

Clarke County CPMT Agenda  
June 21, 2021  
2:00 PM  
In Person: Clarke County Government Center  
Virtual: Google Meet

OPEN SESSION

1. Approve minutes from 5/17/21
2. Possible parent representative for CPMT- update
3. DSS In-home FAPT changes
4. Document/Policy refresh schedule
  - a. IFSP and Budget Request Form
5. Parental Co-Payments: forms and policy
  - a. Vote needed
6. Financial – with new data: feedback required

CLOSED SESSION

Consent Agenda: 0 cases

Next Meeting: July 19, 2021

# CLARKE COUNTY CPMT MEETING MINUTES

May 17, 2020

## Attendees

Denise Acker	Northwestern Community Services
Katherine Webster	CSA Coordinator
Frank Moore	Clarke County School System
Terri Catlett	Clarke County Board of Supervisors
Kista Opoku-Achampong	Court Services
Jennifer Parker	DSS Director

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Denise called the meeting to order at 2:02 p.m. The meeting was conducted via Google Meet.

## Old Business:

Frank made a motion to approve the minutes from April; Kista seconded the motion.

## New Business

1. Katherine presented the team with the finalized version of the CCCSA strategic plan. Jen made a motion to vote on the implementation of the plan, and Kista seconded the motion. The team voted 6-0 in favor of implementing the goals and objectives as written in the plan, see attachment.
2. Katherine discussed a possible parent representative, whose son is currently receiving services funded by CSA. After a discussion, the team determined that the parent representative can be activity engaged in CSA funded services while serving on CPMT, but he or she would need to abstain from voting on those services.
3. Katherine presented the team with a schedule of documents and policies to update, based on need and frequency of use.
4. Katherine introduced a policy on emergency funding for cases that are presented to CSA. She explained that the current policy is contradictory and incomplete. See attached policy and associated form. Kista made a motion to vote on the new policy and form, and Frank seconded the motion. The team voted 6-0 in favor of implementing the new policy and form.
5. There was discussion about the procedure around assessing families for their ability to provide co-payment for services funded by CSA. Katherine presented an updated version of the form, and the team could not determine how the algorithm for defining co-payment amount was developed. Katherine will research other localities and reach out to OCS to get more information about how to implement this procedure. Jen noted that there should also be a policy/procedure for a family to show “good cause” for their copayment to be waived. The team tabled the vote on a new policy/procedure until Katherine completed more research.

## Financial Update:

Katherine sent out the financial information via email. Katherine described the different data categories that can be analyzed and asked the team for feedback on what they want to review. The team discussed the data that was presented, along with the localities provided for comparison. In order to refine the process further, Katherine will provide the team with the data categories they are interested in (mandated vs non-mandated services, by placement type, length of stay, net expenditures, unduplicated child count, and compared to similar localities) in a spreadsheet and pictorial graphs when possible. There were no further questions about the information.

**Closed Session**

Pursuant to the Virginia Freedom of Information Act: Clarke County CPMT convened in closed session to discuss confidential client matters pursuant to the protection of privacy as noted in Virginia Code section 2.2-3711 (A). Kista made a motion to move into closed session; Frank seconded the motion. All present voted “aye” and the motion passed.

**Consent Agenda:**

The consent agenda with 4 cases was sent out before the meeting. There were 3 cases that required a vote and one foster care maintenance payment.

Frank made a motion to leave closed session seconded by Jen.

Member roll call: Denise: yay; Frank: yay; Kista: yay; Terri: yay; Jen: yay.

**Next meeting: June 21, 2020 at 2:00 p.m. in person and via Google Meet.**

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# IN-HOME SERVICES FUNDING

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In-Home Services cases that have a funding need (CSA, title IV-E prevention services) must go through the Children's Services Act (CSA) process.

The Children's Services Act (CSA) establishes a collaborative system of services and funding that is child-centered, family-focused and community-based to assess and meet the strengths and needs of troubled and at-risk youths and their families in the Commonwealth. The purpose of this law is to: 1. Ensure that services and funding are consistent with the Commonwealth's policies of preserving families and providing appropriate services in the least restrictive environment, while protecting the welfare of children and maintaining the safety of the public; 2. Identify and intervene early with young children and their families who are at risk of developing emotional or behavioral problems, or both, due to environmental, physical or psychological stress; 3. Design and provide services that are responsive to the unique and diverse strengths and needs of troubled youths and families; 4. Increase interagency collaboration and family involvement in service delivery and management; 5. Encourage a public and private partnership in the delivery of services to troubled and at-risk youths and their families; and 6. Provide communities flexibility in the use of funds and to authorize communities to make decisions and be accountable for providing services in concert with these purposes. Statutory Authority: § 2.2-5200 of the Code of Virginia.

There are two ways that a local department of social services (LDSS) may access CSA or title IV-E prevention services funds:

1. Utilize the In-Home Consultative or Comprehensive Family Assessment and Planning Team (FAPT) and Community and Policy Management Team (CPMT) processes that currently exist within the locality (COV §2.2-5200 et seq), as appropriate or
2. Utilize an alternate multidisciplinary team (MDT), established in accordance with COV §2.2-2648 (14) and State Executive Council for Children's Services Policy 3.2.2.

*The alternate MDT may not be the Family Partnership Meeting, which is held for a specific and critical decision point. The alternate MDT may be a "Child and Family Team" meeting, in accordance with the requirements set forth in this document (beginning on p. 4).*

**If the LDSS chooses to utilize Option 1 (the FAPT and CPMT process) the following shall apply:**

- A. Guidance for local CSA programs regarding the FAPT and CPMT review of referrals by the LDSS of In-Home Services cases not seeking CSA funding has been issued by the Office of Children's Services.
- B. Services not funded by CSA may begin prior to FAPT review. While only essential referral information is encouraged, localities should decide what information will be needed by the FAPT to offer a helpful consultation, considering the items listed in the chart below. A simplified referral cover sheet, the proposed DSS In-Home Services Prevention Plan, and an oral description of the case could be provided by the In-Home Services worker (e.g., why the family came to the attention of DSS, why an In-Home Services case was opened, needs and strengths as identified on the Child and

Adolescent Needs and Strengths assessment (CANS), what services or supports have been put in place or the LDSS plans to put in place, summary of the Family Partnership Meeting decision points, etc.). VDSS Prevention plans may substitute for IFSPs.

- C. FAPT's role is one of consultation, coordination, service recommendations, and periodic case reviews.
- D. CPMT's role is of policy and practice oversight/coordination; broad system oversight/CQI at the local level; review of data in light of new prevention structures, practices, and services (outcomes, increased referrals for/use of CSA funds for FC prevention, implementation of evidence-based practices through FFPSA, etc.); discussion of how to integrate EBPs across all child-serving systems; developing policy regarding the referrals to, and operation of the "Consultative" FAPT model. There is no need for CPMT authorization of non-CSA expenditures.

Activity	IN-HOME CONSULTATIVE FAPT	COMPREHENSIVE FAPT (likely to or will need CSA funding)
<b>Eligibility</b>	Children and families being served through "In-Home" practice standards as established by the Virginia Department of Social Services (VDSS) who meet the criteria established for "imminent risk" as defined by VDSS. These children and families are eligible (and sum-sufficient) for CSA as they are receiving foster care prevention services in accordance with COV §63.2-905 (Foster Care Services).	
<b>Referral Process</b>	<b>Services not funded by CSA may begin prior to FAPT review.</b> While only essential referral information is encouraged, localities should decide what information will be needed by the FAPT to offer a helpful consultation. A simplified referral cover sheet, the proposed prevention plan, and an oral description of the case could be provided by the In-Home worker (e.g., why the family came to the attention of DSS, why an in home case was opened, needs and strengths as identified on the CANS, what services or supports have been put in place or DSS plans to put in place, etc.) VDSS Prevention plans may substitute for IFSPs.	If case never requires CSA funds, a Comprehensive FAPT is unnecessary. If at the "In-Home" (Consultative) FAPT it is determined that CSA funds are needed, then local practice will determine what information from the "In-Home FAPT" may be used for referral to a Comprehensive FAPT to eliminate duplicative information/paperwork. If known at the outset that CSA funds will be needed or likely will be needed, case should go directly to Comprehensive FAPT using agreed upon local CSA processes (no Consultative FAPT held).
<b>CANS Requirements</b>	As determined by VDSS (every 90 days). A CANS will be completed using newly added questions to flag "In-Home" cases when no CSA funding is being accessed.	No changes to State Executive Council Policy or local current practice. If a CANS was completed in the previous 30 days, a new CANS is not needed for a Comprehensive FAPT.
<b>FAPT Roles/Activities</b>	FAPT's role is one of consultation, coordination, service recommendation, and periodic case reviews.	No changes to current practice.

