

## ORANGE COUNTY CPMT MINUTES

SEPTEMBER 24, 2015

At a regular meeting of the Orange County Community Policy and Management Team (CPMT) held on Thursday, September 24, 2015 beginning at 1:00 p.m., in the Meeting Room of the Sedwick Building, 146 Madison Road, Orange, Virginia. Present: Barbara Ferrier, Letitia Douthit, Alisha Vines, Marilyn Dunphy, Vickie Baker, and Joe Nagel. Also present: N/A

Mrs. Vines called the meeting to order at 1:07 p.m.

RE: NEW BUSINESS

RE: CLOSED SESSION

Mrs. Dunphy moved at 1:08 p.m. that we enter closed session pursuant to Virginia Code Section 2.1-344. At this time, cases in regards to the youth on the case agenda were reviewed and discussed.

Mrs. Dunphy then moved to exit closed session at 1:37 p.m., all were in favor.

Mrs. Dunphy made a motion to approve all funding for the cases that were discussed and approved during closed session at 1:38 p.m., seconded by Mrs. Baker, all were in favor.

RE: PARENTAL CO-PAY POLICY CHANGE

Mrs. Vines provided the membership with a proposed change to the Parental Co-payment Assessment Forms. The suggested change is in Section A under the fourth bulleted item – adding wording to include children placed via parental agreement. (See attached) This proposed change will lay on the table until next month's meeting when it shall be open for discussion, questions, and a vote of denial or approval.

RE: READING AND APPROVAL OF PREVIOUS MINUTES

The minutes from the May 5<sup>th</sup>, June 25<sup>th</sup>, and July 30<sup>th</sup>, 2015 meetings were approved after a motion from Mrs. Dunphy without changes, and a second by Mrs. Baker. The vote: 0 Nay, 4 Yay, 1 abstention

RE: PUBLIC APPEARANCES

None at this time

RE: REPORT OF AGENCIES

RE: GOVERNMENT REPRESENTATIVE

Mrs. Vines informed the membership that the Office on Youth is setting up parenting classes for this fiscal year. Currently, there is a Love & Logic class and we are seeking new vendors to provide other classes such as autism related training, grand parenting classes, etc. The office has also scheduled a college tour for parents as we did last year, however, the plan is to visit James Madison University and Bridgewater College. Mrs. Vines also provided brief information on her attendance at the Virginia Association of Local Human Services Officials conference and how CSA and DJJ are undergoing changes at this time. In addition, it was reported that the Virginia Foundation for Heathy Youth grant programs will begin in October.

RE: DEPARTMENT OF SOCIAL SERVICES

Absent

RE: HEALTH DEPARTMENT

Mrs. Dunphy reported again that the Health Department no longer has a maternity clinic in Orange, Rappahannock, Madison, and Culpeper. These services are now being done at Culpeper hospital.

RE: DEPARTMENT OF JUVENILE JUSTICE

Mrs. Ferrier discussed changes coming to the Department of Juvenile Justice. They include revamping the correctional centers to be therapeutic, shortening juvenile stays in facilities, and see more kids at FAPT for service recommendations. Staff is also undergoing "Epics" training, an evidenced based training that zeros in on skill deficits, behavior change, thinking differently, and refusal skills.

RE: COMMUNITY SERVICES BOARD

Absent

RE: ORANGE COUNTY PUBLIC SCHOOLS

Mrs. Baker was present for the first half of the meeting but had to leave early for an IEP meeting. No report given.

RE: PRIVATE PROVIDER

Mr. Nagle reported that Rosemary Nagle has officially retired from home-based programming. She will continue to help in the office.

RE: PARENT REPRESENTATIVE

Absent

RE: CSA COORDINATOR

Mrs. Douthit reminded the membership of upcoming meetings. They are as follows:

- October 29<sup>th</sup> – 1:00 p.m.
- November 23<sup>rd</sup> – 1:00 p.m.
- December 17<sup>th</sup> – 1:00 p.m.
- December 18<sup>th</sup> – 9:00 a.m. – Joint FAPT/CPMT meeting
- January 28<sup>th</sup> – 1:00 p.m.

RE: COMMITTEES

FINANCE – There was no report for the Board of Supervisors in September. An update will be provided at the next CPMT meeting.

RE: UNFINISHED BUSINESS

Nothing at this time.

RE: INFORMATION ITEMS

Nothing at this time.

