Virginia Department of Social Services
LASER Expenditure Guidelines Manual
Revisions – Fiscal Year 2008

Division of Finance
Local Reimbursement Unit

Virginia Department of Social Services
LASER Expenditure Guidelines Manual
Acronyms

ACRONYM	DESCRIPTION
ABE	Adult Basic Education
ACF	Administration for Children and Families
ADAPT	Application Benefit Delivery Automation Project
AFCARS	Adoption and Foster Care Analysis and Reporting System
AFDC	Aid to Families with Dependent Children
APS	Adult Protective Services
APSS	Adoption Promotion and Support Services
CFCIP/ILP	Chafee Foster Care Independence Program/Independent Living Program
CFR	Code of Federal Regulations
CPMT	Community Policy and Management Team
CPS	Child Protective Services
CRF	Children's Residential Facility
CSA	Comprehensive Services Act
CSCAP	Central Services Cost Allocation Plan
CWEP	Community Work Experience Program
DHCD	Department of Housing and Community Development
DHRM	Division of Human Resource Management
DOF	Division of Finance
EAP	Energy Assistance Program
EBT	Electronic Benefits Transfer
ESL	English as a Second Language
ETV	Education and Training Voucher
FAMIS	Family Access to Medical Insurance Security
FAPT	Family Assessment and Planning Team
FC	Foster Care
FEP	Full Employment Program
FFP	Federal Financial Participation
FICA	Federal Insurance Contributions Act
FPS	Family Preservation Services
FREE	Fraud Reduction Elimination Effort
FSET	Food Stamp Employment and Training
FSS	Family Support Services
GED	General Education Development
ILP	Independent Living Program (Plan)
LASER	Locality Automated System for Electronic Reimbursement
LCPA	Licensed Child Placing Agency
LETS	Local Employee Tracking System
LIHEAP	Low Income Home Energy Assistance Program
LDSS	Local Department(s) of Social Services
OMB	Office of Management and Budget

Virginia Department of Social Services
LASER Expenditure Guidelines Manual
Acronyms

PACAP	Public Assistance Cost Allocation Plan
PSP	Public Service (employment) Program
PSSF	Promoting Safe and Stable Families
REPP	Reasonable Efforts to Finalize the Permanency Plan
RMS	Random Moment Sampling
S & O	Staff and Operations
SFY	State Fiscal Year
SPARK	Services, Programs, Answers, Resources, Knowledge (Website)
SSBG	Social Services Block Grant
SSI	Supplemental Security Income
TANF	Temporary Assistance for Needy Families
TANF-UP	Temporary Assistance for Needy Families – Unemployed Parent
TET	Transitional Employment and Training
TLFRS	Time Limited Family Reunification Services
VCC	Virginia Community Corps
VDSS	Virginia Department of Social Services
VIEW	Virginia Initiative for Employment, Not Welfare
VLSSE	Virginia League of Social Service Executives

GENERAL PRINCIPLES FOR DETERMINING ALLOWABLE COSTS

- Basic Guidelines
- Composition of Costs
- Direct Costs
- Indirect Costs
- Interagency Services
- Consistent Treatment of Costs

Expenditures submitted through LASER for state and federal reimbursement consideration must comply with federal cost principles as indicated in OMB Circular A-87. Below is an extract from OMB Circular A-87, Sections C, D, E, F, and G that cover some of the cost principals. For a full text of Circular OMB A-87, reference, 2 CFR Part 225, Cost Principles for State, Local, and Indian Tribal Governments (OMB Circular A–87)

C. Basic Guidelines

1. Factors affecting allowability of costs. To be allowable under Federal awards, costs must meet the following general criteria:

a. Be necessary and reasonable for proper and efficient performance and administration of Federal awards.

b. Be allocable to Federal awards under the provisions of this Circular.

c. Be authorized or not prohibited under State or local laws or regulations.

d. Conform to any limitations or exclusions set forth in these principles, Federal laws, terms and conditions of the Federal award, or other governing regulations as to types or amounts of cost items.

e. Be consistent with policies, regulations, and procedures that apply uniformly to both Federal awards and other activities of the governmental unit.

f. Be accorded consistent treatment. A cost may not be assigned to a Federal award as a direct cost if any other cost incurred for the same purpose in like circumstances has been allocated to the Federal award as an indirect cost.

g. Except as otherwise provided for in this Circular, be determined in accordance with generally accepted accounting principles.

h. Not be included as a cost or used to meet cost sharing or matching requirements of any other Federal award in either the current or a prior period, except as specifically provided by Federal law or regulation.

i. Be the net of all applicable credits.

j. Be adequately documented.

2. Reasonable costs. A cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost. The question of reasonableness is particularly important when governmental units or components are predominately federally funded. In determining reasonableness of a given cost, consideration shall be given to:

a. Whether the cost is of a type generally recognized as ordinary and necessary for the operation of the governmental unit or the performance of the Federal award.

b. The restraints or requirements imposed by such factors as: sound business practices; arms length bargaining; Federal, State and other laws and regulations; and, terms and conditions of the Federal award.

c. Market prices for comparable goods or services.

d. Whether the individuals concerned acted with prudence in the circumstances considering their responsibilities to the governmental unit, its employees, the public at large, and the Federal Government.

e. Significant deviations from the established practices of the governmental unit which may unjustifiably increase the Federal award's cost.

3. Allocable costs.

a. A cost is allocable to a particular cost objective if the goods or services involved are chargeable or assignable to such cost objective in accordance with relative benefits received.

b. All activities which benefit from the governmental unit's indirect cost, including unallowable activities and services donated to the governmental unit by third parties, will receive an appropriate allocation of indirect costs.

c. Any cost allocable to a particular Federal award or cost objective under the principles provided for in this Circular may not be charged to other Federal

awards to overcome fund deficiencies, to avoid restrictions imposed by law or terms of the Federal awards, or for other reasons.

d. Where an accumulation of indirect costs will ultimately result in charges to a Federal award, a cost allocation plan will be required as described in Attachments C, D, and E.

4. Applicable credits.

a. Applicable credits refer to those receipts or reduction of expenditure type transactions that offset or reduce expense items allocable to Federal awards as direct or indirect costs. Examples of such transactions are: purchase discounts, rebates or allowances, recoveries or indemnities on losses, insurance refunds or rebates, and adjustments of overpayments or erroneous charges. To the extent that such credits accruing to or received by the governmental unit relate to allowable costs, they shall be credited to the Federal award either as a cost reduction or cash refund, as appropriate.

b. In some instances, the amounts received from the Federal Government to finance activities or service operations of the governmental unit should be treated as applicable credits. Specifically, the concept of netting such credit items (including any amounts used to meet cost sharing or matching requirements) should be recognized in determining the rates or amounts to be charged to Federal awards. (See Attachment B, item 11, "Depreciation and use allowances," for areas of potential application in the matter of Federal financing of activities.)

D. Composition of Costs

1. Total costs. The total cost of Federal awards is comprised of the allowable direct cost of the program, plus its allocable portion of allowable indirect costs, less applicable credits.

2. Classification of costs. There is no universal rule for classifying certain costs as either direct or indirect under every accounting system. A cost may be direct with respect to some specific service or function, but indirect with respect to the Federal award or other final cost objective. Therefore, it is essential that each item of cost be treated consistently in like circumstances either as a direct or an indirect cost. Guidelines for determining direct and indirect costs charged to Federal awards are provided in the sections that follow.

E. Direct Costs

1. General. Direct costs are those that can be identified specifically with a particular final cost objective.

2. Application. Typical direct costs chargeable to Federal awards are:

   a. Compensation of employees for the time devoted and identified specifically to the performance of those awards.

   b. Cost of materials acquired, consumed, or expended specifically for the purpose of those awards.

   c. Equipment and other approved capital expenditures.

   d. Travel expenses incurred specifically to carry out the award.

3. Minor items. Any direct cost of a minor amount may be treated as an indirect cost for reasons of practicality where such accounting treatment for that item of cost is consistently applied to all cost objectives.

F. Indirect Costs

1. General. Indirect costs are those: (a) incurred for a common or joint purpose benefiting more than one cost objective, and (b) not readily assignable to the cost objectives specifically benefitted, without effort disproportionate to the results achieved. The term "indirect costs," as used herein, applies to costs of this type originating in the grantee department, as well as those incurred by other departments in supplying goods, services, and facilities. To facilitate equitable distribution of indirect expenses to the cost objectives served, it may be necessary to establish a number of pools of indirect costs within a governmental unit department or in other agencies providing services to a governmental unit department. Indirect cost pools should be distributed to benefitted cost objectives on bases that will produce an equitable result in consideration of relative benefits derived.

2. Cost allocation plans and indirect cost proposals. Requirements for development and submission of cost allocation plans and indirect cost rate proposals are contained in Attachments C, D, and E.

3. Limitation on indirect or administrative costs.

   a. In addition to restrictions contained in this Circular, there may be laws that further limit the amount of administrative or indirect cost allowed.

b. Amounts not recoverable as indirect costs or administrative costs under one Federal award may not be shifted to another Federal award, unless specifically authorized by Federal legislation or regulation.

G. Interagency Services

The cost of services provided by one agency to another within the governmental unit may include allowable direct costs of the service plus a pro rate share of indirect costs. A standard indirect cost allowance equal to ten percent of the direct salary and wage cost of providing the service (excluding overtime, shift premiums, and fringe benefits) may be used in lieu of determining the actual indirect costs of the service. These services do not include centralized services included in central service cost allocation plans as described in Attachment C.

Consistent Treatment of Costs

As indicated above in Section C, of OMB A-87, a cost may not be assigned to a Federal award as a direct cost if any other cost incurred for the same purpose in like circumstances has been allocated to the Federal award as an indirect cost.

In addition, failure to mention a particular item of cost is not intended to imply that it is either allowable or unallowable; rather, determination of allowability in each case should be based on the treatment or standards provided for similar or related items of cost.

Consistent of treatment of costs applies to LDSS and Locality costs. Below are examples of consistent treatment of costs and situations that give rise to inconsistent treatment of costs.

1. Treatment of *Eligibility and Services* Staff & Operations Costs and Purchased Services

   LDSS Eligibility and Services "Staff and Operations" (S/O) costs are treated as indirect costs and charged to S/O Budget Lines (853, 854,856 or 857) and allocated based on RMS statistics.

   A purchased services is defined as a service that is procured on behalf of a specific client or group of clients. Therefore, all purchased services are to be charged to the corresponding program cost code and treated as direct costs.

   Example: Unacceptable Treatment of S/O and Purchased Services

Services to clients are delivered through **LDSS/LDSS contract employees** and through **contractual agreements** with external private and non-profit organizations.

A vendor has a contractual agreement to provide VIEW component services to LDSS clients. The vendor submits an invoice to the LDSS. The invoice lists vendor staff costs. The LDSS worker keys the vendor staff costs in the S/O Budget Line.

In this case keying the vendor staff costs in the S/O Budget Line is unacceptable because the treatment of services rendered through a contractual agreement is considered purchased service and is to be treated as direct cost. Direct costs are those that can be identified specifically with a particular final cost objective; and in this case the cost objective would be the VIEW Cost Code 87201, View Component And Component-Related Activities.

2. Treatment of Legal Costs (Operating Costs)

Legal assistance or representation on behalf of the local department of social service is provided by the County's Attorney Office. These costs are reported in LASER under BL 853, 854,856 or 857, which are then allocated based RMS results. It is imperative that costs are not duplicated; reported in LASER and through the Locality's Central Service Cost Allocation Plan.

Example: Unacceptable treatment of legal costs

A local department of social services is billed monthly by the County's Attorney Office for services rendered. Hours worked multiplied by the attorney's hourly rate are used to calculate the billable costs. The County's Attorney Office submits on an annual basis, costs for locality's Central Service Cost Allocation Plan (CSCAP). These costs include overhead costs and costs for to support other administrative/operations departments such as Human Resources, Finance, Safety and Operations, and Enforcement.

Overhead costs are generally included in the CSCAP and treated as indirect costs. Since a proportionate share of overhead costs was not included in the monthly billing of legal service to the LDSS, these costs can be claimed through the CSCAP. However, the method used to allocate legal services provided to administrative/operational departments is unacceptable for the following reason:

The services provided by the County's Attorney's Office are for the same reason across all departments, which is to provide legal representation on behalf of the department being represented. Therefore, the method by which costs are

allocated must be the same. Legal representation costs to all departments can be treated as a direct cost and billed accordingly on a monthly basis, or treated as indirect costs through the CSCAP, but not both as direct cost and an indirect cost. As a note, the duplication of costs is increased, and probable, when the same cost, thereby avoiding duplication of costs.

3. Treatment of Operating Costs

A locality's method to allocate costs for leased space must be uniformly applied to all Departments that occupy a leased building. If the ratio of square footage occupied by each Department is the method used to calculate and allocate costs, then lease costs charged to each Department should reflect this allocation methodology. No one Department is to be charged more than the calculated shared of costs.

Example: Unacceptable Treatment of Lease Costs (Operating Costs)

Locality treats lease costs uniformly as indirect costs. Due to funding shortage in another Department, the locality elects to increase the amount charged to LDSS for the following reason(s): the availability of uncapped federal programs and a higher federal financial participating rate is higher.

This method used by the locality is unacceptable for the following reason.

The locality is being inconsistent following through on its own methodology and procedure for allocating lease costs, which is based on square footage used by each Department.

Virginia Department of Social Service
LASER Expenditure Guidelines Manual
General Guidelines

DOCUMENTING SUPPORT OF COMPENSATION

- **Overview**
- **RMS**
- **RMS Process**
- **Exclusions to RMS**
- **Personnel Activity Report** (Time Sheet)

Overview

Expenditures submitted in LASER for state and or federal reimbursement consideration must comply with federal guidelines "OMB Circular A-87, Attachment B, section H - Support of salaries and wages". The VDSS requirements regarding documentation of effort of time reporting are outlined below.

Charges to Federal awards for salaries and wages, whether treated as direct or indirect costs, will be based on payrolls documented in accordance with generally accepted practice of the governmental unit and approved by a responsible official(s) of the governmental unit.

Local employees and applicable contract employees must be entered into the Local Employee Tracking System (LETS) and be subject to RMS observations. Only staff and operational costs can be included in the newly established budget lines. LDSS may not seek reimbursement for those positions that are improperly excluded from LETS and RMS.

Where direct service or eligibility employees (LDSS and Contract Employees) are expected to work solely on a single Federal award or cost objective, or multiple activities or cost objectives, distribution employees' salaries or wages will be supported and allocated by either RMS ***or*** a 15-minute increment time sheet.

Since Virginia's local departments of social services are highly integrated, i.e. one organization supports virtually the full line of social services, all staff (LDSS and Contract Employees) designated as direct service and direct eligibility workers by the LDSS will be subject to RMS. The use of a 15-minute increment time sheet is limited strictly to only those programs pre-approved by VDSS Division of Finance, Chief Financial Officer or designee.

Costs of administrative employees (LDSS or Contract Employees) are not included in the RMS sampling process. However, the salaries or wages for these employees are reported as joint costs and allocated based on worker counts and RMS results.

Random Moment Sampling (RMS)

RMS is a statistical methodology used for allocating applicable expenditures to benefiting federal and state programs. It is a federally approved (preferred) process for distributing costs, and nationally, it is the method used most frequently by states. RMS involves the random selection at points in time ("moments") of LDSS (Local Department of Social Services) workers extracted from LETS (Local Employee Tracking System). By using RMS, VDSS meets federal record keeping standards of worker activity as an alternative to requiring all LDSS employees to keep 15-minute increment time sheets during the work day.

RMS Process

1. Source

   Local employees and applicable contract employees must be entered into the LETS by the localities when the employee is hired. The local agency inputs all pertinent information such as name, social security number, birth date, position number, class code, etc. The LETS position codes determine whether the employee is considered a benefit worker or a service worker. For RMS purposes, each type of worker is considered to be part of a pool (i.e. benefit worker is one pool, service worker is another pool). Actual compliance with employees being properly maintained in both LETS and RMS will be monitored on a consistent basis.

2. Selection of Workers

   From these "pools" of employees, the RMS System selects a sample size to be tested that quarter. Ordinarily, the regular sample size is 4,000 for benefit programs and 4,000 for service programs. Normally, about half of the observations turn out to be usable program observations. The RMS System randomly selects the employee, the date, and the moment in time for observation.

3. The Observation

   Once the sample is selected for the quarter, VDSS Division of Finance generates and mails the observation forms to the RMS Coordinator for the upcoming month. Each locality has a RMS Coordinator. The RMS Coordinator receives the observations, verifies the observations received are correct, and then

distributes the observation sheets to the worker that will be doing the observation.

The designated observer is to approach the selected worker on the date and at the moment in time that the RMS System specified. The observer then documents on the supplied observation form what the worker is doing at the designated moment in time (i.e. working on a case related to a specific program and activity, on break, etc.). The interview does not take much time to complete and each benefits and services worker, on average, will be asked 2 - 3 times per quarter to complete an observation form.

Once the observation is done, the observer appropriately fills out the observation form and forwards it to the RMS Coordinator. The RMS Coordinator inputs the information into the RMS System. The form is to be retained at the locality level.

4. Observation Results

Once all observations for the quarter are made and input into the system, the Central Office closes the RMS System. (This is done on a quarterly basis). Once all observations are correctly entered and classified, the observations are compiled into statistics or RMS percentages. Statistics are received for both services and benefits.

The RMS System actually compiles the statistics based on the data that has been entered into the system by the localities. The system uses the past three month's observations to compile the data. The months are all weighted evenly. These statistics are then used for the processing of the LASER monthly allocation, and VDSS quarterly cost allocation.

Upon receiving the RMS percentages, the Division of Finance inputs these percentages into an EXCEL template by program and grant. The template combines all like grants (i.e. all Refugee and all Fraud etc.) to get the percentages that will be used to allocate costs. Once the template compiles these percentages, the Division of Finance inputs these percentages into the applicable allocation program tables of LASER, and for the VDSS allocation process.

Exclusions and Additions to RMS

VDSS will notify local departments of any programs and associated costs that are approved for exclusion to RMS, and whereby these staff are required to complete time sheets. The VDSS Division of Finance, Local Reimbursement Unit, will require that

each local director submit an approved Certification Form for RMS Exclusions/Additions for the following situations:

- To exclude a position from RMS during the annual notification process
- To exclude a position from RMS during the course of a year when changes to the position duties and responsibilities warrant a change in status
- To include a position in RMS that was formerly excluded from RMS when changes to the position duties and responsibilities warrant a change in status

Upon approval by the VDSS Chief Financial Officer, the LDSS Local Reimbursement Unit will update the RMS system in a timely manner to ensure appropriate changes are made.

Personnel Activity Reports – (Time Sheets)

Personnel activity reports (timesheets) or approved equivalent documentation must meet the following standards:

- They must document an employee's work being performed for each 15-minute increment of time by program cost code;
- They must reflect an after the fact distribution of the actual activity of each employee;
- They must account for the total activity for which each employee is compensated;
- They must be prepared at least monthly and must coincide with one or more pay periods, and
- They must be signed by the employee.

Budget estimates or other distribution percentages determined before the services are performed do not qualify as support for charges to Federal awards but may be used for interim accounting purposes, provided that:

- The governmental unit's system for establishing the estimates produces reasonable approximations of the activity actually performed;
- At least quarterly, comparisons of actual costs to budgeted distributions based on the monthly activity reports are made. Costs charged to Federal awards to reflect adjustments made as a result of the activity actually performed may be recorded annually if the quarterly comparisons show the differences between budgeted and actual costs are less than ten percent; and
- The budget estimates or other distribution percentages are revised at least quarterly, if necessary, to reflect changed circumstances.

Since pay cycles among local departments of social services vary, it is the responsibility of the local department of social service and the locality's finance/payroll department to develop a time sheet or automated time tracking system that meets their needs, while complying with requirements outlined above.

RMS Certification Form for Exclusions and Additions

Locality:_____

FIPS Code:_____

Effective Date: **July 1, 2007**

Exclusions: The following Local Employees should now be identified for exclusion from the RMS process:

Name:	Position #	BL Currently Charged	Reason for Exclusion

Additions: The following Local Employees should now be identified for inclusion within the RMS process:

Name:	Position #	BL To Be Charged	Reason for Addition

I certify to the best of my knowledge, that the employee(s) listed above have been properly identified for inclusion/exclusion within the RMS observation process administered by VDSS. I also certify that should any of the identified employees' positions or responsibilities change that would necessitate a change to their RMS status, the LDSS will promptly notify the proper VDSS representative that such employee(s) should be subsequently included or excluded from RMS.

Print Name & Title of LDSS
Director OR Designee:_____ Title:_____

Signature of LDSS
Director OR Designee:_____ Date:_____

NOTE: This initial certification must be submitted to the Local Reimbursement Unit/Division of Finance via the pouch system. Should any employee's positions/responsibilities change that would necessitate a change to his/her RMS status, a copy of this form should also be immediately submitted to the attention of the Local Reimbursement Unit. Please call (804) 726-7251 for any additional questions.