Activity	IN-HOME CONSULTATIVE FAPT	COMPREHENSIVE FAPT (likely to or will need CSA funding)
<b>Time Frames for Action by FAPT</b>	VDSS policy requires a Prevention (service) Plan and CANS done within the first 30 days. Services not funded by CSA, using FFPSA may begin prior to FAPT review.	As always, efforts should be made to review cases in a timely manner. Local CPMTs are required by Code to have policies which allow immediate access to funds for placement and services. If emergency CSA funding is needed, there is no Consultative FAPT held and case comes to Comprehensive FAPT with the usual 14-day requirement for FAPT review of emergency placements/services.
<b>Service Plan Requirements</b>	In-Home Prevention Plan to include parental signature.	In-Home Prevention Plan to include parental signature amended to included CSA funded services may be acceptable.
<b>CPMT Role/Activities</b>	Current role of policy and practice oversight/coordination. Broad system oversight/CQI at the local level. Encourage review of data in light of new structure and practices (outcomes, increased referrals for/use of CSA funds for FC prevention, implementation of evidence-based practices through FFPSA, etc.). Discuss how to integrate EBPs across all child-serving systems. <b>Develop policy re: the referral and operation of the Consultative FAPT.</b> No need for CPMT authorization of non-CSA expenditures.	Current role of policy and practice oversight/coordination. Broad system oversight/CQI at the local level. Encourage review of data in light of new structure and practices (outcomes, increased referrals for/use of CSA funds for FC prevention, implementation of evidence-based practices through FFPSA, etc.). Discuss how to integrate EBPs across all child-serving systems. <b>Develop policy re: the referral and operation of the Consultative FAPT. CPMT authorization of CSA expenditures.</b>
<b>Data Requirements</b>	CANVaS will capture assessment data from In-Home cases. These cases will all be entered into LEDRS Title IV-E as FFPSA. Data from EBPs will be tracked by VCU and included in the service provider contracts. <b>Locality should identify who will be responsible for entering and submitting the data into LEDRS.</b>	No changes to current state practice.
<b>Case Review Requirements (UR)</b>	As determined by VDSS.	No changes to current state or local practice.
<b>Use of Approved Alternate MDT for In-Home Cases</b>	May be appropriate. MDTs may have specialized focus and/or slightly different requirements. See Option 2 in this Guidance document.	No changes to current local practice. MDTs will require SEC approval per established policy.

Activity	IN-HOME CONSULTATIVE FAPT	COMPREHENSIVE FAPT (likely to or will need CSA funding)
<b>Service Contracting, Invoicing and Payment</b>	VDSS will reimburse LDSS through a budget line in LASER. VDSS (along with OCS) will provide an EBP "standard contract template" for use by either local CSA or LDSS and will include standard service prices. Locality will determine how contracting, invoicing, and payment for services will occur.	Current contracting, invoicing and payment practices continue. FFPSA residential changes (QRTP) will not affect CSA practice in this regard as cases must come to the Comprehensive FAPT for educational funding.
<b>Parental Co-Payment</b>	No co-pay required unless funding source used requires a co-pay.	No changes to current state and local parental co-pay policies.
<b>Local Policy Development</b>	Localities will need to develop procedures for referral to Consultative FAPT and include this in local policy. Policy should describe how FAPT is used as a consultative multi-disciplinary team.	Local CPMTs are required by Code to have policies which allow immediate access to funds for placement and services. If emergency CSA funding is needed, there is no Consultative FAPT held and case comes directly to Consultative FAPT with usual 14 day requirement for FAPT review. Develop policies describing how "In-Home" cases previously heard by Consultative FAPT will be referred to Comprehensive FAPT.

**If an LDSS/locality chooses to utilize option 2, an alternate multidisciplinary team, the following shall apply:**

- A. The Virginia Department of Social Services (VDSS), Division of Family Services Director, or designee, must approve a request from a CPMT and LDSS Director to establish a collaborative, alternative MDT for accessing title IV-E prevention services funding. Upon approval from VDSS, the CPMT, as provided for in COV §2.2-2648 (14), shall submit the request to the Office of Children’s Services (OCS) for presentation to the State Executive Council (SEC), in accordance with OCS procedures. The SEC shall review and approve the request, as appropriate, to meet the requirements of the CSA. See also: COV §2.2-5209.
- B. Requests for such approval shall be in writing and made available for review by the VDSS, OCS and the SEC.
- C. The CPMT and LDSS shall develop and approve written policy governing the membership and operation of the MDT. The CPMT and LDSS shall make these policies available for review to VDSS and OCS before referral to the SEC for consideration. The policies must specify:
  1. The purpose of the MDT, including the types of cases/circumstances that will be considered.
  2. How the MDT procedures and practices align and integrate with those of the CPMT's member agencies.
  3. Whether the MDT shall be a standing team that meets regularly or if it will operate on an ad hoc basis. If on an ad hoc basis, under what circumstances will the MDT be convened and through what procedure. Examples of regular, standing MDTs include teams for children in residential care, truancy cases, or In-Home Services/foster care prevention.
  4. The minimum number of agency representatives to constitute the MDT (from among the FAPT-required agencies). This specification shall identify the agencies that shall be represented on the MDT and processes for soliciting additional input from other agencies, as needed.

5. How the MDT will include family engagement practices and be family-driven.
6. The process through which funding approval requests will be submitted directly from the MDT to the CPMT for any CSA funded expenditures, and from the MDT to the LDSS for Family First title IV-E prevention services related expenditures.
7. The process through which IV-E prevention services related expenditures will be submitted through the Local Expenditure, Data and Reimbursement System (LEDRS) T4E (Title IV-E) file.
8. How the MDT will utilize interagency collaboration and family involvement to assess the family's strengths and needs, utilize assessment tools to identify services, monitor service delivery, and progress towards treatment goals, and establish ongoing community support for the family as needed for when the child welfare case is closed.
9. How the MDT process, assessment, outcomes, and recommendations are regularly documented and reviewed.

## Title IV-E Expenditure Requirements

### Local Expenditure, Data and Reimbursement System (LEDRS)

LDSS shall submit all expenditures of title IV-E payments for Foster Care and In-Home Prevention Services through the Local Expenditure, Data Set and Reimbursement System (LEDRS) T4E file effective July 1, 2021. The Division of Family Services and Office of Children's Services (OCS) worked collaboratively to update the current LEDRS file to accommodate the additional required federal reporting for Family First Prevention Service Act (Family First). The OCS Administrative Memorandum regarding the changes to the LEDRS file can be found [here](#). The VDSS Broadcast regarding the changes to the LEDRS file can be found on [Fusion](#).

The LEDRS T4E file submission with the appropriate filename must be submitted quarterly based on the schedule below.

Date Range	Expenditure File Report Due	Filename
July 1 - Sept 30	31-Oct	T4E_FIPS_Q_YYYY_1_1.txt
Oct 1 - Dec 31	31-Jan	T4E_FIPS_Q_YYYY_2_1.txt
Jan 1 - Mar 31	30-Apr	T4E_FIPS_Q_YYYY_3_1.txt
Apr 1 - Jun 30	31-Jul	T4E_FIPS_Q_YYYY_4_1.txt

FIPS = County FIPS Code (no padding of zeros)

YYYY = 4 digit calendar year of the file submission

The submission through the LEDRS files of expenditures of title IV-E funds for both Foster Care and In-Home Prevention Services will allow us to enhance our quality assurance and accountability reviews of title IV-E.