RE: ADJOURNMENT

There being no further business to discuss, the meeting was adjourned at 2:15 p.m.

Respectfully Submitted  
Alisha Vines – CPMT Vice-Chairman  
10/16/2015



## ORANGE COUNTY COMPREHENSIVE SERVICE ACT PARENTAL CO-PAYMENT ASSESSMENT FORMS

Effective: TBD

### Purpose:

To establish an equitable and effective process to assess and collect a parental contribution from families who are receiving services funded through the Comprehensive Services Act (CSA).

### Background:

Pursuant to Va. Code §2.2-5206(3) the Community Policy and Management Team (CPMT) shall establish policies to assess the ability of parents and legal guardians to contribute financially to the cost of services to be provided and, when not specifically prohibited by federal or state law or regulation, require parental or legal guardian financial contribution, utilizing a standard sliding scale based upon ability to pay.

Research shows that parents who are financially responsible, even minimally, for the treatment of their children are more likely to be more engaged in the process. Parents who are committed, both by participating in treatment and contributing financially, to helping create change in their homes will see positive outcomes in their relationship with, and in the behavior of, their children. Even with a minimum monthly payment, parents will feel they are active participants and vested in the treatment of their children.

### (A) Orange County CSA Co-payment Policy:

- **CSA co-pays will be assessed for all families whose children are receiving community based services or are placed residentially via parental agreement.**
- The revenue from CSA co-payments will be reserved for current and future CSA initiatives, programs or services.
- Parents of children receiving educational services contained on an Individualized Education Plan (IEP) are exempt from parental contribution requirements for those IEP services, according to federal law (the Individuals with Disabilities Education Act (IDEA), 20 USC 1400 et seq.)
- Parents of children in Department of Social Services (DSS) custody (see VA Code §63.2-909), in non-custodial foster care (see VA Code §63.2-910), **or placed via parental agreement**, are to be referred for assessment and collection to the state's Division of Child Support Enforcement (DCSE) pursuant to Department of Social Services procedures and Code of Virginia §20-108.2. If a child's parents are paying support through this DSS/DCSE process, they will be exempt from CSA parental co-pay requirements.
- Criteria for assessing the level of the required CSA co-pay are:
  - Family size
  - Gross annual income
- Payments shall be required to be made on a monthly basis. The minimum monthly payment shall be \$5 per family; the maximum monthly payment shall be \$125 per child, as indicated by the sliding fee scale set forth below.

- The parent/guardian will not be assessed a monthly co-pay greater than the monthly cost of the approved services.
- Parents or legal guardians shall be provided written documentation of the amount of their monthly co-pay, and of the day of the month on which each payment must be received. In general, the due date will be the 5<sup>th</sup> of each month. Failure to make scheduled payments may be taken into account when/if additional funding for services is requested. Delinquent amounts may be referred to the Individual Set-Off Debt Collection Program administered by the Virginia Department of Taxation (which could result in Virginia Individual Income Tax refunds being used to satisfy the debt to the CPMT), and the CPMT may also pursue other legal remedies available for collection of delinquent amounts.
- The Parental Co-payment Agreement will be completed prior to the families first Family Assessment and Planning Team (FAPT) meeting.
- It is the responsibility of the CSA Coordinator to inform parents of the financial contribution requirement, at the initial FAPT meeting. A confirmation letter will be sent by the Office on Youth Accounting Clerk within a week of the initial FAPT meeting stating the monthly co-pay amount and an explanation the payment process.

**(B) Procedure:**

At the time a referral is received, the primary case manager will:

- Ensure the family fully understands the CSA process.
- Advise the parent/legal guardian of the expectation that he/she will assume an active role in the planning and delivery of services to his/her child/ren.
- Advise the parent/legal guardian of the requirement of financial participation in the cost of services.
- Complete the Parental Co-payment Worksheet with the family to determine family size and gross annual income, as verified by pay stubs, IRS Form 1040 first page or other reliable income verification.
- Explain payment process, to include:
  - The requirement for each co-payment to be received by the CPMT on or before the fifth of each month;
  - The place to which each payment is to be submitted, and the manner of payment that will be accepted; and
  - The general process that will be followed to collect delinquent payments
- Secure signature of parent/legal guardian on the Parental Co-payment Agreement.
- Include the signed Parental Co-payment Agreement in the referral packet before the family's first FAPT meeting.
- Obtain a new, signed Co-Payment Agreement upon changes in a family's income or family composition and/or once the case reaches the year anniversary of the initial FAPT.



