

***COMPREHENSIVE SERVICES ACT
PROGRAM AUDIT***

Hanover County

Audit Report No. 08-2014

August 11, 2014



**Office of
Comprehensive
Services**

Empowering communities to serve youth

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EXECUTIVE SUMMARY

The Office of Comprehensive Services has completed an audit of the Hanover County Comprehensive Services Act for At Risk Youth and Families program. Our audit concluded that there were material weaknesses¹ in internal controls, particularly in reference to governance and accountability of the \$4.3 million and \$3.5 million of allocated (state and local) funding for fiscal years 2013 and 2014 respectively. Conditions were identified that could adversely impact the effective and efficient use of resources, as well as non-compliance with statutory requirements. The following significant issues were identified:

- The FINS eligibility/determination process established by Hanover County CPMT is duplicative of the CSA Child in Need of Services (CHINS) eligibility criteria adopted by the State Executive Council. In addition to its redundancy, the FINS process potentially impedes timely access to services for at risk youth and families. On average, the process takes 74 days (2 ½ months) from the time that the initial service planning activities begin until funding authorization has been granted.
- The FINS policy/procedure requires an independent assessment for eligibility determination, and invokes automatic Intensive Care Coordination (ICC) as a required service before the Family Assessment and Planning Team (FAPT) determines whether that level of service is warranted. However, the assessment is not truly independent and could be perceived as a conflict of interest. Further, the automatic referral of ICC potentially undermines the intent to ensure appropriateness of services is based on the client's level of assessed needs that are coordinated via the FAPT service planning process. Hanover Community Services is the vendor designated to provide the independent assessments, ICC, and utilization reviews of FINS eligible client cases.
- Enhancements to existing utilization management strategies are needed to ensure cost effective measures are implemented to best maximize CSA pool funds. Hanover Community Services (HCS) charges \$254 more per month for Care Coordination than the fee charged for ICC by other Community Services Boards in surrounding localities. Hanover CSA could save an estimated \$48,768 annually. By dropping the term "intensive", Care Coordination suggests "step down" in service level intensity and potentially at lower cost. There is the potential for a higher yield on costs savings should it be determined that Care Coordination is a less intensive service for which the service fee would typically be less than the fee for a service that is deemed more rigorous. While current HCS staff has met ICC training requirements, the change of the service name also suggests the potential to circumvent the training requirements for ICC established by the State Executive Council.

The Office of Comprehensive Services appreciates the cooperation and assistance provided on behalf of the Hanover County CPMT and other CSA staff. Formal responses from the Hanover County CPMT to the reported audit observations are included in the body of the full report.


Stephanie S. Bacote, CIGA
Program Auditor


Arnette E. Larkin, MBA
Program Auditor

¹) Material weaknesses in internal controls is defined by Statement of Auditing Standards No. 117 issued by the American Institute of Certified Public Accountants as "a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a compliance requirement will not be prevented, or detected and corrected, on a timely basis." The CSA Program audit is not an audit of financial statements, therefore, an opinion on management assertions presented in the locality Comprehensive Annual Financial Report is not being rendered.

INTRODUCTION

The Office Comprehensive Services has completed a financial/compliance audit of the Hanover County Comprehensive Services Act for At-Risk Youth and Families program. The audit was conducted in accordance with generally accepted government auditing standards. The standards require planning and performance of the audit pursuant to stated audit objectives in order to provide a reasonable basis for audit observations, recommendations, and conclusions. The audit was completed on August 8, 2014 and covered the period March 1, 2013 through February 28, 2014

The objectives of the audit were to:

- To determine whether adequate internal controls have been established and implemented over CSA expenditures.
- To determine the adequacy of training and technical assistance by assessing local government CSA staff knowledge and proficiency in implementing local CSA programs.
- To assess whether operations have maintained high standards for sound fiscal accountability and ensured responsible use of taxpayer funds by evaluating fiscal activities of local CSA programs.
- To assess the level of coordination among local government CSA stakeholders and efforts to improve CSA performance by evaluating local CSA program's operational and utilization review practices.