**State and Federal Reporting**

LDSS shall submit all required state and federal reporting for all title IV-E prevention services funding. The following shall be submitted through a combination of methods including LEDRS, LASER, and the Child Welfare Information System:

A. Client-Level Information and Spending

	Child Welfare Information System (OASIS/Compass Mobile)	LEDRS
Client's Full Name	X	X
Date of Birth	X	X
Client ID	X	X
Child's Case ID	X	
Identified Referral Reason	X	
Service Name	X	X
Service Start Date	X	X
Service End Date (projected end date of service is still ongoing)	X	X
Total Estimated Cost of Services		X
Total Amount Billed For Service		X

B. Budget Line 835 IV-E Prevention Services Information (LASER)

1. Total amount allocated
2. Actual use of funds
3. Projected use of funds

# Clarke County CSA Documentation Update Schedule

*Highlighted row indicates awaiting CPMT approval*

NAME	LAST UPDATED	NEXT UPDATE	APPROVED BY CPMT	OTHER/NOTES
FAPT – Initial UR	12/3/2020	12/2023	N/A	Internal Document
FAPT – Update UR	12/3/2020	12/2023	N/A	Internal Document
FAPT D/C Form	03/05/2021	12/2024	N/A	Internal Document
FAPT Determination of Eligibility	4/22/2021	12/2024	N/A	Internal Document
FAPT/FTM Confidentiality	4/22/2021	12/2024	N/A	Internal Document
FAPT Parental Co-Pay Screen	4/21/2021	12/2024		
Emergency Funding Request Form	4/21/21	12/2024	5/14/2021	
Household Income/Co-Pay Agreement Form	6/17/2021	12/2024		
IFSP	6/17/2021			
FAPT Update	6/17/2021			
FAPT Budget	6/17/2021			

# Clarke County FAPT Individual and Family Service Plan

*\*\*Case Managers please fill out first page and submit to CSA Coordinator 1 week prior to FAPT date\*\**

**Case Number:** \_\_\_\_\_ **Date of Current Review:** \_\_\_\_\_

**Date of Initial Referral:** \_\_\_\_\_

**Referring Agency:**  DSS  CSB  CSU  CCPS **Other:** \_\_\_\_\_

**Case Manager:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Foster Care  FC Prevention  IEP/SPED  CHINS  Non-Mandated  \_\_\_\_\_

Name of Youth	DOB	Sex	Race		
<b>Current Caregiver or Placement of Youth</b> *Note relationship to youth if not biological parent.					
School	Grade	Special Ed		Classification	
		<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>	<b>Yes</b>

**Medicaid:**  Yes  No **Other insurance:**  No  Yes, list:

**IV-E Eligible:**  Yes  No  Pending  Not applicable

**List the current diagnoses and medications:**

<b>DXs:</b>	
<b>DXs:</b>	
<b>Meds:</b>	
<b>Meds:</b>	
<b>Meds:</b>	

**Date of CANS:** \_\_\_\_\_

Primary needs according to CANS (score of 2-3)	Strengths according to CANS	Other family input

## GOALS

### Long Term Goal #1:

Short Term Goal:  
Short Term Goal:  
Short Term Goal:

### Target Date:

Target Date:  
Target Date:  
Target Date:

### Long Term Goal #2:

Short Term Goal:  
Short Term Goal:  
Short Term Goal:

### Target Date:

Target Date:  
Target Date:  
Target Date:

### Long Term Goal #3:

Short Term Goal:  
Short Term Goal:  
Short Term Goal:

### Target Date:

Target Date:  
Target Date:  
Target Date:

### Long Term Goal #4:

Short Term Goal:  
Short Term Goal:  
Short Term Goal:

### Target Date:

Target Date:  
Target Date:  
Target Date:

**UPDATE ONLY:** Summary of Progress on Long Term and Short Term Goals:

List all current services regardless of CSA funding: (i.e., medication management, groups, therapy, independent living, and education supports). *\*Put an asterisk next to CSA services you want to continue.*

Need (Based On CANS)	Service	Name of Individual Receiving Service	Provider	Dates of Service	Estimated Cost

List any *new* service request that requires CSA funding and is recommended by FAPT for CPMT approval.

Need (Based On CANS)	Service	Name of Individual Service is for	Provider	Dates of Service	Estimated Cost

Parental Co-pay Assessed:  Yes  No If No, please explain:

Monthly Co-pay: \_\_\_\_\_

FAPT Comments and Recommendations:

Total Funds:

Date of Next FAPT:

**DOCUMENTATION OF COLLABORATION AND CONFIDENTIALITY OF FAPT PARTICIPANTS:**

By signing this form, participants indicate their involvement in the planning process and agree to **maintain confidentiality** in all matters involving this case.

<b>FAPT Member Signature</b>	<b>Date</b>	<b>Agency</b>	<b>Agree</b>	
		CSA Coordinator	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Clarke Social Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Court Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Northwestern - CSB	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Clarke Public Schools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Parent Representative	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Other (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Participant Signature</b>	<b>Date</b>	<b>Involvement with family</b>	<b>Agree</b>	
		Case Manager	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PARTICIPATION AND CONSENT OF PARENT/GUARDIAN**

I/We have had the opportunity to participate in the development of this IFSP for

I/We understand and **agree** with the IFSP and give permission for the Family Assessment and Planning Team (FAPT) to implement the IFSP

I/We understand the IFSP, but **do not agree** and **do not** give permission to implement the IFSP.

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

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

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

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

\_\_\_\_\_  
**Youth Signature (if applicable)**

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

# Clarke County CSA Budget Request Form

Child's Name:		Guardian Name:
Medicaid Number:		Childs DOB:
Private Ins. Provider Name & Number:		Child's SSN:

New, change, extension?	Vendor Providing Service	Service	CSA Category	Begin Delivery Date	End Delivery Date	Rate (\$) H,D,W,M	Frequency	Total Amount Approved

Case Manager Name: \_\_\_\_\_ Date: \_\_\_\_\_

FAPT Chair Name: \_\_\_\_\_ Date: \_\_\_\_\_

CPMT Date: \_\_\_\_\_

*From Roanoke's P&P Manual:*

**11.5 Parental Co-pay**

CPMT's policy for parental financial contribution to the cost of services provided with state pool funds shall include the following:

- 11.5.1** Parents who receive Temporary Assistance for Needy Families (TANF) benefits will not be assessed a parental co-pay.
- 11.5.2** Parents of children in the custody of DSS, who shall be referred by DSS to the Division of Child Support Enforcement for the assessment and collection of child support, will not be assessed a parental co-pay.
- 11.5.3** No co-pay may be assessed for parents of those children whose only CSA-funded service is for educational expenses outlined in the IEP.
- 11.5.4** See Appendix A, the Parental Responsibility for CSA Services policy and procedure for detailed information on parental co-pay.

**Appendix A**  
**City of Roanoke CSA Policy Manual**  
**PARENTAL RESPONSIBILITY**  
**FOR CSA SERVICES**

The Roanoke City Community Policy and Management Team (CPMT) hereby sets the policy and procedures for parental involvement and financial contribution to the cost of services provided by Children's Services Act (CSA) funding. Those funds include state pool funds allocated by the Virginia General Assembly and monies appropriated by the Roanoke City Council for the provision of services associated with CSA.

This policy and these procedures are established pursuant to Section 2.2-5206 of the Code of Virginia (1950), as amended.

**POLICY**

A guiding principal of the CPMT is to ensure that parents and/or legal guardians shall be active and equal participants in all aspects of assessment, planning and implementation of services their children may require. Part of that guiding principal is to have the parent and/or legal guardian share in the time and financial cost of services provided at a level consistent with the parent's ability to contribute to these needs. Pursuant to this guiding principal all parents of children



receiving CSA-funded services shall be assessed for parental financial contributions in accordance with the policies, procedures and fee schedules adopted by the CPMT.

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 or adoptive parent. "Child" is defined as biological or adopted child up to age 22.

It is the position of the Roanoke City CPMT that parents of children in cases presented to the Roanoke City CPMT for funding, and presented to the Family Assessment and Planning Team (FAPT) for planning and services, shall pay a portion of the cost for approved CSA funded services. However, Roanoke City CPMT recognizes that all parents cannot afford to contribute any amount of payment for the approved services.

CPMT adopts the following procedure for determining the amount of parental responsibility.

### **PROCEDURES**

- A. Parental contribution assessments shall be done by the CSA case manager referring the family to the Family Assessment and Planning Team, except:
  1. Parents of children receiving educational services pursuant to an Individualized Education Plan (IEP) are exempt from parental financial contribution requirements for those IEP services.
  2. Parents of children in the custody of the Department of Social Services (DSS) or placed out of the home by non-custodial or parental placement agreement will be referred to the Division of Child Support Enforcement for parental financial support obligations.
  3. Recipients of Temporary Assistance to Needy Families (TANF) are exempt from the parental contribution requirements.
  
- B. The case manager shall provide the family with a full explanation of the CSA process. This explanation will include an advisement that the parents will be expected to assume an active role in the planning and delivery of services for their child (children), including a time and financial contribution. The case manager shall reference the Suggested Protocol for Interviewing Parents Regarding Parental Contributions as a tool to guide their discussion with the parent(s).
  
- C. The steps for assessing the parental time and financial contribution are:
  1. Determine the family income.
    - a. Income includes, but is not limited to, gross wages (full-time, part-time, primary and secondary employment), pension and retirement benefits, spousal support or alimony, interest, dividends, payments from annuities, trusts, life insurance policies, income from other forms of investment, or any income received on behalf of the child.
    - b. Money received on behalf of the child includes, but is not limited to, child support, Supplemental Social Security Income (SSI), other payments from the Social Security Administration, and those sources of income listed in Section C (1 a.) of this policy.

