

**YORK-POQUOSON-WILLIAMSBURG-JAMES CITY COUNTY
POLICIES AND PROCEDURES FOR
CONSORTIUM OF
COMMUNITY POLICY AND MANAGEMENT TEAMS
(Revised January 2018)**

I. Mission and Vision

The York-Poquoson-Williamsburg-James City Consortium of Community Policy and Management Teams (heretofore known as the Consortium) adopts the mission of the Children's Services Act (CSA) to create a collaborative system of service and funding that is child-centered, family-focused and community-based when addressing the strengths and needs of troubled and at-risk youth and their families.

The vision of the Consortium is to provide effective and innovative systems of care to the citizens of the counties of York and James City and the cities of Poquoson and Williamsburg. The Consortium was established in order to coordinate services received by mutual agencies.

II. Purpose and Duties

In compliance with the Children's Services Act (CSA), the Community Policy and Management Team (CPMT) is charged with managing available funds from the State Pool and ensuring that eligible youths receive prompt, accessible, and appropriate services (COV § 2.2-5204 and § 2.2-5205). The Act specifies the membership and responsibilities of the local team, on which this policy is based.

The Consortium is responsible for:

- A. Establishing policies governing the referral and review of eligible youths and families to the Family Assessment and Planning Team (FAPT) of York/Poquoson and Williamsburg/James City County, based on the criteria set out in COV § 2.2-5211 and COV § 2.2-5212.
- B. Establishing quality assurance and accountability procedures for program utilization and funds management, including a process to review the FAPT's recommendations and requests for funding;
- C. Coordinating long-range, community-wide planning that ensures the development of resources and services needed by children and families in the community;
- D. Establishing policies to assess the ability of parents or legal guardians to contribute

CPMT Consortium Policies and Procedures
Revised 2018
Amended March 2018
Sections: Approval/Authorization of Services
Emergency Approval of Services
Amended January 2019
Section Added: Intensive Care Coordination (ICC) Policy
Amended November 2021
Added Appendix B: Family First Policy Foster Care Prevention

financially to the cost of services to be provided and, when not specifically prohibited by federal or state law or regulation.

- E. Ensuring that the Code of Ethics, as established by each locality, is adhered to by the membership of the local team, as well as the agencies who access State Pool funds. Procedures for addressing ethical concerns are outlined in Appendix A.

III. Membership of the CPMTs of the Four (4) Localities

Based on requirements set forth in Section 3.1.1 of the State CSA Manual and COV § 2.2-5205, the following are members of the CPMT Consortium:

- A. Local agency heads or their designees from the following community agencies:
 - 1. Community Services Board
 - 2. Court Service Unit
 - 3. Department of Social Services
 - 4. Health Department
 - 5. School System
- B. One elected official or appointed official or his designee from the governing body of a locality that is a member of the team
- C. A representative of a private organization or association of providers for children's or family services if such organizations or associations are located within the locality
- D. A parent representative

The above listed members are able to vote to approve services for their respective locality. If a conflict of interest exists between a CPMT member and a particular case that CPMT member will abstain from voting on the request.

The quorum for each CPMT is determined by locality is established as follows:

- City of Poquoson- quorum of 4;
- City Of Williamsburg- quorum of 4;
- James City County- quorum of 4;
- York County-quorum of 4;

IV. Service Populations

In order to be referred to the Family Assessment and Planning Team (FAPT), a child must be eligible to access funding through the CSA Pool. The CSA pool cannot be billed for services

CPMT Consortium Policies and Procedures
Revised 2018
Amended March 2018
Sections: Approval/Authorization of Services
Emergency Approval of Services
Amended January 2019
Section Added: Intensive Care Coordination (ICC) Policy
Amended November 2021
Added Appendix B: Family First Policy Foster Care Prevention

which are billable to other funding streams.

The Consortium will serve families who have legal residence in the cities of Williamsburg and Poquoson and the counties of James City and York and/or under the guardianship of an adult or an agency in the catchment area such as Social Services or Court Services.

