

**CSA Program Audit
Quality Improvement Plan**

Audit Client Name:	Orange County CSA Program
Audit/File Number	05-2014
Audit Report Date:	May 19, 2014
Quality Improvement Plan Date:	12/31/2014

Instructions: A separate form must be completed for each audit observation included in the final report.

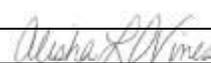
QUALITY IMPROVEMENT PLAN DETAILS

Observation No.	Task Description	Responsible Party	Target Date	Self Reporting Status	
				Click here to enter a date.	
				In Progress	Completed
CPMT Governance (1)	<p>The Draft Strategic Plan for Orange CSA has been completed. It was placed on the table at our last CPMT meeting for consideration. It has also been forwarded to other stakeholders, including the FAPT team for review.</p> <p>Awaiting suggestions for additions, completions, and/or corrections in order to vote on adopting the document at the 01/29/14 CPMT meeting.</p>	Orange County CPMT and CSA stakeholders	1/29/2015	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please check if attachments are included. **Orange CSA Draft Strategic Plan**

If tasked described is not complete, please explain:
The strategic plan is due to be voted on at the January 29th, 2015 CPMT meeting

PLAN APPROVAL

SIGNATURE: 	Title: CPMT Chair Office on Youth Director	Date: 12/31/14
PRINTED NAME: Alisha Vines		



For OCS Program Auditor Use Only

<input type="checkbox"/> Check if action plan is acceptable	Date received: Click here to enter a date.	Reviewed by: _____ Date: Click here to enter a date.
Action implemented: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Satisfactory	Date verified: Click here to enter a date.	Verified by: Click here to enter text.

Orange County Comprehensive Services Act Strategic Plan



Introduction

This document sets forth the goals and principles that guide each participant involved in the Orange County Comprehensive Services Act (CSA) program. It outlines a strategic approach to provide the necessary services to our youth and families.

Our Strategic Plan for 2015-2016 was developed using the direct contributions from the Orange Family Assessment and Planning Team (FAPT), Community Policy and Management Team (CPMT), and related stakeholders.

Guided by this document, we will continue strive to meet the individual needs of each child and family participating in the Orange County CSA Program. While we know this document is not a solution to each and every issue that may arise, it will guide the teams to make the best possible decisions for our youth and families.

About the Comprehensive Services Act (CSA)**

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. The state funds, combined with local community funds, are managed by local interagency teams who plan and oversee services to youth.

CSA Mission Statement

The mission of the CSA is to create a collaborative system of services and funding that is child-centered, family-focused and community-based when addressing the strengths and needs of troubled and at-risk youth and their families in the Commonwealth.

Administration of the CSA

The State Executive Council (SEC) is the supervisory body responsible for the establishment of programmatic and fiscal policies that support the purposes of the CSA. The Office of Comprehensive Services (OCS) is the administrative entity responsible for implementation of the decisions of the SEC.

CSA Vision Statement

OCS envisions CSA as a national model in providing effective and innovative systems of care statewide for at-risk youth and families. We strive for CSA to be highly regarded as a leader in: improving outcomes for children and their families; facilitating the highest quality technical assistance and training to strengthen the capacity of communities to implement CSA; maintaining high standards for sound fiscal accountability and responsible use of taxpayer

funds; and partnering with families and all CSA stakeholders to implement best practices and technology to continually improve the performance of CSA. OCS strives to maintain an enthusiastic, creative and knowledgeable staff empowered to work with CSA stakeholders to sustain the highest quality system of care for Virginia's youth and their families.

**Information for this section was taken from the Virginia CSA Homepage at <http://www.csa.virginia.gov/>.

Orange County CSA Mission and Vision

Vision

To assist in providing the best services possible for our youth and families.

Mission

To remain vigilant in providing up-to-date treatment opportunities for the youth and families referred to the Orange County CSA Program. In addition, we will continue to encourage parents and/or guardians to have active participation in the planning and execution process of the treatment options related to their child and/or family.

Orange County CSA Goals

The Orange County CPMT, FAPT, and all related stakeholders shall:

- Goal #1: Maximize the involvement of all stakeholders, especially the family and other significant people in the child's life.
- Goal #2: Remain fiscally responsible by securing the most cost-effective, treatment for each stakeholder involved including but not limited to parents, families, Orange County, and the Office of Comprehensive Services.
- Goal #3: To continue to stay abreast of new treatment options and techniques on order to ensure our children and families receive the best treatment possible.
- Goal #4: Continue to identify local needs and gaps in services in order to develop and enhance local resources.

