

**Community Policy and Management Team
Policy and Procedures**

Purpose & Duties

Policy No.: C1

Effective: 08/28/2012

Reviewed: 01/28/2014

The purpose of the Orange County Community Policy and Management Team (“CPMT”) is to exercise all those powers and duties set forth the Virginia Comprehensive Youth Services Act for At-Risk Youth and Families (the “CSA”) (§ 2.2-5200 *et seq.* VA Code Ann.), including:

- A. Develop interagency policies and procedures to govern the provision of services to children and families in its community;
- B. Develop interagency fiscal policies governing access to the State pool of funds by the eligible populations including immediate access to funds for emergency services and shelter care;
- C. Establish policies to assess the ability of parents or legal guardians to contribute financially to the cost of services to be provided and, when not specifically prohibited by federal or State law or regulation, provide for appropriate parental or legal guardian financial contribution, utilizing a standard sliding fee scale based upon ability to pay;
- D. Coordinate long-range, community-wide planning that ensures the development of resources and services needed by children and families in its community including consultation on the development of a community-based system of services established under § 16.1-309.3 VA Code Ann.;
- E. Establish policies governing referrals and reviews of children and families to the family assessment and planning teams or a collaborative, multidisciplinary team process approved by the State Executive Council for Comprehensive Services for At-Risk Youth and Families (the “Council”) and a process to review the teams' recommendations and requests for funding;
- F. Establish quality assurance and accountability procedures for program utilization and funds management;
- G. Establish procedures for obtaining bids on the development of new services;

- H. Manage funds in the interagency budget allocated to the community from the state pool of funds, the trust fund, and any other source;
- I. Authorize and monitor the expenditure of funds by each family assessment and planning team or a collaborative, multidisciplinary team process approved by the Council;
- J. Submit grant proposals that benefit its community to the State trust fund and enter into contracts for the provision or operation of services upon approval of the participating governing bodies;
- K. Serve as its community's liaison to the Office of Comprehensive Services for At-Risk Youth and Families, reporting on its programmatic and fiscal operations and on its recommendations for improving the service system, including consideration of realignment of geographical boundaries for providing human services;
- L. Collect and provide uniform data to the Council as requested by the Office of Comprehensive Services for At-Risk Youth and Families in accordance with § 2.2-2648(D)(16) VA Code Ann.;
- M. Review and analyze data in management reports provided by the Office of Comprehensive Services for At-Risk Youth and Families in accordance with § 2.2-2648(D)(18) VA Code Ann. to help evaluate child and family outcomes and public and private provider performance in the provision of services to children and families through the Comprehensive Services Act program. Every team shall also review local and statewide data provided in the management reports on the number of children served, children placed out of state, demographics, types of services provided, duration of services, service expenditures, child and family outcomes, and performance measures. Additionally, teams shall track the utilization and performance of residential placements using data and management reports to develop and implement strategies for returning children placed outside of the Commonwealth, preventing placements, and reducing lengths of stay in residential programs for children who can appropriately and effectively be served in their home, relative's homes, family-like setting, or their community;
- N. Administer funds pursuant to § 16.1-309.3 VA Code Ann.;
- O. 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 VA Code Ann. are not used;

- P. Submit to the Department of Behavioral Health and Developmental Services information on children under the age of 14 and adolescents ages 14 through 17 for whom an admission to an acute care psychiatric or residential treatment facility licensed pursuant to § 37.2-403 *et seq.* VA Code Ann., exclusive of group homes, was sought but was unable to be obtained by the reporting entities. Such information shall be gathered from the family assessment and planning team or participating community agencies authorized in § 2.2-5207 VA Code Ann. Information to be submitted shall include:
- a. The child or adolescent's date of birth;
 - b. Date admission was attempted; and
 - c. Reason the patient could not be admitted into the hospital or facility;
- Q. 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 § 2.2-2648(D)(22) VA Code Ann.; and
- R. To the extent permitted by the CSA, the CPMT may delegate responsibility for the above functions.