Unless otherwise indicated, the following qualifications apply for all localities under the Consortium (COV § 2.2-5212 A):

- A. Children who require placement for the purpose of special education in approved private school programs;
- B. Children for whom a continuum of services are being provided to prevent foster care placements;
- C. Children who have been entrusted to the local Department of Social Services by their parents or guardians and/or;
- D. Children whose custody has been committed by a juvenile and domestic relations court or other court of competent jurisdiction for purposes of placement in suitable family homes, child-caring institutions, residential facilities, or independent living arrangements.
- E. “Children in need of services” (CHINS) designated by the FAPT who either 1) remain in their homes and have been identified as needing services to prevent or eliminate the need for foster care placements; or 2) have been placed outside of their homes through an agreement between the parents or legal guardians and the LDSS or the public agency designated by the CPMT where legal custody remains with the parents or legal guardians.
- F. Students with a disability who require non-residential services in the home and community when the needs associated with his or her disability extend beyond the school setting and threaten the student’s ability to be maintained in the home, community or school setting. This is contingent upon availability of funds as appropriated by the General Assembly.

For purposes of determining eligibility for the state pool of funds, “child” or “youth” means (i) a person less than eighteen years of age and (ii) any individual through twenty-one years of age who is otherwise eligible for mandated services of the participating state agencies including special education and foster care services (COV § 2.2-5212 B). This may include youth and families served by CSA under the “Interagency Guidelines on Foster Care Services for Specific “Children in Need of Services” (Parental Agreement) because they are receiving a “foster care service” defined in the Code of Virginia (§63.2-905 ii) as “sum-sufficient” (§2.2-5211) or mandated. However, foster care prevention services cannot be initiated after the age of 18.

CPMT Consortium Policies and Procedures
Revised 2018
Amended March 2018
Sections: Approval/Authorization of Services
Emergency Approval of Services
Amended January 2019
Section Added: Intensive Care Coordination (ICC) Policy
Amended November 2021
Added Appendix B: Family First Policy Foster Care Prevention

V. Case Management Identification

The lead case manager/lead agency will be determined by the CPMT and/or CSA Coordinator as the appropriate agency to provide case management services according to the needs of the family.

In order for the Court Service Unit to be the lead case manager, the child or youth must be legally on probation or parole. In order for the Colonial Behavioral Health (CBH) to be the lead case manager, the child must be receiving services through the CBH. In order for the school system to be the lead case manager, the child must be eligible for special education. In order for the Department of Social Services (DSS) to be the lead case manager, the child must be in foster care or have an open foster care prevention case. A secondary case manager can be assigned if the child is involved with more than one agency; however, the lead case manager must take primary responsibility for service coordination.

If a parent, who does not have an open case with a member agency, requests a FAPT staffing, the CSA Coordinator will initiate the referral process as outlined in the Parental Self-Referrals section of the FAPT policies and procedures.

VI. Review of FAPT Recommendations and Requests for Funding

If the only available funding source is the CSA pool, the FAPT team will make the recommendation to the local CPMT for the expenditure of pool funds. The definition of children mandated for CSA services must be met.

Meeting Protocol

- A. The Consortium meetings are scheduled for the third Tuesday of each month at 1:30 p.m. Meetings will be held unless the present Chair determines there is no need for a meeting. If a meeting is cancelled, the Chair will send out a notice of cancellation by the Friday prior to the scheduled meeting.
- B. The Chair of the Consortium meetings will be a current CPMT chair, unless otherwise designated by the current CPMT chair. The CPMT chair, or designee, for each locality will facilitate the case presentations for their respective locality.
- C. The Chair of the Consortium meetings will rotate every four months, as follows:
 - 1) York/Poquoson – January through April

CPMT Consortium Policies and Procedures
Revised 2018
Amended March 2018
Sections: Approval/Authorization of Services
Emergency Approval of Services
Amended January 2019
Section Added: Intensive Care Coordination (ICC) Policy
Amended November 2021
Added Appendix B: Family First Policy Foster Care Prevention

- 2) James City County – May through August
 - 3) Williamsburg – September through December
- D. The CSA Coordinator from the locality of the current CPMT Chair is responsible for taking minutes during the open meeting. These minutes will be sent to all members prior to the next meeting, along with the agenda for the following month. Any member wishing to place an item on the agenda will contact the responsible CSA Coordinator to have it listed.
- E. Prior to the meeting, any Consortium member not able to attend a meeting should notify the CSA Coordinator if they will not attend the meeting and who they are sending as their designee.
- F. The CPMT Consortium will move to a closed session to discuss case specific recommendations.
- G. Each member agency has only one vote even if multiple agency representatives are present in a meeting. CPMT members may send an agency designee on their behalf in the event that they cannot attend a meeting. These designees shall have the authority to vote by proxy on behalf of their member agency.

