

## **CAPS Family Assessment (CAPS Comprehensive Assessment and Planning System)**

### **Definition:**

A comprehensive assessment of needs and strengths for individual children/youth and their families through face to face interview(s) designed to guide service planning and decision making with the primary objective of permanency, safety and improved quality of life, identify service gaps and promote resource development.

The Child and Adolescent Strengths and Needs WV Manual, i.e., WV CANS, is the primary assessment tool and is to be completed under this code.

The WV CANS focuses on the following areas:

- Trauma experiences
- Traumatic stress experiences
- Child strengths
- Life Domain Functioning
- Acculturation
- Child Behavioral/Emotional Needs
- Child Risk Behaviors
- Development
- Life Skills
- Caregiver Needs and Strengths

### **WV CAPS Providers Criteria:**

Providers must be enrolled by the Bureau of Children and Families as a **Socially Necessary Provider and**

Agrees to provide all of the Medically Necessary Services triggered by the initial 14 day assessment **and**

- Staff trained and certified in CAPS and Child and Adolescent Needs and Strengths (WV CANS).
- Supervisory Staff with Masters in Human Service field with applicable license to supervise the Bachelor level staff and sign the Initial Comprehensive Assessment 14 day report and the Comprehensive Assessment Report (CAR) 30 day **and**
- Staff with a Bachelor's in Human Service field with a minimum of one year experience working with children/youth and participates in documented supervision by Master level staff **and**
- Provider has proven experience working with children/youth at risk.
- Agrees to obtain formal written contracts with community partners responsible for completing additional triggered clinical pathway assessments/tools, assures delivery of a comprehensive assessment(s) in a timely manner, maintains all case documentation and is certified in CAPS/CANS.

- Provider will accept only CAPS referrals that they have the ability to initiate within 72 hours of authorization,

### **Program Components:**

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**Referral:** DHHR will phone a CAPS referral to the provider and include (by mail or fax), when available, the information necessary to initiate the CAPS process. The CAPS provider will decide as to the appropriateness and ability to initiate a CAPS assessment and communicate this to the referring DHHR worker and family (if accepted) within 24 hours via phone or fax notification. Referral will not be considered active until all authorizations, consents and necessary information is received.

**Family Joining:** An orientation meeting where the DHHR worker and the CAPS provider explain the assessment process to the youth and family members prior to beginning the interviews. A DHHR worker will partner with the WV CAPS provider to schedule the Family Joining meeting. Provider will notify the referring DHHR worker within 5 day(s) of authorization if unable to contact the family and/or if family is uncooperative.

**Information Review:** CAPS provider reviews the case record, interviews the child/youth and family, talks with collateral contacts and gathers service involvement and/or history. The DHHR worker will provide the CAPS provider with the following information if available:

- Youth Behavior Evaluation (YS)
- Family Functioning Assessment (CPS)
- Protective Capacities Family Assessment and Family Case Plan (CPS)
- Family Case Plan Evaluation (CPS)
- Continuing Safety Plan Evaluation (CPS)
- Copy of current Court Order
- Visitation Plan
- Birth Certificate, School Records (IEP or 504 as applicable)
- Social Security number
- Immunization Records and Medical Information
- Authorizations, SS-FC-40, SS-FC-40A
- Consent or access to review all pertinent past and present records

**Information Integration:** CAPS provider utilizes all available information to score the Child and Adolescent of Needs and Strengths WV CANS.

**Family Conference:** CAPS provider communicates the initial CAPS findings with recommendations and indicates what additional assessments are needed in a written 14 Day report to the DHHR worker and family.

**Initial 14 Day Report:** CAPS provider communicates the CAPS findings, recommendations and need for additional assessments in a written report made available to the DHHR worker for distribution to appropriate parties such as MDT, court, etc. The CAPS provider must initiate and facilitate the MDT meeting and is required to be available to present results to the MDT, courts, etc. if requested.