- c. Parents who do not reside in the same home shall be assessed individually, when feasible. The parent paying child support shall have that amount deducted from his/her co-pay.
  - d. The assessed parental financial contribution is unaffected by the number of children in one household receiving CSA-funded services.
2. Use the Household Income Determination Worksheet to determine the amount of the parental financial contribution.
  3. Inform the parent(s) of the result of the assessment, including how the assessment was determined and how much the parent(s) is expected to contribute financially. Explain that the assessment is a partial reimbursement to the CSA budget for the cost of services provided.
  4. Discuss commitments of time that the parent must make in the case. The parent needs to attend and participate in all FAPT meetings, participate with the service provider in the development of a treatment plan, follow through with their responsibilities as outlined in the treatment plan, and communicate on a regular, ongoing basis with their child's case manager.
  5. Review and complete the Parental Responsibility Agreement form with the parent(s). Review the commitments of time that the parent will contribute to their child's treatment, and specify the amount of their monthly financial contribution. Ask the parent(s) to sign the Agreement. The parent(s) must receive a copy of the Agreement.

D. The Household Income Determination Worksheet and the Parental Responsibility Agreement are to be attached to and made part of the FAPT referral packet.

E. The CPMT shall approve the amount of parental contribution assessed by the case manager.

F. If the parent disagrees with the amount of parental contribution approved by the CPMT, the parent can appeal the CPMT decision by attending the CPMT meeting when the funding for services is requested to make this request. Appeals should be made if the parent is unable to pay the full monthly assessed obligation. The final determination will be made by the CPMT.

G. The amount of parental financial contribution shall not exceed the cost of the CSA-funded services provided to the child.

H. If a child is to be placed in a residential facility under a Parental Agreement as defined in COV Section 2.2-5212, the parent must first complete the application for the child to become eligible for Medicaid as a "family of one" if the child does not have Medicaid coverage. This must occur before the placement is permitted to occur. The only exception is if the placement is deemed by the CPMT to be an emergency.

I. The procedure for collection of the parental financial contribution is:

1. After the end of each month, the CSA case manager shall confirm the delivery of the CSA-funded services and notify the CSA Coordinator.
2. The CSA Coordinator shall ensure that the data is entered into the City's system as is necessary to facilitate billing of the parent.
3. The Office of Billings and Collections will generate a bill, which is mailed to the parent(s). The bill will instruct the parent(s) to send the parental contribution pay to the Treasurer, City of Roanoke.
4. All parental contribution payments are directed by the Treasurer into the CSA fund account.
5. The CSA Coordinator will request a quarterly report from the Treasurer's Office. Said report will be necessary to determine the level of compliance with the parental contribution.
6. The CSA Coordinator will make a quarterly report to the CPMT regarding parental contribution. Said report shall include the total of all parental contributions collected during the quarter, the number of cases with assessed parental contributions, the cases in which the parent(s) are delinquent in parental contribution payments and the amount currently owed by the parent(s), and any noncompliance with the Parental Responsibility Policy.
7. In those cases where the parental contribution is delinquent, the City of Roanoke Office of Billings and Collections will initiate collection through the proper proceeding.

J. Forms and Tools:

Suggested Protocol for Interviewing Parents

Regarding Parental Contributions, Household Income Determination Worksheet, Parental Responsibility Agreement

## **Suggested Protocol for Interviewing Parents Regarding Parental Contributions**

“Your child/family is about to receive services through the FAP Team. As you know, these services are intended to...

- Keep your child at home with you, in the community, or
- Help your child overcome his/her problems so he/she can return home to you.”

“The Roanoke City FAP Team looks at this as a partnership between the family and the FAPT to make families healthier and make our community a better place to live. We need for you to be involved at every step of the way in order to make the best decisions about services for your child and family.”

“As you also know, these services are costly. In fact, your child's services will cost \$xxxx per month. Because of that, the CPMT has expectations that you will share in the cost of these services.”

“We use this Income Determination Worksheet to figure out what your portion is based on your family income and your number of dependents. For you, the chart shows the amount of \$xxx per month.”

“When you make your monthly contribution, this shows your good faith as a partner in getting help for your child / family. If you don't agree with this co-pay amount, you can come to the CPMT meeting to appeal it.”

“Please be aware that if the co-pay amount is not paid by the due date, then the City's Office of Billings and Collections will begin to add penalties, interest, and fees.”

## **Household Income Determination Worksheet**

A. **Youth's Name:** \_\_\_\_\_ **Currently Medicaid eligible?** Yes  No

B. **How many people in total reside in Parent's household?** \_\_\_\_\_

C. **EMPLOYMENT INCOME** – A copy of the two most recent paystubs or equivalent must be attached

Parent Name: \_\_\_\_\_

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

Pay cycle: \_\_\_\_\_ **Monthly gross income: \$** \_\_\_\_\_

Parent Name: \_\_\_\_\_

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

Pay cycle: \_\_\_\_\_ **Monthly gross income: \$** \_\_\_\_\_

D. **OTHER SOURCES OF INCOME for Parent** (*Monthly amounts*)

SSI \$ \_\_\_\_\_

SSA \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

(Support is paid by \_\_\_\_\_)

Other \_\_\_\_\_ \$ \_\_\_\_\_

**Total Other Monthly Income (Total of Section D): \$** \_\_\_\_\_

E. **TOTAL AVERAGE MONTHLY INCOME** (*Sections C + D*) \$ \_\_\_\_\_

Parental fiscal responsibility is based on a formula that computes two options, the lesser of which is the financial contribution expected from the family: **Option 1)** The family will contribute a percent of their monthly income based on the number of members in the family to offset the cost of the CSA funded service; **OR Option 2)** the family will contribute 20% of the monthly cost of the CSA funded service.

Family Members	2	3	4	5	6	7	8
Percent	5%	4.5%	4%	3.5%	3%	2.5%	2%

**CONTRIBUTION IS OPTION 1 OR 2, WHICHEVER IS LOWER**

F. **CO-PAY AMOUNT** \$ \_\_\_\_\_

*Note: If the parental copay obligation is assessed at less than \$20, the copay will be waived automatically.*

**Parental Responsibility Agreement**

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

FAPT Date and Time: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

CSA Case Manager's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

We have requested services for our child and family through the City of Roanoke Family Assessment and Planning Team (FAPT). These services are described on the FAPT Individual Family Service Plan that we have signed or will sign at the FAPT meeting. We agree that these services are necessary, and that their success, and therefore the ultimate success of our child, will require our continuing and consistent involvement. We therefore agree to contribute to the investment in our child's treatment in the following manner:

- Attend and participate in all FAPT meetings.
- Participate with the service provider in the development of a treatment plan and follow through with our responsibilities as outlined in the treatment plan.
- Communicate on a regular, ongoing basis with our child's case manager.
- Provide information needed to determine and maintain eligibility for Medicaid and / or Virginia Premier. Also, immediately notify the case manager of any mailings received from these programs.
- We agree that the total number of people living in our household is \_\_\_\_ and our monthly gross household income is \$ \_\_\_\_\_.
- We agree to make a financial contribution of \$ \_\_\_\_\_ toward the cost of each month of our CSA-funded service(s). (This is the amount indicated on the Household Income Determination Worksheet.)
- We acknowledge that we will be billed each month for this amount by the City of Roanoke, and that interest, penalties, and fees will apply on past due accounts.**
- Other: \_\_\_\_\_

*If we have any questions we know we can contact our case manager at the number below.*

\_\_\_\_\_  
**Parent Signature** **date**

\_\_\_\_\_  
**Parent Social Security Number**

\_\_\_\_\_  
**Parent Signature** **date**

\_\_\_\_\_  
**Parent Social Security Number**

\_\_\_\_\_  
**\*\*\*Parent Billing Address**

\_\_\_\_\_  
**Parent Telephone Number**

\_\_\_\_\_  
**Case Manager Signature** **date**

\_\_\_\_\_  
**Case Manager Telephone Number**

**List the service(s) and estimated costs below. Original of this form must be returned to the CSA Office; *COPY MUST BE PROVIDED TO PARENT.***

Service \_\_\_\_\_ \$ \_\_\_\_\_

Service \_\_\_\_\_ \$ \_\_\_\_\_

**Estimated Total Cost per Month**

## 1.1 Parental Contribution-Co-payment for Community Based Services

Families of youth who are receiving services and support through the Frederick County Children's Services Act are encouraged to fully participate in the family engagement process adopted by the Frederick County CPMT. In order to maximize the resources of the community, the CPMT, in accordance with the Code of Virginia §2.2-5206, requires parents and legal guardians to contribute financially to the services provided, according to their ability.

### 1.1.1 Eligibility

Parents and legal guardians, henceforth referred to as "parents", of children receiving CSA-funded services shall be assessed for appropriate financial contribution toward the cost of services to be provided.