Orange County CSA Program Initiative

Goal #1: Maximize the involvement of all stakeholders, especially the family and other significant people in the child's life.

The Orange County FAPT and CPMT recognize that it is easy to become so involved with our families that we sometimes fail to ask their opinions and ensure their involvement. Research has shown that when parents are involved their children tend to have better attendance in school, increased motivation, and better self-esteem to name a few positive results.

The Orange CSA Program Participants will:

- Encourage family engagement
- Encourage full participation in FAPT and the treatment process
- Provide support for families including, but not limited to wrap-around services

Goal #2: Remain fiscally responsible by securing the most cost-effective, treatment for each stakeholder involved including but not limited to parents, families, Orange County, and the Office of Comprehensive Services.

The Orange County FAPT and CPMT recognize the importance of being fiscally responsible in regards to the CSA program for the families, locality, and the state. This requires diligence in monitoring services and prices to ensure the families are receiving the best quality treatment at an affordable price for everyone.

The Orange County CPMT will:

- Continue to monitor the charges of services to be sure prices remain reasonable
- Continue to monitor the child and family outcomes to ensure the treatment provided was effective and reflective of the related fees
- Continue to ensure families are vested in their treatment options by including them not only in the decision making but also with the financial responsibility. This allows them to feel as if they are fully participating and be proud of their contributions.

Goal #3: To continue to stay abreast of new treatment options and techniques on order to ensure our children and families receive the best treatment possible.

The Orange County FAPT and CPMT recognize that treatment options are always evolving and changing with society needs. It is important to ensure each member of both teams share important information and also learn of new treatment options as they become available in order to provide the care our children and families need.

The Orange County CSA Stakeholders will:

- Keep abreast of new research and technology in regards to treatment options and remain open-minded as a treatment may work for one family and not the next.

- Continue to monitor the outcomes of treatment of the children and families to ensure that our current practices are the best practices.
- Continue to expand their knowledge of different aspects of the CSA Program by attending various trainings throughout the year.

Goal #4: Continue to identify local needs and gaps in services in order to develop and enhance local resources.

The Orange County FAPT and CPMT recognize that our community is continuously changing in regards to the needs of the current population. It is important to recognize these needs and ensure that there are services available locally to assist in treatment for those specific needs. It is important that all stakeholders collaborate on a regular basis so gaps and needs can be identified.

The Orange County CSA Stakeholders will:

- Participate annually in the “Critical Service Gaps” survey that is required by the Virginia General Assembly.
- Members of FAPT and CPMT will participate in the in-service days that are provided by the Office on Youth and CSA Coordinator to ensure that training is completed and it gives the teams the opportunity to stay apprised of each agencies services and practices.
- CPMT will seek out and utilize information that is gathered in other local agency needs assessments (Ex: Skyline CAP)

Adopted: _____

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QUALITY IMPROVEMENT PLAN DETAILS

Observation No.	Task Description	Responsible Party	Target Date	Self Reporting Status <small>Click here to enter a date.</small>	
				In Progress	Completed
CPMT Governance (2)	The Orange County CPMT has begun developing a formal orientation process for new members to FAPT and CPMT. We are currently waiting on feedback from members of FAPT and CPMT to see what they believe should be covered based on their experiences joining the team.	Orange County CPMT and OOO staff.	1/29/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Documentation of the monthly CPMT minutes has been redesigned and includes the suggested information from the audit report. The Office on Youth is also in the process of overhauling our CSA related website page to include more information for the public. This will include a separate page for FAPT and CPMT to provide information about each team, policies and procedures, CPMT minutes, and CSA related links.	OOO Director/CPMT Chair		<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please check if attachments are included.

If tasked described is not complete, please explain:

We are currently waiting on feedback from members of FAPT and CPMT on their experiences when they joined either team. We asked if they could share some of the key points they feel should be addressed for future embers.