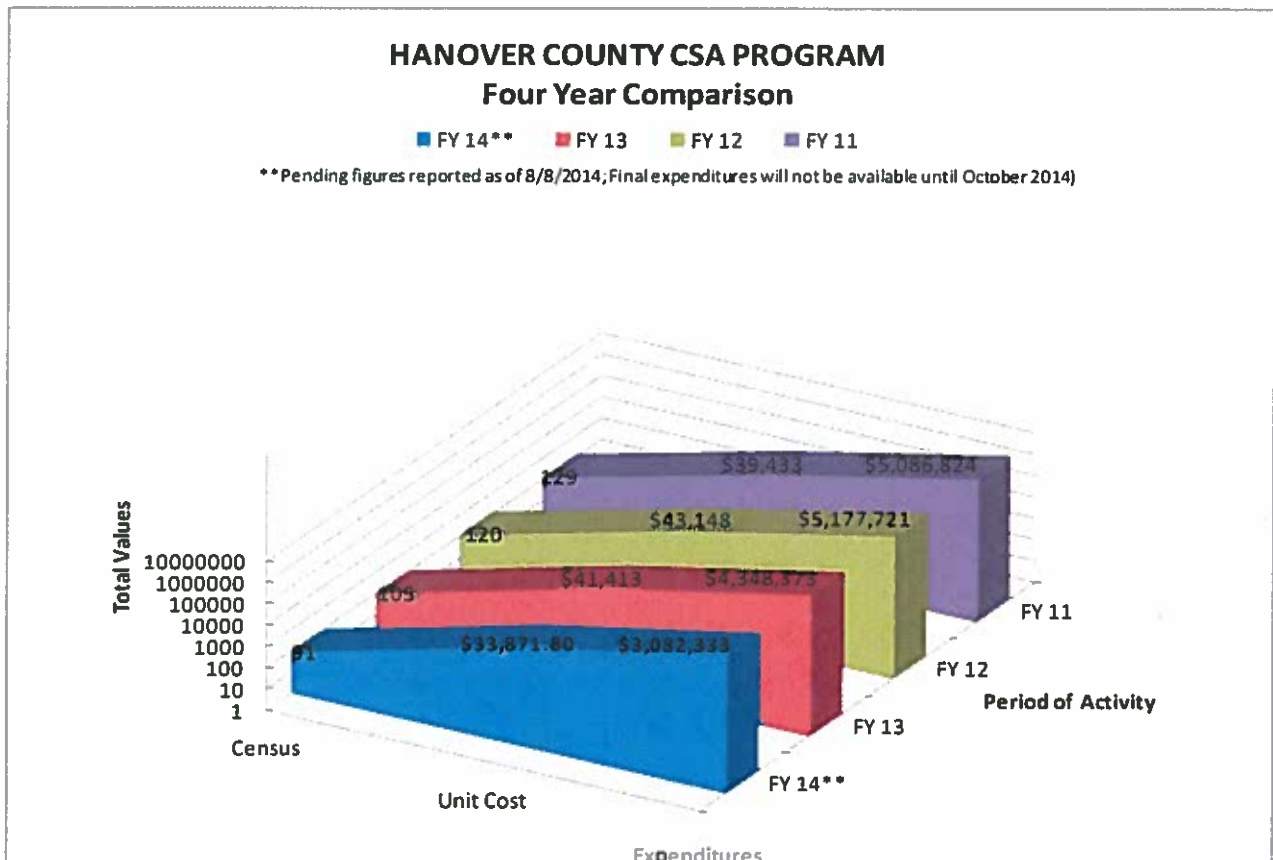
The scope of our audit included all youth and their families who received CSA funded services during fiscal years 2013 - 2014. Audit procedures performed included reviews of relevant laws, policies, procedure, and regulations; interviews with various CSA stakeholders; flowcharts of operational and fiscal processes; various tests and examination of records; and other audit procedures deemed necessary to meet the audit objectives.

BACKGROUND

Hanover County encompasses 474 square miles in central Virginia, approximately 12 miles north of Richmond. It is the birthplace of notable Americans Patrick Henry and Henry Clay, as well as the site of a number of Civil War battles. According to July 1, 2013 published estimates by the Weldon Cooper Center for Public Service - University of Virginia, Hanover County has a population estimate of 101,702. The U.S. Census Bureau reports the median household income from 2008-2012 as \$76,719.