- Youth and families accessing CSA funded services under the following categories will be assessed a co-payment:
  - Foster Care Prevention
  - Non-Mandated
  - Non-IEP services prescribed by FAPE\*

\*Due to federal regulation for a Free and Appropriate Public Education (FAPE) School-based IEP required services are exempt from the CSA co-pay requirement.

- Due to being referred to the Division of Child Support Enforcement (DCSE), for the collection of child support, the following populations will not be assessed a co-payment. See Frederick County Referral to DCSE for policy and procedures on the following populations:
  - Youth in Foster Care
  - Youth receiving Foster Care Services through a Parental Agreement
- Waivers-Parents enrolled in the following programs will be automatically waived from paying a co-payment:
  - Low Income Home Energy Assistance Program
  - Federal Public Housing Assistance or Section 8
  - Supplemental Nutrition Assistance Program
  - Temporary Assistance for Needy Families (TANF)
  - Free or Reduced Meals under the National School Lunch Program
  - Parents receiving Social Security Disability as their only source of income
  - CSA funding of only Drug Screens or Single Evaluations of \$1000.00 or less.

### 1.1.2 Methodology

- Informed parental consent – the parents are alerted by the case manager prior to FAPT/MDT that CSA funded services are subject to a co-pay.
- Individual Family Service Plan or Care Plan – the FAPT/MDT service plan shall identify services eligible for co-pay.
- CSA Office Screening – The family shall be subject to a co-pay screening by the CSA Office representative prior to, or immediately after FAPT/MDT to review fees for prescribed services.
  - Parental co-pay for Non-IEP and Nonmandated services shall be assessed prior to the beginning of services. Services shall not start prior to receiving a signed Copayment Agreement.

- CSA parental co-pay for community-based Foster Care Prevention services shall be waived for the initial 30-day period of services during which time the co-pay will be assessed.
- The parental co-payment shall be reassessed annually, or in the event of a major change in income, including, but not limited to, change in employment status, household size, etc.

#### 1.1.3 Amount of Parental Co-Pay

Co-pay amounts shall be assessed using the annual total gross income of the parent(s)/legal guardian(s), including SSA, SSI, and/or child support where applicable, with a CPMT-approved sliding fee table based on ability to pay.

#### 1.1.4 Co-payment Assessment/Dispute

- Eligible cases for which the Parental Co-Payment Screening Form has not been completed and signed by the parent/guardian shall be assessed the maximum co-payment amount.
- Families with extenuating financial situations/hardships, such as extraordinary medical expenses, may request a review by the CSA Coordinator. If, after such a review, the family still believes the fee is unjust or inappropriate, an appeal can be filed for review by the CPMT. The parent/guardian must submit in writing, a letter of appeal to the CSA Office within 14 days of the date that they receive notice, either orally or in writing, of the CSA Office's co-payment determination. The CSA Office will place the appeal on the next regularly scheduled CPMT meeting agenda. The CPMT shall review the materials provided and render a decision, which shall be final. Within 30 days of the review, the CSA Office will notify the family in writing of the decision of the CPMT.

#### 1.1.5 Case Manager Responsibility

- The case manager will determine if the child has been screened and/or enrolled in Medicaid, and whether private insurance or other resources are available to meet the child's needs.
- The case manager shall notify CSA involved families of the requirement for an assessment of parental contribution upon accessing CSA funded services. The family shall be informed that failure to provide the supporting documentation to the CSA Office during the assessment period will result in being assessed the maximum monthly co-payment amount until such time as the supporting documentation is provided and screening form is signed.
- Case managers shall list the requirement for parental co-payment on family plans when appropriate, i.e. - care plans, court orders, protective orders, etc.

#### 1.1.6 Provider Responsibility

- Service providers are responsible for the collection of the family's assessed financial contribution.
- The amount of the assessed co-payment shall be deducted from the authorized funding amount when the purchase of service order is issued.
- Should multiple service providers be authorized during the same monthly service period, the amount of co-payment shall be applied to the highest cost of service or most consistent, continuous service being funded.
- In the event a family fails to pay the assessed co-payment, it will be at the service provider's discretion the action it chooses to take to recover those fees. It is not the practice of the FC CPMT to direct the vendor in its business practice and collection process. The vendor shall notify the case manager and CSA Coordinator of the family's failure to pay, and its collection procedure, if any.
- The CSA Coordinator is responsible for monitoring vendor compliance with the Frederick County Co-payment Policy and ensures amounts collected are accurately recorded in the CSA financial reports.



Should a family become delinquent, they may utilize the process of appeal that is stated in this policy. During the appeal process, services will continue.

## 1.2 Referral to the Division of Child Support Enforcement-for Foster Care Services and Out of Home Placements

Families of youth who are receiving Foster Care Services and support through the Frederick County Children's Services Act as defined in the Code of Virginia § 63.2-905 ii & iii will be referred to the Division of Child Support Enforcement (DCSE). Due to the financial responsibility to pay child support, the Frederick County CPMT will not assess a co-payment to families who have been referred to DCSE.

### 1.2.1 Eligibility

The Parents/Legal Guardians of the following youth will be referred to the DCSE:

- Youth placed in the custody of Frederick County Department of Social Services
- Youth who are receiving Foster Care Services through a Non-Custodial Agreement (DSS) or Parental Agreement (Non-DSS)
- Youth placed in the custody of Frederick County through an Entrustment

### 1.2.2 Methodology

When a child enters foster care or non-custodial foster care, including a Parental Agreement, the child's case manager (or CSA staff for Parental Agreements) shall file the appropriate application for child support with the State Division of child Support Enforcement (DCSE). The case manager shall provide DCSE with any additional information they need to determine or collect child support.

### 1.2.3 Good Cause

The CPMT has the authority to determine Good Cause for families receiving Foster Care Services through a Parental Agreement. The establishment of Good Cause will only be considered for families who can provide documentation of financial hardship and allows for a temporary suspension of the DCSE referral. Examples of Good Cause may include homelessness or dependency on Social Security disability. General costs of daily living, e.g. Mortgage, rent, utilities, are not considered sufficient reasons for Good Cause determination. Good Cause will be determined on a case by case basis.

- To request Good Cause, the Parent/Legal Guardian must submit a letter in writing within 14 days of funding approval to the CPMT Chair with an explanation of financial hardship. Documentation of financial hardship must accompany the letter. The letter should be provided to the CSA Coordinator and shall be included in the next regularly scheduled CPMT meeting agenda.
- The CPMT shall review the documentation provided and render a decision, which shall be final.
- Within 30 days of the review, the CSA Office shall notify the family in writing of the decision of the CPMT

When a child receiving services is in the custody of the Department of Social Services, case managers shall arrange for social Security, SSI, Veteran's Benefits, etc., for such children to be redirected to reimburse Frederick County.

**PARENTAL CO-PAYMENT  
INITIAL SCREENING FORM  
CLARKE COUNTY CSA**

**CHILD'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**1. The family has been screened for ability to pay based on income guidelines.**

**See Attachment** (Income Form & Co-Pay Agreement)

**2. The family has been screened for ability to pay and found exempt based on one or more of the following:**

Unemployment

Qualifies for DSS services such as TANF, food stamps, rental assistance, etc.

Bankruptcy/finances

Parent Incarcerated

Homeless

Other, please explain:

Parent or Guardian: \_\_\_\_\_

Case Manager: \_\_\_\_\_

CSA Coordinator: \_\_\_\_\_

## Clarke County CSA Household Income Form

If your FAPT meeting results in the funding of services through CSA then we are required through State and Local policy to assess your family's income and expenses to determine a parental co-payment. This form is an assessment tool for that purpose. The co-payment is based on your family's income and is paid only during the length of service. There are procedures in place to file for relief of the co-payment if you feel that the amount requested is more than you can pay. At that time we will factor in your monthly expenses and other extenuating circumstances. Any questions regarding this process can be directed to the CSA Coordinator at 540-955-5198. Co-payments will not be required for special education services listed in your child's IEP. Co-payments are effective the second month of service delivery and are paid directly to the provider.