Case Presentations

- A. Case Presentations to the CPMT at the Consortium meeting are made for:
- 1) “Children in Need of Services” (CHINS) cases
 - 2) Wraparound cases
 - 3) Cases in which the FAPT members were not able to reach an agreement on appropriate services
 - 4) The CSA Coordinator of each locality has discretion to schedule a case to be reviewed by the CPMT.
- B. It will be the responsibility of the CSA Coordinator to ensure that the CPMT members for the locality have received information regarding the service recommendations from the FAPT meeting prior to the Consortium meeting.
- C. Cases will be presented by the CSA Coordinator utilizing the Funding Request Form. The presentations will be concise and provide the following:
- 1) Date case was open to CSA
 - 2) Locality coded case number

CPMT Consortium Policies and Procedures
 Revised 2018
 Amended March 2018
 Sections: Approval/Authorization of Services
 Emergency Approval of Services
 Amended January 2019
 Section Added: Intensive Care Coordination (ICC) Policy
 Amended November 2021
 Added Appendix B: Family First Policy Foster Care Prevention

- 3) Placement
- 4) Previous Services provided
- 5) Background information to include but not limited to: age of client, school, diagnosis, medication and a brief description of the reason for services requested
- 6) CSA service requested
- 7) Identified Provider
- 8) Rate
- 9) Quantity
- 10) Service Dates
- 11) Total Costs

It will be the responsibility of the CSA coordinator to have this information forwarded through encrypted methods to the respective CPMT members prior to the CPMT meeting.

- D. Cases presented to the CPMT at the Consortium meeting will be placed on the agenda for review based on FAPT's recommendation for service(s). The CPMT Chair can request a case be reviewed at any time.

Approval/Authorization of Services

- A. Services presented in the CPMT meetings must be approved by a quorum vote of the localities CPMT members present at the meeting.
- B. Services for mandated cases other than CHINS can be approved by the CPMT Chair of the respective locality.
- C. Emergency approval of services for all cases by the CPMT Chair shall be made based on each locality's policy (see FAPT Policies and Procedures) and reviewed by the FAPT during the next scheduled meeting. The CSA Coordinator has discretion to schedule a pre-FAPT meeting with a quorum of members present or contact the FAPT members for approval by email.

Responsibility for Signing Contracts and Placement Agreements

Once a service has been approved, the case manager will coordinate billing and accounting procedures with the designated CSA Coordinator. The CSA Coordinator will ensure that there are current vendor contracts on file for all providers that receive State Pool funds, with the exception of non-clinical and/or non-recurring services. Vendor contracts will be signed by the Chair of the locality's CPMT or approved CPMT designee. Contracts will be renewed on a two

CPMT Consortium Policies and Procedures
 Revised 2018
 Amended March 2018
 Sections: Approval/Authorization of Services
 Emergency Approval of Services
 Amended January 2019
 Section Added: Intensive Care Coordination (ICC) Policy
 Amended November 2021
 Added Appendix B: Family First Policy Foster Care Prevention

(2) year basis with vendors as identified by the CSA Coordinator.

All individual providers who receive State Pool funds will ensure that they comply with all of the requirements of their respective regulatory agency.

The provider is required to enter into a contract with the CSA office prior to initiation of services. The provider shall provide all supporting documents as outlined in the locality's vendor contract including but not limited to proof of insurances, licenses, and W-9. The provider and the service rates must be listed on the CSA Service Fee Directory to receive CSA pool funds. Payment to the provider may not be rendered if the latter has not been completed prior to service initiation. The case manager must contact the CSA Coordinator to facilitate a new contract with a vendor that has not been previously utilized by the CPMT.