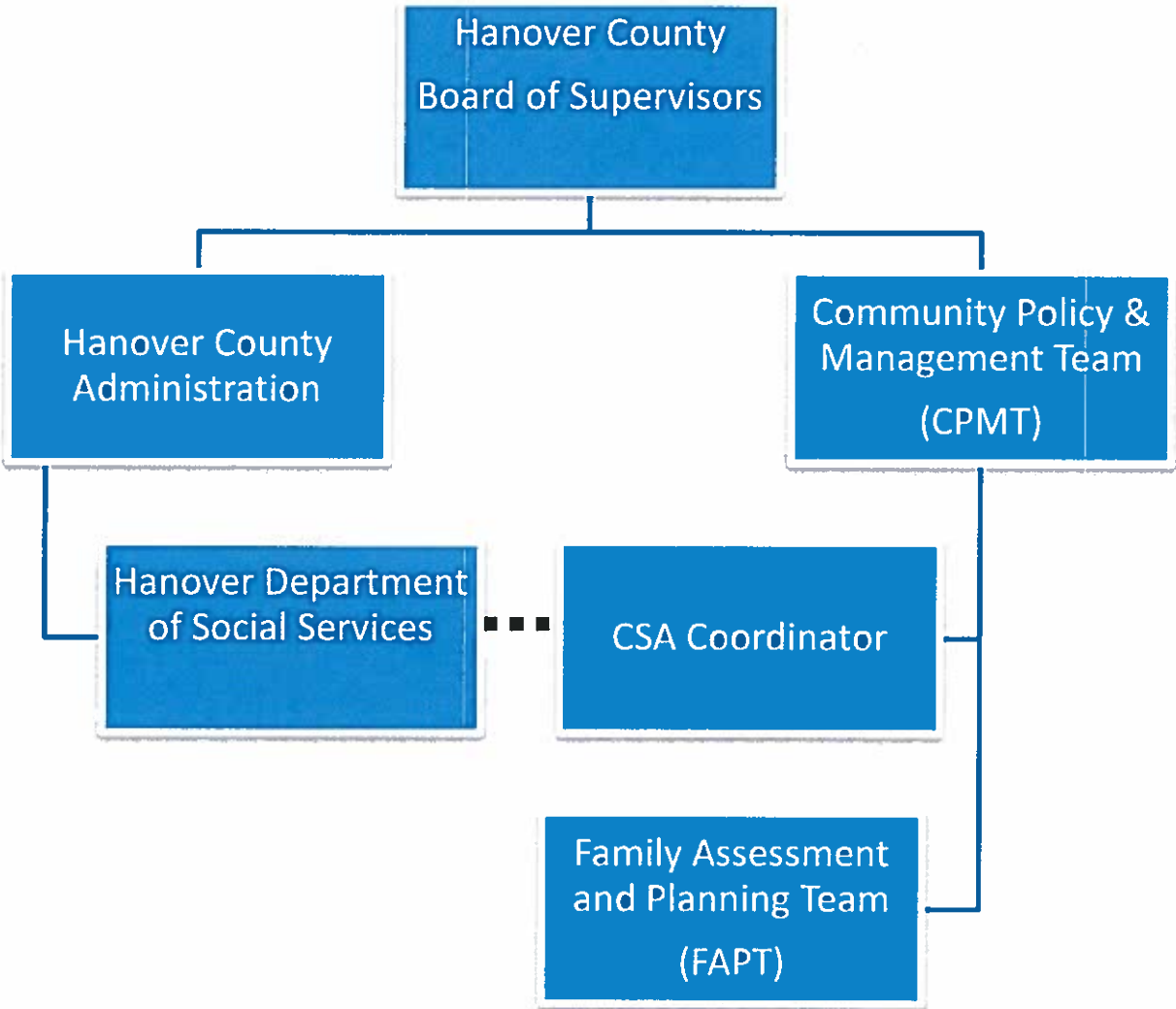
The Comprehensive Services Act for At-Risk Youth and Families (CSA) is a law enacted in 1993 that establishes a single state pool of funds to purchase services for at-risk youth and their families. Of the approximate \$278 million appropriated by the Virginia General Assembly and local governments to fund CSA, the initial allocation (state and local funds) for Hanover County combined for fiscal years 2013 and 2014 was \$7.8 million. Actual net expenditures for fiscal year 2013 totaled \$4,348,373. As of the date of this report, pending net expenditures for fiscal year 2014 are \$3,082,033. Based on reported expenditures for fiscal year 2013, the estimated average per capita cost of CSA in Hanover County is \$43.

An analysis of Hanover County CSA expenditures, population, and cost per child (“unit cost”) indicated expenditures and population are trending downward. Expenditures have decreased approximately 15% from fiscal year 2011 to fiscal year 2013. The chart below depicts a comparison for fiscal years 2011 through 2014.



The state funds, combined with local community funds, are managed by local interagency teams, referred to as “Community Policy and Management Teams” (CPMT) who plan and oversee services to youth. The Hanover County CPMT is supported in this initiative by the “Family Assessment and Planning Team” (FAPT) responsible for recommending appropriate services. Administrative support to the CPMT and FAPT is provided by a full-time CSA Coordinator. The local management structure for Hanover County is as follows:

**HANOVER COUNTY
COMPREHENSIVE SERVICES ACT
ORGANIZATIONAL CHART**



OBSERVATIONS AND RECOMMENDATIONS

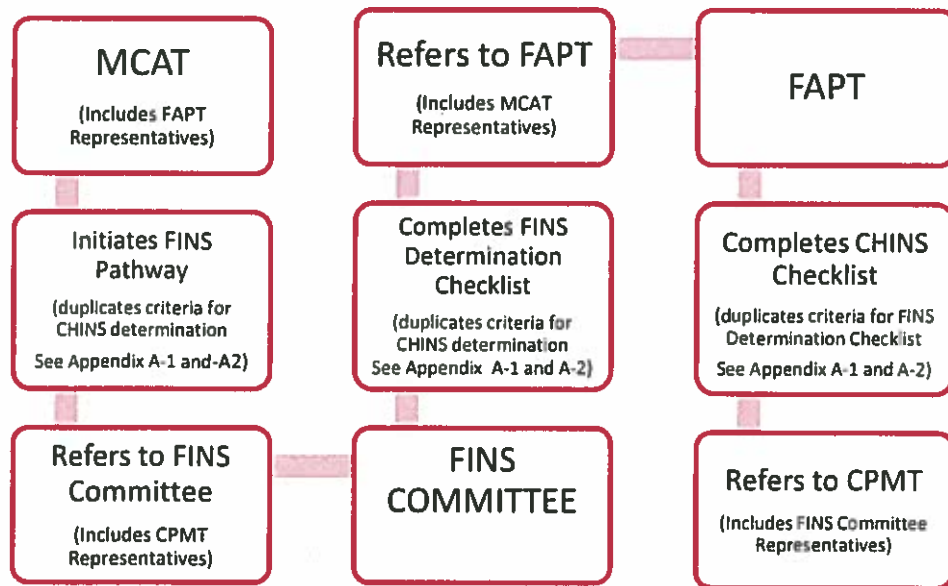
A) FINS PROCESS

Observation 1:

The FAPT In Need of Services (FINS) eligibility/determination process established by Hanover County CPMT is duplicative of the CSA Child in Need of Services (CHINS) eligibility criteria adopted by the State Executive Council. In addition to its redundancy, the FINS process potentially impedes timely access to services for at risk youth and families. As a result, this process represents a self-imposed barrier that has a significant impact on the accomplishment of the Hanover County Human Services (includes CSA) goal and objective to “ensure the coordinated and efficient delivery of human services programming to maximize resources and minimize duplication” as stated in the Hanover County Human Services Strategic Plan 2007-2012.