<b>Child's Name:</b>	<b>DOB:</b>	<b>Date:</b>
<b>Parent:</b>	<b>Parent:</b>	

<b><u>Number of Family Members in the home :</u></b>
--

Salary/Wages	Employer	Gross Income Per Pay Period	Pay Period Frequency	Monthly Income
<b>Parent 1:</b>				
<b>Parent 2:</b>				
<b>Other Family:</b>				
<b>Other Family:</b>				

**Other Income (include children's income)**

<b>General Relief:</b>	\$	<b>Social Security:</b>	\$
<b>Supplemental Security Insurance (SSI):</b>	\$	<b>Alimony/Child Support:</b>	\$
<b>Aid to Dependent Children:</b>	\$	<b>Interest/Dividends:</b>	\$
<b>Unemployment Comp:</b>	\$	<b>Disability/Worker's Comp:</b>	\$
<b>Retirement/Pension from Whom:</b>	\$	<b>Other Income:</b>	\$

**TOTAL MONTHLY INCOME: \_\_\_\_\_ X 3% = \$ \_\_\_\_\_ MONTHLY PAYMENT (community-based services)**

**TOTAL MONTHLY INCOME: \_\_\_\_\_ X 9% = \$ \_\_\_\_\_ MONTHLY PAYMENT (residential placement through Parental Agreements)**

# Parental Co-Pay Responsibility Agreement

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

FAPT Date and Time: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

CSA Case Manager's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

We have requested services for our child and family through the Clarke County Family Assessment and Planning Team (FAPT). These services are described on the FAPT Individual Family Service Plan that we have signed or will sign at the FAPT meeting. We agree that these services are necessary, and that their success, and therefore the ultimate success of our child, will require our continuing and consistent involvement. We therefore agree to contribute to the investment in our child's treatment in the following manner:

1. Attend and participate in all FAPT meetings.
2. Participate with the service provider in the development of a treatment plan and follow through with our responsibilities as outlined in the treatment plan.
3. Communicate on a regular, ongoing basis with our child's case manager.
4. Provide information needed to determine and maintain eligibility for Medicaid. Also, immediately notify the case manager of any mailings received from these programs.
5. We agree that the total number of people living in our household is \_\_\_\_ and our monthly gross household income is \$\_\_\_\_\_.
6. We agree to make a financial contribution of \$\_\_\_\_\_ toward the cost of each month of our CSA-funded service(s). (This is the amount indicated on the Household Income Determination Worksheet.)
7. Other: \_\_\_\_\_

***If we have any questions we know we can contact our case manager at the number below.***

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Parent Social Security Number

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Parent Social Security Number

\_\_\_\_\_  
Parent Billing Address

\_\_\_\_\_  
Parent Telephone Number

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Case Manager Phone Number

***List the service(s) and estimated costs below. Original of this form must be returned to the CSA Office; COPY MUST BE PROVIDED TO PARENT.***

Service \_\_\_\_\_

\$ \_\_\_\_\_

Service \_\_\_\_\_

\$ \_\_\_\_\_

**Estimated Total Cost per Month**

# Office of Children's Services

## Locality - Service Name Report

Data Source : LEDRS

Fiscal Year 2021 Report Span Year to Date - For Selected Fiscal Year

Selected Locality(s) 043 - Clarke

Selected Service Names All

Service	Service Name	Unduplicated	Total Net	Avg Net	Per Diem	Selected FY	Total Avg
1	Acute Psychiatric Hospitalization	0	\$0.00	\$0.00	\$0.00	0	0
2	Applied Behavior Analysis	0	\$0.00	\$0.00	\$0.00	0	0
3	Assessment/Evaluation	1	\$2,500.00	\$2,500.00	\$108.70	23	23
4	Case Support	2	\$2,500.00	\$1,250.00	\$18.52	67.5	67.5
5	Crisis Intervention	0	\$0.00	\$0.00	\$0.00	0	0
6	Crisis Stabilization	0	\$0.00	\$0.00	\$0.00	0	0
7	Family Partnership Facilitation	0	\$0.00	\$0.00	\$0.00	0	0
8	Family Support Services	1	\$1,280.00	\$1,280.00	\$13.91	92	92
9	Independent Living Services	0	\$0.00	\$0.00	\$0.00	0	0
10	Individualized Support Services	0	\$0.00	\$0.00	\$0.00	0	0
11	Intensive Care Coordination	0	\$0.00	\$0.00	\$0.00	0	0
12	Intensive Care Coordination Family Support Partners	0	\$0.00	\$0.00	\$0.00	0	0
13	Intensive In-Home Services	0	\$0.00	\$0.00	\$0.00	0	0
14	Maintenance - Basic	1	\$721.00	\$721.00	\$26.70	27	27
15	Maintenance - Clothing Supplement	0	\$0.00	\$0.00	\$0.00	0	0
16	Maintenance - Child Care Assistance	0	\$0.00	\$0.00	\$0.00	0	0
17	Maintenance - Enhanced	0	\$0.00	\$0.00	\$0.00	0	0
18	Maintenance - Independent Living	0	\$0.00	\$0.00	\$0.00	0	0
19	Maintenance - Transportation	0	\$0.00	\$0.00	\$0.00	0	0
20	Material Support	1	\$299.63	\$299.63	\$299.63	1	1
21	Mental Health Case Management	0	\$0.00	\$0.00	\$0.00	0	0
22	Mental Health Skills Building	0	\$0.00	\$0.00	\$0.00	0	0
23	Mentoring	2	\$4,114.00	\$2,057.00	\$14.59	141	362
24	Other	2	\$10,334.39	\$5,167.19	\$31.70	163	367
25	Outpatient Services	3	\$3,632.75	\$1,210.92	\$9.93	122	527
26	Private Day School	0	\$0.00	\$0.00	\$0.00	0	0
27	Private Foster Care Support, Supervision and Administration	0	\$0.00	\$0.00	\$0.00	0	0
28	Private Residential School	0	\$0.00	\$0.00	\$0.00	0	0
29	Residential Education	3	\$66,834.00	\$22,278.00	\$136.95	162.67	253
30	Residential Room and Board	0	\$0.00	\$0.00	\$0.00	0	0
31	Residential Case Management	0	\$0.00	\$0.00	\$0.00	0	0
32	Residential Daily Supervision	0	\$0.00	\$0.00	\$0.00	0	0
33	Residential Supplemental Therapies	0	\$0.00	\$0.00	\$0.00	0	0
34	Residential Medical Counseling	0	\$0.00	\$0.00	\$0.00	0	0
35	Respite	0	\$0.00	\$0.00	\$0.00	0	0

# Office of Children's Services

## Locality - Service Name Report

Data Source : LEDRS

Fiscal Year 2021    Report Span Year to Date - For Selected Fiscal Year

Selected Locality(s)                    043 - Clarke

Selected Service Names  
   All

36	Special Education Related Services	0	\$0.00	\$0.00	\$0.00	0	0
37	Sponsored Residential Home Services	0	\$0.00	\$0.00	\$0.00	0	0
38	Substance Abuse Case Management	0	\$0.00	\$0.00	\$0.00	0	0
39	Transportation	0	\$0.00	\$0.00	\$0.00	0	0
40	Therapeutic Day Treatment for Children and Adolescents	0	\$0.00	\$0.00	\$0.00	0	0
41	Treatment Foster Care Case Management	0	\$0.00	\$0.00	\$0.00	0	0
42	Utilization Review	0	\$0.00	\$0.00	\$0.00	0	0
43	Multisystemic Therapy (MST)	1	\$3,026.00	\$3,026.00	\$75.65	40	40
44	Functional Family Therapy (FFT)	1	\$2,756.00	\$2,756.00	\$45.18	61	61
45	Parent Child Interaction Therapy (PCIT)	0	\$0.00	\$0.00	\$0.00	0	0
46	Cognitive Behavioral Therapy (CBT)	0	\$0.00	\$0.00	\$0.00	0	0
47	Motivational Interviewing (MI)	0	\$0.00	\$0.00	\$0.00	0	0
	<b>Total</b>	<b>12</b>	<b>\$97,938.49</b>	<b>\$8,161.54</b>	<b>\$63.60</b>	<b>128.33</b>	<b>289.00</b>

*Service Placement types/Mandate types/Service Names are not mandatory for refunds and hence shall affect the Totals.*

**Office of Children's Services**  
**Mandate Type by Selected Locality Report**  
 Data Source : LEDRS

Fiscal Year 2021    Report Span Year to Date - For Selected Fiscal Year

Selected Locality(s)    043 - Clarke

Selected Service Placement Type(s)  
 All

MT	Mandate Type	Unduplicated	Total Net	Avg Net
1	Foster Care Abuse/Neglect -	1	\$2,287.09	\$2,287.09
2	Foster Care Abuse/Neglect - DSS Non-Custodial	0	\$0.00	\$0.00
3	Foster Care Abuse/Neglect - Local DSS	3	\$37,532.05	\$12,510.68
4	Foster Care Child in Need of Services(CHINS) -	3	\$21,470.00	\$7,156.67
5	Foster Care CHINS - CSA Parental	1	\$26,414.50	\$26,414.50
6	Foster Care CHINS - Entrustment/Custody	1	\$1,338.50	\$1,338.50
7	Foster Care - Court Order for Termination of Parental Rights	0	\$0.00	\$0.00
8	Foster Care - Court Ordered for	0	\$0.00	\$0.00
9	WRAP Around Services for Students with	0	\$0.00	\$0.00
10	Special Education	0	\$0.00	\$0.00
11	Non-Mandated Only	5	\$8,896.35	\$1,779.27
	<b>Total</b>	<b>12</b>	<b>\$97,938.49</b>	<b>\$8,161.54</b>

