



Series: Operating Procedures COA: NET 4.01, 4.03, 6.03
CFOP: NA

Procedure Name: Child & Adolescent Functional Assessment Scale (CAFAS)

Procedure Number: OP-1003

Revision #/Date: 12/8/08

Effective Date: 1/20/06

Applicable to: All CBC of Brevard staff involved in working with children in licensed foster care from ages 3 to 17.

SUBJECT: Child and Adolescent Functional Assessment Scale (CAFAS).

PURPOSE: To outline the process regarding the completion of the Child and Adolescent Functional Assessment Scale (CAFAS), as well as how the CAFAS is utilized in placement decisions.

PROCEDURE:

References

(to be added as applicable)

Initial Review

Each child entering a licensed foster care placement will be reviewed during an Initial Child Placement Review phone staffing coordinated by the Utilization Review Specialist. Calls each Friday will include children who entered licensed care the previous week. The child's Dependency Care Manager, Child Placement Agency, intake and placement specialist and the Utilization Review Specialist will be included as part of this conference call. The purpose of the call is to ensure that there are mechanisms in place for all parties to communicate and ensure children in licensed out of home care have the benefit of a timely and appropriate placement.

CAFAS Assessment

Following the Initial Child Placement Review Staffing, the Utilization Review Specialist will contact the Dependency Care Manager in order to gain information regarding the child and develop a list of informants who can assist in the CAFAS assessment. After making contact with the Dependency Care Manager, the Utilization Review Specialist will then review the case record and make contact with the list of informants gained through the review of the record and conversation with the Dependency Care Manager. The Utilization Review Specialist will then contact the out of home care placement facility/home in order to schedule time to visit the child and meet with the care givers in order to complete the CAFAS.

Following this visit, The Utilization Review Specialist will complete the Utilization Review Report. The completed CAFAS form and the report will be forward to the Utilization Review Manager, the Dependency Care Manager and a copy will be sent to the Child Placement Agency. The initial CAFAS/Utilization Report will be completed no later than 10 business days following initial phone

call. For those children who receive moderate to severe ratings in any of the categories, a CAFAS will be completed every 90 day following the initial CAFAS completed. For those children with a mild score, CAFAS will be completed within 90-120 days depending on concerns regarding current and future placements and/or depending on timeframes and the goal regarding permanency. All children will have a CAFAS completed at a minimum of every six months. In addition, Dependency Care Managers and CBC of Brevard staff may refer a child for a CAFAS assessment at any time.

Change of Placement for Child

Any child whose current foster home/facility has initiated a thirty day notice to change placement, should be referred for a CAFAS immediately so the report can be available quickly and assist in determining the next placement. All CAFAS should be completed within the following 10 business days. If the CAFAS scores are not in line with the children's current placement, the Utilization Program Manager will schedule a Clinical Review staffing in order to review the CAFAS assessment as well as review other relevant information through the Clinical Review staffing process. The clinical review will be completed within 30 days of the receipt of the CAFAS report. The Utilization Review Specialist will also be included in the staffing. Recommendations regarding the reasons for continued placement at the current level of placement and/or recommendations for a different level of placement will be documented during this review and a copy will be forwarded to the Utilization Review Specialist who completed the CAFAS. Children in placements that are not commensurate with their CAFAS scores will be reviewed regularly through the Clinical staffing process in order to continue to review need to a particular level of service. Documentation regarding these decisions will also be maintained in the Intake files.

CAFAS Scores

1. The CAFAS scores are defined as follows:

- 0-10: Youth exhibits no noteworthy impairment.
- 20-40: Youth likely can be treated on an outpatient basis, provided that the risk behaviors are not present.
- 50-90: Youth may need additional services beyond outpatient care.
- 100-130: Youth likely needs care which is more intensive than outpatient and/or which includes multiple sources of supportive care.
- 140 & higher: Youth likely needs intensive treatment, the form of which would be shaped by the presence of risk factors and the resources available within the family and the community.

2. The scores associated with placement are as follows:

0-80: Pathways (Traditional foster care) - The child has minimal or no impairments in daily living activities. Child requires some outpatient services and community coordination for support and reinforcement. Child is stable in current living environment. Foster parent requirements include a one or two parent home, no restrictions on employment.

80-120: Connections (Enhanced foster care) - The child has some mild impairment that results in sporadic disobedience and uncooperativeness. The child is capable of being redirected and adhering to behavior and/or treatment plan. The child requires a customized behavioral and treatment plan. Foster parents must be specially recruited and trained in interventions to meet the

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child's needs (10 hours of training) Training details normal child development, discipline, limit setting, consequences, problem solving and relationship building skills as well as, permanency planning, stress management, confidentiality, and cultural competency.

120-160: Passages (Enhanced foster care) - The child has moderate impairments, may have some non compliant and inappropriate behavior, the child demonstrates some difficulty complying with reasonable rules and expectations within the home. The child typically accepts and processes consequences for undesirable behaviors. The child meets the criteria for Connections and it is recommended that at least one parent be available 24 hours per day to respond to a potential crisis. A two parent household is strongly recommended. 20 hours of training is required. Training includes; Serious emotional disturbances in children, trauma, removal and loss, working with biological families as a mentor, behavior management theories and skills.

120-140: Specialized therapeutic foster care (level one) - Must meet Medicaid criteria for level one.

120-180: Group home placement - The child's behavior cannot be managed in a family foster home setting. Less restrictive placements can be used as a step down option for residential treatment or other settings for children/youth who are unable to return home and/or to provide consistency for children who experience many moves and placements in a short time period.


160-180: Specialized therapeutic foster care (level two) - Must meet Medicaid criteria for level two.

120-200: Specialized therapeutic group care - Must meet Medicaid criteria for specialized therapeutic group level of care.

120-240: Family residence program - The child will participate in pre independent living skill training in preparation for transition to adulthood; the family residence will assist youth in successfully transitioning into adulthood. The foster parents will participate with other professionals in the development of a service plan. And will have primary responsibility for implementing in home strategies, working cooperatively with family team members, and attending required training,

200-240: SIPP (State Inpatient Psychiatric Program) - Must meet Medicaid criteria for a SIPP facility.

BY DIRECTION OF THE CHIEF EXECUTIVE OFFICER:



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