Weekly Time Sheet Form

Employee Name: John Doe **Locality:** AAABBBCCCDDD **FIPS:** 999

Position Title: XXXXXXXXXXXX **Position #** 11111

Begin and End Dates of the Week MM/DD/YYYY **TO** MM/DD/YYYY

Employee Signature *John Doe*

Supervisor Signature *Supervisor Signature*

Enter one of the program codes listed below in the corresponding block for each 15-minute increment worked during the work period.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
7:00 AM							
7:15 AM							
7:30 AM							
7:45 AM							
8:00 AM	A	A	A	A	A		
8:15 AM	A	A	A	A	A		
8:30 AM	A	A	A	A	A		
8:45 AM	A	A	A	A	A		
9:00 AM	A	A	A	A	A		
9:15 AM	A	A	A	A	A		
9:30 AM	A	A	A	A	A		
9:45 AM	A	A	A	A	A		
10:00 AM	A-X	A-X	A-X	A-X	A-X		
10:15 AM	A	A	A	A	A		
10:30 AM	A	A	A	A	A		
10:45 AM	A	A	A	A	A		
11:00 AM	A	A	A	A	A		
11:15 AM	A	A	A	A	A		
11:30 AM	A	A	A	A	A		
11:45 AM	A	A	A	A	A		
12:00 PM	Z	Z	Z	Z	Z		
12:15 PM	Z	Z	Z	Z	Z		
12:30 PM	Z	Z	Z	Z	Z		
12:45 PM	Z	Z	Z	Z	Z		
1:00 PM	B	B	B	B	B		
1:15 PM	B	B	B	B	B		
1:30 PM	B	B	B	B	B		
1:45 PM	B	B	B	B	B		
2:00 PM	B	B	B	B	B		
2:15 PM	B	B	B	B	B		
2:30 PM	B	B	B	B	B		
2:45 PM	B	B	B	B	B		
3:00 PM	B-X	B-X	B-X	B-X	B-X		
3:15 PM	B	B	B	B	B		
3:30 PM	B	B	B	B	B		
3:45 PM	B	B	B	B	B		
4:00 PM	B	B	B	B	B		
4:14 PM	B	B	B	B	B		
4:30 PM	B	B	B	B	B		
4:45 PM	B	B	B	B	B		
5:00 PM							
5:15 PM							
5:30 PM							

Program	
A	RMS-Reportable Program Activities
A-X	Admin/Breaks/Leave (During Prog. A
B	NON-RMS Reportable Activities
B-X	Admin/Breaks/Leave (During Prog. B)
Z	Non-Paid Time (Lunch Break/LWOP)

Weekly Time Calculation		Hours
A	RMS-Reportable Program Activities	18.75
A-X	Admin/Breaks/Leave (During Prog. A	1.25
B	NON-RMS Reportable Activities	18.75
B-X	Admin/Breaks/Leave (During Prog. B)	1.25
Z	Lunch Break/LWOP	5.00
	Subtotal	45.00
	Less non-paid activities	(5.00)
	Total Reportable Hours	40.00

SAMPLE

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
PUBLIC ASSISTANCE COST ALLOCATION PLAN

SECTION NUMBER: 11

SECTION TITLE: Random Moment Sampling

DCA APPROVED EFFECTIVE DATE:

VIRGINIA DEPARTMENT OF SOCIAL SERVICES (VDSS)

Random Moment Sampling 2007

Observers and Workers Instructions for Completing the Random Moment Sampling Observation Form

Purpose

The Random Moment Sampling (RMS) Observation Form is used to document the specific program and activity a worker is engaged in at a randomly selected moment in time. The information reported on the RMS Observation Form is used to determine how various programs will be funded with Local, State, and Federal dollars. The RMS process allows localities to identify and allocate activities carried out by its service and benefit workers without keeping minute-by-minute records of activities during the day.

The RMS approach, when combined with subsequent statistical analysis, satisfies public accountability requirements in an extremely efficient manner. However, the adequacy of the system to draw down available federal funds to finance these programs is critically dependent on the willingness and ability of each staff person to accurately identify the work he or she is performing at the selected observation moment. It is essential everyone follow the instructions closely.

THIS IS NOT A DEVICE FOR EVALUATING THE PERFORMANCE OF INDIVIDUAL WORKERS OR LOCAL DEPARTMENTS OF SOCIAL SERVICES

Responsibilities of the Local RMS Coordinator

The definitions that describe what activities the federal government will fund do not always correspond well with the terms and concepts by which workers describe their work. Nor do the federal definitions necessarily coincide exactly with categories and definitions which VDSS requires for its own accounting purposes. Consequently, it is important that workers have a clear understanding of the concepts and definitions used in the RMS process.

Each Local Department of Social Services (LDSS) must participate in the RMS process, which will then be used to collectively and statistically allocate costs to the federal government.

Each locality must designate at least one RMS Coordinator to administer the RMS process in the locality. At least one alternate must be identified to perform in the Coordinator's absence. Each locality determines how many additional alternates will be needed based on the location of the sample population, available staff time, or other pertinent factors.

The responsibilities of the RMS Coordinator include, but are not limited to the following:

- Acts as the liaison for communications with the locality's staff and the VDSS RMS Administrator;
- Coordinates the receipt of RMS Observation Forms to be distributed to RMS Observer(s) for completion. Monitors and collects returned RMS Observation Forms. This specifically refers to the distribution and collection of randomly assigned forms and the retention of completed forms;
- Assures that selected individuals have been personally contacted to promote sampling accuracy, form completion and quality control for all forms distributed within the period;
- Assures that on a weekly basis the sample results, ***including case number and client's name where applicable***, have been entered into the computer system. RMS Observation Forms will be reviewed by VDSS and other cognizant federal agency staff to assure program/activity combinations documented on the RMS Observation Form were provided for an eligible client; and
- Coordinates with the LDSS Office Manager, LETS Coordinator or other staff to assure that employees are accurately recorded and reported for inclusion or exclusion in the RMS process.

Responsibilities of the Local RMS Observer

Each locality must designate a RMS Observer and an Alternate RMS Observer who is responsible for the actual completion of RMS Observation Forms for the selected sample moments. The Alternate RMS Observer will assure continuation of the RMS process in the RMS Observer's absence. Each locality determines how many additional Alternates are needed based on the location of the sample population, the size of the sample, available staff time, or other pertinent factors. In some localities, the RMS Coordinator and the RMS Observer may be the same person. Again, each locality must determine the most practical approach to administering RMS in its particular location.

The responsibilities of the RMS Observer include, but are not limited to the following:

- Acts as the liaison for communications with the locality's RMS Coordinator;
- Contacts the worker directly at the specified time to complete the randomly assigned RMS Observation Forms, then returns the completed form for data entry;
- Ensures sampling accuracy, observation completion, and prompt completion; and
- Ensures the RMS Observation Forms are completed and returned to the local RMS Coordinator.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
PUBLIC ASSISTANCE COST ALLOCATION PLAN

General Instructions

Periodically each participant in the RMS population will be approached by a RMS Observer. The designated RMS Observer will ask the worker to identify his/her activity at that moment according to the program and activity definitions, which should be accessible. A descriptive list of program and activity areas is included in these instructions to assist RMS Observers and workers in completing the RMS Observation Form. The worker indicates the program and code for the activity which most appropriately reflects the worker's action at that moment. The RMS Observer completes the RMS Observation Form during the interview and both the direct worker and Observer sign the RMS Certification Page. ***Only one selection must be made, as each Program has a corresponding appropriate Activity.***

Overview of the RMS Certification Page

The RMS Certification Page is divided into four major sections.

1. IDENTIFICATION DATA

   The top portion of the RMS Certification Page is preprinted by VDSS and does not need any data entry or selections. This portion of the form provides the RMS Coordinator/Observer with the position information and the date and time necessary to conduct the RMS observation.

2. CASE INFORMATION/DOCUMENTATION

   If the direct worker's activity at his/her sampled moment is related to a specific client, the client's name and case number need to be included on the form (only the case number is required for CPS and APS cases due to the investigative and confidentiality nature of the files.) All case information will remain confidential. The client's name and case number are needed to validate the activity, benefiting program and existence of a client. For audit and review purposes, select the case number associated with the client wherever the documentation for the program and activity combination will reside.

   Without the client's case number included on the RMS Observation Form, it is nearly impossible for a third party to validate that the services were actually provided, or that the services were provided to an eligible beneficiary.

   EXAMPLES OF DOCUMENTATION NEEDED TO SUPPORT RMS OBSERVATIONS

   As an example, on May 5th a social worker is observed entering progress notes into the system for a May 3rd home visit. The social worker should denote – "keyed on May 5th" as part of the progress notes. By adding the "keyed on date" along with the client's case name and case number on the RMS Observation Form, should create adequate documentation in the file to substantiate the program/activity combination.

If an activity relates to a specific program but because of the nature of the activity, a client's case number and name does not exist, it is ***recommended*** that notes are added to the RMS Observation Form to help substantiate/document the program/activity combination's validity. Some examples of this would be: training (provide name of course being trained), recruitment activities (provide the type of activity, i.e. making brochures for recruitment booth at the Home Schooling convention), and employee not scheduled to work (list the standard working hours for this employee).

If an auditor needs to validate a RMS observation where it was selected that the direct worker was on leave at the time of the observation, time and attendance records maintained by the local agency can be used to validate this selection.

Please note that it is unnecessary to make a copy of the RMS Observation Form and insert the copy into the case file. Making a copy of the RMS Observation Form and placing it in the file only documents that a RMS observation was completed, it does not create adequate support to validate the benefiting program/activity combination.

3. PROGRAM AND ACTIVITY COMBINATION (Circle only ONE Activity under ONE Program)

At the specified moment of the observation, using the RMS Observation Form, identify what Program is benefiting from the direct worker's efforts at the time of the observation and circle the corresponding Program Code. Next, CIRCLE the ONE Activity Code listed under the benefiting Program that best describes the activity being done at the selected moment. If the benefiting Program cannot be determined, then select Non Client Specific (Program Code 800), utilizing the appropriate Activity Code. This Program/Activity combination is to be entered on the Certification Page.

If the direct worker cannot be located or reached at the specific moment, the RMS Observer is instructed to leave a note or phone message at the direct worker's assigned work space. The interview should be completed as soon as possible following the direct worker's return. This procedure is also used when the individual is with a client and cannot be interrupted at the designed moment. If the interview is done over the phone, only the RMS Observer would need to sign and date the certification form.

When the RMS Observer and/or Worker signs and dates the RMS Certification Page, the date and time recorded should be the date and time that the observation/interview was finalized.

4. SUBMISSION OF RMS OBSERVATION FORMS

On a weekly basis, the RMS Observer should send the completed forms to the RMS Coordinator who, in turn, within a week will key the observations into the computer system. After entering the completed observation into the computer system (including case number and client name where applicable) the processed RMS Observation Forms should be filed by applicable quarter then by Control Number order.

Program Areas

On the RMS Observation Form locate the Program area that is benefiting by your Activity at the specified RMS observation time (see RMS Certification page for specific date and time). Definitions for the Program areas follow:

100 Medicaid - Adult: This program code is used for adult only cases. This program code includes activities that contribute to making the determination or the redetermination of eligibility or interim changes for Medicaid; preparing or processing forms; entering relevant information into the Medicaid Management Information System (MMIS), MedPend, ADAPT (Application Benefit Delivery Automation Project) and other automated systems; collecting information from the client, authorized representative or others which is used in the determination of eligibility, such as social security numbers, citizenship and identity documentation; providing information about Medicaid-related programs such as managed care to clients, verifying eligibility information; filling out and processing associated eligibility forms; querying systems, records and other staff for current placement status (e.g., adult care residence, nursing facility); preparing for and participating in fair hearings and appeals for Medicaid; providing eligibility related forms, referral to medical services and information to caretakers or caseworkers applying on behalf of others; participating in training and remaining current on changes in Medicaid eligibility policies; and traveling to locations (including transportation of clients) associated with the above activities. This program also includes all activities involved in finding an applicant "ineligible" for Medicaid, which may then lead to a decision to refer to other programs (i.e. SLH).

110 Food Stamps: This program code includes activities contributing to making the determination or the redetermination of eligibility or interim changes for Food Stamps; preparing or processing forms; collecting information from family or others; accessing IEVS (Income Eligibility Verification System) to verify case information; filling out and processing associated eligibility forms; entering relevant information into ADAPT and other automated systems; preparing for and participating in fraud investigations; preparing for and participating in fair hearings and appeals and; traveling to locations associated with the above activities; and all activities related to Electronic Benefits Tracking process.

130 Temporary Assistance for Needy Families (TANF) - (Benefits): This program code includes activities contributing to making the determination or re-determination of eligibility or interim changes for Temporary Assistance for Needy Families (this program replaced AFDC); determining the exemption(s) for employment programs; preparing or processing forms; collecting information from family or others which is used in the determination of resources, such as social security numbers, birth certifications; verifying eligibility information; filling out and processing associated eligibility forms; entering relevant information into automated systems; querying systems, records and other staff; preparing for and participating in fair hearings and appeals for TANF; preparing for and participating in fraud investigations; providing eligibility related forms and information to parent(s), caretakers or caseworkers applying on behalf of others; and traveling to locations associated with the above activities.

140 Refugee: This program code includes activities contributing to making the determination or redetermination of eligibility or interim changes for Refugee programs; preparing or processing forms; collecting information from family or others which is used in the determination of resources, such as social security numbers, birth certifications; verifying eligibility information; filling out and processing associated eligibility forms; entering relevant information into automated systems; querying systems, records and other staff; preparing for and participating in fair hearings and appeals for Refugee programs; providing eligibility related forms and information to parent(s), caretakers or caseworkers applying on behalf of others; and traveling to locations associated with the above activities.

150 Auxiliary Grants: This program code includes activities contributing to making the determination or redetermination of eligibility or interim changes for Auxiliary Grants (AG) to aged, disabled, or blind clients eligible for grant support; preparing or processing forms; entering relevant information into automated systems; collecting information from family or others which is used in the determination of resources, such as social security numbers, birth certifications; verifying eligibility information; filling out and processing associated eligibility forms; querying systems, records and other staff; preparing for and participating in fair hearings and appeals for Auxiliary Grants; providing eligibility related forms and information to parent(s),caretakers or caseworkers applying on behalf of others; and traveling to locations associated with the above activities.

160 General Relief: This program code includes activities contributing to making the determination or redetermination or interim changes of General Relief (GR) services and/or cash assistance to individuals or families eligible for General Relief; preparing or processing forms; collecting information from family or others which is used in the determination of resources, such as social security numbers, birth certifications; verifying eligibility information; filling out and processing associated eligibility forms; entering relevant information into automated systems; querying systems, records and other staff; providing eligibility related forms and information to parent(s), caretakers or caseworkers applying on behalf of others; traveling to locations associated with the above activities.

170 State/Local Hospitalization: This program code includes activities in making the determination of applicant's eligibility for reimbursement of State/Local funded hospitalization services; interim changes, and redetermination of eligibility; preparing or processing forms; collecting information from family or others which is used in the determination of resources, such as social security numbers, birth certifications; verifying eligibility information; filling out and processing associated eligibility forms; entering relevant information into automated systems; querying systems, records and other staff; preparing for and participating in fair hearings and appeals for State/Local Hospitalization program; providing eligibility related forms and information to parent(s), caretakers or caseworkers applying on behalf of others; and traveling to locations associated with the above activities.

180 Medicaid Family & Children: This program code includes activities designed to enable low-income families whose children receive medical services under LIFC (Low Income Families with Children), FAMIS Plus (Medicaid for children), FAMIS (medical services for low-income families whose children are not recipients of Medicaid), FAMIS MOMS (pregnant women who receive medical services) and Medicaid covered pregnant women. If you are working with a family at the specified time of your observation, determine the primary client that you are working with in the family before selecting either Medicaid Family & Children (Program Code 180) or Medicaid - Adult (Program Code 100). Ensure that the case number and client name recorded on your RMS Observation Certification page corresponds with your determination. ***This program should only be used for a family-based case, Medicaid covered pregnant women and pregnant women being evaluated for FAMIS MOMS. All work with other adults should be charged to Medicaid-Adult (Program Code 100).***

This program code includes activities such as initial contact, interim changes, and subsequent reviews; preparing forms and collecting information from the parent, authorized representative, guardian or others to be used in the determination of LIFC Medicaid, FAMIS Plus, FAMIS and FAMIS MOMS eligibility; filling out and processing associated eligibility forms; entering relevant information into automated systems, as well as communicating information to the centralized FAMIS CPU Unit; querying systems, records and other staff; preparing for and participating in fair hearings and appeals, and providing eligibility-related forms and information to parent(s), caretakers, or caseworkers applying for benefits on behalf of others.

190 Energy Assistance: This program code includes activities contributing to making the determination of eligibility for Low Income Home Energy Assistance (LIHEAP) and fuel crisis assistance: preparing or processing forms; collecting information from family or others which is used in the determination of resources; filling out and processing associated eligibility forms; querying systems, records and other staff; providing eligibility related forms and information to individuals applying on behalf of others; working with vendors; and traveling to locations associated with the above activities.

200 Employment Services (VIEW): This program code includes activities to a Virginia Initiative for Employment Not Welfare (VIEW) participant. Activity Code 600 is designated for employment-related activities when other codes are not applicable. If the worker is providing a client administrative assistance with child care services when an RMS Observation is completed, use Program Code 220 – Child Care as the program for child care-related activities.

210 Food Stamps Employment & Training: This program code includes employment and training activities to a Food Stamp client. Activity Code 600 is designated for most employment-related activities. If the worker is providing a client administrative assistance with child care services when an RMS Observation is completed, use Program Code 220 – Child Care as the program for child care-related activities.

220 Child Care: This program code includes activities for coordinating child care for a case when child care services are needed, except when it is related to child care for foster children. If the client is a foster parent, select Program Code 310 – Foster Care. This program code is used only when the client is not receiving child care services under the Foster Care program. This code is used for any activity associated with approving or monitoring a child care provider.

310 Foster Care: This program code includes activities provided to a child(ren) and family (families) preparing for or in a foster family home, group home, emergency shelter, residential facility or any other foster care facility licensed or approved for a child. This program includes entering relevant information into automated systems and activities that contribute to making the determination of whether or not a child who was removed from his/her home is eligible, or continues to be eligible, for participating in the Title IV-E Foster Care program (Activity Code 400). This code is used for Interstate Compact for the Placement of Children (ICPC) activities related to agency foster care/adoption. This program also includes workers efforts while participating in CSA-related activities on behalf of foster or adopted children and includes activities related to preparing and participating in the FAPT, CPMT and other related team meetings. This code is not used for Adult Foster Care; refer to Program Code 350 – Adult Services/Adult Protective Services.

320 Adoption: This program code includes activities provided to children whose adoption has been finalized and whose adoption is in progress. This program includes entering relevant information into automated systems. This code should be used whenever the worker is performing any activity that contributes to making the determination of whether or not a child who was removed from his/her home is eligible, or continues to be eligible for participating in the Title IV-E Adoption Assistance program (Activity Code 400).

350 Adult Services/Adult Protective Services (APS): This program code includes activities related to the investigation of reports that an adult was or is suspected of being abused, neglected or exploited (select Activity Code 425). It also includes activities where intervention is needed primarily to maintain and monitor ongoing supportive services to promote self-sufficiency. Supportive services include, but are not limited to, home-based services, adult day care alternate living arrangements, adult foster homes and/or other adult program activities.

360 Other Child Welfare Services (Child Still in the Home): This program code should be selected when performing activities for a child in his/her home. These administrative activities can be for children considered at risk of removal from the home (Preplacement Prevention – Activity Code 420), for children considered not at risk (Not at Risk of Foster Care – Activity Code 421), services for children in the home to preserve the family's stability (Family Preservation – Activity Code 422 or Family Support – Activity Code 423), and activities regarding various levels of child abuse and neglect (CPS Assessments – Activity Code 424 or CPS Investigations – Activity Code 425).

800 Non-Client Specific: This program code should be selected when choosing General Administration/Staff Development – Activity Code 900; Lunch, Breaks, Personal Business – Activity Code 950; Employee on Leave – Activity Code 995; Employee Not Scheduled to Work – Activity Code 998; or Position Vacant/Invalid Response – Activity Code 999.

Activity Codes (Circle Only One)

Once the Program has been selected, review the activities under the Program and select the activity being performed by circling the number of the one (1) activity that best describes what is being done at the moment specified on the RMS Observation Form. If you need help in determining which activity to check, please refer to the following descriptions. If you are not working on a specific case, select Activity Code 900 – Non-Client Specific Administration/Staff Development.

400 Intake/Eligibility Determination/Redetermination: This activity code is used whenever the worker is performing any activity that contributes to making the determination of client eligibility. Following are some examples of activities related to **Intake/Eligibility Determination/Redetermination:**

- Providing applicant with information/documents and orienting applicant to the process;
- Collecting and verifying information from applicant or others which is used in the determination (i.e. social security number, birth certificates, resources, income, etc.);
- Completing and processing associated eligibility forms;
- Preparation of notice of decision;
- Reviewing and updating file each time the client's circumstances change;
- Redetermining eligibility; or
- All planning, assessments and paperwork which contributes to the above activities.