*Service Placement types/Mandate types/Service Names are not mandatory for refunds and hence shall affect the Totals.*

Office of Children's Services

Demographic Report

Data Source : LEDRS

Fiscal Year 2021 Report Span Year to Date - For Selected Fiscal Year

Selected Locality(s) 043 - Clarke

Selected Service Placement Type(s) All

Demographic	Unduplicated	Total Net	Avg Net	Per Diem	Selected FY	Total Avg
Female	4	\$43,932.13	\$10,983.03	\$107.94	101.75	153.5
Male	8	\$56,703.75	\$7,087.97	\$50.05	141.63	425.25
White	7	\$29,909.00	\$4,272.71	\$47.03	90.86	253.71
African-American or Black	5	\$70,726.88	\$14,145.38	\$78.24	180.8	448
Asian	0	\$0.00	\$0.00	\$0.00	0	0
American Indian or Alaska Native	0	\$0.00	\$0.00	\$0.00	0	0
Native Hawaiian or Other Pacific Islander	0	\$0.00	\$0.00	\$0.00	0	0
Race Undetermined	0	\$0.00	\$0.00	\$0.00	0	0
Bi-racial	0	\$0.00	\$0.00	\$0.00	0	0
0 - 3 years	2	\$3,520.00	\$1,760.00	\$55.87	31.5	31.5
4 - 6 years	1	(\$1,681.00)	(\$1,681.00)	(\$54.23)	31	729
7 - 12 years	2	\$4,508.75	\$2,254.38	\$11.39	198	730.5
13 - 17 years	6	\$91,532.13	\$15,255.36	\$92.55	164.83	283.67
18 - 21 years	1	\$2,756.00	\$2,756.00	\$45.18	61	61
21+ years	0	\$0.00	\$0.00	\$0.00	0	0
DSS (Dept Of Social Services)	7	\$61,619.88	\$8,802.84	\$61.93	142.14	486.71
Education	0	\$0.00	\$0.00	\$0.00	0	0
Juvenile Justice	1	\$2,756.00	\$2,756.00	\$45.18	61	61
CSB (Community Services Board)	4	\$36,260.00	\$9,065.00	\$74.92	121	137
Family	0	\$0.00	\$0.00	\$0.00	0	0
Health Department	0	\$0.00	\$0.00	\$0.00	0	0
CSA Office	0	\$0.00	\$0.00	\$0.00	0	0
Other	0	\$0.00	\$0.00	\$0.00	0	0
<b>Total</b>	<b>12</b>					

Service Placement types/Mandate types/Service Names are not mandatory for refunds and hence shall affect the Totals.



# Office of Children's Services

## Comparison Report - By Service Placement Type

Data Source: LEDRS

Fiscal Year 2021

Report Span Year to date - for Selected Fiscal Years

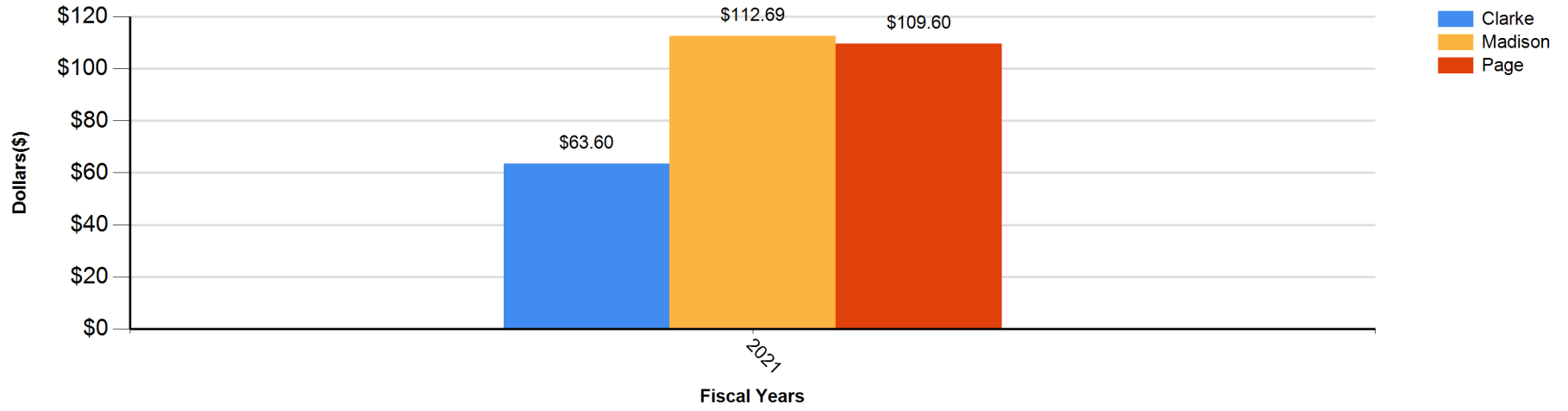
Selected Localities to Compare

043 - Clarke, 113 - Madison, 139 - Page

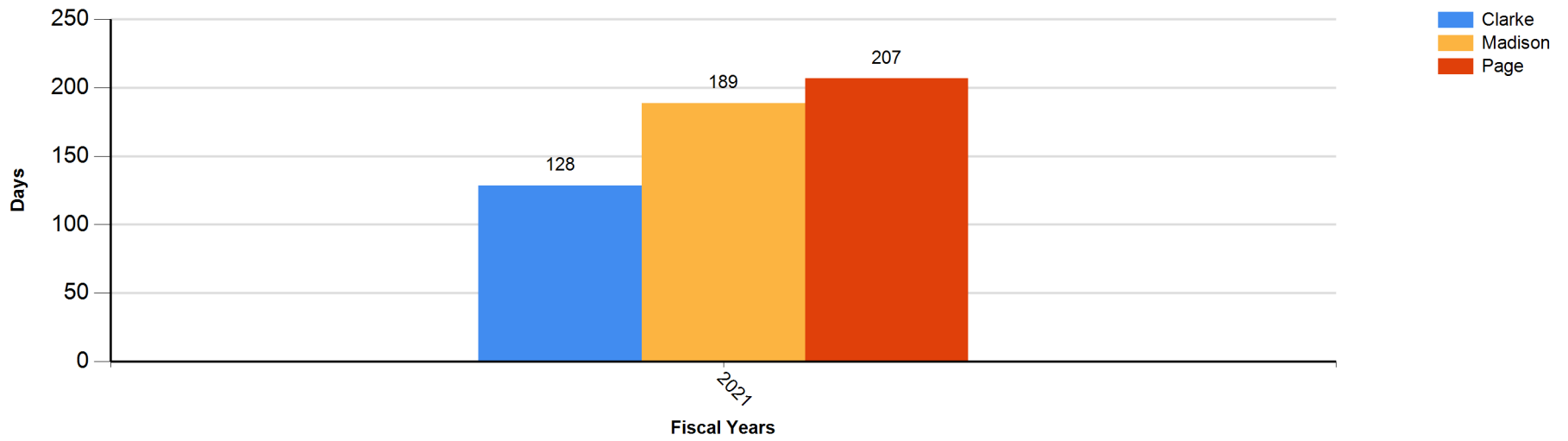
Selected Service Placement Type(s)