**Community Policy and Management Team
Policy and Procedures**

CPMT's Philosophy & Code of Ethics

Policy No.: C2

Effective: 08/28/2012

Revised: 01/28/2014

A. Philosophy

The Orange County CPMT believes that all children and communities deserve to be safe. We believe in family, child, and youth-driven practices. We believe that children do best when raised in families. We believe that all children and youth need and deserve a permanent family. We believe in partnering with others to support child and family success in a system that is family focused, child-centered, and community-based. (See also Appendix C2 *Virginia Children Services Practice Model*)

B. Code of Ethics

***Ethic** - rules of behavior based on ideas about what is morally good and bad*
(Merriam-Webster online dictionary, retrieved January 9, 2014)

- | | |
|--------------------------------------|---|
| <u>Excellence:</u> | Orange County CPMT is committed to the highest standard of services and makes every effort to ensure the most effective use of our resources on behalf of the children and families we serve. |
| <u>Integrity:</u> | Orange County CPMT brings honesty, professionalism and ethics to our work environment. |
| <u>Accountability:</u> | Orange County CPMT is committed to shared responsibility for our actions and for achieving community outcomes. |
| <u>Collaboration:</u> | Orange County CPMT values teamwork and strive to reach our goals by building partnerships with core agencies, families, and private vendors. |
| <u>Fiscal Responsibility:</u> | Orange County CPMT is committed to the efficient use of our fiscal and community resources to achieve better outcomes for the children and families of Orange County. |

Transparency:

Orange County CPMT promotes open access to information, participation and decision making amongst CPMT members.

Diversity:

Orange County CPMT embraces diversity and treats all people with fairness and compassion.

**Community Policy and Management Team
Policy and Procedures**

Membership

Policy No.: C3

Effective: 08/28/2012
Reviewed: 01/28/2014

(A) Composition and Terms of Appointment

The members of the CPMT are appointed by the Orange County Board of Supervisors in accordance with § 2.2-5205 VA Code Ann. Agency heads appointed to the CPMT shall serve as long as they hold their offices. The terms for the other members of the CPMT shall extend for a period of two years. Terms may be held consecutively with no limit on terms served.

(B) Powers and Responsibilities

Pursuant to § 2.2-5200 *et seq.* VA Code Ann., members of the CPMT are authorized to make policy and funding decisions for the CPMT. All members of the CPMT shall be considered full voting members.

(C) Immunity

Pursuant to § 2.2-5205 VA Code Ann., members of the CPMT are immune from any civil liability for decisions made about appropriate services for a family or the proper placement or treatment of a child or youth who comes before the CPMT, unless it is proven that such person acted with malicious intent.

(D) Meetings, Rules and Officers

The CPMT shall elect from its membership a Chair and a Co-Chair who shall serve annual terms. The CPMT shall have authority to establish its own rules of procedure and by-laws. Regular meetings shall be held at least monthly, at a date, time, and place determined by the CPMT.

(E) Quorum

Provided that at least one member of the Executive Committee is present, 50% of the CPMT's members shall constitute a quorum for all CPMT meetings.

(F) Attendance

Attendance is expected at all CPMT meetings. CPMT members **are required** to personally attend at least 75% of the regularly scheduled meetings held within a calendar year.

(G) Vacancies

Vacancies on the CPMT shall be filled by appointment by the Orange County Board of Supervisors.

**Community Policy and Management Team
Policy and Procedures**

Eligible Population

Policy No.: C4

Effective: 08/28/2012

Reviewed: 01/28/2014

A. Eligible Population

Pursuant to § 2.2-5212(A) VA Code Ann., in order to be eligible for funding for services through the State pool of funds, a youth, or family with a child, shall meet one or more of the criteria specified in subdivisions 1 through 4 of this subsection, and shall be determined through the use of a uniform assessment instrument and process and by policies of the CPMT to have access to these funds.