The Children's Services Act Service Fee Directory may be accessed via the CSA web site, <http://www.csa.virginia.gov>

The Service Fee Directory is an electronic system developed to assist localities and providers of services to share information regarding availability of services and fees for services. Private and public providers of services list information describing their programs, locations and fees. Interested parties may access this information via the CSA web site <http://www.csa.virginia.gov>. The Directory lists any entity, public or private, to include out-of-state vendors that provide specialized services for children and are authorized to receive payment from the pool funds except for exemptions listed in the following section.

The term specialized services means a service or activity specifically designed to assist persons with disabilities or at risk.

Exempted from inclusion in the directory are the following:

- Individuals not associated with an entity, providing services.
- Individually approved foster care families.
- Purchase of goods
- Non-specialized services (community activities only indirectly associated with care, e.g. baby-sitting, swimming lessons, transportation, etc.).
- Any provider, facility, program or service for which licensing standards exist must have in effect a valid license in order to be listed in the directory.
- Any unregulated provider, facility, program or service for which there are no licensing standards may be included in the directory.

CPMT Consortium Policies and Procedures
Revised 2018
Amended March 2018
Sections: Approval/Authorization of Services
Emergency Approval of Services
Amended January 2019
Section Added: Intensive Care Coordination (ICC) Policy
Amended November 2021
Added Appendix B: Family First Policy Foster Care Prevention

The CSA office will not make new placements or service agreements with agencies who are under a provisional license. It shall be at the discretion of the CPMT Chair as to whether continued use of a service provider will occur, in the event that a child/family is currently receiving services and said agency is issued a provisional license. (CSA Manual, subsection 4.4.1)

Parental placement agreements will be signed by the CPMT Chair or designee of the child-placing agency (i.e., director of the CSB or Court Services Unit).

Each CPMT will review, assess, and vote on entering into agreements for new services with service providers in order to meet the needs of their respective communities.

Non-Discrimination

No person requesting or receiving services through the CPMT will be subjected to discrimination on the basis of race, gender, age, religion, disability, national origin, color, or sexual orientation.

Family Participation

The Family Assessment and Planning Team shall encourage families to fully participate in the assessment, planning and implementation of the Individual and Family Service Plan. Parents and guardians should be present for the reviews and actively participate in the service planning unless prior arrangements have been made with the CSA Coordinator. The Individual Family Service Plan shall not be implemented without the consenting signature of the legal guardian.

Family Partnership Meetings

In an effort to further engage families in the FAPT process, the CPMT shall allow for Family Partnership Meetings (FPM) to develop a plan for services in the form of recommendation, which is to be submitted to the FAPT and/or CPMT on behalf of the legal guardian. Under these circumstances, the case manager must review the case with the CSA Coordinator to ensure that the case is appropriate to access CSA funds.

In the event that the FPM will be utilized as a substitute to the legal guardian's participation in the FAPT meeting, the legal guardian will sign a FAPT Consent to Release form and a Service Plan authorizing the assigned case manager to present the FPM recommendations to the FAPT and indicating their agreement with the services listed on the form and their willingness to fully engage in the recommended services. In the event that the FAPT team revises the FPM Service Plan, the case manager must obtain the parent's signature on the FAPT IFSP before the

CPMT Consortium Policies and Procedures
Revised 2018
Amended March 2018
Sections: Approval/Authorization of Services
Emergency Approval of Services
Amended January 2019
Section Added: Intensive Care Coordination (ICC) Policy
Amended November 2021
Added Appendix B: Family First Policy Foster Care Prevention

recommended services can be implemented.

Intensive Care Coordination (ICC) Policy

The member localities of the Consortium of the CPMTs of James City County, City of Poquoson, City of Williamsburg, and York County (the “Consortium”) endorses the provision of Intensive Care Coordination (ICC) to support the goal of serving our youth in their homes and communities. The Consortium endorses Intensive Care Coordination which utilizes the High Fidelity Wrap Around Model and evidence informed practice to achieve those goals. High Fidelity Wrap around works to holistically address the behavioral and social needs of a youth and family in order to develop self-efficacy.

The Intensive Care Coordinator assists the youth and family in developing a team who works together to identify the family’s vision, goals, and needs. The Intensive Care Coordinator then supports the family in developing specific, measurable plans to accomplish those outcomes making certain to honor the family’s culture.