All

### Average Per Diem Cost



### Average Length of Stay



# Office of Children's Services

## Comparison Report - By Service Placement Type

Data Source: LEDRS

Fiscal Year 2021

Report Span Year to date - for Selected Fiscal Years

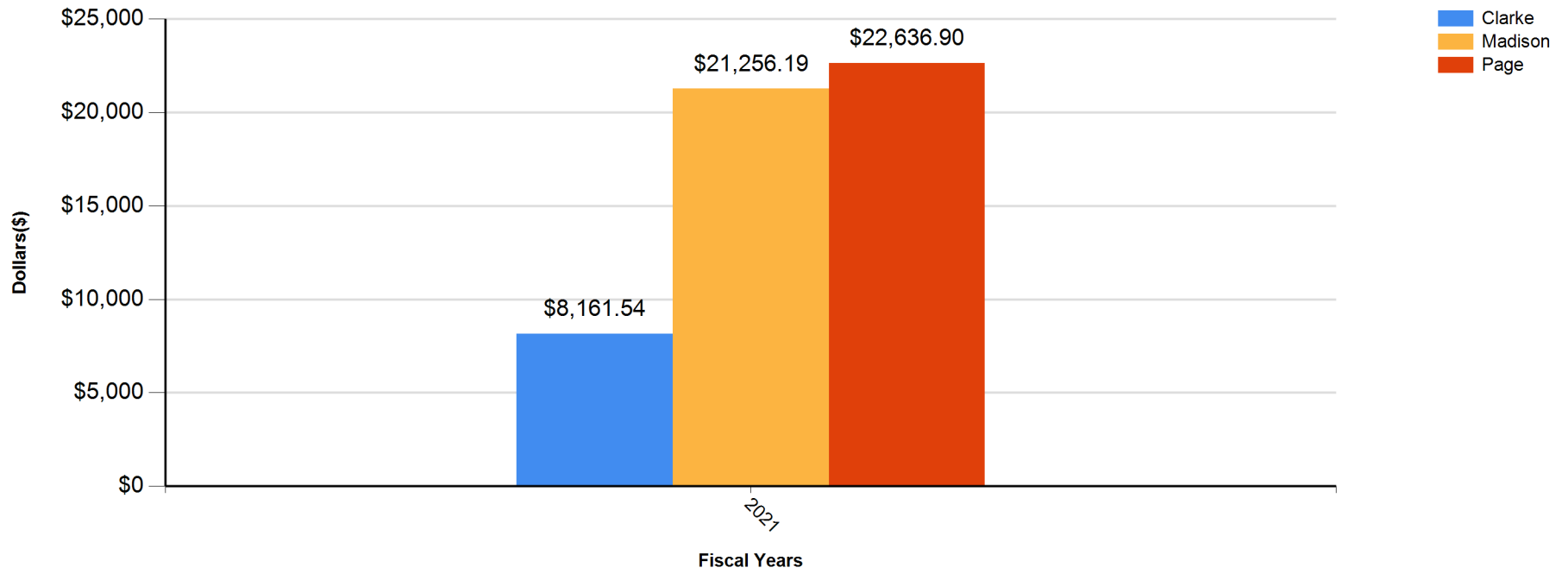
Selected Localities to Compare

043 - Clarke, 113 - Madison, 139 - Page

Selected Service Placement Type(s)

All

### Average Net Expenditure per Child





## CSA Category Legend

### Mandated Services and Residential

- 1a. Foster Care-IV-E Licensed Residential Congregate Care
- 1b. Foster Care- All Others in Licensed Residential Congregate Care
- 1 c. Residential Congregate Care-CSA Parental & DSS Non-custodial agreements
- 1 e. Educational Services Congregate Care

### Other Mandated and Non-Mandated Services

- 2 a. Therapeutic Foster Care IV-E
  - 2 a.1 Therapeutic Foster Care
- 2c. Family FC-IV-E Community Based Services
- 2e. Family FC-children Receiving Maintenance and Independent Living
- 2f. Community Based Services
  - 2f.1 Community Transition Services-Transition from Residential to Community
- 2g. Alternative Day Placement/SPED Private Day
- 2h. Services in Public School/Wraparound
- 3. Non-Mandated Services & Community Based

**CLARKE COUNTY**  
**Seven Year CSA Net Expenditures Comparison**

6/17/2021

	<u>2012-2013</u>	<u>2013-2014</u>	<u>2014-2015</u>	<u>2015-2016</u>	<u>2016-2017</u>	<u>2017-2018</u>	<u>2018-2019</u>	<u>2019-2020</u>	<u>2020-2021</u>
July	\$ 3,037.97	\$ 2,884.00	\$ 1,166.00	\$ 1,148.00	\$ 2,138.00		\$700.00	\$ 22,117.19	
August	\$ 15,130.20	\$ 41,852.39	\$ 49,740.10	\$ 35,986.32	\$ 56,174.75	\$ 51,912.87	\$2,993.42	\$40,497.89	\$10,353.00
September	\$ 38,033.36	\$ 37,756.84	\$ 44,728.83	\$ 33,748.90	\$ 61,105.32	\$ 52,529.41	\$10,692.70	\$ 23,938.79	\$ 12,490.00
October	\$ 42,012.56	\$ 47,874.78	\$ 52,727.10	\$ 34,968.22	\$ 52,482.56	\$ 27,103.96	\$7,165.00	\$31,690.26	\$15,024.00
November	\$ 39,123.13	\$ 49,831.75	\$ 55,244.24	\$ 52,325.13	\$ 54,262.43	\$ 24,713.43	\$11,078.00	\$15,578.50	\$14,379.00
December	\$ 24,862.29	\$ 49,513.69	\$ 47,984.51	\$ 36,792.03	\$ 56,767.37	\$28,566.75	\$1,740.00	\$20,376.41	\$11,857.75
January	\$ 38,403.41	\$ 36,559.39	\$ 55,974.31	\$ 48,327.12	\$ 56,344.94	\$ 14,274.55	\$12,862.50	\$19,026.50	\$10,801.25
February	\$ 23,402.82	\$ 38,697.75	\$ 53,496.93	\$ 43,475.52	\$ 62,311.26	\$ 16,377.31	\$4,731.50	\$12,808.15	\$ 11,769.00
March	\$ 42,869.20	\$ 37,678.75	\$ 54,388.66	\$ 51,963.49	\$ 56,220.24	\$ 14,222.66	\$5,610.00	\$9,335.27	\$ 9,552.88
April	\$ 24,542.63	\$ 44,702.60	\$ 71,364.08	\$ 42,372.84	\$ 60,997.71	\$ 25,551.14	\$ 21,207.00	\$6,675.00	\$2,780.50
May	\$ 47,657.92	\$ 52,187.53	\$ 61,669.42	\$ 53,214.06	\$ 57,985.80		\$16,233.00	\$12,769.00	\$7,733.50
June	\$ 28,581.65	\$ 56,589.84	\$ 49,174.04	\$ 54,933.29	\$ 63,986.48		\$11,966.50	\$13,921.00	
June (2)	\$ 45,609.61	\$ 51,913.99	\$ 38,811.81	\$ 58,959.71	\$ 64,347.40		\$32,504.18		
	<b>\$ 413,266.75</b>	<b>\$ 548,043.30</b>	<b>\$ 636,470.03</b>	<b>\$ 548,214.63</b>	<b>\$ 705,124.26</b>	<b>\$ 255,252.08</b>	\$139,483.80	\$ 228,733.96	\$ 106,740.88
Medicaid	\$ 65,321.00	\$ 14,906.26	\$ 69,824.06	\$ 204,549.79	\$ 277,377.10	\$ 130,248.50			
TOTAL	\$ 478,587.75	\$ 562,949.56	\$ 706,294.09	\$ 752,764.42	\$ 982,501.36	\$ 385,500.58			
# Youth served	<b>25</b>	<b>29</b>	<b>30</b>	<b>24</b>	24				12

<b>ROLE</b>	<b>NAME</b>	<b>Original Appt Date</b>	<b>Appt Date</b>	<b>Exp Date</b>
DSS	Michael (Toby) Austin	10/15/2019	10/15/2019	12/31/2021
Court Services	Erin Casarotti	2/19/2010	12/17/2019	12/31/2021
Court Services Alternate	Christina Lovasz	3/17/2020	3/17/2020	12/31/2022
Court Services Alternate	Ashleigh Marsten	3/17/2020	3/17/2020	12/31/2022
Court Servies Alernate	Smantha Walker	3/17/2020	3/17/2020	12/31/2022
Private Provider	Chris Rousseau	6/12/2017	3/16/2021	12/31/2022
CSB	Lauren Smith	3/16/2021	3/16/2021	12/31/2021
Parent Represenative	Tracey Smith	4/21/2020	4/21/2020	4/21/2023
CCPS	Christine Thompson	6/12/2017	12/17/2019	12/31/2022

<b>ROLE</b>	<b>NAME</b>	<b>Original Appt Date</b>	<b>Appt Date</b>	<b>Exp Date</b>
Chairperson	Denise Acker	6/12/2017	12/18/2018	12/31/2021
CC Board of Sup Rep	Terri Catlett	1/21/2020	1/18/2021	12/31/2021
Parent Representative	VACANT			
Virginia Dept of Health	Colin Greene	12/19/2017	12/18/2018	12/31/2021
Virginia Dept of Health - Alternative	Leea Shirley	3/17/2020	3/17/2020	12/31/2021
CC DSS/Vice Chair	Jennifer Parker	1/11/2021	1/11/2021	12/31/2021
CCPS	Frank Moore	10/15/2019	10/15/2019	12/31/2022
Court Services	Jerry Stollings	5/18/2021	5/18/2021	12/31/2022
Private Provider	Abdus Samad	12/17/2019	12/17/2019	12/31/2022