FOR ALL WORKERS: This includes all efforts and research related to determining the amount of assistance for which the client is eligible.

FOR FOSTER CARE WORKERS: In addition, this includes verifying that the foster home placement is approved/licensed and that the placement is an IV-E reimbursable placement.

FOR ELIGIBILITY WORKERS: This includes maintaining records of actions taken with respect to the applicant's/recipient's application and making the determination of continuing eligibility.

401 Benefits Issuance: This activity code includes client service and support tasks, data entry, data processing, and other activities related to the readiness, preparation, printing, issuance/reissuance, replacement, distribution/redistribution, delivery, recovery or recoupment other than fraud related, validation/voiding, accounting and reconciliation, reporting, storage, control/auditing and payment of benefit checks or coupons or Electronic Benefits Transfer (EBT) transactions.

403 Fraud Investigation/Prevention: This activity code includes all activities directly related to the investigation of a fraud case. This activity includes "up front" activities to prevent fraud. This activity also includes the recovery or recoupment of payments resulting from fraud investigation.

404 Develop, Review and Revise the Case Plan: This administrative activity code should be used when a worker spends time assessing the placement needs of a client, obtaining diagnostic information, when appropriate, and developing and revising the case plan as required by departmental regulations. Following are some examples of activities related to the **Develop, Review and Revise the Case Plan**:

- Home visits with the client and the client's family to discuss and explore their needs, strengths, resources and existing support systems;
- Contact with mental health, education or other professionals involved with the client/client's family to obtain information related to the psychological, developmental, behavioral and educational needs and goals;
- Compiling case assessment reports that might consider information regarding psychological, developmental, behavioral and educational factors;
- Time spent analyzing specialized assessments (psychiatric evaluations, medical or educational evaluations) to inform the case plan;
- Coding/Reviewing client specific provider invoices; or
- Travel allowable to the program on behalf of the client (not transportation of the client).

405 Casework/Case Management/Supervision: This administrative activity code should be used when a worker spends time arranging for the services and monitoring the implementation of case plans assuring services are provided as required by the plans, scheduling and conducting reviews of children in placement and revising case plans as required by reviews.

Arranging for services and assuring services are provided excludes participating in service delivery/provision or providing a service directly to the client. Following are some examples of activities related to **Case Management/Supervision:**

- Routine contacts, home visits, monitoring and/or communicating with others in relation to the status of the client, the case plan, goals for the client and family;
- Development of goals, case plans, written service agreements and routine supervisory activities;
- Updating case file to document client's progress with meeting goals of the case plan;
- Preparing for and attending case conferences and consultation meetings (including administrative panel reviews) where client progress is discussed with involved service providers and/or other agency staff;
- Supervisory Case Conferences;
- Arranging for and monitoring the provision of services identified in case plans;
- Arranging for any counseling necessary to prepare the client and family for placement;
- Arranging for the provision of pre and post adoption services:
- Arranging for pre-placement visits;
- Arranging for permanency planning and pre-placement activities; or
- Travel allowable to the program on behalf of the client (not transportation of the client).

406 Placement of Client: This administrative activity code should be used when a worker spends time identifying appropriate placement resources, providing information to the placement resource and arranging for the placement of the client. Following are some examples of activities related to the **Placement of Client**:

- Working with foster parents to prepare them to receive a child;
- Contacts with placement providers on any issues related to the care of a specific child;
- Child specific recruitment;
- Interstate Compact on Placement of Children activity related to a specific child;
- Working with adoptive parents to prepare them to receive a child;
- Placement of a child in an adoptive home;
- Criminal background checks for prospective foster parents/kinship foster homes;
- Selection of an approved adoptive family appropriate for the needs of the child;
- Adoptive home studies for a specific child; or
- Transporting client for pre-placement visits and for client placement.

407 Prepare/Participate in Court Proceedings: This administrative activity code should be used when the worker is spending time preparing or reviewing reports to the court/fair hearing panel or participating in a judicial proceeding. Following are some examples of **Prepare/Participate in Court Proceedings:**

- Participation in any court appearance where the local agency is seeking custody of a child;
- Participation in any court appearance related to the status of a child who is in placement;
- Participation in any court activity necessary for the adoptive placement of a child, other than independent adoptions;
- Participation in any court appearance related to obtaining child support for a child in placement or under the supervision of county agency;
- Participation in all fair hearings and appeals stemming from title IV-E eligibility determinations; or
- Preparation of reports to the court/fair hearings panel for any of the judicial proceeding, subsequent follow up with court and all travel to and from.

409 Pre-Admission Screening (including UAI): This code includes activities for completing the Uniform Assessment Instrument (UAI), writing the assessment and coordinating collateral contacts for nursing home, community-based care, home-based care waiver, home-based care pre-admission screening and Assisted Living Facility (ALF) services.

412 Referral to Services: This administrative activity code should be used when the worker is providing information about needed or requested services. Following are some examples of **Referral to Services**:

- Referrals to services intended to help prevent the removal of a child from his or her own home;

- Referrals to services intended to enhance the possibility of a child's return to his/her home;
- Referrals to needed medical, behavioral health or health services;
- Referrals to family planning services; or
- Referrals to parenting classes.

413 Time-Limited Family Reunification (Admin only): This activity code should be used when the worker is performing an allowable administrative activity for a child in foster care who has been in care 15 months or less and has the goal of reunification. Following are some examples of **Time-Limited Family Reunification administrative activities:**

- Develop, review, or revise the case plan
- Home visits with the child and the child's family to discuss and explore their needs, strengths, resources and existing support systems;
- Contact with mental health, education or other professionals involved with the child/child's family to obtain information related to the child's psychological, developmental, behavioral and educational needs and goals;
- Routine contacts, monitoring and/or communicating with others in relation to the status of the client, the case plan, goals for the client and family;
- Updating case file to document client's progress with meeting goals of the case plan;
- Participation in any court appearance related to the status of a child who is in placement;
- Referrals to services intended to enhance the possibility of a child's return to his/her home;
- Referrals to needed medical, behavioral health or health services;
- Travel allowable to the program on behalf of the client (not transportation of the client).

414 Time-Limited Family Reunification Services: This activity code should be used when the worker is providing a direct service for a child in foster care who has been in care 15 (fifteen) months or less and has the goal of reunification. Following are some examples of **Time-Limited Family Reunification Services:**

- Treatment and counseling of a child;
- Treatment and counseling of the child's family or substitute care provider;
- Services to ameliorate or remedy personal problems, behaviors or home conditions; or
- Transportation of the child or family (not Travel of the worker – see Activity Code 413)

415 Direct Provision of Treatment/Counseling: This activity code should be used when the worker is providing direct services such as treatment and counseling to a child, the child's family, or the child's substitute care provider to ameliorate or remedy personal problems, behaviors or home conditions. Following are some examples of **Direct Provision of Treatment/Counseling**:

- Individual/group counseling provided to children residing in their own homes, placement in foster care or other substitute care arrangement outside the home, or who are in independent living status concerning substance abuse, personal problems, home conditions or antisocial behavior;

- Individual/group counseling directly provided to parents/substitute care providers concerning home conditions, treatment and care of children in their custody;
- Participation by the worker in individual/group treatment/therapy by providers who are engaged in work with the child and his or her family;
- Writing psychiatric evaluation reports;
- Writing educational evaluation reports;
- Respite care of children to provide relief for parents or caregivers (foster parents); or
- Parent support groups designed to improve parenting skills, family budgeting, coping with stress, health, and nutrition.

Select this activity code for transportation to or from any of the services and activities described above. ***This activity does not include the casework or case management (see activity code 405).***

416 Adoption Promotion and Support Services: This activity code is for activities and services designed to encourage more adoptions by providing pre- and post-adoptive services and activities designed to expedite the adoption process and support adoptive families. ***When the worker is preparing for, attending and/or delivering training to adoptive parents, select Adoption (Program Code 320), Recruitment/Training-Program Related (Activity Code 452).***

418 Preparation for Independent Living (14 to 18 year olds): This administrative activity code is used when working with a child up to the age of 18 (or up to age 19 if likely to complete high school or equivalent) that participates in the Independent Living program or lives independently upon leaving foster care, including enabling participant to seek a high school diploma or equivalent or to take part in vocational training, providing training in daily living skills, budgeting, locating and maintaining housing, and career planning, coordinating individual and group counseling; integrating and coordinating services otherwise unavailable to participants; and writing independent living plans. ***If services are rendered on behalf of this client, use Activity Code 419.***

419 Preparation for Independent Living (Young Adults): This activity code is to be used to help young adults between the ages of 18 to 21 participate in the Independent Living program or to otherwise live independently upon leaving foster care, including enabling participant to seek a high school diploma or equivalent or to take part in appropriate vocational training, providing training in daily living skills, budgeting, locating and maintaining housing, and career planning, coordinating individual and group counseling; integrating and coordinating services otherwise unavailable to participants; and writing transitional independent living plans. This activity code should also be used for all independent living services such as mentoring, substance abuse services, teen pregnancy prevention and financial management services.

420 Activities for Children at Risk of Foster Care (Admin Only): This activity code is used when the worker is working with a child that resides in his or her home and the child's case plan or the family service plan documents the child is a candidate for foster care. This should be selected when performing activities for a child that is at serious risk of removal from the home, only if documentation to support candidacy is in effect at the moment-in-time the staff person is being sampled. This documentation of a determination (or redetermination) as to whether the child remains at serious risk of removal from the home must be updated every six months, at a minimum.

NOTE FOR CPS WORKERS: This program also includes CPS efforts (after completing the assessment or investigation) for children who are considered foster care candidates for removal from the home, in accordance with the above guidelines.

In addition the associated case plan must:

- be a written document that is a discrete part of the case record;
- be developed jointly with the parent(s) or guardian of the child; and
- include a description of the services offered and provided to prevent removal of the child from the home

The following are some examples of administrative activities which are considered allowable:

- Referral to Services
- Preparation for/Participation in Judicial Determinations
- Placement of the Child
- Review and Revision of the Existing Case
- Case Management/Supervision

When reviewing, revising and updating a Family Service Plan and more than one child is considered a candidate as evident by documentation above, select the child that most closely relates to the activity you are engaged in at the time of the moment.

Documentation sources dated more than six months prior to or dated after the sample moment, do not support a documentation of candidacy. All activities for non-candidates should be categorized as Activities for Children Not at Risk of Foster Care (Activity Code 421).

421 Activities for Children Not at Risk of Foster Care (Admin): This activity code is to be used when the worker is working with a child that still resides in his or her home and the child's case plan or the family service plan does not document the child is a candidate for foster care. ***This includes activities in completing a court ordered home study for non-foster or non-agency adoption cases (custody case, pending divorce, etc.) and preparing/participating in judicial determination for non-foster care candidates. Activities associated with home study and home approval related to specific foster care client should be charged to Placement of Client (Activity Code 406).***

422 Family Preservation Services (Non-Admin): This activity code is to be used when the worker is providing direct services to a child or family at risk or in crisis. This includes services for adoptive and extended families. Following are some examples of **Family Preservation Services**:

- Preplacement prevention services designed to help children remain in the home (for related administrative activities, see Activity Code 420 – Preplacement Prevention);
- Service programs designed to provide follow-up care to families to whom a child is returned after a foster care placement;
- Respite care to provide temporary relief for parents and other caregivers (foster parents);
- Services designed to improve parenting skills;
- Infant safe haven programs to provide a way for a parent to safely relinquish a newborn infant at a safe haven designated pursuant to State law.

423 Family Support Services (Non-Admin): This activity code should be selected for direct services promoting the safety and well-being of children and families designed to increase the strength and stability of families (including adoptive, foster, and extended families), to increase parents' confidence and competence in their parenting abilities, to afford children a safe, stable, and supportive family environment, to strengthen parental relationships and promote healthy marriages, and otherwise to enhance child development. ***This activity does not include casework, case management or monitoring the case plan. If client is at risk of foster care select Activity Code 420 (Preplacement Prevention (Admin Only)); otherwise if client is not at risk of foster care select Activity Code 421 (Activities for Children Not at Risk of Foster Care (Admin)).***

424 CPS Family Assessments: This activity code should be selected for the formal information gathering process utilized by the local department in determining for child protective services (CPS) whether or not services are needed to ensure child safety and/or to prevent recurrence of child abuse or neglect. ***It does not include case management and other ongoing activities related to the client that occur after the Assessment process, if client is at risk of foster care select Activity Code 420 (Preplacement Prevention (Admin Only)); otherwise if client is not at risk of foster care select Activity Code 421 (Activities for Children Not at Risk of Foster Care (Admin)).***

425 Investigations/Specialized Investigative Training(CPS/APS Only): This activity code is selected for CPS and APS Investigation, which includes the formal information gathering process utilized by the local department in determining: for child protective services (CPS) whether or not abuse or neglect has occurred; for adult protective services (APS) also whether or not the adult needs protective services. ***It does not include case management and other ongoing activities related to the client that occur after the investigation process, if client is at risk of foster care select Activity Code 420 (Activities for Children at Risk of Foster Care (Admin Only)); otherwise if client is not at risk of foster care select Activity Code 421 (Activities for Children Not at Risk of Foster Care (Admin)).***

This activity code also includes training relating to specialized skills such as conducting child abuse and neglect investigations or how to address or treat child or family problems or behaviors. Use this code when training supports the delivery of social services rather than the administration of the title IV-E state plan.

426 Intake: This activity code should be selected when the intake worker is gathering information, evaluating and requesting additional information regarding the specifics of the complaint/concern. This activity begins with the referral for services and ends with the decision that the request will be assigned to a worker for assessment or other actions or that no action will be taken. This activity includes screening and prioritizing valid complaints.

450 Independent Adoptive Home Studies: This activity code includes home studies when the birth parents and the adoptive parents make an agreement that the adoption should go forward and no Department of Social Services is involved. This is a non-allowable IV-E activity. ***This activity does not include state-to-state home studies (see activity code 451), or when the child is known to LDSS select 406 Placement of the Client or select activity 452 Recruitment/Training-Program related for home studies where the child has not been identified and matched with foster/adoptive parents.***

451 State-to-State Home Studies: This activity code should be selected when the child welfare worker is compiling an out-of-state home study that has been requested by another state. ***When the child is known to LDSS select 406 Placement of the Client or select activity 452 Recruitment/Training-Program related for home studies where the child has not been identified and matched with foster/adoptive parents.***

452 Recruitment/Training-Program Related: This activity code should be selected when the worker is preparing for, attending and/or delivering training directly related to the worker's job function (i.e. The Family as a System, Working with Children and Domestic Violence Legal Services). Travel related to this training activity should be coded here as well. Following are some examples of activities related to **Recruitment/Training-Program Related:**

- General recruitment of potential adoptive and/or foster parents (notifying by websites, newspapers, flyers, etc.);
- Home studies, preparation for site visits, travel to and from home, preparing written reports for prospective resource (foster and/or adoptive) parents ***when foster/adoptive child has not been identified***;
- Promotion of the program;
- Social work practice, such as family centered practice and social work methods including interviewing and assessment;
- Training on referrals to services;
- In-service training;
- Activities designed to preserve, strengthen, and reunify the family, if the training is not related to providing treatment or services; or
- Contract negotiation, monitoring or voucher processing training.

453 Training-Program Related; Non Investigations: This activity code should be selected when the child welfare worker is attending and/or delivering training an any topic areas that are necessary for the proper and efficient administration of our title IV-E state plan. Following are some examples of allowable training:

- Social work practice, such as family centered practice and social work methods including interviewing and assessment;
- Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations, as long as the training is not related to how to conduct an investigation of child abuse and neglect;
- Cultural competency related to children and families;
- Communication skills required to work with children and families; or
- General substance abuse, domestic violence and mental health issues related to children and families in the child welfare system as long as training is not related to providing treatment or services.

503 Quality Initiatives: This activity code includes improving the quality or availability of child care services, consumer education, and parental choice. This includes improving the monitoring of compliance with, and enforcement of applicable State and Local requirements.

600 Other Employment-Related Activities: This activity code includes evaluation of a client's job skills, education level, occupational ability, interests, supportive service needs and to develop a plan that outlines a strategy to help an individual achieve his/her education, training and employment goals. This activity may include educational activities of basic and remedial education, high school or alternative designed to prepare an individual for a high school degree or equivalent GED (General Education Development) and education in English as a second language, job skills training, job readiness, work supplementation, on-the-job (OJT) training, work experience and other activities designed to improve the employability of a client. ***This activity code also includes transportation services to enable participants to travel to and from authorized program activities or employment. The need for transportation must be linked to needs identified on the participant's case plan.***

NOTE: Activity code 900 should be use only when another activity code cannot be selected.

900 General Administration/Staff Development: This activity code is selected when the worker is engaged in an activity directed at advancing the local agency program goals. Following are some examples of **General Administration/Staff Development**:

- Conduct/Participate in non-client related staff meetings;
- Travel (job-related, but not client specific);
- Public information activities and outreach;
- Reviewing agency office procedures;
- First aid, CPR, or facility security training;
- Safe driving;
- General administrative training (such as copier, computers and stress management);
- Reviewing employee grievance procedures;
- Reviewing payroll and leave activity;
- Organizing work area;
- Emergency preparedness; or
- Any training that is not directly related to the workers job function (Motivational Training and Time Management).

950 Employee on Lunch/Breaks/Personal Business: This activity code includes lunch time, scheduled break time and time spent on activities of a personal nature.

995 Employee on Leave: This activity code is used for all scheduled and unscheduled leave including vacation, sick and other such as military, maternity and jury duty leave.

998 Employee Not Scheduled to Work (including Flextime): This activity code is used when a worker is not scheduled for the RMS observation time designated for sampling because he or she is working part-time or working a flex-time schedule. The RMS observation hours are 9:00 a.m. until noon and 1:00 p.m. to 4:00 p.m., Monday through Friday.

999 Position Vacant/Invalid Response: This activity code is used when a position has become vacant during the quarter - unless the position is filled by another employee. Incumbent employee should

complete the RMS Observation Form if he/she fills the vacant position. Also use this category for identifying inaccurate information on the RMS Observation Form.

Worker Signature: After completing the RMS Observation Form, the worker should sign to confirm the observation, date and designate the time of completion on the RMS Certification Page. If the worker is not available to sign the RMS Certification Page and the Observer knows the correct entries to be made on the RMS Observation Form, the form should be completed by the Observer.

In all instances, the RMS Observation Form should be completed at the time closest to the observation moment it can be to reasonably assure the entries on the RMS Certification Page will accurately describe worker activity.

Observer Signature: The RMS Observer must sign on the bottom line of the RMS Certification Page, record the time of completion of the form and then submit the RMS Observation Form promptly for data entry.

Retention of Forms and Filing:
For all RMS Observation Forms, except for observations where the program/activity combination is unfounded CPS/APS investigations, retain for three years or until any audit issue is resolved, whichever is later. Where the program/activity combination is unfounded CPS/APS investigations retain for only one year.

Completed RMS Observation Forms should be filed by applicable quarter then by Control Number order.

All questions with regard to the appropriate use of the Random Moment Sampling system should be directed to the VDSS Division of Finance at (804) 726-7209.

VIRGINIA DEPARTMENT OF SOCIAL SERVICES
RANDOM MOMENT SAMPLE OBSERVATION FORM
CERTIFICATION PAGE

LOCALITY: _____ CENTER LOCATION: _____ CONTROL # _____

STATE POSITION # _____ DATE: _____ MOMENT: _____

LOCAL POSITION # _____ POSITION CLASS/ TITLE: _____

STEP 1: CASE INFORMATION

ARE YOU WORKING ON A CASE (ENTER '**Y**' OR '**N**'): _____ IF NO, PROCEED TO STEP 2

IF YES, ENTER FAMILY / CLIENT'S CASE NUMBER: _____ AND CLIENT'S NAME: _____

STEP 2: OBSERVATION DATA

PROCEED TO THE ATTACHED OBSERVATION FORM (THERE ARE TWO PAGES) AND MAKE APPROPRIATE SELECTION. REMEMBER TO CIRCLE ONLY ONE PROGRAM AND ONLY ONE ACTIVITY. AFTER MAKING SELECTION ON THE OBSERVATION FORM, RETURN TO COMPLETE STEP 3.

STEP 3: RECORDING OBSERVATION

FROM THE ATTACHED OBSERVATION FORM:

RECORD THE CIRCLED PROGRAM NUMBER: _____

RECORD THE CIRCLED ACTIVITY NUMBER: _____

STEP 4: CERTIFICATION

WORKER

I HAVE REVIEWED THE PROGRAM AND ACTIVITY CRITERIA AND THIS SELECTION REPRESENTS A TRUE AND ACCURATE DESCRIPTION OF THE MOMENT IN TIME SPECIFIED ABOVE.