PLAN APPROVAL

SIGNATURE: 	Title: CPMT Chair Office on Youth Director	Date: 12/31/14
PRINTED NAME: Alisha Vines		



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				In Progress	Completed
CPMT Governance (2) Cont'd.	The CSA Coordinator and the OOO Director have begun working on addressing the training needs of both teams and have established a regular training schedule. Currently we plan to have CPMT/FAPT joint trainings on the 5 th Wednesday in the months in which they fall. In addition, the CSA Coordinator will begin documenting when she reviews or provides new information to FAPT during their meetings.	Orange County CPMT and CSA stakeholders	12/1/201409/15/2014	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	The CSA Coordinator and OOO Director will work to develop surveys that can be used to assess the effectiveness of our CSA Program to be used by clients, vendors, team members, and stakeholders	CSA Coordinator, OOO Director, and CPMT		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Please check if attachments are included. Orange CSA Survey					
If tasked described is not complete, please explain: <small>Click here to enter text.</small>					
PLAN APPROVAL					
SIGNATURE: <i>Alisha Vines</i>			Title: CPMT Chair Office on Youth Director		Date: 12/31/14
PRINTED NAME: Alisha Vines					

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Orange County Comprehensive Services Act Parent Satisfaction Survey



Please take a minute to complete this survey about your service provider. Please return to the Orange County CSA Coordinator or the address below. Your comments are important to us.

Provider name: _____ Type of service: _____
 Case Manager: _____ Length of service: _____
 Gender: _____ Race: _____ Age of child(ren): _____
 School(s) attending: _____ Your relationship to child: _____

		Poor 1	Fair 2	No Opinion 3	Good 4	Excellent 5
1	The service provider involves/involved me in all decisions about services my child received.					
2	The service provider keeps/kept me informed.					
3	The service provider respects/respected me as the person who knows my child best.					
4	The service provider keeps/kept all scheduled appointments.					
5	The service provider is/was respectful of my home and cultural beliefs.					
6	The service provider gives/gave me information about community resources for my family.					
7	The service provider helps/helped my family build a support network.					
8	My child's behavior is improving/has improved.					
9	The services I am receiving/have received helped my family.					
10	I have gained a better understanding of my child's needs.					
11	I am better able to manage my child's behavior.					
12	I am/was pleased with my service provider.					
13	I would recommend this service provider to other families.					

What are some things you feel is helping/has helped you the most during your partnership with this provider?

What are some things that could be or could have been done better to make your experience better?

Additional comments:

Date survey completed: _____

Please return this completed form to:

Orange County Office on Youth
Attention: CSA Coordinator
146 Madison Road, Suite 205
Orange, VA 22960

Orange County Comprehensive Services Act Provider/Case Manager Satisfaction Survey



Please take a minute to complete this survey about your service provider. Please return to the Orange County CSA Coordinator or the address below. Your comments are important to us.

Case Name: _____ Evaluation Type (circle one): Ongoing Final

Agency or Case Manager Name: _____

Type(s) of service(s) provided: _____

Length of service (please provide in months): _____

		Poor 1	Fair 2	No Opinion 3	Good 4	Excellent 5
1	The admission documents/packets were complete.					
2	In your opinion, to what extent was the referral made to the least restrictive service?					
3	How well were the service needs of the youth identified early?					
4	To what extent were preventative or early intervention services employed?					
5	How thoroughly and appropriately were public service plan goals/objectives identified?					
6	To what extent was service planning performed collaboratively?					
7	To what extent was the service plan individualized and strength-based?					
8	How successful was the provider or case manager in engaging the family?					
9	How well did the provider or case manager facilitate coordination of services?					
10	The provider or case manager keeps/kept me informed of all relevant information.					
11	The CSA Coordinator keeps/kept me informed of all relevant information.					
12	<i>For Providers Only:</i> How well did the Orange CSA Program provide timely and accurate payments?					
13	I am/was pleased with the provider or case manager for this case.					

How successful was the outcome?

- A. No change or worsening
- B. Minimal change, if any
- C. Some improvements

- D. Progress made, not complete
- E. Desired outcome obtained

Describe what you think helped or inhibited change.

Following these services, the child required the following services:

- A. More restrictive services
- B. Same level services
- C. Less restrictive services

What are some things that could be or could have been done better to make your experience better?

Additional comments: _____

Date survey completed: _____

Please return this completed form to:

Orange County Office on Youth
Attention: OOO Director
146 Madison Road, Suite 205
Orange, VA 22960

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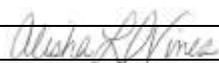
Observation No.	Task Description	Responsible Party	Target Date	Self Reporting Status <small>Click here to enter a date.</small>	
				In Progress	Completed
CPMT Governance (3)	The CSA Coordinator and the CPMT Community Services Board representative will accurately document our ICC policy and procedure.	CSA Coordinator and CPMT Community Services Board representative	1/31/2015	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	The CSA Coordinator has documented the procedure for collecting the required STI numbers. It is included in our CPMT Policy and Procedure Manual and will be voted upon at the January 29 th , 2015 meeting.	CSA Coordinator and CPMT Public School representative		<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please check if attachments are included. **STI Policy**

If tasked described is not complete, please explain:

Due to changes in staffing and policies, the CSA Coordinator and CSB CPMT member have not had a chance to complete the ICC Policy; however, they will finish by the end of January 2015.

