

			<b>FFPSA - CSA Integration</b>	
<b>Activity</b>	<b>No/Low Integration</b>	<b>Moderate Integration</b>	<b>High Integration</b>	
<b>Eligibility</b>	Children and families are eligible for FFPSA funded prevention services in accordance with the "imminent risk" criteria established by the VDSS/Three Branch. These children and families are also eligible for CSA (mandated) as they are receiving foster care prevention services in accordance with §63.2-905 (Foster Care Services).			
<b>Referral Process</b>	No CSA consideration requested by LDSS. No referral to FAPT/VDSS will handle independently (e.g., use of PSF or DJJ funds).	Differential referral to CSA dependent on case characteristics (e.g., infant may not be referred while an older child with cross-agency needs may be referred). Case "type" and referral and may evolve over time as circumstances dictate. Specific referral requirements to be determined by VDSS guidelines and local CPMT policy.	All cases referred to FAPT. Specific referral requirements to be determined by VDSS guidelines and local CPMT policy.	
<b>CANS Requirements</b>	Yes, VDSS plans to require CANS for FFPSA cases. OCS to modify CANNAS to "flag" children referred for FFPSA service and not to CSA. CANS reassessments dependent on VDSS requirements and/or local CSA policy for cases in a high integration framework. CANS data can be used as component of an FFPSA evaluation model.			
<b>FAPT Role/Activities</b>	N/A	For referred cases, existing CSA processes apply if CSA funding is requested/appropriate. If no CSA funding requested, FAPT's role is one of case consultation, coordination and service recommendation and periodic case review.	Existing CSA processes apply if CSA funding is requested/appropriate. If no CSA funding requested, FAPT's role is one of case consultation, coordination and service recommendation and periodic case review.	
<b>Time Frames for Action by FAPT</b>	N/A	FAPT to hear case as soon as practicable. LDSS may initiate FFPSA services at their discretion. Cases requesting CSA funds are subject to existing CSA policies.	For FFPSA-only cases (no CSA funding requested), to be heard at FAPT within 30 days (align with FFPSA service plan requirements). LDSS has the authority to initiate services prior to FAPT as determined by local policy. Cases requesting CSA funds are subject to existing CSA approval policies.	
<b>Service Plan Requirements</b>	Whatever DSS requires via Prevention Guidance.	CSA encouraged to accept VDSS Prevention Plan format for FFPSA services and not to require have two plans (Prevention Plan + IFSP). CSA and VDSS to work together to develop a Prevention Plan that will meet both requirements.	To be developed within 30 days if FFPSA only funds are being used (not asking for CSA funds). CSA encouraged to accept VDSS Prevention Plan format for FFPSA services and not to require have two plans (Prevention Plan + IFSP). CSA and VDSS to work together to develop a Prevention Plan that will meet both requirements.	
<b>CPMT Role/Activities</b>	Current role for policy and practice oversight/coordination. Broad system oversight/CQI at the local level. Encourage review of data in light of new FFPSA (outcomes, use of CSA funds/referrals for FC prevention, etc.) Discuss how to integrate EBPs across all child-serving systems. No need for CPMT authorization of FFPSA expenditures.			
<b>Data Requirements</b>	DSS only	What new data does CSA want to collect, if anything? Flag in LEDRS if child is getting CSA and FFPSA? VDSS needs to identify specific data elements for evaluation; how to align CSA and DSS data collection and systems?	Follow current practice for review of cases. Mirror guidance in new VDSS prevention policy (every 90 days). Local/DSS policy/ regarding period of FFPSA service authorization (every 90 days? full period of intended service?). Can FAPT review meet the VDSS review requirements?	
<b>Case Review Requirements (UR)</b>	DSS requirements only	CSA Case Review may be driven by case type and local policy. Must meet minimum VDSS requirements.		

Use of Alternate MDTs	N/A	Encouraged as appropriate - MDTs may have specialized perspectives.
Requirements for CSA AND FFPSA Cases	Standard CSA procedures will apply. FFPSA services may begin before FAPT per local policy. Localities will need to determine how FFPSA service plans/CANS will substitute or align with existing FAPT requirements. Encourage reduction in potentially redundant and or unnecessary paperwork and practices.	
Service Contracting, Invoicing, Payment	Undetermined at this point/payment through LDSS LASER. Many variables to consider. CSA currently does contracting, invoicing and payment (non Title IV-E) in many localities especially if separate from DSS. Concerns over possible duplication of contracting between FFPSA and CSA if the same services are to be used with different populations served. ?allow local contracting with vendors as they already exist. Local contract requirements versus state contract requirements. How to handle services "turned down" for FFPSA funding (if already processed through CSA (high integration)/if not (low integration)	
Parental Co-Payment	No co-payments for FFPSA services.	No co-payments for FFPSA services. Co-payments for CSA funded services per state and local CSA policy.
Local Policy Development	Will need to be thoughtfully discussed and developed. Remind people that they have to have policies requiring emergency services which allow immediate access to funds. Local CPMTs and LDSS should be reminded of and encouraged to utilize all available funding streams. The configuration of the FFPSA/CSA relationship should not be "compartmentalized", but rather be fluid and adaptable to the needs of the child and family and reflective of available local resources.	

**Additional Discussion Points/Considerations**

<p><b>Potential Case Type Characteristics for Differential Levels of Integration (FFPSA/CSA)</b> (Especially for Moderate Integration Models)</p> <p><b>Include in CSA</b> Children and families for whom there are no available/appropriate FFPSA services Delinquent youth who have family system issues/ could be open to DSS prevention if meeting criteria</p> <p><b>Exclude from CSA</b> Infants, young children/not in school/not on probation/no identified MH issues. Children and families who only need FFPSA, not other agency involvement</p>	<p><b>Need for consistent messaging and properly timed messaging from both DSS and CSA</b> VDSS anticipates prevention guidance to be complete next April. Cannot complete CSA integration guidance until that is complete.</p>
<p><b>Note to OCS:</b> Provide clarity about the allowable range of documentation that will meet CSA audit requirements.</p>	<p><b>Note to Localities:</b> While impact is not yet determined, CSA programs need to anticipate and prepare for increased workloads, especially as they adopt more integrated models. OCS will work with VDSS to try to determine how many of the current CSP Ongoing Cases are already being served by CSA, to get a ballpark estimate of how many new CSA cases might be possible in a high integration model.</p>