1. The child or youth has emotional or behavior problems that:
 - a. Have persisted over a significant period of time or, though only in evidence for a short period of time, are of such a critical nature that intervention is warranted;
 - b. Are significantly disabling and are present in several community settings such as at home, in school or with peers; and
 - c. Require services or resources that are unavailable or inaccessible or that are beyond normal agency services or routine collaborative processes across agencies or require coordinated interventions by at least two agencies.
2. The child or youth has emotional or behavior problems, or both, and currently is in, or is at imminent risk of entering, purchased residential care. In addition, the child or youth requires services or resources that are beyond normal agency services or routine collaborative processes across agencies, and requires coordinated services by at least two agencies.
3. The child or youth requires placement for purposes of special education in approved private school educational programs.
4. The child or youth has been placed in foster care through a parental agreement between a local social services agency or public agency designated by the CPMT team and his parents or guardians, entrusted to a local social services agency by his parents or guardian or has been committed to the agency by a court of competent jurisdiction for the purposes of placement as authorized by § 63.2-900 VA Code Ann.

Pursuant to § 2.2-5212(B) VA Code Ann., for purposes of determining eligibility for the State pool of funds, “child” or “youth” means (i) a person less than 18 years of age and (ii) any individual through 21 years of age who is otherwise eligible for mandated services of the participating State agencies including special education and foster care services.

B. Mandatory Population

Pursuant to § 2.2-5211(B), the State pool shall consist of funds that serve the target populations identified in subdivisions 1 through 5 of this subsection in the purchase of residential and nonresidential services for children. References to funding sources and current placement authority for the targeted populations of children are for the purpose of accounting for the funds in the pool. It is not intended that children be categorized by individual funding streams in order to access services. The target population shall be the following:

1. Children placed for purposes of special education in approved private school education programs, previously funded by the Department of Education through private tuition assistance;
2. Children with disabilities placed by local social services agencies or the Department of Juvenile Justice in private residential facilities or across jurisdictional lines in private, special education day schools, if the individualized education program indicates such school is the appropriate placement while living in foster homes or child-caring facilities, previously funded by the Department of Education through the Interagency Assistance Fund for Non-educational Placements of Handicapped Children;
3. Children for whom foster care services, as defined by § 63.2-905 VA Code Ann., are being provided to prevent foster care placements, and children placed through parental agreements, entrusted to local social service agencies by their parents or guardians or committed to the agencies by any court of competent jurisdiction for purposes of placement in suitable family homes, child-caring institutions, residential facilities or independent living arrangements, as authorized by § 63.2-900 VA Code Ann.; *(Please also see Appendix C4 - Final Interagency Guidelines on Foster Care Services for Specific "Children in Need of Services" Funded through the Comprehensive Services Act (CSA))*
4. Children placed by a juvenile and domestic relations district court, in accordance with the provisions of § 16.1-286 VA Code Ann., in a private or locally operated public facility or nonresidential program; or in a community or facility-based treatment program in accordance with the provisions of subsections B or C of § 16.1-284.1 VA Code Ann.;
5. Children committed to the Department of Juvenile Justice and placed by it in a private home or in a public or private facility in accordance § 66-14 VA Code Ann.

C. Non-Mandatory Population

In addition to the mandated target population described in Section B, the non-mandated target population includes, but may not be limited to, children meeting both the criteria set out in Section A and any of the following:

1. School Truancy;
2. Mental health services transition plans for incarcerated juvenile; and
3. Child in need of Supervision.

**Community Policy and Management Team
Policy and Procedures**

Purchase of Service

Policy No.: C5

Effective: 08/28/2012

Revised: 01/28/2014

A. General Principles

1. All at-risk youth and families must go through the Family Assessment and Planning Team (FAPT) process for referral and assessment.
2. Any services to be purchased under the CSA shall be recommended by the FAPT and approved by the CPMT.
3. Services purchased by the CPMT will use one or more of the following:
 - a. Contract;
 - b. Purchase of Service (POS) module;
 - c. Individual Family Service Plan (IFSP);
 - d. A written agreement (Letter of Intent for Funding) process.