- The process for determining CHINS eligibility is repeated at least three times, including participation by the same FAPT and CPMT representatives in multiple stages of the process as referenced in Exhibit 1. An inherent risk to this practice is that the FAPT may be reluctant to determine a client ineligible because earlier assessments establishing eligibility may be viewed as contradictory since MCAT consists of FAPT members, and/or FAPT does not want to undermine the decisions of the CPMT members that participated as members of the FINS Committee and for whom FAPT members may be direct reports.

EXHIBIT 1



- While observing the FINS Committee meeting on March 27, 2014, it was noted that the initial referral was received in January 2014. The youth had not been officially declared FINS/CHINS, and services to address the youth's needs had not yet been recommended for funding almost 2 months later. Exhibit 2 depicts the average number of days from the initial MCAT meeting (if applicable) until CPMT grants funding approval.

EXHIBIT 2

Case #	No. of Days from Initial Referral to CPMT Funding			Total
	MCAT - FINS	FINS - FAPT	FAPT - CPMT	
A	22	34	22	78
B	0	34	22	56
C	22	55	21	98
D	90	34	8	132
E	1	20	56	77
F	24	20	15	59
G	0	27	50	77
H	0	6	8	14
Average	20	29	25	74
High	90	55	56	132
Low	0	6	8	14

Criteria:

- [§ 2.2-5206](#). Community policy and management teams; powers and duties.
- [Interagency Guidelines on FC Services for Specific CHINS](#)
- Hanover County CSA Program, Process for Presenting to Multidisciplinary Case Assessment Team (MCAT) and Pathways Matrix.
- Hanover County CSA Program, FAPT Determined in Need of Services (FINS) Screening Chart
- COV DOA ARMICS, Oversight by the Agency's Governing Board and Assignment of Authority and Responsibility; Control Activities
- Hanover County Human Services Strategic Plan 2007-2012, Goal 7, Objective 7.1

Recommendation:

The CPMT should consider eliminating the duplication of effort imposed by the FINS process and implement more effective strategies to ensure service planning activities do not impose a barrier to timely access to services by at-risk youth and families. Efficiencies could be achieved by designating authority for FINS/CHINS determinations to FAPT.

Client Comment:

“Hanover County established the FAPT In Need of Services (FINS) process several years ago following an attorney general’s opinion which changed the manner in which a family could access services. It was decided that we needed a screening committee at the director level to serve as a resource and problem solving vehicle. Hanover County felt the need to have more than the CSA coordinator as the gatekeeper.”

“It has been some time since this process was established, and we will take a fresh look at it.”

Observation 2:

The FINS process poses a significant risk exposure for the Hanover CSA program as it pertains to FAPT service planning and CPMT quality assurance and accountability activities. Particular areas of concern include maintaining adequate separation of duties and potential conflicts of interests relating to the services provided by Hanover Community Services as follows:

- The FINS policy/procedure invokes automatic Intensive Care Coordination (ICC) as a required service before FAPT determines whether that level of service is warranted. The automatic referral of ICC potentially undermines the intent to ensure appropriateness of services is based on the client’s level of assessed needs that are coordinated via the FAPT service planning process. Hanover Community Services is the vendor authorized to provide this service.
- The FINS process requires an independent assessment to be provided to the FINS Committee for consideration in the FINS eligibility determination, which also requires that services recommended include ICC. However, the assessment is not truly independent and could be perceived as a conflict of interest due to the following practices:
 - Hanover Community Services staff prepares the assessment.
 - Hanover Community Services is the sole provider of ICC services for FINS eligible cases.
 - The CSA program also contracts with Hanover Community Services to perform utilization review services, which may include the client for whom ICC services had been provided.

Criteria:

- COV Section [§ 2.2-5208](#), Items 4 and 5
- COV Section [§ 2.2-3100](#) State and Local Government Conflict of Interest Act, Policy; application; construction
- COV DOA ARMICS, Control Activities

Recommendation:

- The CPMT should consider amending the existing policies, procedures, and practices such that all service referrals are based on the

recommendations of the FAPT team and are supported by documented FAPT service planning activities (i.e. IFSP, CANS, utilization reviews, etc. other assessments).

- The CPMT should ensure that agreements with the Hanover Community Services, to provide multiple services that may be applicable to a single client, specifically prohibit those services from being performed by the same staff. For example, the staff person that prepared the independent assessment and/or performs the intensive care coordination should not be permitted to perform the utilization review.