The High Fidelity Wrap Around Model follows a series of four stages: engagement, planning, implementation, and transition (with associated activities and hallmarks). The target population for Intensive Care Coordination are youth who are in out-of-home or community placements or those youth who are at high risk of out-of-home placement. Youth placed in psychiatric residential treatment can begin receiving Intensive Care Coordination to support transition planning beginning three months prior to anticipated discharge. Requests for purchase of Intensive Care Coordination will be made through the FAPT funding approval process.

Emergency Approval of Services

CPMT chair can approve emergency placement, foster care maintenance, IEP placement, or services on an emergency basis but the FAPT must develop an IFSP within 14 days. Emergency approvals of services and IFSPs can be conducted via secure email, fax, and/or telephone.

In keeping with the Code of Virginia, Sections 2.2-3712 and 2.2-3705; concerning Closed Meeting Procedures and FOIA, the following policy is adopted.

In case of a CPMT meeting cancellation due to inclement weather or a lack of quorum; the CPMT chair of the respective locality is authorized to approved funding for CPMT services until the next scheduled CPMT meeting.

CPMT Consortium Policies and Procedures
Revised 2018
Amended March 2018
Sections: Approval/Authorization of Services
Emergency Approval of Services
Amended January 2019
Section Added: Intensive Care Coordination (ICC) Policy
Amended November 2021
Added Appendix B: Family First Policy Foster Care Prevention

Procedures to Ensure Appropriate Parental/Legal Guardian Contribution

A guiding principle of the James City County, City of Poquoson, York County, City of Williamsburg Community Policy and Management Team Consortium (CPMT) is that parents will be actively involved in the planning and delivery of services to their children. This involvement includes participating financially where appropriate. In addition, CSA Policy Sections 3.1.7 and 3.2.3 gives authority to the CPMT and FAPT to ensure the parents/legal guardians contribute to the cost of CSA funded services when not prohibited by state or federal law of statute. Thus the CPMT adopts the following policy for the parental payment of expenses associated with services using the Children's Services Act (CSA) funding. Those funds include monies from the Commonwealth of Virginia and monies appropriated by the Local Governing Bodies for the CSA and for services associated with the CSA.

For purposes of determining monthly gross income as it applies to parental co-payment responsibilities, the following definitions are adopted: "Parent" is defined as biological, adoptive parent or legal guardian. "Child" is defined as biological, adopted, or child placed in the legal custody of the "parent" up to age 21 for non-special education cases and through the school year in which the child turns age 22 for special education students (§ 22.1-213 of the Code of Virginia; 34 CFR 300.101 (a) and 34 CFR 300.102 (a) (3) (ii)).

It is the position of the CPMT that parents of children in cases presented to the CPMT for funding, or presented to the Family Assessment and Planning Team (FAPT) for services, shall be assessed to determine rate of co-pay, if any, for approved services. The following services are exempt from parental copayments:

1. Services required by virtue of, and listed on, an Individualized Education Plan (IEP);
2. Services provided to families receiving Temporary Assistance to Needy Families (TANF);

While exempt from "parental co-pay" obligations to CPMT, parents of children in foster care and children being placed out of home by custodial agreements are referred to the Division of Child Support Enforcement for parental financial support obligations.

See attached Parental Co-Pay procedures on how to determine the amount of parental responsibility.

Due Process of Complaints and Appeals

A review may be requested by the parent or legal guardian for dissatisfaction with the FAP

CPMT Consortium Policies and Procedures
Revised 2018
Amended March 2018
Sections: Approval/Authorization of Services
Emergency Approval of Services
Amended January 2019
Section Added: Intensive Care Coordination (ICC) Policy
Amended November 2021
Added Appendix B: Family First Policy Foster Care Prevention

Team's assessment, planning or implementation activities.

The parent or legal guardian shall submit a written request for review to the CPMT Chair within ten (10) calendar days of receipt of the Individual and Family Service Plan. The CPMT must respond in writing to the request and hold a review, with the family and case manager present. The team may uphold or alter the FAP Team's decision. The CPMT shall provide a written response to the family within (45) calendar days following receipt of the notice of appeal.

