

**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, 06/22/11

**Effective Date:** 1/20/06

**Applicable to:** All Brevard Family Partnership staff involved in working with children in licensed foster care from ages 3 to 17.

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

Preschool and Early Childhood Functioning Assessment Scale (PECFAS)

**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 and identifying service delivery needs for children in Licensed Out of Home Care.

**PROCEDURE:**

**References**

(to be added as applicable)

**Initial Review**

Each child entering a licensed foster care or group home placement will receive a CAFAS or PECFAS within 14 days of placement. The assessment will be reviewed during the initial Standing Team/Case Planning Conference.

**CAFAS Assessment**

Once the child has entered licensed out of home care, the Utilization Review Specialist (or designee) will then contact the out of home care placement facility/home in order to complete the CAFAS. 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.

Following this completion of the CAFAS, The Utilization Review Specialist will complete the Utilization Review Report. The completed CAFAS form will be forward to the Utilization Management Program Manager, and will be sent to the Child Placement Agency. The initial CAFAS/Utilization Report will be completed no later than 14 business days following following the child coming into care and in preparation for the initial standing/case planning meeting. In addition, Dependency Care Managers and Brevard Family Partnership staff may refer a child for a

CAFAS assessment at any time in order to determine if placement and services being provided are appropriate for the needs of the child in care.

### **Change of Placement for Child**

All CAFAS scores will be reviewed by the Utilization Management Program Manager in order to determine whether a standing team should be held regarding possible placement discrepancies. The decision to hold a placement review is based on multiple sources of information along with the CAFAS scores presented. If the Utilization Program Manager determines a review of placement is needed, he/she will schedule a Standing Team Conference staffing in order to review the CAFAS assessment as well as review other relevant information through the Standing Team Conference staffing process. The standing team will be completed within 30 days of the receipt of the CAFAS report and review of other information by the Utilization Program Manager. 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. Documentation regarding these decisions will also be maintained in the Intake files.

### **CAFAS Scores**

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.

BY DIRECTION OF THE CHIEF EXECUTIVE  
OFFICER:



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APPROVAL DATE: 6/30/11