WORKER'S PRINTED NAME: ___(Computer inserted)_____

WORKER'S SIGNATURE: _____ DATE: _____ TIME: _____

OBSERVER

AS THE OBSERVER, I CERTIFY THAT (PLEASE CHECK ONE):

- [ ] I OBSERVED THE WORKER AND COMPLETED THE OBSERVATION FORM (WORKER AND OBSERVER SIGNATURES REQUIRED); OR
- [ ] I INTERVIEWED THE WORKER (ONLY OBSERVER SIGNATURE REQUIRED); OR
- [ ] THE WORKER WAS UNAVAILABLE FOR OBSERVATION OR INTERVIEW (ONLY OBSERVER SIGNATURE REQUIRED)

OBSERVER'S SIGNATURE: _____ DATE: _____ TIME: _____

*****THIS DOCUMENT MUST REMAIN ATTACHED TO THE RANDOM MOMENT SAMPLE SELECTION OBSERVATION FORM *****

Random Moment Sampling Observation Form

October 2007

Please circle the one (1) program and the one (1) activity that accurately describes what the direct worker is doing at the specified moment in time. After circling the program and activity, transfer the selection to the certification page and complete the certification page.

800 Non-Client Specific

900	General Admin/Staff Development
950	Employee on Lunch/Break/Personal Business
995	Employee on Leave
998	Employee Not Scheduled to Work
999	Position Vacant / Invalid Response

180 Medicaid - Family & Children

400	Intake/Eligibility Determination/Redeterm.
403	Fraud Investigation/Prevention
404	Develop, Review and Revise the Case Plan
407	Prepare/Participate in Court Proceedings
409	Pre-Admission Screening (including UAI)
412	Referral to Services
452	Recruitment/Training-Program Related

110 Food Stamps

400	Intake/Eligibility Determination/Redeterm.
401	Benefits Issuance
403	Fraud Investigation/Prevention
404	Develop, Review and Revise the Case Plan
405	Casework/Case Management/Supervision
407	Prepare/Participate in Court Proceedings
412	Referral to Services
452	Recruitment/Training-Program Related
600	Other Employment-Related Activities

130 TANF (Benefits)

400	Intake/Eligibility Determination/Redeterm.
401	Benefits Issuance
403	Fraud Investigation/Prevention
404	Develop, Review and Revise the Case Plan
405	Casework/Case Management/Supervision
407	Prepare/Participate in Court Proceedings
412	Referral to Services
452	Recruitment/Training-Program Related
600	Other Employment-Related Activities

140 Refugee

400	Intake/Eligibility Determination/Redeterm.
405	Casework/Case Management/Supervision
407	Prepare/Participate in Court Proceedings
412	Referral to Services
600	Other Employment-Related Activities

100 Medicaid - Adult

400	Intake/Eligibility Determination/Redeterm.
403	Fraud Investigation/Prevention
404	Develop, Review and Revise the Case Plan
407	Prepare/Participate in Court Proceedings
409	Pre-Admission Screening (including UAI)
412	Referral to Services
452	Recruitment/Training-Program Related

150 Auxiliary Grants

400	Intake/Eligibility Determination/Redeterm.
405	Casework/Case Management/Supervision
409	Pre-Admission Screening (including (UAI)
412	Referral to Services

160 General Relief

400	Intake/Eligibility Determination/Redeterm.
405	Casework/Case Management/Supervision
412	Referral to Services

170 State/Local Hospitalization

400	Intake/Eligibility Determination/Redeterm.
405	Casework/Case Management/Supervision
412	Referral to Services

190 Energy Assistance

400	Intake/Eligibility Determination/Redeterm.
403	Fraud Investigation/Prevention
404	Develop, Review and Revise the Case Plan
405	Casework/Case Management/Supervision

220 Child Care

400	Intake/Eligibility Determination/Redeterm.
403	Fraud Investigation/Prevention
404	Develop, Review and Revise the Case Plan
405	Casework/Case Management/Supervision
407	Prepare/Participate in Court Proceedings
412	Referral to Services
452	Recruitment/Training-Program Related
503	Quality Initiatives

REFER TO INSTRUCTIONS FOR GUIDANCE

Random Moment Sampling Observation Form

October 2007

200 Employment Services (VIEW)

400	Intake/Eligibility Determination/Redeterm.
403	Fraud Investigation/Prevention
404	Develop, Review and Revise the Case Plan
405	Casework/Case Management/Supervision
407	Prepare/Participate in Court Proceedings
412	Referral to Services
452	Recruitment/Training-Program Related
600	Other Employment-Related Activities

210 Food Stamps Employment & Training

400	Intake/Eligibility Determination/Redeterm.
403	Fraud Investigation/Prevention
404	Develop, Review and Revise the Case Plan
405	Casework/Case Management/Supervision
407	Prepare/Participate in Court Proceedings
412	Referral to Services
452	Recruitment/Training-Program Related
600	Other Employment-Related Activities

310 Foster Care

400	Intake/Eligibility Determination/Redeterm.
404	Develop, Review and Revise the Case Plan
405	Casework/Case Management/Supervision
406	Placement of Client
407	Prepare/Participate in Court Proceedings
412	Referral to Services
413	Time-Limited Family Reunification *(admin)
414	Time-Limited Family Reunification Services
415	Direct Provision of Treatment/Counseling
418	Prep for Independent Living (14 to 18 year olds)
419	Prep for Independent Living (Young Adults)
425	CPS Investigations
451	State-to-State Home Studies
452	Recruitment/Training-Program Related

350 Adult Services/Adult Protective Services (APS)

400	Intake/Eligibility Determination/Redeterm.
404	Develop, Review and Revise the Case Plan
405	Casework/Case Management/Supervision
407	Prepare/Participate in Court Proceedings
409	Pre-Admission Screening (including UAI)
412	Referral to Services
415	Direct Provision of Treatment/Counseling
425	APS Investigations
452	Recruitment/Training-Program Related

320 Adoption

400	Intake/Eligibility Determination/Redeterm.
404	Develop, Review and Revise the Case Plan
405	Casework/Case Management/Supervision
406	Placement of Client
407	Prepare/Participate in Court Proceedings
412	Referral to Services
416	Adoption Promotion and Support Services
450	Independent Adoption Home Studies
451	State-to-State Home Studies
452	Recruitment/Training-Program Related

360 Other Child Welfare Services (Child Still in the Home)

420	Activities for Children at Risk of Foster Care*(admin)
421	Activities for Children not at Risk of Foster Care *(admin)
422	Family Preservation Services **(non-admin)
423	Family Support Services **(non-admin)
426	Intake
424	CPS Family Assessments
425	CPS Investigations/Specialized Investigative Training
453	Training-Program Related; Non Investigative

KEY:
*(admin): Some examples of administrative activities include case management, referral to services, review/revise case
(non-admin): Some examples of **direct services are treatment and counseling to a child/parent/guardian to ameliorate or remedy personal problems, behaviors,

REFER TO INSTRUCTIONS FOR GUIDANCE

LDSS COMPENSATION

- **Roles and Responsibilities**
- **Compensation – Directors and Other LDSS Employees**
- **Compensation and Expenses – Local Board**
- **Local Compensation Plan Process**
- **Local Compensation Approval and Accountability**

Roles and Responsibilities

The State Board of Social Services is responsible for adopting regulations and policies in the development and operation of a system of personnel administration meeting requirements of the federal Department of Health and Human Services. The policies and procedures must be in compliance with federal merit system standards set forth in the Code of Federal Regulations (5 CFR Part 900). The board approves state classification and state compensation plans that apply to local departments.

The Commissioner must ensure that the Virginia Department of Social Services and local departments of social services properly apply State Board policies.

VDSS Human Resource Director is responsible to the Commissioner for personnel administration. It is his/her responsibility to develop and put into effect rules and procedures for carrying out State Board classification and compensation policies and to ensure that local departments of social services comply with personnel policies, rules, and procedures set forth in the Administrative Manual for local departments.

VDSS Chief Financial Officer is responsible to the Commissioner for the financial administration of the State Social Services System. It is the Chief Financial Officer's responsibility to ensure that the state and LDSS are in compliance with federal cost principals as outlined in OMB Circular A-87, federal program requirements, guidelines issued by ACF Region III, and other federal/state regulations/guidelines. This position also works with Division Program Directors, other state agencies, and The Virginia League of Social Services Executives in areas of federal and state compliance, resolution of audit issues, and implementation of statewide financial practices changes.

The Local Board is designated as the authority for all personnel actions, unless the board delegates that responsibility to the local director. The local board is

responsible for the local agency's adoption of and compliance with classification and compensation policies.

The Local Director is responsible for compliance with the personnel policies, rules, and procedures set forth in the VDSS Human Resource Manual for Local Departments of Social Services. He/she must also uphold statutory requirements of Title 63.2 of the Code of Virginia and other related statutes.

Compensation – Directors and other LDSS Employees

The following guidelines apply to compensation costs for Directors and other LDSS employees, as defined in the VDSS Human Resource Manual for Local Departments of Social Services.

According to the federal requirements in OMB Circular A-87 governing costs, compensation and other expenditures to be submitted by the state for federal reimbursement must be allowable, reasonable and necessary. Compensation for personnel services includes all remuneration, paid currently or accrued, for services rendered during the period of performance under Federal and/or State awards, including but not necessarily limited to wages, salaries and fringe benefits. The state is allowed to make this determination by establishing standards and considering any applicable federal program rules. At the state level, there are standards and regulations that govern the reimbursement policies between the state and LDSS.

Per Virginia State Code 63.2-330 below, compensation for any LDSS (Local Department of Social Services) Director or other employee whose salary does not exceed the maximum amount indicated in the VDSS (Virginia Department of Social Services) Basic State Compensation Schedule is allowable for reimbursement from state general funds (and federal) as available. In addition, the governing body of any locality may provide for payment of monetary bonuses to its officers and employees. The payment of a bonus shall be authorized by ordinance. Reference Virginia State Code 15.2-1508.

Compensation for any LDSS (Local Department of Social Services) Director or other employee whose salary exceeds the maximum amount indicated in the VDSS Basic State Compensation Schedule, and approvals have been provided (see Local Compensation Plan and Accountability), shall be paid wholly from local funds. Although state general fund reimbursement is not permitted, these compensation costs may be reimbursed from applicable federal fund sources in addition to the use of local funds. If federal sources are to be utilized, local funds must be used to meet any federal financial match requirements.

§ 63.2-330. Compensation.

The local director and other persons employed to administer the provisions of this title in each county or city shall be paid such compensation by such county or city as shall be fixed by the local board or other appointing authority within the compensation plan provided in the merit system plan. With the approval of the Board and the local governing body, the local board may provide that the local director and such other employees shall be paid compensation in excess of the maximums permitted in the compensation plan. Such excess compensation shall be paid wholly from the funds of such county or city and any federal funds that are available and appropriate for such use.

(Code 1950, § 63-82; 1964, c. 359; 1968, cc. 467, 578, § 63.1-66; 2002, c. 747.)

§ 15.2-1508. Bonuses for employees of local governments.

Notwithstanding any contrary provision of law, general or special, the governing body of any locality may provide for payment of monetary bonuses to its officers and employees. The payment of a bonus shall be authorized by ordinance.

(1985, c. 142, § 15.1-7.4; 1997, c. 587; 2003, c. 204.)

Compensation and Expenses - Local Boards

§ 63.2-310. Compensation and expenses.

Each member of the local board of a county or a city or of a district shall be paid his reasonable and necessary expenses incurred in attendance at meetings and while otherwise engaged in the discharge of his duties. In addition to such expenses, the governing body of each city or county may, out of its general fund, pay to each member of the local board, as compensation for his services, an amount to be fixed by the governing body of such city or county. No such county or city shall be reimbursed out of either state or federal funds for any part of such compensation paid.

(Code 1950, § 63-59; 1954, c. 258; 1962, c. 491; 1966, c. 478; 1968, c. 578, § 63.1-47; 1972, c. 11; 1973, c. 201; 1978, c. 754; 1998, cc. 80, 192; 2002, c. 747.)

Local Compensation Plan Process

Each local department develops its own schedule and plan annually. This development generally occurs during the budget planning cycle to become effective July 1 of each year. Instructions for completing the Local Compensation Plan Form are developed by VDSS/DHRM and provided to each local department on an annual basis. Any changes to the Basic State Compensation Schedule are included. VDSS/DHRM will notify local departments of specific time frames for the submission of the annual local compensation plan.

The local department's schedule and compensation plan includes a listing of all classification titles, complete salary ranges, and grades. The salary ranges are sufficient in length to ensure that the steps are relevant, and consider initial, intermediate, and maximum steps, which maintain competitiveness. VDSS will not reimburse a locality in excess of the maximum applicable salary.

In addition, each local department's annual compensation plan includes a plan for awarding salary adjustments, compensation for protective service work, sick leave accumulation payment, other type of approved increases, and a list of employees whose salaries exceed the state maximum salary range for the corresponding classification. Salary determinations are to be rendered in a fair and consistent manner to ensure equal pay for equal work.

Local Compensation Plan Approval and Accountability

VDSS utilizes several processes to approve and validate compensation costs to ensure they are allowable, reasonable and necessary. The following notes indicate accountability and how compensation costs are validated and reimbursed.

1. Compensation costs are determined by the state to be reasonable, necessary, and allowable for reimbursement consideration when approved through all applicable LDSS, Local Government, and/or VDSS/HRM (Human Resources Management) position and compensation approval processes. Applicable processes are those required by existing State, Local Government, and or LDSS regulations, policies, and or procedures to approve the compensation related cost. Approval processes vary based what the cost relates to.

2. Processes, policies, and procedures used by the state, local governments, and LDSS to approve compensation matters include: Human Resources Manual for Local Departments of Social Services, Basic State Compensation Schedule, Local Compensation Plans submitted to LDSS boards and VDSS,

LETS procedures, Local and State Board approvals, plus all other regulations, policies, and procedures pertaining to compensation and/or human resources.

3. Reimbursement from the state general fund is allowable for compensation that does not exceed the maximum amounts in the VDSS Basic State Compensation Schedule.

4. For compensation costs that exceed the VDSS Basic State Compensation Schedule maximums, reimbursement can be obtained from appropriate federal sources if approved through one or more of the applicable processes indicated in items #1 and #2 above. The state passes-through FFP (Federal Financial Participation) to locals when LDSS expenditures are entered using the appropriate pass-through LASER cost codes. LDSS must provide all federal matching requirements and the expenditure must meet all program requirements.

5. LDSS must ensure that the same cost is not submitted for reimbursement more than once.

6. LDSS must maintain and be able to provide on request, sufficient documentation to substantiate and track expenses submitted for reimbursement.

7. LDSS are accountable for any disallowance resulting from a failure to comply with state and/or federal rules and regulations.

LASER - Budget Lines and Cost Code Descriptions

00001 ELIGIBILITY/SERVICES STAFF AND OPERATIONS ALIAS

Cost Code Description: This alias cost code is used by the local departments of social services to enter costs into LASER that will be charged to budget lines 853 – Eligibility Staff and Operations, and 854 – Services Staff and Operations. These costs are incurred for a common purpose benefiting more than one cost objective and not readily assignable to the benefiting programs without effort disproportionate to the results achieved. The use of an alias cost code is necessary since costs charged to the Eligibility or Services Staff and Operations budget lines must be allocated to the benefiting programs through the use of RMS statistics.

The local departments must determine if costs are Eligibility, Services, or Joint:

Eligibility – costs for administration of the public assistance or benefit programs within the local departments of social services. These programs serve low income citizens of the Commonwealth who meet the federal and state eligibility requirements. Costs include the staffing and operational/overhead expenses of the local departments of social services associated with eligibility activities.

Services – costs for administration of the social services programs within the local departments of social services. These programs are necessary to promote and support the development of healthy individuals and families and to protect adults and children from abuse and neglect. Costs include the staffing and operational/overhead expenses of the local departments of social services associated with activities of service programs.

Joint – costs for the administration of the public assistance, benefit programs or social services programs within the local departments of social services. Costs include the staffing and operational/overhead expenses of the local departments of social services such as management and support personnel which cannot be easily attributed to either eligibility or services and benefit multiple programs and services.

Costs should be entered into LASER through the use of the alias cost code and appropriate FUND type:

ALIAS	FUND TYPE	COSTS
00001	E	Eligibility – allocated using RMS statistics for eligibility programs and charged to budget line 853
00001	S	Services – allocated using RMS statistics for service

ALIAS	FUND TYPE	COSTS
		programs and charged to budget line 854
00001	J	Joint – initially allocated to Eligibility and Services using Worker Counts. These costs are then allocated in lines 853 and 854 using the appropriate RMS statistics.

See descriptions for budget lines 853 and 854 for more information on Eligibility and Services Staff and Operations and allowable costs.

See LASER Overview Allocations and LASER Worker Counts Sections of the manual for more information on the allocation process and the use of worker counts to split joint costs.

00204 ELIGIBILITY/SERVICES STAFF AND OPERATIONS PASS-THRU ALIAS

Cost Code Description: This alias cost code is used by the local departments of social services to enter costs into LASER that will be charged to budget lines 856 – Eligibility Staff and Operations Pass-Thru, and 857 – Services Staff and Operations Pass-Thru. These costs are incurred for a common purpose benefiting more than one cost objective and not readily assignable to the benefiting programs without effort disproportionate to the results achieved. The use of an alias cost code is necessary since costs charged to the Eligibility or Services Staff and Operations Pass-Thru budget lines must be allocated to the benefiting programs through the use of RMS statistics.

The local departments must determine if costs are Eligibility, Services, or Joint:

Eligibility – costs for staffing and operations of the public assistance or benefit programs within the local departments of social services. These programs serve low income citizens of the Commonwealth who meet the federal and state eligibility requirements. Costs include the staffing and operational/overhead expenses of the local departments of social services associated with eligibility activities.

Services – costs for staffing and operations of the social services programs within the local departments of social services. These programs are necessary to promote and support the development of healthy individuals and families and to protect adults and children from abuse and neglect. Costs include the staffing and operational/overhead expenses of the local departments of social services associated with activities of service programs.

Joint – costs for the administration of the public assistance, benefit programs or social services programs within the local departments of social services. Costs include the staffing and operational/overhead expenses of the local departments of social services such as management and support personnel which cannot be easily attributed to either eligibility or services and benefit multiple programs and services.

Eligibility and Services costs should be entered into LASER through the use of the alias cost code and appropriate FUND type:

ALIAS	FUND TYPE	COSTS
00204	E	Eligibility – allocated using RMS statistics for eligibility programs and charged to budget line 856

ALIAS	FUND TYPE	COSTS
00204	S	Services – allocated using RMS statistics for service programs and charged to budget line 857

NOTE: Currently, the LASER system will not split joint costs between Eligibility and Services Staff and Operations Pass-Thru budget lines. It is recommended that localities plan to cover their joint costs in their base allocations (lines 853 and 854). If this is not possible, localities will need to do a manual calculation using worker counts to correctly assign joint costs to the appropriate pass-thru budget line.

See descriptions for budget lines 856 and 857 for more information on Eligibility and Services Staff and Operations Pass-Thru and allowable costs.

See LASER Overview Allocations and LASER Worker Counts Sections of the manual for more information on the allocation process and the use of worker counts to split joint costs.

00336 PURCHASED SERVICES – LOCAL ONLY

Cost Code Description: Provides for reporting of local, non-reimbursable costs of purchasing services for various programs that do not fall under any VDSS classified program. The Code of Virginia requires the reporting of all social services costs incurred by the local departments of social services, regardless of reimbursement. This cost code serves as a tracking mechanism for these locally funded purchased service programs. EXCEPTION - Do not report CSA costs that are reported to the Department of Education for reimbursement.

NOTE: Locally funded purchased services that are similar or identical to VDSS classified services already described under another cost code in LASER should be reported in that cost code as non-reimbursable.

Reimbursable Examples	Non-Reimbursable Examples
• None	• Purchased services for locally funded, non-reimbursable programs

00630 ASSISTANCE PAYMENTS – LOCAL ONLY

Cost Code Description: Provides for reporting of local, non-reimbursable costs of maintenance/assistance payments for various programs that do not fall under any VDSS classified program. The Code of Virginia requires the reporting of all social services costs incurred by the local departments of social services, regardless of reimbursement. This cost code serves as a tracking mechanism for these locally funded maintenance/assistance payments. EXCEPTION - Do not report CSA costs that are reported to the Department of Education for reimbursement.

NOTE: Locally funded maintenance/assistance payments that are similar or identical to VDSS classified programs already described under another cost code in LASER should be reported in that cost code as non-reimbursable.

Reimbursable Examples	Non-Reimbursable Examples
• None	• Maintenance/assistance payments for locally funded, non-reimbursable programs

21704 GUARDIANSHIP PETITIONS

Cost Code Description: Provides for the costs of petitioning the court for appointment of a guardian for a Medicaid applicant who is unable to apply for himself/herself.

NOTE: VDSS does not provide a local budget allocation for this cost code - all expenditures entered in 21704 will be funded using 50% federal and 50% state funds.

