

Comprehensive Services Act for At-Risk Youth and Their Families (CSA)
Frequently Asked Questions (FAQ)
State Executive Council “Levels of Care” Policy for Licensed Child Placing Agencies

Please see the end of this document for an explanation of acronyms used in this FAQ.

The questions in this FAQ were taken from the public comments and other questions identified by providers and localities.

#1 – Are the levels going to be more specifically described or defined in guidance (e.g., which services are associated with each level)?

No. The levels are intentionally broad and based on the *needs of the child* (including physical health/medical needs, not solely behavioral/emotional needs), not on levels of service or rates. The general nature of the levels is purposeful to support local governments and TFC providers in defining their practices within the parameters of the Guidelines.

#2 – Is there a relationship between the Medicaid criteria for TFC case management and the levels of TFC? (revised 5/1/15)

Yes. Licensing standards for LCPAs operating TFC programs require case management and provide specifics regarding caseload size, service planning, and visits per month. These requirements are consistent with the DMAS (Medicaid) standards for Treatment Foster Care-Case Management (TFC-CM). LCPAs should apply to Medicaid to fund TFC-CM for Medicaid eligible children in TFC. If the child is determined not to meet medical necessity criteria (i.e., per Magellan authorization) and appropriate appeals are completed resulting in denial, the FAPT/CPMT should either: a) authorize CSA funding for TFC-CM based on assessment data that indicates the child’s needs otherwise require treatment case management (e.g., physical health needs, abuse or neglect) and maintain specific documentation of the justification for this decision or b) re-evaluate the level of care and, if the team concurs that the non-treatment level of care is appropriate to meet the youth’s needs, place the youth at the non-treatment level of care.

#3 – Will providers need to update their licenses to offer non-treatment foster care?

Licensed Child Placing Agencies that are authorized to provide treatment foster care are also authorized to provide non-treatment foster care. At the time of application to the VDSS Division of Licensing Programs (DOLP), the licensed child placing agency completes a form which requires the agency to request approval for the types of services it wishes to provide. If the LCPA’s “physical” license does not reflect the authorization to provide non-treatment foster care, the agency should contact its licensing specialist in the VDSS Division of Licensing Programs and request to have this designation added.

#4 – Will the level system adopted by the SEC be required?

Yes. Any locality seeking to access state share of CSA funds for treatment foster care or non-treatment foster care by an LCPA must demonstrate that “levels of foster care services are appropriately matched to the individual needs of a child or youth,” consistent with the policy adopted by the SEC.

#5 – What about localities that have existing levels and rates? Will the implementation of the SEC policy and guidelines supersede those?

The policy adopted by the SEC does not address rates. As stated in statute (COV §2.2-5214), CSA rates are determined by the “free market” process. Some localities and all providers have “level systems” which must be integrated into the structure provided by the guidelines.

#6 – Is it reasonable for a local government to request that a provider accept “maintenance-only” payment for a child on the non-treatment level of care?

Licensure regulations for LCPAs have a variety of requirements beyond provision of basic foster care maintenance and a subset of these requirements apply to the non-treatment level of care. These include activities as defined by the “Private Foster Care Support, Supervision and Administration” CSA service name. These activities are appropriately billable to CSA.

#7 – Who has the final say if the locality and provider disagree about a level of service?

The contracting of services and rates continues to be a local decision along with the collaborative decision-making processes which are currently in place. The determination of the level of care needs to be supported by assessment data.

#8 – How often should FAPT review the level placement of a child?

The policy adopted by the SEC does not change current practice regarding FAPT review. Cases are reviewed by FAPT according to local policy.

#9 – How do the current assessment instruments such as CANS and VEMAT correlate to the levels?