B. Procedures

1. Case Manager submits a request to the CSA Coordinator for review of case. (Form C5) Case Manager develops a services assessment, Child and Adolescent Needs and Strengths (CANS) assessment and a proposed service plan for FAPT consideration.
2. The FAPT reviews case materials and meets with the Case Manager and family to jointly develop an IFSP which identifies the goals and various services to be provided to the family as well as the available vendors, costs and hours of service.
3. The FAPT IFSP recommendations are forwarded by the CSA Coordinator to the CPMT for approval.

C. Foster Care – Maintenance Only

Notwithstanding the above provisions, youth in the custody of the Department of Social Services and placed in family foster care who require payments only for maintenance services including childcare shall not be referred to the FAPT, but are required to complete a CANS assessment annually. These youth will access pool funds directly.

**Community Policy and Management Team
Policy and Procedures**

Emergency Services

Policy No.: C6

Effective: 08/28/2012
Reviewed: 01/28/2014

“Emergencies” are defined as those crisis situations in which the Case Manager and his/her supervisor, in consultation with the family when possible, are in agreement that the child or youth is in need of immediate placement or the family is in need of immediate services in order to prevent an out-of-home placement of the child, or youth, or in the event of a Family Engagement Meeting. Emergencies shall be addressed in accordance with the following procedures:

1. When an emergency occurs, the Case Manager must contact the CSA Coordinator, or their designee, who will initiate the emergency funding request process.
 - a. The Case Manager is responsible for providing the CSA Coordinator, via e-mail, all of the necessary information to make an informed decision.
 - b. The CSA Coordinator will contact a member of the Executive Committee, starting with the Chairman, and in the absence of the Chairman, the Vice-Chairman and then the County-appointed official to discuss the emergency circumstances.
 - c. The approval of emergency services requires at least two (2) members of the Executive Committee agreeing to requested services.
 - d. The CSA Coordinator will notify the Case Manager immediately of the Executive Committee decision.
 - e. All emergency approved cases will be placed on the next available FAPT and CPMT meeting schedule for a complete review, except that if no FAPT meeting is scheduled within 14 days of the onset of emergency services, a special meeting shall be called within 14 days to ensure that a timely FAPT review may be completed..

2. The CSA Coordinator shall have the authority to approve some services up to \$1,000 per week. The Case Manager shall send an e-mail explaining the situation to the CSA Coordinator for informational purposes and documentation in the case file. The types of emergency placements that can be approved by the CSA Coordinator for up to 14 days include, but are not limited to:

- a. Community-based services when the service is therapeutic in nature and specifically required to prevent the immediate possibility of an out of home placement.
 - b. Residential Treatment Facility placements that are Medicaid funded that require an immediate removal from their current placement and their behaviors warrant that level of restrictive care.
 - c. New cases requiring a placement in a shelter until an appropriate placement can be determined.
3. A FAPT review must occur within 14 days following the onset of services in an emergency.
 4. If the child/family does not have a Case Manager, the agency taking the emergency action assumes the role of lead agency and assigns a Case Manager until there is a FAPT review.

If the child/family has a Case Manager within another agency/department, the agency taking the emergency action shall notify that Case Manager of the emergency authorization as soon as possible.

**Community Policy and Management Team
Policy and Procedures**

Invoice Processing Procedures

Policy No.: C7

Effective: 08/28/2012

Revised: 01/28/2014

All invoices for payment shall be processed according to the following procedures:

- A. The CSA Coordinator shall review and approve all invoices for payment. Invoice amounts exceeding monthly planned IFSP amounts will not be paid without prior approval of CSA Coordinator or approval of at least two (2) members of the Executive Committee.
- B. The CSA Coordinator shall process invoices and un-encumber any funds that may have been encumbered and not expended for that month.
- C. Problems with billing shall be resolved by the CSA Coordinator and the Case Manager.
- D. Monthly reconciliations shall be completed by the Office on Youth Accounting Clerk for the Orange CSA accounts.

