse/mental retardation/medical treatment.</i>	
_____	
_____	
_____	
_____	
_____	
_____	
<b>Current Medications:</b> _____	
_____	
_____	
<b>Atypical Medications?</b> Y/N	

<b>DIAGNOSES (If known)</b>	<b>AXIS I:</b>
<b>AXIS II:</b>	<b>AXIS III:</b>
<ul style="list-style-type: none"> <li>• <b>Is the consumer a pregnant SA female?</b>    Y/N <i>(Circle)</i></li> </ul> <i>(If yes, a face to face assessment appointment must be set within 48 hours of this screening)</i> <ul style="list-style-type: none"> <li>• <b>Is the consumer an Acute Care Project Recipient?</b>    Y/N <i>(Circle)</i></li> <li>• <b>Is consumer being discharged from a state facility?</b>    Y/N <i>(Circle)</i></li> </ul> <b>Discharge Date:</b> _____ <b>Which Hospital:</b> _____	

(Acute Care Project recipients & state facility discharge consumers must have a clinic appointment within 5 days of the discharge)

<b>First Offered Appointment Date:</b> _____	<b>at:</b> _____	<b>(am/pm)</b>
<b>Scheduled Appointment Date:</b> _____	<b>at:</b> _____	<b>(am/pm)</b> (This can be same as above)
<b>Days Waiting/Enter Treatment:</b> _____		
<b>Scheduled Assessment Provider:</b> _____		
<b>Appointment Changes (i.e., no shows, rescheduled appts., etc.)</b> _____		

**Service(s) Requested:**                      **MH   MR   SA**                      (Select all that apply)

**Service(s) Recommended:** (Such as, MH Case Management, Residential, Turning Point, MR Services, Day Program, etc. Please indicate as many as applicable.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Screening Disposition:** (please circle and complete)

1. Has a Scheduled Appointment
2. Referred to Another D19 Program
3. On Waiting List
4. Referred Out to a Provider in the Community:
5. Not Appropriate for D19 services
6. Consumer Declined Service

**If not appropriate for D19 CSB services or referred out, please circle reason(s) why:**

01. Commercial Insurance	07. Hours not conducive	15. Adolescent Substance Abuse Inpatient
02. Lives Outside of Catchment Area	08. Need Intensive Services	16. Long-term Substance Abuse Inpatient
03. Marriage Counseling	09. Support Group	17. Driving Intervention
04. Sex Offender Treatment	10. Family Therapy	18. Other
05. Anger Management	11. Crisis Stabilization	19. Not Applicable
06. Domestic Violence	12. Medical Detoxification	
	13. Couples Therapy	
	14. Half Way House	

**Financial: Primary Insurance** \_\_\_\_\_ **Policy #** \_\_\_\_\_ **Group#** \_\_\_\_\_

Physician Directed By: \_\_\_\_\_

(Commercial Insurance & Outpatient/Clinic Option Services only)

FAPT FUNDED? Y/N If yes, which locality? \_\_\_\_\_

**Screener ID#:** \_\_\_\_\_  **Screening Provider Signature:** \_\_\_\_\_

**Data Entry Signature:** \_\_\_\_\_  **Date:** \_\_\_\_\_

**Assigned Consumer ID #:** \_\_\_\_\_