Decisions about placement at a level and movement between levels should use all available information to determine the needs of the child. The CANS and VEMAT both use progressive categories of severity in rating items, consistent with three progressive levels of TFC. *The intent is to use **all information collectively** to reach the best possible decision for the child’s care.* There is no direct correlation between the CANS or VEMAT assessment and a specific TFC level (e.g., a child with all ratings of “1” on the CANS does not determine that a child is at level 1). Rather the CANS assessment, VEMAT, provider progress reports, foster parent reports, psychologicals, social histories, evaluations, medical records, etc. should **all** be considered in determining the appropriate level. For example, a child may have ratings of “1” on the CANS in several areas of the Life Functioning domain, but not have the behavioral/emotional needs or risk behaviors which warrant placement at TFC Level 1. Rather the child could be served in the non-treatment foster care level. Alternatively, a child could have numerous ratings of “2” on the CANS, but because some of those ratings reflect needs such as self-harm or psychotic behaviors the child may need to be placed at TFC Level 3.

#10 – How do the guidelines permit/encourage the placement of siblings in the same foster home?

The SEC policy requires that each child is provided services according to his/her documented level of need. Each child within a sibling group placed in the same foster home must receive services at his/her individual level of need. For example, one child may have emotional/behavioral problems determined to be at TFC Level 2 and in need of structured treatment foster care, but have siblings who do not demonstrate this level of need. Implementation of the guidelines concerning the non-treatment level of care provides the LCPA and the foster home the flexibility to serve the entire sibling group, with every child served at the correct level of need.

Assessment Level

The remaining questions address questions about the “Assessment Level.” The following information is provided to assist providers and local governments in understanding the intended purpose and functionality of the “Assessment Level.”

#A1 – What will providers need to offer or do for the Assessment Level? (e.g., “clarify and delineate additional assessment activities over licensure standards”)

The Assessment Level should be considered *as a collaborative process* whereby all stakeholders, the LDSS, the LCPA, the FAPT, the parents, and/or anyone with information about the child, work together to gather information to learn about the child and family and assess strengths and needs of both. As a child may come into foster care unexpectedly and the LDSS has little or no information about the child, it is best practice to assess any child’s needs prior to making a placement level determination. During the assessment period, it is expected that the following activities will be completed:

- required assessment tools (CANS and VEMAT)
- all documentation required of the provider by licensing standards (e.g., social history, service plan)
- a Family Partnership Meeting
- a FAPT meeting to include discussion about how the child is adapting to that foster home and what services may be needed to enhance the adjustment
- an assessment of the relationship between the child and foster parent; and
- if necessary, a psychological assessment.

As with all the levels, placement at the assessment level is not associated with a specific rate and rates may vary depending on what the locality negotiates with the provider for this level of service.

The assessment process provides a formal structured opportunity to implement the best practice of assessing a child’s strengths and needs prior to determining what services should be put in place. It provides a less restrictive alternative to a 60–90 day residential assessment program alleviating the need for the child to experience multiple moves. The intent is that the assessment level of care will result in the identification and delivery of appropriate services and result in fewer placement disruptions.

#A2 – When is the Assessment Level required?

The assessment process is required for children entering care for the first time and children who are moving from the care of one licensed child placing agency to another. Placement at the assessment level should not exceed 60 days.

#A3 – Are children being placed at the non-treatment level also assessed first? If so, why?

Yes, as indicated above, children who are new to care or moving from one provider to another (e.g., different LCPA, step-down from residential, placed from detention) are to be placed at the assessment level. A child may appear to have few needs or have been stable in their current foster home. However, needs, behaviors and other concerns may emerge after placement or upon movement to another LCPA. A child’s removal from his/her birth (or adoptive) home and subsequent placement changes are inherently traumatic and the child’s needs should be assessed at the time of initial placement with a LCPA.

#A4 – Isn’t it a conflict of interest for the provider to do the assessment?

No. The decision regarding the appropriate level of care is a *collaborative one* based on information obtained during the assessment period.

Terms as used in this FAQ:

CSA	Comprehensive Services Act for At-Risk Youth and Families
LCPA	Licensed Child Placing Agency
TFC Agency	Licensed Child Placing Agency authorized by regulatory language (Virginia Administrative Code) to provide Medicaid Treatment Foster Care Case Management
DMAS	Department of Medical Assistance Services
SEC	State Executive Council (policy-making and oversight body for CSA)
FAPT	Family Assessment and Planning Team
LDSS	Local department of social services
VDSS	Virginia Department of Social Services
DOLP	Division of Licensing Programs (within VDSS)