Dispute Resolution

In cases involving the denial of State Pool funds resulting from parental refusal to consent to release of student records under federal law, where such refusal precludes the development of placement through the FAPT process or the approved, collaborative, multidisciplinary team process, an appeal for good cause may be made to the State Executive Council (SEC), based on procedures located in the CSA State Manual, Section 3.4.

Each locality's CPMT will ensure that due process for complaints and appeals are followed. In cases not before a court or subject to appeal under applicable statutes, the youth and family will have the right to appeal the service plan of the FAPT to the CPMT. The CPMT will make a final decision within 45 calendar days following receipt of the notice of appeal.

The Consortium will maintain confidentiality when reviewing or acting upon information about children and families served by the community (COV § 2.2-5210).

VII. Fiscal Procedures

Twice a year a financial report will be provided during the regularly scheduled Consortium meeting detailing the amount of funds available for each local CPMT. This report can be requested at any time by the CPMT Chair of each locality.

VIII. Community Needs Assessment and Planning Process

The Consortium will coordinate long-range, community wide planning to ensure the development of needed services and resources. This community wide assessment shall include public and private services providers, clients and citizens. Short and long term goals will be identified to ensure that services and resources are developed that are needed to serve our largest population. An annual review of the goals and objectives will be held.

CPMT Consortium Policies and Procedures
Revised 2018
Amended March 2018
Sections: Approval/Authorization of Services
Emergency Approval of Services
Amended January 2019
Section Added: Intensive Care Coordination (ICC) Policy
Amended November 2021
Added Appendix B: Family First Policy Foster Care Prevention

The Consortium will partner with the local Systems of Care team to implement the community plan.

IX. Amendments

The terms and provisions of these policies may be amended at any regular meeting of the Consortium by approval of two-thirds (2/3) of those present and voting; provided however, that notice of proposed amendment shall be submitted to all members in writing prior to the meeting.

When additional local policy is approved, the minutes of the meeting will identify it as "Local Policy." The CSA Coordinators will then add the item to this document and provide the date of change.

X. Retention of records

All information about families compiled by the team will be kept by the locality's CSA Coordinator. This information may not be obtained by individuals outside of the team without the written consent of the child's legal guardian.

Retention of records will be based on the uniform documentation guidelines approved by the State Executive Council (COV § 2.2-2648.D.13) and the agency's retention and destruction policy under whose purview the record originated.

CPMT Consortium Policies and Procedures
Revised 2018
Amended March 2018
Sections: Approval/Authorization of Services
Emergency Approval of Services
Amended January 2019
Section Added: Intensive Care Coordination (ICC) Policy
Amended November 2021
Added Appendix B: Family First Policy Foster Care Prevention

Appendix A: Ethics Violation Policy

Concerns regarding the conduct of any FAPT member shall be reported to CPMT Chair, who may address the issue with the CPMT member from that person's agency. Consequences for ethical violations will be administered as determined by each member agency's established policies. If there are concerns in regards to the conduct of the parent representative or private provider, the CPMT Chair will address the issue directly with them.

If concerns arise in regards to the ethical conduct of a CPMT member, they shall be reported to the CPMT Chair who will address the issue directly with that member. If there are concerns about the CPMT Chair's conduct, a report will be made to their governing entity.

CPMT Consortium Policies and Procedures
Revised 2018
Amended March 2018
Sections: Approval/Authorization of Services
Emergency Approval of Services
Amended January 2019
Section Added: Intensive Care Coordination (ICC) Policy
Amended November 2021
Added Appendix B: Family First Policy Foster Care Prevention

Appendix B: Family First Policy Foster Care Prevention Services

The Family First Prevention Action (FFPA) is a significant change in federal child welfare law. Effective July 1, 2021, the Virginia Department of Social Services is implementing a new Foster Care Prevention Services Model.

FFPSA allows utilization of Title IV-E to support evidence-based services to prevent foster care placement by creating a new funding stream for these services to families through the new in-home model.

These services apply only to children and families of the local department of social services (LDSS).