Client Comment:

“When the FINS process was adopted there was a different definition of case management. While it may be necessary to clarify the FINS policy, Intensive Care Coordination (ICC) is not automatic. Hanover CPMT has made a conscious decision to utilize services from the Hanover CSB as we consider it to be a quality resource. There are controls in place at the CSB including the delineation of roles and responsibilities.”

“We will work to establish an agreement with the CSB to ensure no conflict of interest.”

Observation 3:

The FINS policy/procedure and related service funding requests approved by the CPMT indicate authorization for Intensive Care Coordination (ICC) services. However, the service description provided by Hanover Community Services (HCS) in the CSA Service Fee Directory is described as “Care Coordination”, which may suggest “step down” in service level intensity and potentially at a lower cost. While current HCS staff has met ICC training requirements, the change of the service name also suggests the potential to circumvent the training requirements for ICC established by the State Executive Council. Provided that there is no distinction in the service deliverables and that only the service name descriptions are inconsistent, HCS charges \$254 more per month than the fee that is billed for ICC services by other community services boards in surrounding localities (Refer to Appendix B).

Enhancements to existing utilization management strategies are needed to ensure cost effective measures are implemented in order to best maximize utilization of CSA pool funds. Based on the “Parental Agreement Caseload” (i.e. FINS cases) at the time of the audit and assuming services are continued for at least one year, Hanover CSA could potentially save an estimated \$48,768 annually (Refer to exhibit below). Further, there is the potential for a higher yield on costs savings should it be determined that Care Coordination is a less intensive service for which the service fee would typically be less than the fee for a service that is deemed more rigorous.

of Youth: 16
Hanover CSB Estimate: \$1054 x 16 youth x 12 months = \$202,368
Other CSB Estimate: \$800 x 16 youth x 12 months = \$153,600
Potential Savings: \$48,768 (Estimated)

Criteria:

- COV Section [§ 2.2-5206](#), Items 6, 8, 9, and 13
- [Current Appropriations Act Chapter 806](#), Item B3
- CSA Policy Manual Section 8.1 Utilization Management, Paragraph 2
- DOA ARMICS, Control Environment, Oversight by the Agency's Governing Board and Assignment of Authority and Responsibility; Control Activities

Recommendation:

The CPMT should develop and implement utilization management measures to ensure CSA pool funds are managed for maximum costs effectiveness, such as periodic comparison of provider service rates for similar services as a means to establish that costs incurred are consistent with market values.

Client Comment:

"As a result of this audit, Hanover CSB has reduced its rate for care coordination services to \$950 per month and will reduce it again next fiscal year to be more in line with our peers."

B) PROGRAM ACTIVITIES

Observation 4:

Documentation of service planning activities requires strengthening to ensure compliance with program requirements. Thirteen case files were examined to confirm that required documentation was maintained in support of and to validate FAPT and/or multi-disciplinary team (MDT) referral and CPMT funding decisions. The results of the examination, identified opportunities for improvements based on the following:

- Client case file contents did not always contain sufficient, evidentiary documentation in support of the information obtained and utilized by FAPT in service planning activities. Instances noted were:
 - In one client file reviewed, a Child Adolescent Needs Strengths (CANS) assessment had not been completed during the service period (Fiscal Year 2013-2014). The last CANS was completed 5/2/12 and was required to be updated at least annually. However services were last provided December 2013 through January 2014. The cost of the services provided which may be questioned was \$4,759.55 (\$2,757.21 State Share + \$2,002.34 Local Share).

- Services continued for one month beyond the service period dates established in the IFSP and the purchase order for one client. There was no evidence that the additional month of service was properly authorized. The cost of the service provided which may be questioned was \$1,050 (\$608.27 State Share + 441.73 Local Share)
- Documents missing from case files reviewed included: (1) vendor treatment plans, (2) vendor progress notes, (3) utilization review reports, and (4) Virginia Enhanced Maintenance Tool (VEMAT) assessment dates and applicable rates, etc. Observed at least one exception in 92% (12 of 13) of case files reviewed. This represents internal control weaknesses for documentation, records retention, and compliance.
- Child Adolescent Needs Strengths (CANS) assessments were not always completed as a required element of discharge planning activities by the FAPT. Further, a written procedure has not been developed to establish criteria for formally closing client case files. Fifty-four percent (54%; 7 of 13) indicated that there has been no service planning activity since at least July 2013, with three of the client case files recording the last service dates occurring in late 2012. However, a discharge CANS had not been completed for six of the seven and none had been formally classified as officially closed.

Insufficient data collection and poor document management in service planning may lead to increased operational and fiscal inefficiency and ineffectiveness of the local program. Further, this condition fosters an environment that makes the program more susceptible to potential loss of accessibility to State funding in support of local programs as a result of non-compliance with CSA statutes regarding service planning and access to pool funds.

Criteria:

- [§ 2.2-5208](#). Family assessment and planning team; powers and duties. Item 5
- CSA Policy Manual Section 3.5 Records Management Tool Kit, [CPMT Guidelines for Records Management](#) and [CSA Documentation Inventory](#)
- CSA Policy Manual Section 4.3.5 Provision of Services
- [CANS Frequency of Administration - Updated 2013](#)
- COV DOA ARMICS, Control Environment and Control Activities.