**Community Policy and Management Team
Policy and Procedures**

Fee Assessment

Policy No.: C8

Effective: 08/28/2012

Revised: 01/28/2014

To meet the requirements of the § 2.2-5206(3) VA Code Ann. and § 16.1-286 VA Code Ann., and to enhance the partnership with parents, the CPMT has approved procedures for the active involvement of parents and/or other legally responsible parties in the planning, delivery, and financing of services for their children. This legislation calls for parental participation in both the treatment aspects of services and financial responsibility for payment for certain services.

All families accessing **CSA POOL FUNDS** shall be assessed fees for services in accordance with the policies and procedures set forth in the Orange County CSA Parental Co-Pay Policy (Form C8).

When a child or youth is receiving services to be funded, in whole or in part, by CSA Pool Funds, the Case Manager assigned to the child or youth shall determine whether such services are eligible for coverage by private insurance, or by Medicaid. If a child or youth may be eligible for Medicaid, the Case Manager shall ensure that a screening process is conducted. The Case Manager shall subsequently ensure that any eligible child or youth has been enrolled into Medicaid.

In the event a parent or legal guardian believes the monthly co-payment is unjust or inappropriate, he/she may file a letter of appeal to the assigned Case Manager. The Case Manager will forward the letter, along with supporting documentation, to the CSA Coordinator who will then make arrangements to schedule the parent to speak before the CPMT to request the fee to be reduced or waived. The decision of the CPMT will be final and will be presented to the parent in writing.

Co-Pay Collection Guidelines:

The following guidelines for the Orange CSA parental co-pays shall be followed:

- (A) Parental co-pay packet will be completed by the parent(s) of the children participating in the Orange County CSA program. The Case Manager assigned to the child or youth will be responsible for the accurate completion of the required financial forms (Form C8).
- (B) The CSA Coordinator will be responsible for ensuring the forms are turned in prior to or during the child or youth's initial FAPT meeting. Once the completed forms are received,

the CSA Coordinator will provide a copy of the forms to the Office on Youth (OOY) Accounting Clerk for collection purposes.

- (C) Upon receipt of the completed forms (Form C8), the Accounting Clerk will send a preliminary letter to the parents of the child(ren) explaining the process for payment of monthly co-pays. The Accounting Clerk will open a collection file for each family and will retain a copy of all written correspondence with the families in their respective files.
- (D) Monthly summary reports will be provided to the CSA Coordinator by the Accounting Clerk as documentation of payment on each account.
- (E) In the event a family is not current on their payment plan, the CSA Coordinator will contact the person responsible for the account and advise them that the co-pay is due immediately and that continued late payments could jeopardize funding for future services.
- (F) In the event an account remains delinquent, the Account Clerk will begin the collection process through the Orange County Treasurer's Office. Delinquent amounts may be referred to the Individual Set-Off Debt Collection Program administered by the Virginia Department of Taxation (which could result in Virginia Individual Income Tax refunds being used to satisfy the debt to the CPMT), and the CPMT may also pursue other legal remedies available for collection of delinquent amounts.

**Community Policy and Management Team
Policy and Procedures**

Closed Meeting Procedures

Policy No.: C9

Effective: 08/28/2012

Reviewed: 01/28/2014

- A. In any motion to enter closed meeting, a member must:
1. Specify the purpose(s) for the closed meeting;
 2. Reasonably identify the substance of the matters to be discussed, and; and
 3. Specify the Code section for the exemption. (Meeting minutes must include the statute permitting the closed meeting.)
- B. No closed meeting shall begin until the CPMT votes in open session to approve the motion.
- C. The CPMT may permit non-members to attend the closed meeting if such persons are deemed “necessary” or if their presence will “reasonably aid” the CPMT in its consideration of the subject matter of the closed session.
- D. Immediately following the closed meeting, the chairperson must call for a certification from all members that, to the best of their knowledge, the CPMT discussed only matters lawfully exempted from statutory open session requirements; and only public business matters identified in the motion to convene the closed meeting.
- E. If any member of the CPMT believes that there was a departure from the standards of this statement during the closed meeting that member must so state before the roll call vote, and must indicate the substance of the departure which that member believes has occurred.
- F. A vote shall be taken in open session to approve the funding amount for cases discussed in closed session.