Localities should complete the form, Reimbursable Costs of Guardianship Proceedings, found in the Adult Protective Services Manual, Volume VII, Section IV, Chapter B, Appendix R-2. Expenses must be itemized, attached to the form, and retained in the locality as documentation for reimbursement.

Reimbursable Examples	Non-Reimbursable Examples
• Expenses occurred during a guardianship proceeding for a Medicaid applicant who is unable to apply for himself/herself: o Evaluation o Guardian ad litem legal fees o Attorney legal fees o Court filing fees o Other costs (itemized)	• Expenses that are not part of the guardianship proceeding for the Medicaid applicant

50501 NETCENTRIC INFRASTRUCTURE

Cost Code Description: Provides for the costs of state technical support and maintenance of desktops, telecommunications, and appliction servers in support of state-wide information technology infrastructure in a limited number of local departments of social services. Expenditures must be pre-approved by VDSS, Division of Information Services.

NOTE: VDSS does not provide a local budget allocation for this cost code - all pre-approved expenditures entered in 50501 will be 100% reimbursed.

Reimbursable Examples	Non-Reimbursable Examples
• Hardware/software costs and maintenance, telecommunications fees, and other network expenditures pre-approved by VDSS, Division of Information Services	• Any costs not pre-approved by VDSS, Division of Information Services • Payments to unapproved vendors

803 ADOPTION PLACEMENT SERVICES

Program Description: The purpose of adoption placement services is to provide a full array of purchased adoption services for children in custody of local departments of social services, so that children who have been permanently and legally separated from their birth parent can be placed with a new family. These services include projects to improve recruitment of adoptive parents in rural communities.

80301 ADOPTION PLACMENT SERVICES - TITLE IV-B2

Cost Code Description: The cost code is used to report IV-B2 costs to promote adoptive services and support that are purchased from an agency, vendor or individual according to a contractual arrangement. This cost code does not include administration/operational cost for staff directly employed by a local department of social services. These costs are included in Budget line 854. Grants are awarded to local departments of social services to provide a full array of adoption services for children in custody of local departments of social services.

Reimbursable Examples	Non-Reimbursable Examples
• Contract or purchased services may include any of the following: o Recruitment of prospective adoption families o Completion of adoptive home studies; matching adoptive homes with waiting children o Supervision of the placement o Submitting reports to court for entry of a final order of adoption o Travel for contractees o Training/Conference/meetings for contractees o Other adoption related costs	• Payment that are in excess of budget allocations • Payments made to unapproved vendors

80302 ADOPTION PLACEMENT SERVICES - SSBG

Cost Code Description: The cost code is used to report SSBG costs to promote adoption services and support that are purchased from an agency, vendor or individual, according to a contractual arrangement with VDSS. This cost code does not include administration/operational cost for staff directly employed by local department of social services. These costs are included in Budget line 854. All reimbursable costs must be included in the contract with VDSS. Grants are awarded to local department of social services who provide adoption services for children in custody of local departments of social services.

Reimbursable Examples	Non-Reimbursable Examples
• Contract or purchased adoption services may include any of the following: o Recruitment of prospective adoption families o Completion of adoptive home studies; matching adoptive homes with waiting children o Supervision of the placement o Submitting reports to court for entry of a final order of adoption o Travel for contractees o Training/Conference/meetings for contractees o Other adoption related costs	• Payment that are in excess of budget allocations • Payments made to unapproved vendors

804 AUXILIARY GRANT PROGRAM

Program Description: The Auxiliary Grant Program provides income supplements to recipients of SSI and certain other aged, blind, or disabled individuals residing in a licensed assisted living facility or in an approved adult foster home. This assistance is made available through local departments of social services to ensure that adults are able to maintain a standard of living that meets a basic level of need.

Before being admitted to an assisted living facility or an adult foster home, adults are assessed by the local department of social services to determine eligibility and level of care. The Auxiliary Grant Program is specifically for adults who reside in an assisted living facility licensed by the Division of Licensing Programs or in an adult foster home approved by the individual's local department of social services. Not all assisted living facilities accept auxiliary grant recipients.

An individual's auxiliary grant payment includes coverage for room and board, maintenance and care, and a personal needs allowance.

Grant rates are determined by the Virginia General Assembly and are adjusted periodically.

80401 ADULT FOSTER CARE - BLIND

Cost Code Description: Provides financial assistance for blind individuals in adult foster homes through the Auxiliary Grant Program. The individual must be living in an adult foster home that has been approved by the local department of social services, with three or fewer clients.

Reimbursable Examples	Non-Reimbursable Examples
• Auxiliary Grant payments for blind individuals living in approved adult foster homes	• Client overpayments due to a local agency error • Auxiliary Grant payments for blind individuals living in an assisted living facility - these costs must be charged to cost code 80405

80402 ADULT FOSTER CARE - AGED

Cost Code Description: Provides financial assistance for elderly individuals aged 65 or older in adult foster homes through the Auxiliary Grant Program. The individual must be living in an adult foster home that has been approved by the local department of social services, with three or fewer clients.

Reimbursable Examples	Non-Reimbursable Examples
• Auxiliary Grant payments for elderly individuals aged 65 or older living in approved adult foster homes	• Client overpayments due to a local agency error • Auxiliary Grant payments for elderly individuals aged 65 or older living in an assisted living facility - these costs must be charged to cost code 80404

80403 ADULT FOSTER CARE - DISABLED

Cost Code Description: Provides financial assistance for disabled individuals in adult foster homes through the Auxiliary Grant Program. The individual must be living in an adult foster home that has been approved by the local department of social services, with three or fewer clients.

Reimbursable Examples	Non-Reimbursable Examples
• Auxiliary Grant payments for disabled individuals living in approved adult foster homes	• Client overpayments due to a local agency error • Auxiliary Grant payments for disabled individuals living in an assisted living facility - these costs must be charged to cost code 80406

80404 ASSISTED LIVING FACILITIES - AGED

Cost Code Description: Provides financial assistance for elderly individuals aged 65 or older in assisted living facilities through the Auxiliary Grant Program. The individual must be living in an assisted living facility licensed by the Virginia Department of Social Services, Division of Licensing Programs.

Reimbursable Examples	Non-Reimbursable Examples
• Auxiliary Grant payments for elderly individuals aged 65 or older living in a licensed assisted living facility	• Client overpayments due to a local agency error • Auxiliary Grant payments for elderly individuals living in an adult foster home - these costs must be charged to cost code 80402

80405 ASSISTED LIVING FACILITIES - BLIND

Cost Code Description: Provides financial assistance for blind individuals in assisted living facilities through the Auxiliary Grant Program. The individual must be living in an assisted living facility licensed by the Virginia Department of Social Services, Division of Licensing Programs.

Reimbursable Examples	Non-Reimbursable Examples
• Auxiliary Grant payments for blind individuals living in a licensed assisted living facility	• Client overpayments due to a local agency error • Auxiliary Grant payments for blind individuals living in an adult foster home - these costs must be charged to cost code 80401

80406 ASSISTED LIVING FACILITIES - DISABLED

Cost Code Description: Provides financial assistance for disabled individuals in assisted living facilities through the Auxiliary Grant Program. The individual must be living in an assisted living facility licensed by the Virginia Department of Social Services, VDSS Division of Licensing Programs.

Reimbursable Examples	Non-Reimbursable Examples
• Auxiliary Grant payments for disabled individuals living in a licensed assisted living facility	• Client overpayments due to a local agency error • Auxiliary Grant payments for disabled individuals living in an adult foster home - these costs must be charged to cost code 80403

808 TANF – MANUAL CHECKS

Program Description: TANF provides financial assistance to eligible families so that children may be cared for in their homes or in the homes of relatives. Eligible families receive a monthly cash payment to meet their basic needs.

This budget line only includes manual checks written by local departments of social services. All other payments are generated through the ADAPT system and are not included in the local budgeting and reimbursement process.

80801 TANF – MANUAL CHECKS

Cost Code Description: This cost code is used to report manual TANF checks written by the local departments of social services and to report cash refunds collected on TANF overpayments.

Reimbursable Examples	Non-Reimbursable Examples
• Manual TANF checks • Cash refunds	• Overpayments to clients due to agency error • Manual TANF-UP checks - these payments are reported under cost code 84801

810 TANF EMERGENCY ASSISTANCE

Program Description: Under certain conditions, TANF funds may be used to provide emergency assistance to destitute families with children who may or may not meet TANF eligibility factors. The emergency assistance component is available to applicants and recipients who have a housing emergency caused by: (1) fire or natural disaster which has destroyed items necessary for maintaining a household or home itself, or (2) total loss of family earnings when such loss occurred within a period not to exceed one month prior to application and the loss is due to a severe weather condition or a reduction in labor force caused by an energy shortage.

Assistance must be authorized during a period not to exceed thirty consecutive days within any twelve consecutive months. This thirty-day period begins with the date of the first authorization of payment by agency action.

81001 EMERGENCY ASSISTANCE - TANF

Cost Code Description: Provides emergency assistance to destitute families with children who may or may not meet TANF eligibility factors. The total amount granted to a family shall not exceed $500 during any one period of thirty consecutive days in any twelve consecutive months.

Method of Payment - Payment for purchase, repair, moving, or storage of household equipment must be made by the vendor method to the provider of the goods or services.
Payment to meet other needs may be either a money payment to the recipient or a vendor payment to the provider, whichever is most practical and advantageous to the family.

NOTE: Emergency assistance payments do not affect the regular TANF money payment for TANF recipients. However, an emergency assistance payment may not be issued to replace money lost by the recipient or for the loss of earnings.

Reimbursable Examples	Non-Reimbursable Examples
• Items such as: o Food o Shelter items o Clothing o Repair or replacement of household equipment which has been destroyed or rendered unusable o Moving or storage of household equipment	• Money lost by the recipient • Loss of earnings

811 IV-E (AFDC) FOSTER CARE

Program Description: The goal of the program is to provide services to enable the child to return to his or her home or to find another permanent home for the child. Foster care is intended as a temporary response to difficulties in the family situation, not a long-term solution to family difficulties.

Title IV-E pays for maintenance, day care, and visitation related transportation for IVE eligible children. In order to report costs for reimbursement under BL 811, Title IV-E case records must document initial and current eligibility as specified in the **Title IV-E Eligibility Manual** in the following areas:

REMOVAL: The local agency must have legal responsibility for the care and placement of the child. This is achieved by either (1) an initial court order or (2) a voluntary placement agreement that meets the requirements.

AFDC ELIGIBILITY: Title IV-E eligibility decisions must be based on the AFDC requirements. The eligibility worker must determine the IV-E "eligibility month," the "removal home," and the "assistance unit" before beginning the initial eligibility determination of the foster care case. The circumstances of the "assistance unit" in the "removal home" in the "eligibility month" are vital to making an accurate Title IV-E eligibility determination on behalf of the child placed in foster care. TANF eligibility is not sufficient for meeting AFDC eligibility.

ONGOING IV-E REIMBURSABILITY DETERMINATION: Reimbursability of Title IV-E foster care cases must be redetermined whenever a change occurs, upon notification by DCSE of child support collected, and at regular intervals, not to exceed 12 months, for both maintenance and non-maintenance cases.

ANNUAL JUDICIAL DETERMINATIONS: The local agency must obtain an annual judicial determination that reasonable efforts to finalize the permanency plan(s) (REPP) has been made within twelve months of the date the child is considered to have entered foster care and at least once every twelve months thereafter while the child is in foster care. The judicial determination may address reasonable efforts towards any approved permanency goal(s) that was in effect within the previous twelve months.

Reasonable efforts to "Return to Parents" may be made during any judicial determination in conjunction with any other permanency goal that was in effect during the previous twelve months - but when made alone will only satisfy the REPP criteria if there has been a goal of "Return to Parents" within the previous twelve months.

PLACEMENT IN LICENSED FACILITIES AND/OR AGENCY APPROVED HOMES: Title IV-E is available for an eligible child in a fully licensed child placing agency or child care facility, or a foster/adoptive home that is fully approved according to state regulations. Temporary absences from the placement for reasons such as hospitalization, education or training, a vacation or a visit do not affect eligibility.

81107 Children's Residential Facility (CRF)

Cost Code Description: The purpose of this cost code is to report maintenance costs claimed for Title IV-E eligible children placed in Children's Residential Facilities, including group homes.

Costs reported in CC 81107 are residential vendor costs invoiced to and paid by local departments of social services that are necessary to meet the basic needs of the foster care child.

Reimbursable Examples	Non-Reimbursable Examples
• Shelter, room and board • Daily supervision • A child's personal incidentals • Liability insurance with respect to a child • Clothing • Reasonable travel for child's visitation with family or other caretakers, including siblings • Prorated share of administrative and operational costs of such eligible institution	• Costs of social services provided to a child, the child's family, or the child's foster family which provide counseling or treatment to ameliorate or remedy personal problems, behaviors, or home conditions • Medical and dental care and treatment

81108 Licensed Child Placing Agencies (LCPA)

Cost Code Description: The purpose of this cost code is to report maintenance costs claimed for Title IV-E eligible children placed in LCPA foster homes.

Costs reported in 81108 can also include an additional payment for daily supervision to a trained foster parent who provides care to a child through a LCPA's defined foster care therapeutic program, whereby that child has identified emotional/behavior, developmental, physical or medical disorders. Title IV-E eligible children must be identified as needing therapeutic foster care.

Reimbursable Examples	Non-Reimbursable Examples
• Shelter, room and board • Daily supervision • Added daily supervision • Day care • A child's personal incidentals • Liability insurance with respect to a child • Clothing • Reasonable travel for child's visitation with family or other caretakers including siblings • Prorated share of administrative and operational costs of such eligible institution	• Costs of social services provided to a child, the child's family, or the child's foster family which provide counseling or treatment to ameliorate or remedy personal problems, behaviors, or home conditions • Medical and dental care and treatment

81110 Local Agency Foster Homes

Cost Code Description: The purpose of this cost code is to report maintenance costs claimed for Title IV-E eligible children placed in local agency foster homes.

Reimbursable Examples	Non-Reimbursable Examples
• Shelter, room and board • Daily supervision • Day care • A child's personal incidentals • Liability insurance with respect to a child • Clothing • Reasonable travel for child's visitation with family or other caretakers including siblings • Prorated share of administrative and operational costs of such eligible institution	• Costs of social services provided to a child, the child's family, or the child's foster family which provide counseling or treatment to ameliorate or remedy personal problems, behaviors, or home conditions • Medical and dental care and treatment

81111 Local Agency Foster Home - Therapeutic

Cost Code Description: The purpose of this cost code is to report maintenance costs claimed for a Title IV-E eligible children placed in a therapeutic foster home. In a therapeutic foster home, a trained foster parent provides care to IV-E eligible children through a local agency's defined foster care therapeutic program. A foster parent may receive an additional payment for added daily supervision required for children who have identified emotional/behavior, developmental, physical or medical disorders. Title IV-E eligible children must be identified as needing therapeutic foster care.

Reimbursable Examples	Non-Reimbursable Examples
• Shelter, room and board • Daily supervision • Added daily supervision • Day care • A child's personal incidentals • Liability insurance with respect to a child • Clothing • Reasonable travel for child's visitation with family or other caretakers including siblings • Prorated share of administrative and operational costs of such eligible institution	• Costs of social services provided to a child, the child's family, or the child's foster family which provide counseling or treatment to ameliorate or remedy personal problems, behaviors, or home conditions • Medical and dental care and treatment

812 TITLE IV-E ADOPTION SUBSIDY

Program Description: Adoption assistance, also called subsidized adoption, is a means of providing a money payment and/or services to adoptive parents on behalf of a child with special needs with an adoption assistance agreement in effect. The purpose of adoption assistance is to facilitate the adoption of children who are considered hard to place because they have special needs and few families are available. Without subsidy, these children are likely to remain in long-term foster care.

A Title IV-E subsidy agreement shall be executed for any child who meets special needs criteria and meets eligibility requirements for AFDC in effect July 1996 or SSI eligibility requirements at the time of adoption and a child of a minor place in foster care.

81201 TITLE IV-E SUBSIDIZED ADOPTION ASSISTANCE

Cost Code Description: This cost code is used to report payments for daily living (maintenance) expenses to adoptive families on behalf of children who meet eligibility requirements for AFDC, Title IV-E foster care, or SSI and who meet the definition of a "special needs child" and with an adoption assistance agreement in effect.

Reimbursable Examples	Non-Reimbursable Examples
• Food • Clothing • Shelter • Daily supervision • School supplies • Child's personal essentials	• Ongoing services • Payments cannot exceed the foster care maintenance payment the child would have received in a foster family home • Payments in excess of budget allocation • Overpayment to clients due to agency error

81202 NON-RECURRING ADOPTION ASSISTANCE

Cost Code Description: This cost code is used to report costs for adoptive parent(s) for non-recurring fees for children with special needs with an adoption assistance agreement in effect.

Reimbursable Examples	Non-Reimbursable Examples
• Reimbursement for non-recurring costs up to $2,000 for any adoptive placement (per child, per placement) • Reasonable and necessary fees of adoption child placing agencies, • Attorney fees directly related to the finalization of the adoption, • Court costs related to filing an adoption petition • Transportation • Other expenses incurred by adoptive parents related to placement of the child	• Payments in excess of federal allowable amount of $2,000 • Payments that in excess of budget allocations • Overpayments to clients due to agency error

813 GENERAL RELIEF PROGRAM

Program Description: The General Relief program is an optional local program designed to provide maintenance or emergency assistance that cannot be provided through other means. Each locality's General Relief plan is developed by the local department of social services to meet the identified needs of their individual community. Components of the plan may include maintenance assistance for certain qualified individuals, and emergency assistance such as food, clothing, shelter, medical, transient, and burial costs.

Localities should report expenses that exceed the General Relief allocation as non-reimbursable. To the extent that funds allow, VDSS will reimburse these expenditures at year-end out of unspent allocations in line 813.

81301 GENERAL RELIEF

Cost Code Description: Provides maintenance and emergency financial assistance that cannot be provided through other means.

Maintenance may include such components as assistance for unemployed employable individuals, unemployable individuals, institutional care, ongoing medical assistance, interim assistance for SSI applicants, and assistance for unattached children.

Emergency assistance may include such components as food, clothing, shelter, relocation, medical, transient, and burial assistance.

Note: Each locality must specify in its local General Relief plan which components it will offer and the maximum amount of assistance that will be provided for each.

Reimbursable Examples	Non-Reimbursable Examples
• *Maintenance components: o assistance for unemployed employable individuals o assistance for unemployable individuals o institutional care o ongoing medical assistance o interim assistance for SSI applicants o assistance for unattached children • *Emergency components: o Food o Clothing o Shelter o Relocation o Medical o Transient o Burial Not to exceed the state reimbursable maximums outlined in the General Relief Manual, Volume II, Part IV, Chapter D, Section 7	• Components not identified in the locality's General Relief plan • Component costs exceeding the state reimbursable maximums outlined in the General Relief Manual, Volume II, Part IV, Chapter D, Section 7 • Overpayments to clients due to agency error

817 STATE ADOPTION SUBSIDY AND SPECIAL NEEDS SERVICE PAYMENTS

Program Description: Budget allocation based on projected program expenditures; state mandate and contractual obligation. Many children in need of adoption services have special needs that make them difficult to place. The State offers state adoptions subsidies to children who are not eligible for Title IV-E. This category reports costs for state adoption maintenance subsidies and special needs service payments for Title IV-E and state adoption assistance children.

81701 SPECIAL SERVICE PAYMENTS

Cost Code Description: This cost code is used to report special service payments and purchase of service for Title IV-E and State adoption assistance children with special needs with an adoption assistance agreement in effect.

Special service payments should be used only when it is determined that the adoptive family's private insurance and Medicaid do not cover the expense.

Reimbursable Examples	Non-Reimbursable Examples
• Special services payments provided directly to the child by the adoptive parents or a vendor. Special service payments include but are not limited to: o Medical, surgical, or dental care o Equipment such as prosthetics, braces, crutches, hearing aids, eyeglasses, etc o Individual tutoring or remedial educational sessions, books or equipment; o Psychological and psychiatric evaluations and treatments o Speech, physical and occupational therapy and o Premiums for a major medical insurance policy for a child, if the child is not covered by a family policy o Respite Care Payments and Residential Treatment with FAPT review and recommendation.	• Payments that are in excess of budget allocations • Overpayments to clients due to an agency error

81702 STATE ADOPTION ASSISTANCE

Cost Code Description: This cost code is used to provide adoption maintenance payments for state eligible children with special needs and who have an adoption assistance agreement in effect.

Reimbursable Examples	Non-Reimbursable Examples
• Food • Clothing • Shelter • Daily supervision • School supplies • Child's personal essentials	• Payments that are in excess of budget allocations • Overpayments to clients due to an agency error

819 REFUGEE RESETTLEMENT PROGRAM

Program Description: The Virginia Refugee Resettlement Program is administered by the Office of Newcomer Services, which is in the Division of Community and Volunteer Services. The populations eligible for refugee resettlement services are refugees, asylees, Cuban/Haitian entrants, Amerasians, unaccompanied refugee minors, and victims of human trafficking. Definitions for these terms are found in the Virginia Refugee Resettlement Program Manual.