Recommendation:

The CPMT should ensure that an immediate review of all client case files is performed to verify that all mandatory CSA requirements have been appropriately documented to include CANS, service plans, and utilization reviews. Prior to submitting reimbursement requests:

- the CSA Coordinator should verify that valid CANS have been completed for applicable clients. The CPMT should submit a corrective action plan, for review by the OCS Finance Office, to address whether the funds will be restored. Upon review and recommendations presented by OCS Finance staff, the CPMT will be notified of the final determination made by the Executive Director of whether the identified actions are acceptable or any additional actions that may be required.
- the CSA Coordinator should also ensure that sufficient data is collected and documented to evidence the requirements of service planning activities are met, and that correspondence is maintained in the client case file in order to substantiate services recommended to CPMT for funding authorization.
- the CPMT should develop and implement policies/procedures to govern official case closure practices, documentation, and authorizations.
- periodic case file reviews should be performed by someone other than the CSA Coordinator to establish quality control of client records and to ensure compliance with CSA statutory requirements.

Client Comment:

“Steps are underway to review cases and ensure CANS in compliance with policy (at least annually and at discharge). The local UR policy will be revised to support continued compliance with CANS by revising the schedule to be more realistic for all cases. Additionally CPMT will establish case review by someone other than the CSA coordinator.”

“Regarding the case in which services were extended beyond dates authorized by the IFSP, a child moved to another locality and the case manager requested a transition in services. We realize now that the 30 day time frame would have been allowed if the services occurred within the three month time frame in which FAPT approved the services. The services went 19 days past the approval date and we understand the family should have returned to FAPT to request a continuation in services. Additionally, we should have notified the other locality even though the family stated they did not intend to seek services through FAPT in the new locality.”

C) GOVERNANCE ACTIVITIES

Observation 5:

The policies, practices, and procedures governing the Hanover County CSA program do not adequately address contractual agreements for intensive care coordination (ICC) and utilization review services provided by Hanover Community Services. Based upon audit tests performed, the following were noted:

- In lieu of adopting formal procedures to be included in the Hanover County CSA Policy Manual, the provider contract establishes the terms for the provision of ICC services.
- For both ICC and utilization review services, the existing contract is the standard contract used for all CSA vendors, accompanied by a Vendor Information Form and/or Specific Requirements. However, no such documents exist. HCS staff instructed CSA staff to refer to the Service Fee Directory on the CSA website for that information. However, that resource does not address specifics such as: (1) identification of the designated buyer to whom progress reports will be provided, (2) indications of segregation of duties (i.e. HCS staff providing direct services or independent assessments abstain from utilization review of client cases), (3) frequency of reviews, (4) compliance with State ICC policy by service providers, etc.

Such practices lessen internal controls established to ensure accomplishment of program goals and objectives, effective and efficient use of resources. As a result of these circumstances, compliance requirements of CSA are not always being fully met.

Criteria:

- [§ 2.2-5206](#). Community policy and management teams; powers and duties, Items 6 through 9.
- [Current Appropriations Act Chapter 806](#), Item B3
- CSA Policy Manual Section 8.1 Utilization Management
- CSA Policy Manual Section 8.2 Intensive Care Coordination
- DOA ARMICS, Control Environment, Oversight by the Agency's Governing Board and Assignment of Authority and Responsibility; Control Activities

Recommendation:

The Hanover County CPMT should adopt written procedures governing ICC that are independent of the standard contract agreement. The CPMT should also consider modifying the existing contracts for ICC and utilization review services by implementation of one or more of the following suggestions: (1) explicitly state scope of services and terms of agreement, (2) including the established procedures as an addendum, and/or (3) require that the HCS provide the Vendor Information Form and/or Specific Requirements for consideration prior to fully executing future contract agreements for services.

Client Comment:

“Hanover County CPMT continues to support the value of the case coordination and UR services being purchased from the CSB. As such, policies and procedures that explicitly state the scope of the services and the terms of agreement will be further developed and implemented.”

Observation 6:

Opportunities exist to ensure sufficient evidence is maintained in support of the program's efforts to uphold disclosure requirements of CPMT and FAPT members, as well as preserve confidentiality for all parties involved in accordance with the Comprehensive Services Act. Specific areas of improvement noted were:

- At the time of our review, Statements of Economic Interest forms (SOEI) had not been completed by the parent representatives of the FAPT.
- The FAPT does not formally document recognition of the confidentiality requirements of client specific service planning meetings. Typical methods of acknowledgements include signed statements (may be updated periodically), written acknowledgement statement included in Individual Family Services Plan (IFSP) that is signed by all participants present, formal FAPT meeting minutes that invoke a closed session in accordance with Code of Virginia Section 2.2-3711 (A) (4).

The absence of adequate measures to ensure appropriate disclosures are made and confidentiality is maintained increases the risks for potential financial and/or legal liability in the event that such violation may occur.