**Community Policy and Management Team
Policy and Procedures**

Complaint and Appeals

Policy No.: C10

Effective: 08/28/2012
Reviewed: 01/28/2014

The 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 decision of the FAPT to the CPMT. Appeals shall be made in writing to the Chairperson of the CPMT within 30 calendar days of the FAPT decision. The appellant shall include in the written appeal to the Chairperson all information and concerns which he or she requests that the CPMT to consider in the review of the FAPT decision, and the appellant shall not be present for such review. The CPMT shall review the FAPT decision and render a decision within 45 calendar days of receipt of the notice of appeal.

**Community Policy and Management Team
Policy and Procedures**

Non-Discrimination

Policy No.: C11

Effective: 08/28/2012
Reviewed: 01/28/2014

The CPMT and the FAPT shall not discriminate on the basis of race, ethnicity, sex, age, and religion, socioeconomic status, handicapping conditions or national origin.

**Community Policy and Management Team
Policy and Procedures**

Confidentiality

Policy No.: C12

Effective: 08/28/2012

Reviewed: 01/28/2014

- A. All federal, State and local laws relating to confidentiality shall be observed, including, but not limited to, § 2.2-5210 VA Code Ann.
- B. The CPMT, FAPT and other staff from agencies involved in team deliberations shall strictly abide by all applicable confidentiality requirements and shall be required to sign a confidentiality form annually. All information about specific youth and families obtained by CPMT and FAPT members in the discharge of their responsibilities shall be confidential under all applicable laws, mandates, and licensing requirements.
- C. Appropriate releases of information shall be completed and shall be the responsibility of the Case Manager.
- D. Pursuant to § 2.2-5210 VA Code Ann., proceedings held to consider the appropriate provision of services and funding for a particular child, or youth, or family or both who have been referred to the FAPT and whose case is being assessed by this team or reviewed by the CPMT shall be confidential and not open to the public, unless the child, or youth, and family who are the subjects of the proceeding request, in writing, that it be open. All information about specific children, youths and families obtained by the team members in the discharge of their responsibilities to the team shall be confidential.

**Community Policy and Management Team
Policy and Procedures**

Freedom of Information Act (FOIA)

Policy No.: C13

Effective: 08/28/2012
Reviewed: 01/28/2014

CPMT meetings are held in accordance with the Virginia Freedom of Information Act (FOIA), § 2.2-3700 et seq. VA Code Ann, subject to the confidentiality provisions of § 2.2-5210 VA Code Ann. Generally, records generated by the CPMT are subject to the provisions of FOIA, however, certain records may not be subject to disclosure due to applicable FOIA exemptions. Exempted records include, but are not limited to, medical records exempted from FOIA requirements pursuant to § 2.2-3705.5 VA Code Ann.

**Community Policy and Management Team
Policy and Procedures**

Amendments

Policy No.: C14

Effective: 08/28/2012
Reviewed: 01/28/2014

The terms and provisions of these policies and procedures of the CPMT may be amended at any regular meeting of the CPMT by approval of 2/3 of those present and voting; provided that notice of the proposed amendment is given at the regularly scheduled meeting of the CPMT immediately preceding the regular meeting at which the vote on the proposed amendment will take place.

**Community Policy and Management Team
Policy and Procedures**

Utilization Management and Review

Policy No.: C15

Effective: 11/01/2013

Reviewed: 01/28/2014

The Orange County CSA Utilization Management and Review system is an integrated, multi-agency attempt to provide quality child-centered, family-focused, cost-effective services to at-risk youth and their families in the least restrictive environment.