# ORANGE COUNTY COMPREHENSIVE SERVICE ACT PARENTAL CO-PAYMENT WORKSHEET

Please print or type all information

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

Child's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Family Members:

Name	Relationship	Name	Relationship

Number of dependents: \_\_\_\_\_ (including parent/guardians living in residence)

### Parent/Guardian Information:

	Guardian #1	Guardian #2
Name		
Social Security Number		
Home Phone		
Work Phone		
Email Address		

Please list amount of gross income received each month. Include a copy of documents verifying each income source and amount. Income includes, but is not limited to: salary and wages, alimony, retirement income, SSI, TANF, General Relief, adoption subsidy, SSDI, child support, and disability payments.

### Report of Income:

Source	Amount

*\*\*Please use a separate piece of paper if needed and attach to this form.*



## PARENTAL CO-PAYMENT WORKSHEET – Cont'd

Total Gross Monthly Income: \_\_\_\_\_

Total Gross Annual Income: \_\_\_\_\_

Signature of Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_

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

### To Determine the Amount of Monthly Contribution:

- A. Gross Annual Income \_\_\_\_\_
- B. Total Number of Dependents  
[Including parent(s)/guardian(s)] \_\_\_\_\_
- C. Multiply Line B by \$4,200 \_\_\_\_\_
- D. Subtract Line C from Line A \_\_\_\_\_
- E. Using the Contribution Scale, locate the monthly cap for the Adjusted Annual Income (Line D)
- F. CSA Coordinator will enter this amount on the Parental Co-payment Agreement at the initial FAPT meeting.

### Examples:

(1) Family of 2 with income of \$11,500	(2) Family of three with income of \$39,000
A. = \$11,500	A. = \$39,000
B. = 2	B. = 3
C. = \$8,400	C. = \$12,600
D. = \$3,100	D. = \$ 26,400
Monthly Parental Co-payment = \$5	Monthly Parental Co-payment = \$29
(3) Family of four with income of \$28,500	(4) Family of 6 with income of \$65,000 and two children receiving services
1. = \$28,500	a. = \$65,000
2. = 4	b. = 6
3. = \$16,800	c. = \$25,200
4. = \$ 11,700	d. = 39,8000
Monthly Parental Co-payment = \$ 9	Monthly Parental Co-payment = \$ 37



# ORANGE COUNTY CSA PARENTAL CO-PAYMENT SLIDING FEE SCALE

Approved: December 18, 2014

Effective: December 18, 2014

Adjusted Annual Income Level	Monthly Contribution				
	1 child	2 children	3 children	4 children	5 children
\$ 4,200	\$ 5	\$ 9	\$ 13	\$ 18	\$ 22
\$ 8,400	\$ 9	\$ 17	\$ 24	\$ 32	\$ 39
\$ 12,600	\$ 13	\$ 25	\$ 34	\$ 46	\$ 57
\$ 16,800	\$ 17	\$ 32	\$ 45	\$ 60	\$ 74
\$ 21,000	\$ 21	\$ 40	\$ 56	\$ 75	\$ 91
\$ 25,200	\$ 25	\$ 48	\$ 66	\$ 89	\$ 109
\$ 29,400	\$ 29	\$ 55	\$ 77	\$ 103	\$ 126
\$ 33,600	\$ 33	\$ 63	\$ 87	\$ 117	\$ 144
\$ 37,800	\$ 37	\$ 70	\$ 98	\$ 131	\$ 161
\$ 42,000	\$ 41	\$ 78	\$ 109	\$ 146	\$ 178
\$ 46,200	\$ 45	\$ 86	\$ 119	\$ 160	\$ 196
\$ 50,400	\$ 49	\$ 93	\$ 130	\$ 174	\$ 213
\$ 54,600	\$ 53	\$ 101	\$ 140	\$ 188	\$ 231
\$ 58,800	\$ 57	\$ 108	\$ 151	\$ 202	\$ 248
\$ 63,000	\$ 61	\$ 116	\$ 162	\$ 217	\$ 265
\$ 67,200	\$ 65	\$ 124	\$ 172	\$ 231	\$ 283
\$ 71,400	\$ 69	\$ 131	\$ 183	\$ 245	\$ 300
\$ 75,600	\$ 73	\$ 139	\$ 193	\$ 259	\$ 318
\$ 79,800	\$ 77	\$ 146	\$ 204	\$ 273	\$ 335
\$ 84,000	\$ 81	\$ 154	\$ 215	\$ 288	\$ 352
\$ 88,200	\$ 85	\$ 162	\$ 225	\$ 302	\$ 370
\$ 92,400	\$ 89	\$ 169	\$ 236	\$ 316	\$ 387
\$ 96,600	\$ 93	\$ 177	\$ 246	\$ 330	\$ 405
\$ 100,800	\$ 97	\$ 184	\$ 257	\$ 344	\$ 422
\$ 105,000	\$ 101	\$ 192	\$ 268	\$ 359	\$ 439
\$ 109,200	\$ 105	\$ 200	\$ 278	\$ 373	\$ 457
\$ 113,400	\$ 109	\$ 207	\$ 289	\$ 387	\$ 474
\$ 117,600	\$ 113	\$ 215	\$ 299	\$ 401	\$ 492
\$ 121,800	\$ 117	\$ 222	\$ 310	\$ 415	\$ 509
\$ 126,000	\$ 121	\$ 230	\$ 321	\$ 430	\$ 526
\$ 130,200 & up	\$ 125	\$ 238	\$ 331	\$ 444	\$ 544