Eligibility for Family First Foster care Prevention Services

All In-Home cases and Foster Care Prevention cases are served through the In-Home model. The local DSS opens cases based on a high or very high classification on the Structured Decision Making (SDM) Risk Assessment. The In-Home model also includes "court cases" (e.g., a Child in Need of Services for whom the court has ordered LDSS to provide foster care prevention services). These children and families are determined to be eligible for foster care prevention services by completing the title IV-E Candidacy Form, which documents the decision that the child is a "Candidate for Foster Care."

"Candidate for Foster Care" is defined as a child identified in a prevention plan as being at imminent risk of entering foster care but who can remain safely in the child's home or in a kinship placement as long as services or programs that are necessary to prevent the entry of the child into foster care are provided. The term includes a child whose adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in a foster care placement.

"Imminent Risk of Foster Care" is defined in Virginia "as a child and family's circumstances demand that a defined case plan is put into place within 30 days that identifies interventions, services and /or supports and absent these interventions, services and/or supports, foster care placement is the planned arrangement for the child."

The LDSS Family Services Specialist (FSS) completes the "Candidate for Foster Care" Form. Children and their families who meet these foster care prevention criteria established by VDSS are eligible for CSA and sum sufficient services under CSA (COV §§ 63.2-905, 2.2-5211.B3., 2.2-5211.C., and 2.2-5212.4.). It is important to note that these children and families (CPS

CPMT Consortium Policies and Procedures
Revised 2018
Amended March 2018
Sections: Approval/Authorization of Services
Emergency Approval of Services
Amended January 2019
Section Added: Intensive Care Coordination (ICC) Policy
Amended November 2021
Added Appendix B: Family First Policy Foster Care Prevention

Ongoing or Foster Care Prevention) are already eligible for CSA services under the eligibility categories in the cited statutes.

The designation as a "Candidate for Foster Care" makes the child and family eligible for foster care prevention, no matter whether any specific funding source, including CSA, is accessed. However, this designation assures a child and family's eligibility for any of the evidence-based services offered in Virginia through FFPSA beginning July 1, 2021.

The current evidence-based services eligible through FFPSA include Multi-Systemic Therapy (MST), Family Functional Therapy (FFT), and Parent-Child Interaction Therapy (PCIT).

Referral and FAPT Review Process

The Community Policy and Management Teams of James City County, City of Poquoson, York County and City of Williamsburg have selected the Consultative FAPT model for approval of Families First Foster Care Prevention Services.

These services will need to be requested through a modified FAPT process as described below.

If there are any other services requested, a full FAPT packet is required.

The modified FAPT process requires submission of the following documents:

- Referral Cover Sheet
- IV-E Candidacy Determination Documentation (from child welfare information system)
- Prevention Plan (from child welfare information system)
- Consent Form
- CANS (to be renewed every 90 days)

Review of Family First Foster Care Prevention Services

The Family Assessment and Planning Team (FAPT) will review services every 90 days.

Copayment

No copayment is required for Family First Foster Care Prevention services.

CPMT Consortium Policies and Procedures
Revised 2018
Amended March 2018
Sections: Approval/Authorization of Services
Emergency Approval of Services
Amended January 2019
Section Added: Intensive Care Coordination (ICC) Policy
Amended November 2021
Added Appendix B: Family First Policy Foster Care Prevention

Role of the CPMT

Consistent with the statutory expectations of the CSA, the CPMT provides oversight and leadership in coordinating the community's response to all identified children and families, including those receiving title IV-E funded foster care prevention services. With the introduction of the FFPSA, this role includes maintaining awareness of the utilization and impact of the new In-Home prevention practices (e.g., increased/decreased referrals for the use of CSA funds for foster care prevention, outcomes, and the integration of evidence-based practices across all child-serving agencies) There are no changes regarding statutory expectations and the roles of FAPT and CPMT in the implementation of CSA, including eligibility and funding. FAPT may provide a multi-disciplinary review for any referred child and family in the community, even if CSA funds are not needed.

CPMT Consortium Policies and Procedures
Revised 2018
Amended March 2018
Sections: Approval/Authorization of Services
Emergency Approval of Services
Amended January 2019
Section Added: Intensive Care Coordination (ICC) Policy
Amended November 2021
Added Appendix B: Family First Policy Foster Care Prevention