Criteria:

- COV Sections [§ 2.2-3100](#); [§ 2.2-3101](#); [§ 2.2-3117](#); [§ 2.2-5205](#); [COV § 2.2-5207](#); [COV § 2.2-5210](#)
- CSA Manual Section 3.2.8 Confidentiality

Recommendation:

- The CPMT via the CSA Coordinator should ensure that SOEI forms are immediately completed by the parent representatives of the FAPT, as well as, ensure that the SOEI forms for applicable CPMT and FAPT representatives are updated annually by January 15th in accordance with the Virginia Conflict of Interest Act.
- The CPMT should develop and implement procedures to ensure sufficient measures are in place to preserve confidentiality of FAPT service planning activities.

Client Comment:

“Employees and members of boards and commissions shall comply with the State and Local Government Conflict of Interests Act. This is covered in Sec. 13.9 of the Hanover County Human Resources Policy. Additionally Sec. 13.12 states “Employees having access to personal information or data in the course of providing County services to clients, customers, and employees shall maintain the confidentiality of that information and shall release that information only in accordance with the Government Data Collection and Dissemination Practices Act and any other regulations which are applicable to specific programs. Failure to adhere to those requirements and to maintain the confidentiality of personal information may result in disciplinary action, including dismissal.” As recommended, we will add a confidentiality statement to the IFSP and secure Statements of Economic Interest forms from the FAPT parent representatives.”

CONCLUSION

Our audit concluded that there were material weaknesses¹ in internal controls over the Hanover County CSA program, particularly in reference to governance and accountability of the \$4.3 million and \$3.5 million of allocated (state and local) funding for fiscal years 2013 and 2014. Conditions were identified pertaining to the governance and operational practices of the locally administered program that could adversely impact the effectiveness and efficient use of resources, as well as non-compliance with statutory requirements. An exit conference was conducted on July 28, 2014 to present the audit results to the Hanover County CPMT. Persons in attendance representing the Hanover County CPMT:

- Jim Taylor – Deputy County Administrator and CPMT Chair
- Sheila Crossen-Powell – Director, Hanover Department of Social Services(HDSS)
- Tamara Temoney – Assistant Director, HDSS
- Judy Davis – Foster Care Supervisor, HDSS
- Matt Eakin – Foster care case manager, HDSS/FAPT Member
- Diane Brown – Special Education Director, Hanover County Public Schools
- Sandy Brudvig – CPMT Private provider Representative
- Lynn Robbins – Court Services Unit Supervisor
- Ivy Sager – Executive Director, Hanover Community Services Board (HCSB)
- Lisa Beitz – Director of Children’s Clinical Services - HCSB
- Hope Hodgson – CSA Coordinator (former, effective 8/7/14)
- Karlyn Snead – Senior Foster Care Case Manager, HDSS/ Acting CSA Coordinator

Representing the Office of Comprehensive Services was Stephanie Bacote, Program Auditor and Annette Larkin, Program Auditor. We would like to thank the Hanover County CPMT and related CSA staff for their cooperation and assistance on this audit.

¹ | Material weaknesses in internal controls is defined by Statement of Auditing Standards No. 117 issued by the American Institute of Certified Public Accountants as “a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a compliance requirement will not be prevented, or detected and corrected, on a timely basis.” The CSA Program audit is not an audit of financial statements, therefore, an opinion on management assertions presented in the locality Comprehensive Annual Financial Report is not being rendered.

REPORT DISTRIBUTION

Susan Clare, Executive Director
Office of Comprehensive Services

Ceil R. "Rhu" Harris, Jr., Hanover County Administrator

James P. Taylor, CPMT Chair
Deputy County Administrator

Jackie Manzer, CPMT Fiscal Agent
Hanover County Finance and Management Services

Karlyn Snead, Acting CSA Coordinator

APPENDIX A-1

Date: Name: Person Referring: Disposition: Send Packet Need more follow up

Not Appropriate: Next Steps-

FAPT Determined In Need of Services (FINS) Screening Chart

If child presents with mental health needs, then consult supervisor and begin process if determined to be appropriate

Child's problems have lasted for a *long time* or short period but *critical*

Auditor Note: CHINS Criterion 2 (See Appendix A-2)

Problems *severe* and present in several settings

Auditor Note: CHINS Criterion 2 (See Appendix A-2)

Requires services that are *unavailable and inaccessible*

Auditor Note: CHINS Criterion 2 (See Appendix A-2)

Requires 2 or more agency interventions

Auditor Note: CHINS Criterion 2 (See Appendix A-2)

There is an immediate *crisis*

Auditor Note: CHINS Criterion 3 (See Appendix A-2)

Serious threat to well being of child or another person

Auditor Note: CHINS Criterion 1 and 3 (See Appendix A-2)

Plan is for child to remain in home

Auditor Note: CHINS Criterion 4 (See Appendix A-2)

If child does not receive services, will need foster care placement

Auditor Note: CHINS Criterion 3 (See Appendix A-2)

APPENDIX A-2

Eligibility Determination Checklist Specific Foster Care Services for Children in Need of Services Funded through the Comprehensive Services Act (CSA)

The Family Assessment and Planning Team, or approved alternative multidisciplinary team, will use this standard checklist to help provide consistent application in determining eligibility across all agencies and communities. Localities may wish to use this checklist to document that the decision regarding the eligibility of the child named below was made in accordance with the "Interagency Guidelines for Specific Foster Care Services for Children in Need of Services Funded through the Comprehensive Services Act." Documenting the facts upon which the determination of eligibility are made will assist during the court review if the child is placed outside of the home through a parental agreement where the parent retains legal custody and court review is required. This checklist does not apply to abused or neglected children as defined in §63.2-100, including those who receive foster care prevention services.