Services to these refugee populations are provided through:

1. contracts with local resettlement service providers for employment services, English language training, case managements, and limited support services;
2. an agreement with the Virginia Department of Health for health screenings;
3. an agreement with the Department of Medical Assistance Services for Refugee Medical Assistance; and
4. LASER electronic reimbursements to local departments of social services for Refugee Cash Assistance payments.

81901 REFUGEE CASH ASSISTANCE

Cost Code Description: Cash assistance payments for eligible refugee populations that meet TANF program financial requirements but do not meet non-financial requirements. Refugee populations must be screened for TANF **before** being determined eligible for refugee cash assistance.

NOTE: Eligibility for Refugee Cash Assistance is eight months from the date of arrival in the United States for refugees, Cuban/Haitian entrants, and Amerasians. For asylees and victims of human trafficking, eligibility is eight months from the date of determination of that status.

Refugee Cash Assistance overpayments are handled in the same manner and according to the same policy and procedures as TANF overpayments.

Reimbursable Examples	Non-Reimbursable Examples
• Refugee Cash Assistance payments made to eligible populations within the eight month eligibility period	• Refugee Cash Assistance payments paid beyond the eight month eligibility period • Overpayments to clients

820 ADOPTION INCENTIVES

Program Description: Part E, Section 473A of the Social Security Act; the Adoption Promotion Act of 2003, Public Law 108-145, authorizes adoption incentive payments for states that increase the number of adoptions from foster care.

NOTE: Adoption incentive funds are used intermittently as funds become available on an annual basis. Local departments of social services will be notified when such funds are available.

For years in which funds are available, the Children's Bureau determines the numbers of foster child adoptions, the special needs adoptions, and the older child adoption in the State on the basis of AFCARS data as reported by each State and accepted by the Children's Bureau of the fiscal year subsequent to the fiscal year in which the adoptions were finalized (i.e., the "earning year").

The adoption incentive payment payable to a State for a fiscal year shall be equal to the sum of (a) $4,000, multiplied by the number of foster child adoptions in the State during the fiscal year which exceeds the base number of foster child adoptions for the State for the fiscal year; (b) $4,000 multiplied by the number of foster child adoptions of children age 9 or older in the State during the fiscal year in which exceeds the base number of foster child adoption of children age 9 or older for the State for the fiscal year; and (c) $2,000, multiplied by the number of special needs adoptions of children under age nine in the State during the fiscal year which exceeds the base number of special needs adoptions of children under age 9 for the State for the fiscal year. There are no matching requirements for these funds.

82001 ADOPTION INCENTIVES

Cost Code Description: This cost code is used to report expenditures that support adoption incentive programs and activities. Adoption Incentive Funds that are awarded by the federal government to states that increase the number of children adopted from the foster care system over the number adopted during the previous federal fiscal year. The Department passes these funds to local departments of social services that increased their adoptions based on a plan of expenditure.

Reimbursable Examples	Non-Reimbursable Examples
• Adoption activities or services based on approved plan	• Payments that are in excess of budget allocations • Overpayments to clients due to an agency error

824 OTHER PURCHASED SERVICES

Program Description: This budget line provides funding to purchase services for adults, families, and children. These services are focused on self support, self sufficiency, protection of children and adults, community and home based care, and institutional care.

82401 ADULT PROTECTIVE SERVICES

Cost Code Description: Provides for the purchase of goods or services associated with protecting abused, neglected, or exploited adults or adults at risk of abuse, neglect, or exploitation. Adult means individuals aged 60 and older and individuals aged 18 - 59 who are incapacitated.

Service needs should be identified in the adult protective services plan.

Reimbursable Examples	Non-Reimbursable Examples
• Home-based services • Temporary out-of-home accommodations for adults who are unsafe at home • Re-connection of utilities • Food and other essential goods when financial abuse has left the adult without resources • Other services needs identified in the adult protective services plan	• Service needs not identified in the adult protective services plan • Payments to unapproved vendors

82402 CHILD PROTECTIVE SERVICES

Cost Code Description: Provides for the purchase of goods or services associated with protecting abused, neglected, or exploited children and to prevent further maltreatment. Child protective services are non-punitive in its approach and are directed toward enabling families to provide adequate care and nurture for their children. The LDSS may provide goods or services, without regard to income, to the child, parent or guardian, and alleged abuser or neglector when the LDSS documents that other resources are not available to cover the costs of services.

All service needs must be documented in the child protective services plan.

Reimbursable Examples	Non-Reimbursable Examples
• Emergency shelter for children and families • Clothing, food, rent, and utilities • Medical, remedial care • Evaluation and treatment • Counseling and treatment services • Child care • Emergency needs • Other services needs identified in the child protective services plan	• Service needs not identified in the child protective services plan • Payments to unapproved vendors

82403 COUNSELING AND TREATMENT

Cost Code Description: Provides for the purchase of psychological, psychiatric, and therapeutic services not covered by Title XIX, Medicaid. These services focus on identification and assessment in an effort to protect adults and children, preserve families, and prevent further maltreatment.

Reimbursable Examples	Non-Reimbursable Examples
• Evaluation and diagnosis • Development of treatment goals and strategies • Counseling • Room and board	• Counseling and treatment services covered by Title XIX, Medicaid • Payments to unapproved vendors

82404 ADULT DAY SERVICES (BLOCK GRANT)

Cost Code Description: Provides for purchase of adult day services for a portion of a 24-hour day. Adult day services assess the needs of participants and offer services to meet those needs. Participants attend on a planned basis.

NOTE: This cost code is used after all funds are expended in cost code 83302, Adult Day Services (State Supplement).

Reimbursable Examples	Non-Reimbursable Examples
• Personal supervision of the adult • Activities that promote physical and emotional well-being through socialization	• Payments to unapproved vendors

82405 DEVELOPMENTAL DAY PROGRAMS FOR ADULTS

Cost Code Description: Provides for the purchase of adult developmental day services for a portion of a 24-hour day. These services provide instruction and training for mentally retarded and developmentally disabled adults, aged 18 and older, to help the individual function more independently.

Reimbursable Examples	Non-Reimbursable Examples
• Instruction and training services for mentally retarded and developmentally disabled adults	• Payments made to unapproved vendors

82406 DEVELOPMENTAL DAY PRGRAMS FOR CHILDREN

Cost Code Description: Provides for the purchase of child developmental day services for a portion of a 24 hour day. These programs provide stimulation, education, recreation, and socialization for mentally retarded and developmentally disabled, deaf, blind, and deaf-bind children, ages 2 through 17, to help the child function more independently. Such programs may be provided outside of usual school hours and/or during the summer.

Reimbursable Examples	Non-Reimbursable Examples
• Child developmental day services for mentally retarded and developmentally disabled, deaf, blind, and deaf-blind children • Registration fees • Transportation	• Payments to unapproved vendors

82407 SUBSTANCE ABUSE SERVICES

Cost Code Description: Provides for the purchase of services to assist adults and children with substance abuse treatment.

Reimbursable Examples	Non-Reimbursable Examples
• Counseling • Medical and remedial services • Pharmacological services • Intervention, social, education, and rehabilitative services	• Payments to unapproved vendors

82408 EDUCATION AND TRAINING

Cost Code Description: Provides for purchase of formal or functional education and training services for adults and children to improve individual knowledge and skills.

NOTE: This cost code excludes education and training which has a guarantee of job placement or which is a requirement of employment since such activities fall under employment services.

Reimbursable Examples	Non-Reimbursable Examples
• Formal or functional education and training services for adults and children	• Tutoring and Special Education for the disabled which are the responsibility of the local/state school board • Education and training required for employment • Payments to unapproved vendors

82409 EMPLOYMENT SERVICES

Cost Code Description: Provides for the purchase of services to assist individuals in retaining, regaining, or securing employment, and acquiring training or educaiton leading to employment. This includes vocational evaluation, vocational training, and supportive services for sheltered employees of a sheltered workshop.

Reimbursable Examples	Non-Reimbursable Examples
• Room and board • Child care • Transportation • Counseling • Medical and dental care • Emergency Intervention • Education and training leading to employment	• Payments to unapproved vendors

82410 FAMILY AND PERSONAL ADJUSTMENT COUNSELING

Cost Code Description: Provides for the purchase of services such as guidance, consultation, and problem solving in a helping professional relationship. It is related to family and personal adjustment problems, values clarificaton, personal effectiveness, and other areas of counseling exclusive of counseling related to other discrete services.

Reimbursable Examples	Non-Reimbursable Examples
• Guidance counseling • Consultation • Problem solving	• Payments to unapproved vendors

82411 FAMILY PLANNING SERVICES

Cost Code Description: Provides for the purchase of medical and supportive services to help an individual limit his/her family size or space his/her children.

Reimbursable Examples	Non-Reimbursable Examples
• Medical services not covered by Title XIX, Medicaid including: o Physical examinations o Laboratory tests o Provision of contraceptive devices o Sterilization services • Supportive services including: o Child care o Transportation	• Medical services covered by Title XIX, Medicaid • Payments to unapproved vendors

82412 FOSTER CARE FOR ADULT

Cost Code Description: Provides for the purchase of supervision and special services in an approved foster home for an adult who has a physical/mental health condition or emotional/behavioral problem. This adult must be incapable of independent living or unable to remain in his/her own home.

Reimbursable Examples	Non-Reimbursable Examples
• Adult foster care to include supervision and special services	• Payments made to unapproved foster homes or unapproved vendors

82413 HEALTH RELATED SERVICES

Cost Code Description: Provides for the purchase of instruction and assistance in preventive and restorative health measures for adults and children.

Reimbursable Examples	Non-Reimbursable Examples
• Home health nursing services • Physical, occupational, or speech therapy	• Payments to unapproved vendors

82414 HOME BASED CHORE (BLOCK GRANT)

Cost Code Description: Provides for the purchase of non-routine, heavy home maintenance chore services for individuals unable to perform such tasks themselves. Chore services shall be provided only to individuals living in an independent situation who are responsible for the maintenance of their own home or apartment and have no one available to provide this service without cost.

NOTE: This cost code is used after all funds are expended in cost code 83301, Home Based Chore (State Supplement).

Reimbursable Examples	Non-Reimbursable Examples
• Yard maintenance • Painting • Chopping wood • Carrying wood and water • Snow removal • Minor repair work in the home	• Payments to unapproved vendors

82415 HOUSING SERVICES

Cost Code Description: Provides for the purchase of goods and services to assist individuals and families in acquiring or maintaining safe, healthy, affordable housing and obtaining necessary household furnishings.

Reimbursable Examples	Non-Reimbursable Examples
• Minor housing modifications if individual owns his/her home • Special housing modifications for the deaf and blind • Household furnishings	• Payments to unapproved vendors

82416 LEGAL SERVICES

Cost Code Description: Provides for the purchase of legal assistance in civil matters to protect the client's rights and to prevent his/her exploitation.

NOTE: This cost code can only be used to provide legal assistance for a client. Legal assistance or representation on behalf of the local department of social services must be charged to eligibility or services administration.

Reimbursable Examples	Non-Reimbursable Examples
• Legal assistance in civil matters to protect a client's rights and prevent exploitation	• Payment of a guardian or committee's fee • Payment for commitment to a mental health or mental retardation facility • Legal assistance in criminal matters • Payments to unapproved vendors

82417 NUTRITION SERVICES

Cost Code Description: Provides for the purchase of services for individuals in need of nutrition education and/or home delivered or congregate meals. An individual is not considered to be in need of home delivered or congregate meals if his/her meals are provided in a nursing home, institution, home for adults, a room and board situation, or as a member of a family. An individual is not considered to be in need if his/her only cost is for purchasing raw food and he/she has someone to prepare the meals at no cost.

NOTE: Vendors, transporters, and congregate meal sites shall be in compliance with the rules and regulations of the State Board of Health.

Reimbursable Examples	Non-Reimbursable Examples
• Fees for classes or courses related to nutrition • Home delivered meals for ill, aged, blind, or disabled homebound persons • Congregate meals for aged, blind, or disabled adults who are unable to shop or cook for themselves or lack incentive or ability to prepare meals	• Medical examinations for the purpose of case planning must be paid from administrative funds • Payments to unapproved vendors

82418 PREVENTION SERVICES

Cost Code Description: Provides for the purchase of goods or services to prevent disruption of the family and to stabilize the situation, provided that the need is documented in the case record. These services may include the purchase of emergency shelter until more permanent arrangements can be made. It may also include items such as clothing, food, utilities, or rent when no other resources are available and the lack of these goods and services become life threatening or may result in institutionalization.

Reimbursable Examples	Non-Reimbursable Examples
• Emergency shelter • Clothing • Food • Rent and utilities	• Payments for goods or services not documented in the case record • Payments to unapproved vendors

82419 SERVICES TO SPECIFIED DISABLED INDIVIDUALS

Cost Code Description: Provides for the purchase of coordinated and comprehensive services to assist autistic, cerebral palsied, epileptic, mentally retarded, deaf, or blind individuals.

Reimbursable Examples	Non-Reimbursable Examples
• Respite care • Infant and child stimulation • Parent training • Training to maximize independence	• Payments to unapproved vendors

82420 SOCIALIZATION AND RECREATION

Cost Code Description: Provides for the purchase of services which offer opportunities for constructive social experiences and leisure time activities. These services are directed at improving individual functioning in personal and social communicaton, offering opportunities for self-expression and minimizing isolation and monotony.

Reimbursable Examples	Non-Reimbursable Examples
• Socialization and recreation activities which offer constructive social experiences	• Payments to unapproved vendors

82421 TRANSPORTATION SERVICES

Cost Code Description: Provides for the purchase of transportation services to and from needed community resources and facilities.

Reimbursable Examples	Non-Reimbursable Examples
• Transportation services to and from needed community resources and facilities	• Transportation services to and from work • Transportation services to obtain medical care payable under Title XIX, Medicaid • Payments to unapproved vendors

82422 HOME BASED HOMEMAKER (BLOCK GRANT)

Cost Code Description: Provides for the purchase of homemaker services provided by an individual or agency provider who give instruction in or, where appropriate, performs activities to maintain a household.

NOTE: This cost code is used after all funds are expended in cost code 83303, Home Based Homemaker (State Supplement).

Reimbursable Examples	Non-Reimbursable Examples
• Consumer education • Personal care • Home management • Household maintenance • Nutrition • Hygiene education	• Payments to unapproved vendors

82423 HOME BASED COMPANION (BLOCK GRANT)

Cost Code Description: Provides for the purchase of companion services provided by an individual or agency provider who assists adults unable to care for themselves without assistance and where no one is available to provide the needed services without cost. Companion services shall only be provided to an eligible individual who lives in his/her own home.

NOTE: This cost code is used after all funds are expended in cost code 83304, Home Based Companion (State Supplement).

Reimbursable Examples	Non-Reimbursable Examples
• Supervision • Shopping • Meal preparation • Assistance with bathing, dressing, toileting, and feeding • Transportation	• Payments to unapproved providers

829 FAMILY PRESERVATION AND SUPPORT (SSBG)

Program Description: Family Preservation funds are allocated to each local social services agency annually to be used to keep at-risk children from entering the foster care system.

Family Preservation and Support Services programs provide interventions to maintain and strengthen the family unit while ensuring the safety of the child. These programs are flexible locality coordinated community-based programs that provide services to help children and families that are in crisis who need short-term support.

Services may include "hard services" such as counseling and in-home services or "soft services" such as child care and material assistance. Services can be to reunify a child in foster care with the natural parent and adoption promotion and family preservation services can also be provided.

82904 FAMILY SUPPORT (SSBG)

Cost Code Description: The purpose of this cost code is to report purchased services provided to vulnerable families in which risk is not immediate, who need additional support to improve parenting skills, home management skills, and to meet other needs to avoid their children becoming at risk.

Reimbursable Examples	Non-Reimbursable Examples
• Counseling and treatment • Child care for children • Developmental child care for children • Drug services • Education and training • Family and personal adjustment counseling • Respite care • Health related services • Homemaker/home management; housing • Legal services • Nutrition related services • Services to specified disabled individuals • Socialization and recreation • Transportation, and other related activities, etc	• Payments to unapproved vendors • Payments in excess of allocation • Services after the child has come into foster care

82905 FAMILY PRESERVATION (SSBG)

Cost Code Description: This cost code is used to report purchased services provided to families whose children have been identified as being at risk of out-of-home placement unless immediate services are provided to preserve the family.

Reimbursable Examples	Non-Reimbursable Examples
• Counseling and treatment • Child care for children • Developmental child care for children • Drug services • Education and training • Family and personal adjustment counseling • Respite care • Health related services • Homemaker/home management; housing • Legal services • Nutrition related services • Services to specified disabled individuals • Socialization and recreation • Transportation, and other related activities, etc	• Payments to unapproved vendors • Payments in excess of allocation • Services after the child has come into foster care

833 ADULT SERVICES

Program Description: Adult services are provided to assist an individual to remain in his or her own home and to be as independent as possible for as long as possible. The provision of adequate services decreases the risk of institutional placement, decreases overall costs for long-term care in the Commonwealth and ensures that appropriate services are provided to maximize self-sufficiency.

83301 HOME BASED CHORE (STATE SUPPLEMENT)

Cost Code Description: Provides for the purchase of non-routine, heavy home maintenance chore services for individuals unable to perform such tasks themselves. Chore services shall be provided only to individuals living in an independent situation who are responsible for the maintenance of their own home or apartment and have no one available to provide this service without cost.

NOTE: After all funds are expended in this cost code, cost code 82414 Home Based Chore (Block Grant) is utilized.

Reimbursable Examples	Non-Reimbursable Examples
• Yard maintenance • Painting • Chopping wood • Carrying wood and water • Snow removal • Minor repair work in the home	• Payments to unapproved vendors

83302 ADULT DAY SERVICES (STATE SUPPLEMENT)

Cost Code Description: Provides for purchase of adult day services for a portion of a 24-hour day. Adult day services assess the needs of participants and offer services to meet those needs. Participants attend on a planned basis.

NOTE: After all funds are expended in this cost code, cost code 82404 Adult Day Services (Block Grant) is utilized.

Reimbursable Examples	Non-Reimbursable Examples
• Personal Supervision of the adult • Activities that promote physical and emotional well-being through socialization	• Payments to unapproved vendors.

83303 HOME BASED HOMEMAKER (STATE SUPPLEMENT)

Cost Code Description: Provides for the purchase of homemaker services provided by an individual or agency provider who give instruction in or, where appropriate, performs activities to maintain a household.

NOTE: After all funds are expended in this cost code, cost code 82422 Home Based Homemaker (Block Grant) is utilized.

Reimbursable Examples	Non-Reimbursable Examples
• Consumer education • Personal care • Home management • Household maintenance • Nutrition • Hygiene education	• Payments to unapproved vendors

83304 HOME BASED COMPANION (STATE SUPPLEMENT)

Cost Code Description: Provides for the purchase of companion services provided by an individual or agency provider who assists adults unable to care for themselves without assistance and where no one is available to provide the needed services without cost. Companion services shall only be provided to an eligible individual who lives in his/her own home.

NOTE: After all funds are expended in this cost code, cost code 82423 Home Based Companion (Block Grant) is utilized.

Reimbursable Examples	Non-Reimbursable Examples
• Supervision • Shopping • Meal Preparation • Assistance with bathing, dressing, toileting, and feeding • Transportation	• Payments to unapproved providers

843 CENTRAL SERVICES COST ALLOCATION

Program Description: Most local governmental units provide certain services on a centralized basis that benefit all of its operating departments. These services can include, but are not limited to, motor pools, information systems, legal services, purchasing, and accounting. Since federally supported awards are performed within the individual operating departments, there needs to be a process whereby these central service costs can be identified and assigned to the benefiting departments on a reasonable and consistent basis. The Central Services Cost Allocation Plan (CSCAP) provides for that process. The plans allow localities to receive some additional federal funds for a portion of these costs that benefit programs administered by the local departments of social services. All costs and the data used to distrbute the costs included in the plan should be supported by formal accounting and other records that will support the propriety of the costs assigned to federal awards.

Annually, local governments prepare CSCAPs and forward that portion of the plan which allocates expenditures to the local department of social services to VDSS, Office of Internal Audit. Internal Audit reviews the plan and submits an approved reimbursable total to DOF. CSCAP claims are made only for costs allocated to the "uncapped" open-ended federal grants. DOF allocates the costs based on the applicable RMS percentages and enters the allowable expenditures into LASER.

VDSS will use the following cost codes to display the allocation results in LASER (DOF use only):

COST CODE NUMBER	COST CODE DESCRIPTION
84319	Central Services Cost Allocation - IV-E Serv
84320	Central Services Cost Allocation - Refugee
84322	Central Services Cost Allocation - Food Stamp
84323	Central Services Cost Allocation - Medicaid

NOTE: The local department of social services must review the CSCAP prior to submission to VDSS to ensure that costs claimed are: (1) initial submissions of public expenditures that have not previously been included in a VDSS reimbursement process and (2) have not been claimed within any other federal or state reimbursement process outside of the VDSS.