\*\*The co-payment amount is based on the number of children receiving services, not the number of dependent children.

Families receive a discount on their co-payment amount when more than one child is receiving services. The breakdown of discounts is as follows:

1 child - first child's co-payment is full price

2 children - same as one child & second child receives a 10% discount

3 children - same as 2 children & third child receives a 15% discount

4 or more children - same as 3 children and fourth child or more receive a 20% discount



## ORANGE COUNTY CSA PARENTAL CO-PAYMENT AGREEMENT

*Please print or type all information*

Child/Youth Name:	Date of Birth:	Child Social Security #:
Guardian #1 Name:	Guardian 1 Social Security #:	
Guardian #2 Name:	Guardian 2 Social Security #:	
Guardian Physical Address (where child/youth resides):		
Guardian Mailing Address:		
Home Phone #:	Guardian #1 Cell Phone #:	Guardian #2 Cell Phone #:
Number of dependents:	Guardian #1 Work #:	Guardian #2 Work #:

I (we) verify that my child's case manager has explained to me (us) the expectations of my/our involvement in the treatment aspects of services and participation as a full partner with the Orange County Community and Policy Management Team (CPMT) in providing treatment services for my/our child. As a partner, pursuant to local CPMT policy, my co-payment toward the cost of treatment services is based upon my adjusted gross annual income, as computed through the Parental Co-Payment Sliding Fee Scale. I/we have provided income documentation to the case manager, or designee, whose signature appears below.

In consideration of the services being received by our child, I/ (we) agree to pay our monthly co-pay toward the cost of treatment services for each month my/our child receives CSA funded services. The first payment shall be due on the 5<sup>th</sup> of the month immediately after the initial FAPT review or in the month that services begin. In addition, monthly payments are required each succeeding month by the 5<sup>th</sup> also called "Due Date". Each payment shall be made payable to Orange County and shall be remitted to the following address: 146 Madison Road, Suite 205 Orange, VA 22960. Any payment not received within seven (7) days after the applicable Due Date shall be deemed delinquent.

This monthly payment obligation shall continue for the duration of the period in which my child is receiving CSA funded services.

Parent/Guardian #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## ORANGE COUNTY COMPREHENSIVE SERVICE ACT NOTICE OF INDIVIDUAL SET-OFF DEBT COLLECTION PROGRAM

I understand that failure to make scheduled payments as agreed will be taken into consideration by the Family Assessment and Planning Team (FAPT) when/if additional funding for services is requested and may result in the referral of my account to the Individual Set-off Debt Collection Program administered by the Virginia Department of taxation, under which delinquent amounts owed by me to the CPMT may be deducted from any Virginia Individual Income Tax refund(s) or other amounts owed to me by the Commonwealth of Virginia.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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***This section to be completed at FAPT by the CSA Coordinator and Parent/Guardians:***

Child(ren) Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Case Manager & Organization: \_\_\_\_\_

Monthly Co-pay: \$ \_\_\_\_\_ Effective Month of: \_\_\_\_\_ 20 \_\_\_\_\_

Initial FAPT Date: \_\_\_\_\_

By signing below, we are confirming that the general procedure for the Orange County CSA Parental Co-pay process has been explained and our co-pay amount has been provided.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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