The system addresses:

- Accountability
- Assessment of appropriate resources
- Utilization of community-based resources prior to CSA funded services
- Service to clients in the least restrictive environment
- Service to clients in the community, as appropriate
- Provision of service coordination and/or case management for all cases
- Development of case rates for appropriate, specialized services
- Development and monitoring appropriate outcome indicators for all cases

The desired outcomes of the Orange CSA system are:

- Improvement in child and family functioning
- Improvement in school performance
- Improve parental self-sufficiency
- Reduction in abuse and neglect
- Reduction in costs
- Reduction in out-of-home placements
- Reduction of out-of-community placements
- Reduction of recidivism

Orange County CSA strives to meet the individual needs of families served through our program. This means utilizing traditional and non-traditional programming as not all children and families respond to the same treatments in the same way. It is important to the teams that each family is involved in service planning and views the services to be both helpful and supportive.

The wrap list and descriptions that follow offers an incomplete guide to facilitate wrap planning. Individualizing services should creatively combine all types of resources for children and families, formal and in-formal, traditional and non-traditional.

Wrap Service List

(The list below is taken from the CSA Utilization Management Guidelines – revised June 2009, Section 8.1)

THERAPEUTIC

Early interventions
Counseling and Therapy Services
Home Based Services
Day Treatment
Therapeutic Nursery Program
Non-residential Emergency Services

INSTRUCTIONAL

Regular Classroom
Resource Room
Self-Contained Classroom
Special and Alternative School
Homebound
Related Services
Life Skills Training
Social Skills Training

HEALTH CARE

Health Promotion
Primary Care and Screening
Acute Medical Care
Chronic Medical Care
Dental Care

VOCATIONAL

Career Education
Vocational Assessment
Job Survival Skills Training
Vocational Skills Training
Work Experiences
Job Finding, Placement and Retention Services
Supported Employment
Sheltered Workshops

SUSTENANCE SERVICES

Housing
Food
Clothing Financial Services [e.g., food stamps, AFDC, Medicaid, fuel assistance, WIC, SSI]

RECREATIONAL/SOCIAL

Neighborhood Programs
After School Programs
Summer Camps
Special Recreational projects
Self-help and Support Groups
Community Service
Individual Skills Training

FAMILY

Respite Care
Parent Education and Family Support
Mediation
Family and Parent Counseling
Home Aid Services
Relatives, Friends, Spiritual Affiliations
Shelter
Therapeutic Camp

SUPERVISORY/PROTECTIVE

Diversion
Probation
Intensive Supervision Services
Outreach Detention
Post-dispositional Detention
Child Protective Services
Individual Supervisory/Support Staff
Maundering

OPERATIONAL

Assessment
Service Planning
Case Management
Advocacy
Transportation
Legal Services

**Community Policy and Management Team
Policy and Procedures**

Utilization Management and Review Process

Policy No.: C16

Effective: 11/01/2013

Reviewed: 01/28/2014

- I. Utilization Management (UM) is a set of steps taken by purchasers of health and human services to manage the provision and cost of services purchased. It begins with the initial case assessment, and includes determining desired outcomes, identification of services required and level of need, recognizing mitigating circumstances, developing a service plan, finding a vendor, plan implementation, review of results and finally adjusting goals and services to address case changes. These steps are summarized as follows:

A. Collect Assessment Data

Assessment material may consist of completed IFSP or Foster Care Plan, an agency social history or comprehensive intake assessment and always includes the CANS. Whatever the instrument, the child's multiple life domains (behavior, school, family, peers, service history, etc.) are assessed.

Responsibility: Case Manager

B. Identify Desired Outcomes

An outcome is a measurable result within a set time frame that is specific, observable and child and family oriented. Both long and short-term outcomes need to be established and should follow logically from assessment data in Step 1.