PLAN APPROVAL

SIGNATURE: 	Title: CPMT Chair Office on Youth Director	Date: 12/31/14
PRINTED NAME: Alisha Vines		



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

Procedure for Collecting Student State Testing Identifiers

Policy No.: C17

Effective: 08/28/2012

Revised:

In a joint memo dated October 29, 2010, the Virginia Department of Education and the Office of Comprehensive services addressed the recording and reporting of students receiving state funded educational services by CSA. Generally, the students educational costs are reported the school division who then reports it to the Virginia Department of Education. The funds associated with the youth receiving the specific services, as listed in the memo (Form C17) and below, are then deducted from the March 31 Average Daily Membership (ADM). The documetning and reporting between agencies prevents double funding of students.

- A. The Orange County CSA Coordinator and CPMT shall follow the general procedures as outlined below:
1. Orange County Public School Referred Youth:
When the Case Manager of a student refers them to CSA, the Case Manager shall ensure that the Student Testing Identifier (STI) number is included on the “Request for FAPT Case Staffing” form.
 2. Other Agency Referred Youth:
In the event a student is referred by an agency other than the Orange County Public School system, the school representative appointed to the CPMT shall provide the students STI upon request from the CSA Coordinator.
 3. Responsibility of the Orange CSA Coordinator:
CPMT authorizes the CSA Coordinator to make available a quarterly report to the school division CPMT representative in order to aid the school division in accurately reporting their CSA funded students and to reconcile their data with the local CSA office.
 4. Coordination of Reporting:
The CSA Coordinator and the school representative on CPMT shall discuss the expenditures related to the students receiving the specific services addressed in the joint memo and below. This shall be done when the school division is ready to reconcile their Spring Student Record Collection (SRC) in order to assure accuracy of reporting information and to address any discrepancies that may be recorded by either agency.

B. Required Information & Services to be Recorded:

The CSA Coordinator shall collect and maintain a secure, confidential record of the information below in the CSA reporting software used for the Orange County CSA Program.

1. State Student Testing Identification number (STI)
2. Student Name
3. Service Placement Type (SPT)
 - a. SPT 6 for Special Education Private Day, or
 - b. SPT 17 for Congregate (Private Residential) Education Services for Medicaid funded placements, or
 - c. SPT 18 for Congregate (Private Residential) Education Services for Non-Medicaid funded placements

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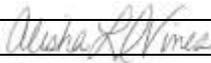
Observation No.	Task Description	Responsible Party	Target Date	Self Reporting Status	
				Click here to enter a date.	
				In Progress	Completed
Program Activities (4)	The Orange County CPMT will develop a formal utilization management program for the CSA Program in order to meet the needs of our particular locality.	Orange County CPMT	2/27/2015	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please check if attachments are included.

If tasked described is not complete, please explain:

The CPMT membership is awaiting the approval of our Strategic Plan as well as reviewing information provided during our 2014 Audit in order to address the Utilization Management Procedure.

PLAN APPROVAL

SIGNATURE: 	Title: CPMT Chair Office on Youth Director	Date: 12/31/14
PRINTED NAME: Alisha Vines		

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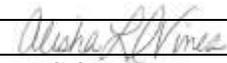
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Observation No.	Task Description	Responsible Party	Target Date	Self Reporting Status	
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				In Progress	Completed
CPMT Program Activities (5)	The importance of the including all relative client information on the IFSP has been discussed with the FAPT team. Continuous reminders will be provided to the team in order to ensure all information is included on the IFSP. We will be sure to address it in at least one of our joint meetings each year.	CSA Coordinator and CPMT Chair		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	The CSA Coordinator and OOO Director/CPMT Chair have reviewed and slightly redesigned the IFSP for the FAPT members. It included colored spaces to remind team members that those fields need to be updated each and every time an IFSP is completed.	CSA Coordinator and OOO Director/CPMT Chair		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Please check if attachments are included. Revised IFSP If tasked described is not complete, please explain:					