844 FOOD STAMP EMPLOYMENT & TRAINING – PURCHASED SERVICES

Program Description: The Virginia FSET Program is a multi-component employment and training program that is available through participating localities. The goal of the program is for food stamp recipients who do not receive public cash assistance to gain employment and become self-sufficient.

The Virginia FSET program offers the following components: (1) Job Search; (2) Community Work Experience; (3) Education, including e-learning; (4) Vocational Training; (5) Basic Employment Skills Training; and (6) Employment &Training for Ex-offenders (can include several of the components listed above).

General Principles in Determining Allowable FSET Expenditures: To be allowable, costs submitted for reimbursement must be valid and properly documented obligations under the LDSS's approved FSET plan. Furthermore, allowable FSET costs must meet the following conditions:

- The State Plan must contain general information about the products, services and related costs that are offered throughout the Commonwealth and the Regional office must review and approve the State Plan;
- The product or service must relate directly to an approved FSET Program component and be necessary and reasonable;
- The product or service may not be for the purpose of overcoming barriers to participation that make clients exempt from Federal work registration or from State FSET Program participation requirements; and
- The product or service may not be available through another government program or available at no cost to the participant through a private source, e.g., charitable donations.

The following test must be applied when determining "reasonable and necessary" costs:

<u>A cost is considered reasonable when it:</u>

- Provides a program benefit that is generally commensurate with the costs incurred;
- Is in proportion to other program costs for the function that the costs serve; and
- Is within the scope of the FSET plan/program.

<u>A cost is necessary</u> if it is needed in the performance of the program. Thus, necessary costs:

- Are incurred to carry out essential functions of the FSET plan/program;
- May not be avoided without adversely affecting program operations;
- Are a priority expenditure relative to other demands on availability of administrative resources; and
- Do not duplicate existing efforts.

NOTE: FSET purchased or contractual service costs are funded with 100% federal funds. FSET participant costs, including participants' transportation costs, are funded with 50% federal, 50% state funds.

84403 PURCHASED OR CONTRACTUAL SERVICES FOR FOOD STAMP EMPLOYMENT & TRAINING COMPONENTS

Cost Code Description: Purchased or contractual services are limited to costs directly related to one or more of an approved FSET component: (1) Job Search; (2) Community Work Experience; (3) Education, including e-learning; (4) Vocational Training; (5) Basic Employment Skills Training; and (6) Employment &Training for Ex-offenders (can include several of the components listed above).

Reasonable and necessary purchased service expenditures that are in excess of the budget line 844 allocation may be reported in cost code 89703, Purchased or Contractual Services for FSET Components Pass-Thru, whereby those local expenditures are reimbursed at 50%.

Reimbursable Examples	Non-Reimbursable Examples
• Tuition payments, fees for eligible participants in an approved FSET component • Services related to general self-improvement that are part of an approved FSET component listed above, (e.g. costs associated with providing a workshop designed to increase job hunters' motivation and self confidence), are allowable provided there is a direct link between the program and job-readiness • Bonus awards to service providers for job placement (defined as occurring no later than 30 days after FSET participant begins employment)	• FSET Participant Expenses associated with cost code 84404 • FSET dependent care associated with cost code 87106 • Costs associated with activities that occur prior to an applicant's participation in an FSET training component, e.g. medical screening • Expenses to overcome barriers to participation in an FSET training component, such as medical and mental health services, drug and alcohol counseling • Service provider and educational/training costs that would exceed what the general public would pay • Payments to unapproved vendors

84404 FOOD STAMP EMPLOYMENT & TRAINING PARTICIPANT EXPENDITURES

Cost Code Description: Participant expenses are limited to costs directly related to participation in one or more of an approved FSET component: (1) Job Search; (2) Community Work Experience; (3) Education, including e-learning; (4) Vocational Training; (5) Basic Employment Skills Training; and (6) Employment &Training for Ex-offenders (can include several of the components listed above).

In accordance with program requirements, participants' transportation needs within each component must be met before any other supportive service expenses. Reasonable and necessary participant expenses that are in excess of the budget line 844 allocation and other allowable expenses, such as books and uniforms necessary for participation in an FSET component, may be reported in cost code 89702, FSET Participant Expenses Pass-Thru, whereby those local expenditures are reimbursed at 50%.

Reimbursable Examples	Non-Reimbursable Examples

• Transportation costs such as bus tickets, gas vouchers, taxis and other commuter fares necessary for participation in an FSET component
• Equipment, books, or manuals necessary for participation in an FSET component
• Clothing suitable for job interviews or uniforms for participation in an FSET component
• Licensing and bonding fees necessary for a community work experience placement
• Vision correction (eyeglasses, bifocals and eye exams)
• Dental work (teeth cleaning, bridge)
• Legal services
• Housing assistance
	• Purchased or Contractual FSET component costs associated with cost code 84403
	• FSET dependent care associated with cost code 87106
	• Participant expenses that are covered through another government program or available at not cost to a participant
	• Payments to unapproved vendors
	• Meals away from home
	• Automobile purchases and related owner/operator taxes, automobile repairs and automobile insurance costs
	• <u>Costs associated with a client starting and retaining employment:</u>
	  o Transportation costs
	  o Relocation expenses
	  o Test fees
	  o Equipment or tools
	  o Clothing or uniforms
	  o Licensing and bonding fees
	  o Union dues

848 TANF-UP – MANUAL CHECKS

Program Description: Temporary Assistance for Needy Families-Unemployed Parent provides financial assistance to eligible children and their parents when both parents are able-bodied and are present in the home. Eligible families receive a monthly cash payment to meet their basic needs.

This budget line only includes manual checks written by local departments of social services. All other payments are generated through the ADAPT system and are not included in the local budgeting and reimbursement process.

84801 TANF-UP – MANUAL CHECKS

Cost Code Description: This cost code is used to report manual TANF-UP checks written by the local departments of social services and to report cash refunds collected on TANF-UP overpayments.

Reimbursable Examples	Non-Reimbursable Examples
• Manual TANF-UP checks • Cash refunds	• Overpayments to clients due to agency error • Manual TANF checks - these payments are reported under cost code 80801

853 ELIGIBILITY STAFF AND OPERATIONS

Program Description: Provides for the cost of staff and operations for the benefit programs within the local departments of social services. These programs serve low income citizens of the Commonwealth who meet the federal and state eligibility requirements. The reporting of staff and operations costs includes the staffing and operational/overhead expenses of the local departments of social services associated with eligibility activities.

Eligibility Staff and Operations costs are incurred for a common purpose benefiting more than one cost objective and are not readily assignable to benefiting cost objectives without effort disproportionate to the results achieved. Statewide RMS program percentages are used to determine the amounts to allocate to each benefit program included in Eligibility Staff and Operations.

Reimbursable Examples	Non-Reimbursable Examples
• Salaries, wages, and fringe benefits • Reasonable and necessary expenses, such as travel costs, incurred by local board members while attending meetings or engaged in the discharge of their duties • Fees for professional services • *Legal services incurred by the LDSS or the local board in the administration of federal and state programs • Local government internal service funds, not included in the local Central Services Cost Allocation Plan, such as motor pool, print shop, central purchasing, and risk management • Contingency provisions, not included in the local Central Services Cost Allocation Plan, for self-insurance reserves, pension plan reserves, and health and benefits reserves • Utilities	• Payment to local board members as compensation for serving on the board • Salaries, wages, and proportionate share of fringe benefits above the maximum state reimbursable compensation • Alcoholic beverages • Bad debts • Contingency provisions other than those listed as reimbursable • Donations and contributions • Value of donated services • Entertainment costs • Fines and penalties • Interest, including interest penalties • Costs associated with fund raising • Costs of idle facilities and idle portion of partially used facilities • Lobbying costs including the portion of VLSSE dues used to hire a lobbyist

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Reimbursable Examples	Non-Reimbursable Examples
• Postal fees and services • Telecommunications • Insurance • Leases and rent • **Staff development and training expenses for LDSS staff • Travel expenses • Dues and membership fees • Materials and supplies • Books and subscriptions • Equipment and other capitalized expenses • Capital outlay expenditures • Depreciation and other use allowances *See Reimbursement of Legal Expenditures Section of the manual for more information on allowable legal expenditures. **See budget line 873 for information on reimbursement of child welfare worker training costs.	

NOTE: Because statewide RMS statistics are used to allocate these costs to the benefiting programs, localities will not key Eligibility Staff and Operations costs directly into budget line 853 but rather enter these costs into LASER through the use of alias cost code 00001. Please see description for cost code 00001 for more information on the use of this alias cost code. The one exception is that localities must directly key the costs of EBT Issuance into cost code 85350. Please see description for cost code 85350 for more information.

LASER has the capability of displaying the results of the RMS allocation for Eligibility Staff and Operations within the following cost codes:

COST CODE NUMBER	COST CODE DESCRIPTION
85301	Allocated Elig S & O Medicaid
85302	Allocated Elig S & O FAMIS
85303	Allocated Elig S & O Food Stamps
85304	Allocated Elig S & O FSET

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COST CODE NUMBER	COST CODE DESCRIPTION
85305	Allocated Elig S & O FC-Eligibility
85306	Allocated Elig S & O FC Case Planning
85307	Allocated Elig S & O Pre Placement
85308	Allocated Elig S & O Adoption
85309	Allocated Elig S & O TANF Prog
85310	Allocated Elig S & O TANF Admin
85311	Allocated Elig S & O VIEW Admin
85312	Allocated Elig S & O VIEW Prog
85313	Allocated Elig S & O Refugee
85314	Allocated Elig S & O LIHEAP Admin
85315	Allocated Elig S & O LIHEAP Prog
85316	Allocated Elig S & O Child Care Cert/Elig
85317	Allocated Elig S & O Child Care Non-Direct Services
85318	Allocated Elig S & O Child Care Quality
85319	Allocated Elig S & O Child Care Admin
85320	Allocated Elig S & O SSBG - APS
85321	Allocated Elig S & O SSBG - Admin
85322	Allocated Elig S & O SSBG - Prevention
85323	Allocated Elig S & O SSBG - Adult
85324	Allocated Elig S & O SSBG - Foster Care
85325	Allocated Elig S & O SSBG - Adoption
85326	Allocated Elig S & O SSBG - CPS
85327	Allocated Elig S & O IV-B 2 FPS
85328	Allocated Elig S & O IV-B 2 FSS
85329	Allocated Elig S & O IV-B 2 TLFRS
85330	Allocated Elig S & O IV-B 2 APSS
85331	Allocated Elig S & O IV-B 1
85332	Allocated Elig S & O TLFR
85333	Allocated Elig S & O Independent Liv
85334	Allocated Elig S & O Chafee
85335	Allocated Elig S & O Auxiliary - Aged
85336	Allocated Elig S & O General Relief
85337	Allocated Elig S & O State/Allocated/Hosp
85338	Allocated Elig S & O Other Admin Foster Care
85339	Allocated Elig S & O Medicaid Children
85340	Allocated Elig S & O Auxiliary - Blind
85341	Allocated Elig S & O Auxiliary - Disabled

See the RMS instructions on the DOF website for more information on program descriptions used for the RMS allocation process.

85350 EBT ISSUANCE

Cost Code Description: Provides for the costs of local EBT activities performed by the Issuance Unit and/or the Administrative Unit for the Food Stamp Program. These activities may include requisitioning vault cards, generating reports, maintaining logs, performing system inquiries on account status, performing coupon conversions, conducting balance inquiries, crediting card replacement fees, and debiting household accounts for repayment claims.

Localities that have exceeded their allocations for budget line 853 should report EBT issuance costs to cost code 85650, EBT Issuance Pass-Thru.

NOTE: Cost code 85350 is the only cost code in budget line 853 in which localities can directly enter costs. All other costs for budget line 853 are entered using the 00001 alias cost code.

Reimbursable Examples	Non-Reimbursable Examples
• Salaries, wages, and fringe benefits for EBT issuance and administration staff • Proportionate share of operational costs of EBT issuance activities such as rent, utilities, materials and supplies, telecommunications, insurance, travel expenses, and equipment	• Salaries or other costs for Food Stamp eligibility activities

854 SERVICES STAFF AND OPERATIONS

Program Description: Provides for the cost of staff and operations for the social services programs within the local departments of social services. These programs promote and support the development of healthy families and protect the Commonwealth's children and adults from abuse and neglect. The reporting of staff and operations costs includes the staffing and operational/overhead expenses of the local departments of social services associated with services activities.

Services Staff and Operations costs are incurred for a common purpose benefiting more than one cost objective and are not readily assignable to benefiting cost objectives without effort disproportionate to the results achieved. Statewide RMS program percentages are used to determine the amounts to allocate to each service program included in Services Staff and Operations.

Reimbursable Examples	Non-Reimbursable Examples
• Salaries, wages, and fringe benefits • Reasonable and necessary expenses, such as travel costs, incurred by local board members while attending meetings or engaged in the discharge of their duties • Fees for professional services • *Legal services incurred by the LDSS or the local board in the administration of federal and state programs • Local government internal service funds, not included in the local Central Services Cost Allocation Plan, such as motor pool, print shop, central purchasing, and risk management • Contingency provisions, not included in the local Central Services Cost Allocation Plan, for self-insurance reserves, pension plan reserves, and health and benefits reserves • Utilities	• Payment to local board members as compensation for serving on the board • Salaries, wages, and proportionate share of fringe benefits above the maximum state reimbursable compensation • Alcoholic beverages • Bad debts • Contingency provisions other than those listed as reimbursable • Donations and contributions • Value of donated services • Entertainment costs • Fines and penalties • Interest, including interest penalties • Costs associated with fund raising • Costs of idle facilities and idle portion of partially used facilities • Lobbying costs including the portion of VLSSE dues used to hire a lobbyist

Reimbursable Examples	Non-Reimbursable Examples
• Postal fees and services • Telecommunications • Insurance • Leases and rent • **Staff development and training expenses for LDSS staff • Travel expenses • Dues and membership fees • Materials and supplies • Books and subscriptions • Equipment and other capitalized expenses • Capital outlay expenditures • Depreciation and other use allowances *See Reimbursement of Legal Expenditures Section of the manual for more information on allowable legal expenditures. **See budget line 873 for information on reimbursement of child welfare worker training costs.	

NOTE: Because statewide RMS statistics are used to allocate these costs to the benefiting programs, localities will not key Service Staff and Operations costs directly into budget line 854 but rather enter these costs into LASER through the use of alias cost code 00001. Please see description for cost code 00001 for more information on the use of this alias cost code.

LASER has the capability of displaying the results of the RMS allocation for Services Staff and Operations within the following cost codes:

COST CODE NUMBER	COST CODE DESCRIPTION
85401	Allocated Serv S & O Medicaid
85402	Allocated Serv S & O FAMIS
85403	Allocated Serv S & O Food Stamps
85404	Allocated Serv S & O FSET
85405	Allocated Serv S & O FC-Eligibility
85406	Allocated Serv S & O FC Case Planning

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COST CODE NUMBER	COST CODE DESCRIPTION
85407	Allocated Serv S & O Pre Placement
85408	Allocated Serv S & O Adoption
85409	Allocated Serv S & O TANF Prog
85410	Allocated Serv S & O TANF Admin
85411	Allocated Serv S & O VIEW Admin
85412	Allocated Serv S & O VIEW Prog
85413	Allocated Serv S & O Refugee
85414	Allocated Serv S & O LIHEAP Admin
85415	Allocated Serv S & O LIHEAP Prog
85416	Allocated Serv S & O Child Care Cert/Elig
85417	Allocated Serv S & O Child Care Non-Direct Services
85418	Allocated Serv S & O Child Care Quality
85419	Allocated Serv S & O Child Care Admin
85420	Allocated Serv S & O SSBG - APS
85421	Allocated Serv S & O SSBG - Admin
85422	Allocated Serv S & O SSBG - Prevention
85423	Allocated Serv S & O SSBG - Adult
85424	Allocated Serv S & O SSBG - Foster Care
85425	Allocated Serv S & O SSBG - Adoption
85426	Allocated Serv S & O SSBG - CPS
85427	Allocated Serv S & O IV-B 2 FPS
85428	Allocated Serv S & O IV-B 2 FSS
85429	Allocated Serv S & O IV-B 2 TLFRS
85430	Allocated Serv S & O IV-B 2 APSS
85431	Allocated Serv S & O IV-B 1
85432	Allocated Serv S & O TLFR
85433	Allocated Serv S & O Independent Liv
85434	Allocated Serv S & O Chafee
85435	Allocated Serv S & O Auxiliary - Aged
85436	Allocated Serv S & O General Relief
85437	Allocated Serv S & O State/Allocated/Hosp
85438	Allocated Serv S & O Other Admin Foster Care
85439	Allocated Serv S & O Medicaid Children
85440	Allocated Serv S & O Auxiliary – Blind
85441	Allocated Serv S & O Auxiliary - Disabled

See the RMS instructions on the DOF website for more information on program descriptions used for the RMS allocation process.

856 ELIGIBILITY STAFF AND OPERATIONS PASS-THRU

Program Description: Provides federal pass-thru funding for the cost of staff and operations for the benefit programs within the local departments of social services. These programs serve low income citizens of the Commonwealth who meet the federal and state eligibility requirements. The reporting of staff and operations costs includes the staffing and operational/overhead expenses of the local departments of social services associated with eligibility activities.

Eligibility Staff and Operations Pass-Thru costs are incurred for a common purpose benefiting more than one cost objective and are not readily assignable to benefiting cost objectives without effort disproportionate to the results achieved. Statewide RMS program percentages are used to determine the amounts to allocate to each benefit program included in Eligibility Staff and Operations Pass-Thru.

Federal pass-thru funding for eligibility staff and operations costs is available to those localities that have requested and received an allocation for budget line 856 and can provide the required local funding.

Reimbursable Examples	Non-Reimbursable Examples
• Salaries, wages, and fringe benefits • Salaries, wages, and proportionate share of fringe benefits above the maximum state reimbursable compensation for employees listed in the locality's annual compensation plan which is approved by the State Board of Social Services • Reasonable and necessary expenses, such as travel costs, incurred by local board members while attending meetings or engaged in the discharge of their duties • Fees for professional services • *Legal services incurred by the LDSS or the local board in the administration of federal and state programs • Local government internal	• Salaries, wages, and proportionate share of fringe benefits above the maximum state reimbursable compensation for employees that have not been listed in the locality's annual compensation plan which is approved by the State Board of Social Services • Payment to local board members as compensation for serving on the board • Alcoholic beverages • Bad debts • Contingency provisions other than those listed as reimbursable • Donations and contributions • Value of donated services • Entertainment costs • Fines and penalties • Interest, including interest

Reimbursable Examples	Non-Reimbursable Examples
service funds, not included in the local Central Services Cost Allocation Plan, such as motor pool, print shop, central purchasing, and risk management • Contingency provisions, not included in the local Central Services Cost Allocation Plan, for self-insurance reserves, pension plan reserves, and health and benefits reserves • Utilities • Postal fees and services • Telecommunications • Insurance • Leases and rent • **Staff development and training expenses for LDSS staff • Travel expenses • Dues and membership fees • Materials and supplies • Books and subscriptions • Equipment and other capitalized expenses • Capital outlay expenditures • Depreciation and other use allowances *See Reimbursement of Legal Expenditures Section of the manual for more information on allowable legal expenditures. **See budget line 873 for information on reimbursement of child welfare worker training costs.	penalties • Costs associated with fund raising • Costs of idle facilities and idle portion of partially used facilities • Lobbying costs including the portion of VLSSE dues used to hire a lobbyist

NOTE: Because statewide RMS statistics are used to allocate these costs to the benefiting programs, localities will not key Eligibility Staff and Operations Pass-Thru costs directly into budget line 856 but rather enter these costs into LASER through

the use of alias cost code 00204. Please see description for cost code 00204 for more information on the use of this alias cost code. The one exception is that localities must directly key the costs of EBT Issuance Pass-Thru into cost code 85650. Please see description for cost code 85650 for more information.