Responsibility: Case Manager, Child, Family, FAPT

C. Identify Services Needed for Child and Family

Service needs are established by determining what types of activities can be used to achieve the outcomes identified in Step 2.

Responsibility: Case Manager, Child, Family, FAPT

D. Consider Mitigating Circumstances

Determine whether or not any unique and challenging circumstances exist which would justify selecting particular services or placements.

Responsibility: Case Manager, Child, Family, FAPT

E. Finalize the Service Plan

Use all of the collected data and make service placement decisions. An effective CSA service plan:

1. Is child-centered, family-focused, and community based;
2. Is aimed at the least restrictive, most appropriate environment;
3. Is what the family wants; and
4. Is necessary to achieve outcomes – begins step-down/transition planning.

The service plan (IFSP) is written by the FAPT.

Responsibility: Case Manager, Child, Family, FAPT

F. Negotiate Collaboratively with Vendor

Clarify with the vendor the services, needs, and expectations. Consider the situation as a partnership between purchaser, child/family and the vendor. Know what the vendor can offer and purchase the services necessary to meet the desired outcomes.

Responsibility: Case Manager, CSA Coordinator, CPMT

G. Implement Service Plan

Reach final agreement on a comprehensive treatment plan with the vendor.

Responsibility: Case Manager, CSA Coordinator

Pursuant to § 2.2-5208(5) VA Code Ann., oversight of the utilization management process is provided by the FAPT, subject to review by CPMT pursuant to § 2.2-5206(13) VA Code Ann.

II. Utilization Review (UR) is a formal assessment of the necessity, efficiency, and appropriateness of the services and treatment for an individual. It is used to determine how well a program is achieving the outcomes established for the case it serves.

The elements required in the Utilization Review process and frequencies are determined by the child's current placement in accordance with the state endorsed model. (Appendix F5)

Elements for children are:

1. Verification of date services initiated.
2. Verification of delivery of service(s).
3. Verification of quality of service(s).
4. Progress in meeting identified, specific short-term outcomes and goals in Individual Family Services Plan (IFSP) or the IEP as appropriate.
5. Progress in working toward identified, specific long-range outcomes.
6. Current medication status, as applicable.
7. Educational process.
8. Verification of school attendance.
9. Written materials outlining all modifications vendor has made to IFSP.
10. Current CANS and any other case related documents. (Ex. court orders, foster care plan, IEP, etc.)
11. Participation of family/legal guardian in client interventions and in other services included in the IFSP or the IEP, as appropriate.
12. Strategies to engage families if they are not currently participating.
13. Steps to be taken if progress toward meeting outcomes is not being made. (May include changing services and/or vendors or reconsidering outcomes.)
14. Steps to be taken if outcomes are being met.
 - a. Continue services necessary to meet outcomes and goals.
 - b. Develop plan and time line to transition the child to less restrictive setting.
15. Date for next utilization review.

*The review must be a combination of site visits, telephone calls, and paper reviews.

*The review worksheet (Form C16-A) will help case managers document the completion of their reviews and insure that all required elements are present and receive the required review. This worksheet must be completed quarterly.

*CSA Coordinator will maintain a documentation inventory for all necessary paperwork in order to maintain compliance. (Form C16-B)

Responsibility: Case Manager, CSA Coordinator

III. Update Service Goals

Utilization review should provide information upon which to base adjustments relative to the service plan.

Adjustments may include:

1. Continue to follow the current plan;
2. Change length of time for current service(s) and objective(s);
3. Change service objective(s);
4. Change aspects of the environment;
5. Change placement or provider;
6. Change treatment modality at same level of need.

Responsibility: Case Manager, Parents, FAPT, and CSA Coordinator

IV. CPMT Review of Cases

The Orange County CPMT will review each case on their agenda during their monthly meetings and a review sheet (Form C16-C) will be completed. In the event CPMT has suggestions or questions, a copy of the review form will be returned to the case manager for them to address the comments.

Responsibility: CPMT and CSA Coordinator