Name of Child _____

The child must meet all four of the following criteria to be eligible for services under the guidelines.

The team, in accordance with the policies of the CPMT, determines and documents that there are sufficient facts that the following are met:

Criterion 1 (Check only one box)

The child meets the statutory definition of a "child in need of services," specifically, "the child's behavior, conduct, or condition presents or results in a serious threat to the well being and physical safety of the child, or the well-being and physical safety of another person if the child is under the age of 14 (Code of Virginia, §16.1-228)

- A court has found that the child is in "need of services" in accordance with §16.1-228;
Date of court finding/Name of Judge: _____
- The FAPT or approved multidisciplinary team has determined that the child's behavior, conduct, or condition meets the statutory definition above and is of sufficient duration, severity, disabling and/or self-destructive nature that the child requires services.
- The child **does not** meet the statutory definition of a "child in need of services" or either of the two options above.

Describe in **specific terms** the facts and time frames on which the Team based its conclusion that the child's behavior, conduct or condition presents or results in a serious threat to the well-being and physical safety of the child, or another person if the child is under the age of 14:

Criterion 2 (CSA Eligibility Criteria per §2.2-5212, *Code of Virginia*) (Check One)

The child **does** / **does not** have *emotional and/or behavioral problems* where *either*:

- a. the child's problems:
 - 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; and
 - are significantly disabling and are present in several community settings, such as at home, in school or with peers; and
 - require services or resources that are unavailable or inaccessible, or that are beyond the normal agency services or routine collaborative processes across agencies, or require coordinated interventions by at least two agencies

or

- b. the child is currently in, or at imminent risk of entering, purchased residential care; and 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.

Briefly summarize the facts that the Team used to reach its conclusion:

Criterion 3 (Check One)

The child **does** / **does not** *require services*:

- a. to address and resolve the immediate crisis that seriously threatens the well being and physical safety of the child or another person; and
- b. to preserve and/or strengthen the family while ensuring the safety of the child and other persons; and
- c. the child has been identified by the Team as needing:
 - services to prevent or eliminate the need for foster care placement. Absent these prevention services, foster care is the planned arrangement for the child

or

- placement outside of the home through an agreement between the public agency designated by the CPMT and the parents or legal guardians who retain legal custody. The discharge plan for the child to return home is included in the IFSP.

Briefly summarize the facts that the Team used to reach its conclusion:

Criterion 4 (Check One)

The goal of the family is / is not to maintain the child at home (for foster care prevention services) or return the child home as soon as appropriate (for parental agreements).

Briefly summarize the facts, including sources and dates of information that the Team used to reach its conclusion:

Recommendation of Team: Child may more appropriately be served through another route

- This child should be referred to the local Department for Social Services.
- This child should be referred for evaluation for inpatient psychiatric treatment.
- Other: _____

Conclusion of Team (Check only one)

- There are not sufficient facts that this child meets all 4 of the above criteria required for CSA funding.
- There are sufficient facts that this child meets all 4 of the above criteria required for CSA funding.

Signatures

Team Chair

Date

Other Team Member

Date

Other Team Member

Date

Other Team Member

Date

Other Team Member

Date

Other Team Member

Date

APPENDIX B

NOTE: THE TABLES BELOW WERE EXCERPTED FROM THE CSA SERVICE FEE DIRECTORY

http://www.csa.virginia.gov/sfd/service_fee_directory.cfm

Provider Information for Hanover County Community Services

Service:	Care Coordination
Description:	Provide case coordination for youth found eligible for FINS/CHINS mandated services and receiving CSA funding.
Rate	\$1,054/month

Provider Information for Henrico Area Mental Health & Retardation Services

Service:	Intensive Care Coordination
Description:	Services conducted by an Intensive Care Coordinator, as defined under the State Executive Council guidelines, are for children who are at risk of entering or who are placed in residential care. The purpose of the services are to safely and effectively maintain, transition, or return the child home or to a relative's home, family like setting, or community at the earliest appropriate time that addresses the child's needs.
Rate	\$800/month

Provider Information for Crossroads Community Serv Board

Service:	Intensive care coordination
Description:	Intensive care coordination for children/ adolescents in need of residential or in residential placements.
Rate	\$800.00 per month
Serving: Counties of Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway, and Prince Edward.	

Provider Information for Rappahannock Area Comm Services Board

Service:	Intensive Care Coordination
Description:	Intensive case management services to youth who are in residential placements or are at risk of out-of-home placement, with the aim of returning the child to a family setting. The case manager works closely with the referring case management agency and prepares updates for FAPT review. The case manager meets with the youth and family at least biweekly in an effort to develop a community integration plan. Caseload varies from seven to 12 youth, depending upon residential status and intensity of needs.
Rate	\$800 per month
Serving: Counties of Caroline, King George, Spotsylvania, and Stafford; and City of Fredericksburg	