**Comprehensive Assessment Report (CAR):** The final 30 day comprehensive report (CAR) is completed when additional triggered clinical assessments/tools are completed. It communicates the final CAPS findings and recommendations in a written report made available to the DHHR worker for distribution to appropriate parties. The CAPS provider must initiate and facilitate the MDT meeting and is required to be available to present results to the MDT, courts, etc. as requested. The CAR must be reviewed, approved and signed by a Master level individual with licensure who has either completed the CAR or has supervised the Bachelor level provider who completed the CAR. However, a Bachelor level CAPS credentialed individual who completed the CAPS may attend the MDT and present the results and recommendations of the CAR.

<b>Target Population</b>	CPS and Youth Services
<b>Program Option</b>	Foster Care, Family Preservation
<b>Initial Authorization</b>	Tier I 14 Days Unit= Eight (1) hour units Maximum of 7 units CAPS Family Assessment 8 units CAPS Case Management Tier II Medicaid H0031 and 96101 One unit of CAPS Family Assessment 28 units of CAPS Targeted Case Management
<b>Total Authorizations Available</b>	One
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Admission to emergency shelter placement without an identified discharge plan to a specific placement</li> <li>• Change of custody</li> <li>• Youth adjudicated as delinquent and referred to DHHR where court is considering placing youth in DHHR custody or out-of-home care at DHHR expense</li> <li>• Disrupted placements in Youth Services (YS) and Child Protective Services (CPS)</li> <li>• All youth in Jacob's Law</li> <li>• Any youth in an open YS or CPS case for whom a comprehensive assessment is needed and/or there is a risk of placement disruption.</li> </ul>

<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Not Applicable</li> </ul>
<b>Discharge Criteria</b>	<ul style="list-style-type: none"> <li>• Final 14 day or 30 day Comprehensive Assessment Report(s) are completed.</li> <li>• CAPS provider communicates final CAPS findings in written report to DHHR for distribution to appropriate parties and is available to present results at the MDT.</li> <li>• MDT/case plan development (DHHR worker, family, and appropriate parties) has reviewed the CAR and uses the CAPS recommendations to guide decision making.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• Other Socially Necessary Services and Medically Necessary Services may be authorized in conjunction with CAPS excluding what is in the CAPS bundled rate.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations, HIPAA and agency record-keeping policies.</p> <p>The case record must contain documentation of the referral, Family Joining meeting, Family Conference meeting(s), collateral contacts including DHHR and the courts, MDT meeting(s) and all contacts with the youth/children, family and/or guardians.</p> <p>An Initial (14 Day) Comprehensive Assessment Report must be completed for each CAPS Report includes:</p> <ul style="list-style-type: none"> <li>• Youth and Caregiver information</li> <li>• Agency and Assessor information</li> <li>• Referral Source information</li> <li>• Court Information</li> <li>• Summary of Significant Findings</li> <li>• Referral information</li> <li>• Summary of Service Interventions</li> <li>• Identified Safety Issues</li> <li>• CANS Domain Summary of Findings, Needs &amp; Strengths Support</li> </ul>

	<ul style="list-style-type: none"> <li>• Recommendations for further Assessment(s), Treatment and/or Support</li> <li>• Sub-modules, WV Older Youth Checklist (youth over 16)</li> <li>• Signature of the provider and his/her title and/or credentials.</li> </ul> <p>A copy of the FACTS referral sheet, service plan and/or safety plan for CPS or YBE for YS, all collateral information collected throughout the review process and the Comprehensive WV CANS must be present in the case record.</p> <p>The Comprehensive Assessment Report (CAR) accompanies the Initial 14 day CAPS report if:</p> <ul style="list-style-type: none"> <li>• Further clinical assessment(s) indicated by the CANS are required.</li> <li>• Includes a summarization and integration of the assessments, the 14 day report and additional information obtained from clinical observations and interviews.</li> <li>• Provides recommendations to assist the DHHR and the MDT in determining the appropriate service(s) and level of care for the youth and family.</li> </ul>

Additional service criteria: Credentialing criteria must match Medicaid's Rehabilitation requirements for Clinical Evaluation and meet criteria for any other assessment provided.