PLAN APPROVAL

SIGNATURE: 	Title: CPMT Chair Office on Youth Director	Date: 12/31/14
PRINTED NAME: Alisha Vines		



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ORANGE COUNTY FAMILY ASSESSMENT AND PLANNING TEAM SERVICE PLAN - PART A

Client						Address					Date of Report: / /
DOB	/ /	Age		Sex		Race			SSN: - -	Phone: - -	
Bio Parents	Mother:					Father:				STI#:	
Legal Guardian(s):						Other					
Sibling and age:						Age:	Sibling and age:			Age:	
Sibling and age:						Age:	Sibling and age:			Age:	
Sibling and age:						Age:	Sibling and age:			Age:	

Case Manager:			Referral Agency:			Mandated Category:		
Initial Referral:	If No, date of initial referral	/ /	Date of last FAPT:	/ /	School			
Does Youth Receive Special Education Services?			If yes, what is the Category?					
What Public Agencies are involved?		<input type="checkbox"/> Public Schools	<input type="checkbox"/> DSS	<input type="checkbox"/> CSU or Court	<input type="checkbox"/> CSB	<input type="checkbox"/> Health Dept.		
Medicaid Screened	<input type="checkbox"/> Yes <input type="checkbox"/> No	DSM IV Mental Health Diagnosis		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Medicaid enrolled	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, diagnosis:						
FAMIS enrolled	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Parent Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Does client have a diagnosis of:		<input type="checkbox"/> Autism Spectrum	<input type="checkbox"/> Pervasive Developmental Disorder not otherwise Specified	<input type="checkbox"/> Asperger's				
Medication Taken for mental health issues:								
Other medication taken:								
Is there Court Involvement?		<input type="checkbox"/> CHIN Services	<input type="checkbox"/> CHINSupv	<input type="checkbox"/> FCP Order	<input type="checkbox"/> Child Protective Services	<input type="checkbox"/> Child Protective Order		
Has Youth had Criminal Charges?		Current Court Involvement?		Explain:				
Is Youth in Custody of DSS?		Title IV – E?	Is the placement Medicaid approved?			Where?		
Basis for Custody:								

ORANGE COUNTY FAMILY ASSESSMENT AND PLANNING TEAM SERVICE PLAN - PART A

CANS Assessments	
Initial CANS Date: / /	Two Year CANS Assessment: / /
1 st Year Reassessment #1: / /	3 rd Year Reassessment #1: / /
1 st Year Reassessment #2: / /	3 rd Year Reassessment #2: / /
1 st Year Reassessment #3: / /	3 rd Year Reassessment #3: / /
One Year CANS Assessment: / /	Discharge Assessment: / /
2 nd Year Reassessment #1: / /	
2 nd Year Reassessment #2: / /	
2 nd Year Reassessment #3: / /	

What services have been provided before FAPT Request? (who, what and when)	What services are currently in place at time of First FAPT? (who and what)

A. Presenting Problem:	
B. Child & Family History:	
C. Strengths of Child and Family:	

ORANGE COUNTY FAMILY ASSESSMENT AND PLANNING TEAM SERVICE PLAN - PART A

Transition Discharge Plan (be specific, time frame estimate included):	
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D. Progress made on Goals: (To be filled out when case is being reviewed after initial FAPT)	
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Long Term Goals (specify time frames):	Current Priority Goals (specify time frames):

Case Manager Recommendations for Strategies or Services for the FAPT team to consider :	Case Manager Proposed Person/Agency/Vendor responsibility:

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Program Activities (6)	The Office on Youth (department overseeing the Orange CSA Program) has reorganized the parental co-pay procedure and turned the collection process over to the OOO Accounting Clerk. This will ensure timely payments as well as parent participation in the program. We have the general procedure down and will address issues as they arise.	Orange County Office on Youth		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Please check if attachments are included. Recently Updated Parental Co-pay forms If tasked described is not complete, please explain: Click here to enter text.					

PLAN APPROVAL

SIGNATURE: <i>Alisha Vines</i>	Title: CPMT Chair Office on Youth Director	Date: 12/31/14
PRINTED NAME: Alisha Vines		



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ORANGE COUNTY COMPREHENSIVE SERVICE ACT PARENTAL CO-PAYMENT ASSESSMENT FORMS

Effective: December 18, 2014

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), or in non-custodial foster care (see VA Code §63.2-910), 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 5th 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	2	3	4	5
	child	children	children	children	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 5th 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 5th 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 or Parent/Guardian

Date

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: _____