LASER has the capability of displaying the results of the RMS allocation for Eligibility Staff and Operations Pass-Thru within the following cost codes:

COST CODE NUMBER	COST CODE DESCRIPTION
85601	Allocated Elig S & O PT Medicaid
85602	Allocated Elig S & O PT FAMIS
85603	Allocated Elig S & O PT Food Stamps
85604	Allocated Elig S & O PT FSET
85605	Allocated Elig S & O PT FC-Eligibility
85606	Allocated Elig S & O PT FC Case Planning
85607	Allocated Elig S & O PT Pre Placement
85608	Allocated Elig S & O PT Adoption
85609	Allocated Elig S & O PT TANF Prog
85610	Allocated Elig S & O PT TANF Admin
85611	Allocated Elig S & O PT VIEW Admin
85612	Allocated Elig S & O PT VIEW Prog
85613	Allocated Elig S & O PT Refugee
85614	Allocated Elig S & O PT LIHEAP Admin
85615	Allocated Elig S & O PT LIHEAP Prog
85616	Allocated Elig S & O PT Child Care Cert/Elig
85617	Allocated Elig S & O PT Child Care Non-Direct Services
85618	Allocated Elig S & O PT Child Care Quality
85619	Allocated Elig S & O PT Child Care Admin
85620	Allocated Elig S & O PT SSBG - APS
85621	Allocated Elig S & O PT SSBG - Admin
85622	Allocated Elig S & O PT SSBG - Prevention
85623	Allocated Elig S & O PT SSBG - Adult
85624	Allocated Elig S & O PT SSBG - Foster Care
85625	Allocated Elig S & O PT SSBG - Adoption
85626	Allocated Elig S & O PT SSBG - CPS
85627	Allocated Elig S & O PT IV-B 2 FPS
85628	Allocated Elig S & O PT IV-B 2 FSS
85629	Allocated Elig S & O PT IV-B 2 TLFRS
85630	Allocated Elig S & O PT IV-B 2 APSS
85631	Allocated Elig S & O PT IV-B 1
85632	Allocated Elig S & O PT TLFR
85633	Allocated Elig S & O PT Independent Liv

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COST CODE NUMBER	COST CODE DESCRIPTION
85634	Allocated Elig S & O PT Chafee
85635	Allocated Elig S & O PT Auxiliary - Aged
85636	Allocated Elig S & O PT General Relief
85637	Allocated Elig S & O PT State/Allocated/Hosp
85638	Allocated Elig S & O PT Other Admin Foster Care
85639	Allocated Elig S & O PT Medicaid Children
85640	Allocated Elig S & O PT Auxiliary – Blind
85641	Allocated Elig S & O PT Auxiliary - Disabled

See the RMS instructions on the DOF website for more information on program descriptions used for the RMS allocation process.

85650 EBT ISSUANCE PASS-THRU

Cost Code Description: Provides for the costs of local EBT activities performed by the Issuance Unit and/or the Administrative Unit for the Food Stamp Program. These activities may include requisitioning vault cards, generating reports, maintaining logs, performing system inquiries on account status, performing coupon conversions, conducting balance inquiries, crediting card replacement fees, and debiting household accounts for repayment claims.

Localities that have exceeded their allocations for budget line 853 should report EBT issuance costs to cost code 85650, EBT Issuance Pass-Thru.

NOTE: Cost code 85650 is the only cost code in budget line 856 in which localities can directly enter costs. All other costs for budget line 856 are entered using the 00204 alias cost code.

Reimbursable Examples	Non-Reimbursable Examples
• Salaries, wages, and fringe benefits for EBT issuance and administrative staff • Proportionate share of operational costs of EBT issuance activities such as rent, utilities, materials and supplies, telecommunications, insurance, travel expenses, and equipment	• Salaries or other costs for Food Stamp eligibility activities

857 SERVICES STAFF AND OPERATIONS PASS-THRU

Program Description: Provides for the cost of staff and operations for the social services programs within the local departments of social services. These programs promote and support the development of strong families and protect the Commonwealth's children and adults from abuse and neglect. The reporting of staff and operations costs includes the staffing and operational/overhead expenses of the local departments of social services associated with services activities.

Services Staff and Operations Pass-Thru costs are incurred for a common purpose benefiting more than one cost objective and are not readily assignable to benefiting cost objectives without effort disproportionate to the results achieved. Statewide RMS program percentages are used to determine the amounts to allocate to each service program included in Services Staff and Operations Pass-Thru.

Federal pass-thru funding for services staff and operations costs is available to those localities that have requested and received an allocation for budget line 857 and can provide the required local funding.

Reimbursable Examples	Non-Reimbursable Examples
• Salaries, wages, and fringe benefits • Salaries, wages, and proportionate share of fringe benefits above the maximum state reimbursable compensation for employees listed in the locality's annual compensation plan which is approved by the State Board of Social Services • Reasonable and necessary expenses, such as travel costs, incurred by local board members while attending meetings or engaged in the discharge of their duties • Fees for professional services • *Legal services incurred by the LDSS or the local board in the administration of federal and state programs • Local government internal	• Salaries, wages, and proportionate share of fringe benefits above the maximum state reimbursable compensation for employees that have not been listed in the locality's annual compensation plan which is approved by the State Board of Social Services • Payment to local board members as compensation for serving on the board • Salaries, wages, and proportionate share of fringe benefits above the maximum state reimbursable compensation • Alcoholic beverages • Bad debts • Contingency provisions other than those listed as reimbursable • Donations and contributions

Reimbursable Examples	Non-Reimbursable Examples
service funds, not included in the local Central Services Cost Allocation Plan, such as motor pool, print shop, central purchasing, and risk management • Contingency provisions, not included in the local Central Services Cost Allocation Plan, for self-insurance reserves, pension plan reserves, and health and benefits reserves • Utilities • Postal fees and services • Telecommunications • Insurance • Leases and rent • **Staff development and training expenses for LDSS staff • Travel expenses • Dues and membership fees • Materials and supplies • Books and subscriptions • Equipment and other capitalized expenses • Capital outlay expenditures • Depreciation and other use allowances *See Reimbursement of Legal Expenditures Section of the manual for more information on allowable legal expenditures. **See budget line 873 for information on reimbursement of child welfare worker training costs.	• Value of donated services • Entertainment costs • Fines and penalties • Interest, including interest penalties • Costs associated with fund raising • Costs of idle facilities and idle portion of partially used facilities • Lobbying costs including the portion of VLSSE dues used to hire a lobbyist

NOTE: Because statewide RMS statistics are used to allocate these costs to the benefiting programs, localities will not key Service Staff and Operations Pass-Thru costs directly into budget line 857 but rather enter these costs into LASER through

the use of alias cost code 00204. Please see description for cost code 00204 for more information on the use of this alias cost code.

LASER has the capability of displaying the results of the RMS allocation for Services Staff and Operations within the following cost codes:

COST CODE NUMBER	COST CODE DESCRIPTION
85701	Allocated Serv S & O PT Medicaid
85702	Allocated Serv S & O PT FAMIS
85703	Allocated Serv S & O PT Food Stamps
85704	Allocated Serv S & O PT FSET
85705	Allocated Serv S & O PT FC-Eligibility
85706	Allocated Serv S & O PT FC Case Planning
85707	Allocated Serv S & O PT Pre Placement
85708	Allocated Serv S & O PT Adoption
85709	Allocated Serv S & O PT TANF Prog
85710	Allocated Serv S & O PT TANF Admin
85711	Allocated Serv S & O PT VIEW Admin
85712	Allocated Serv S & O PT VIEW Prog
85713	Allocated Serv S & O PT Refugee
85714	Allocated Serv S & O PT LIHEAP Admin
85715	Allocated Serv S & O PT LIHEAP Prog
85716	Allocated Serv S & O PT Child Care Cert/Elig
85717	Allocated Serv S & O PT Child Care Non-Direct Services
85718	Allocated Serv S & O PT Child Care Quality
85719	Allocated Serv S & O PT Child Care Admin
85720	Allocated Serv S & O PT SSBG - APS
85721	Allocated Serv S & O PT SSBG - Admin
85722	Allocated Serv S & O PT SSBG - Prevention
85723	Allocated Serv S & O PT SSBG - Adult
85724	Allocated Serv S & O PT SSBG - Foster Care
85725	Allocated Serv S & O PT SSBG - Adoption
85726	Allocated Serv S & O PT SSBG - CPS
85727	Allocated Serv S & O PT IV-B 2 FPS
85728	Allocated Serv S & O PT IV-B 2 FSS
85729	Allocated Serv S & O PT IV-B 2 TLFRS
85730	Allocated Serv S & O PT IV-B 2 APSS
85731	Allocated Serv S & O PT IV-B 1
85732	Allocated Serv S & O PT TLFR
85733	Allocated Serv S & O PT Independent Liv
85734	Allocated Serv S & O PT Chafee
85735	Allocated Serv S & O PT Auxiliary - Aged

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COST CODE NUMBER	COST CODE DESCRIPTION
85736	Allocated Serv S & O PT General Relief
85737	Allocated Serv S & O PT State/Allocated/Hosp
85738	Allocated Serv S & O PT Other Admin Foster Care
85739	Allocated Serv S & O PT Medicaid Children
85740	Allocated Serv S & O PT Auxiliary - Blind
85741	Allocated Serv S & O PT Auxiliary - Disabled

See the RMS instructions on the DOF website for more information on program descriptions used for the RMS allocation process.

861 INDEPENDENT LIVING PROGRAM – EDUCATION AND TRAINING VOUCHERS

Program Description: The Independent Living Program – Education And Training Vouchers (ETV) Program provide vouchers for post secondary training and education to youth who have aged out of foster care or who have been adopted from public foster care system after age 16.

Funds may be used to provide vouchers for postsecondary education and training to youth otherwise eligible for services under Virginia's CFCIP/ILP. Vouchers may also be provided to youth who are adopted from foster care after age 16 and to youth up to the age of 23, as long as they are participating in the program at age 21 and are making satisfactory progress toward completing their course of study or training. Vouchers provided to individuals may be available for the cost of attending an institution of higher education (as defined in section 472 of the Higher Education Act) and shall not exceed the lesser of $5,000 per grant year or the total cost of attendance as defined in section 472 of the Higher Education Act.

86101 INDEPENDENT LIVING PROGRAM – EDUCATION AND TRAINING VOUCHERS

Cost Code Description: This cost code is used to report costs associated with helping eligible current or former foster youth make the transition to self-sufficiency. Costs include education, training and services necessary to obtain employment. Total reimbursable cost per eligible youth cannot exceed $5,000 per federal fiscal year.

Reimbursable Examples	Non-Reimbursable Examples
• Tuition and fees • Room and board • Rental or purchase of required educational equipment, materials, or supplies (including a computer) • Allowance for books, supplies, transportation • Required residential training related to an educational or vocational program • Special study projects • Child care • Other related expenses	• Payments in excess of the cost of the annual education or training program tuition and related expenses or $5,000 (whichever is less) per eligible youth per federal fiscal year. • Funds distributed directly to the youth without prior approval from the local agency and absent receipts/supporting documents • Payment in excess of allocated budget. • Payments to unapproved vendors

Note: ETV funds must be used to supplement and not supplant any other state or local funds previously expended for the same general purposes.

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• Tuition and fees • Room and board • Rental or purchase of required educational equipment, materials, or supplies (including a computer) • Allowance for books, supplies, transportation • Required residential training related to an educational or vocational program • Special study projects • Child care • Other related expenses	• Payments in excess of the cost of the annual education or training program tuition and related expenses or $5,000 (whichever is less) per eligible youth per federal fiscal year. • Funds distributed directly to the youth without prior approval from the local agency and absent receipts/supporting documents • Payment in excess of allocated budget. • Payments to unapproved vendors

Note: ETV funds must be used to supplement and not supplant any other state or local funds previously expended for the same general purposes.

862 INDEPENDENT LIVING PROGRAM – BASIC ALLOCATION

Program Description: The Basic Independent Living Program (ILP) is a program that provides a continuum of services and activities for current and former foster children to promote self-sufficiency. The eligible population includes young people ages 14-18 who are likely to remain in foster care and those 18-21 who have aged out of foster care, but continue to receive independent living services. LDSS may continue to include youth younger than 14 in independent living group activities, as appropriate.

ILP include those services that are based on a written assessment of life skills. Areas of focus include personal development skills such as self-esteem, communication skills, decision-making, conflict resolution and anger management. Examples of independent living skills are career exploration, job skills, money, management, housing, transportation, and legal issues.

INCENTIVES FOR ELIGIBLE YOUTH

LDSS have the option of offering training incentives or stipends to youth to encourage them to participate in life skills training. If LDSS elect to provide small monetary training incentives for youth, this should be noted in the program plan and should be included in the reporting, when appropriate.

ADDITIONAL SERVICES FOR FORMER FOSTER CARE RECIPIENTS AGES 18 TO 21

For former foster care recipients 18 to 21 years of age, the Act specifies providing "financial, housing, counseling, employment, education, and other appropriate services to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood." Daily living skills training may be provided by LDSS staff (charged to BL 854 Service Administration), others involved in the youth's care or through negotiation or contract with a resource person or entity. The training may be on a one-on-one basis or in group settings.

ROOM AND BOARD EXPENDITURES LIMIT AND ELIGIBLE POPULATION

The Act specifies that a state may use up to 30 percent of its Chafee Foster Care Independence Program (CFCIP) funds for room and board for "young people ages 18 to 21 who have left foster care because they have reached age 18, but not 21. This includes young people who have aged out at age 18 or older up to age 21 who

move directly from foster care into independent living programs, as well as those who age out, lose touch with the agency, and then return for assistance before reaching the age of 21." In keeping within the guidelines of this Act, the LDSS can use up to **30 percent** of their Basic ILP allocation for room and board.

Virginia defines "room and board" as security deposits, apartment application fees, utilities and telephone connection fees, emergency shelter and rent payment if youth are at risk of being evicted. **CFCIP funds cannot be used for room and board for foster care youth under 18 years of age including those who were emancipated before the age of 18.**

86201 INDEPENDENT LIVING PROGRAM - BASIC ALLOCATION

Cost Code Description: This cost code is used to report purchased service costs to provide appropriate support and services to current and former foster care youth, age 14 to 21, to become self-sufficient adults. The eligible population includes young people ages 14-18 who are likely to remain in foster care and those 18-21 who have aged out of foster care, but continue to receive independent living services.

Reimbursable Examples	Non-Reimbursable Examples
• Education • Vocational training • Daily Living Skills/Aid training • Counseling, individual or group • Support to provide personal and emotional support through mentors and the promotion of interactions with dedicated adults • Room and board expenses for <u>former</u> foster care youth who aged out of care at 18, but not yet 21 years of age (Note: Only 30% of the Basic ILP allocation can be reimbursed for allowable room and board costs) • Resources such as materials, supplies and equipment for the establishment, continuation, revision or evaluation of the program. Equipment purchases with a unit cost of $5,000 and over require approval by the federal government via the VDSS ILP Supervisor. • Training incentives or stipends for youth to encourage them to participate in ILP activities. • Other services that improve the transition of current and former foster care youth to self-sufficiency	• Room and board payments for <u>current</u> foster care youth under the age of 18 years • Room and board payments that are in excess of 30% of the Basic ILP allocation amount • Payments that are in excess of budget allocations • Payments made to unapproved vendors • Payment for expenditures that are not included in the current approved Basic ILP plan and/or budget

Note: Basic Allocation funds must be used to supplement and not supplant any other state or local funds previously expended for the same general purposes.

863 INDEPENDENT LIVING PROGRAM - DEMONSTRATION PROJECT

Program Description: A Demonstration Project is an innovative program/project that demonstrates progress toward achievement of the Chafee Foster Care Independence Program (CFCIP) Outcome Measures for eligible youth to successfully transition to self-sufficiency.

VDSS defines *eligible population,* with the exception of the Education and Training Vouchers Program (BL 861), as young people ages 14-18 who are likely to remain in foster care and those 18-21 who have aged out of foster care, but continue to receive independent living services. LDSS may continue to include youth younger than 14 in independent living group activities, as appropriate.

VDSS will award a demonstration project based on a proposal's compliance with criteria outlined in the Annual Application for Funding and available funds.

86301 Independent Living Program – Demonstration Project

Cost Code Description: This cost code is used to report purchased service costs that support an approved ILP demonstration project plan.

Reimbursable Examples	Non-Reimbursable Examples
• Education, • Vocational training, • Health-related program • Daily living skills training • Housing assistance • Counseling • Other services and assistance that improve the transition of current and former foster care youth to self-sufficiency	• Payment for expenditures that are not included in the current approved ILP demonstration plan • Payments in excess of budget allocation • Payments to unapproved vendors

864 RESPITE CARE FOR FOSTER FAMILIES

Program Description: Respite care is a therapeutic support service designed to:

- Offer short-term relief to foster families caring for children by providing substitute care for the child;
- Provide respite care for siblings placed in different foster homes so that the sibling group can have an opportunity for structured interaction
- Reduce foster home disruption and provide a stable foster care placement for the child; and
- Be provided on an emergency or planned basis.

LDSS must be sure the activity meets the following criteria:

a. the request for respite care is foster parent and not agency driven (i.e., the provision of respite care is a response to the needs of the individual foster parent as opposed to the agency's desire to provide specific activities for children that give a foster parents a "break.")
b. the payment is made directly to an approved respite provider for direct supervision of the child rather than an organization (e.g.; Chuck E. Cheese), the local department or a local department staff person; and
c. funding is used to pay the provider for direct services ("supervision") to the child; and
d. respite funding may be used to pay for a camp experience when such an experience is used to provide a planned break for the foster parent that is designed to prevent a placement disruption and is at the foster parents' request. The case record should document the service was used for the purpose of preventing placement disruption.
e. Reimbursement rates for respite services are based on the approved plan submitted by each locality.

Respite care funds are not an alternative means to pay for children's or families' needs. Use of funds MUST be based on the assumption that without respite services, the placement is in danger of disruption or that by using respite services, it is likely the placement will stabilize.

86401 RESPITE CARE FOR FOSTER FAMILIES

Cost Code Description: This cost code is used to report respite care cost for foster parents and/or sibling group respite care.

Reimbursable Examples	Non-Reimbursable Examples
• Payments made directly to an approved respite care provider for respite care services	• Payments in excess of budget allocation • Payments made to an unapproved respite provider • Payments made to foster parent • Payments for respite care services that have not been pre-authorized by the LDSS' respite coordinator, unless services were rendered in an emergency that might preclude pre-authorization.

866 PROMOTING SAFE AND STABLE FAMILIES

Program Description: The Promoting Safe and Stable Families Program enables localities to develop, establish, expand, and operate coordinated community-based programs under four definitive service types: Family Preservation, Family Support, Time-limited Family Reunification, and Adoption Promotion and Support.

Promoting Safe and Stable Families funds may be provided through local public or private agencies, or individuals, or any combination of resources. The funding for the program is used for direct and purchased services to preserve and strengthen families, avoid unnecessary out-of-home or out-of-community placements, reunify children and their families, or to find and achieve new permanent families for those children who cannot return home.

The program funding is flexible and a local planning body determines what community services on behalf of the children and families in their respective communities will be funded or reimbursed for services.

86601 FAMILY SUPPORT

Cost Code Description: This cost code is used to report community-based purchased services which promote the well-being of children and families and are designed to increase the strength and stability of families (including adoptive, foster, and extended families), to increase parents' confidence and competence in their parenting abilities, to afford children a stable and supportive family environment, and to enhance child development. Under PSSF, Family Support can be distinguished from Family Preservation when the family is not in a "crisis." The services identified and provided are at the request of the family and not as a result of an intervention from child protective services. The child is not in foster care.

Reimbursable Examples	Non-Reimbursable Examples
• Respite care for parents and other caregivers • Early developmental screening of children to assess the needs of these children and assistance in obtaining specific services to meet their needs • Mentoring • Tutoring • Health education for youth • a range of center-based activities (informal interactions in drop-in centers, parent support groups) • Services designed to increase parenting skills • Counseling • Home visiting activities	• Payments that are in excess of budget allocation • Payments to unapproved vendors • Medical and dental costs

86602 FAMILY PRESERVATION

Cost Code Description: This cost code is used to report purchased services for children and families that are designed to protect children from harm and help families (including birth, foster, adoptive, and extended families) at risk or in crisis.

Reimbursable Examples	Non-Reimbursable Examples
• Pre-placement preventive services, such as intensive family preservation programs, designed to help children at risk of foster care placement remain with their families, where possible. • Respite care services for parents, grandparents and other caregivers (including foster parents) • Case management services designed to stabilize families in crisis such as transportation, assistance with housing and utility payments, and access to adequate heath care, parenting skills with respect to matters such as child development, family budgeting, coping with stress, health and nutrition, etc. • Services to help return children to families from which they have been removed • Follow-up care services to families to whom a child has been returned after a foster care placement, and when the 15 month period for time-limited reunification does not apply or has been exhausted. • Other services as submitted in the local plan and approved by state VDSS.	• Payments that are in excess of budget allocations • Payment made to unapproved vendors. • Medical & dental services • Maintenance costs for placement in foster homes or child care facilities.

86605 TIME-LIMITED REUNIFICATION

Cost Code Description: This cost code is used to report purchased time-limited family reunification services. Time-limited reunification services are "services and activities that are provided to a child who is removed from home and placed in a foster family home or a residential facility, and to the parents or primary caregiver of such a child, in order to facilitate the reunification of the child safely and appropriately within fifteen months of entering foster care. If services must be continued after the first 15 months, they must be switched to Family Preservation (PSSF).

Reimbursable Examples	Non-Reimbursable Examples
• Individual, group, and family counseling • Inpatient, residential, or outpatient substance abuse treatment services • Mental health services • Assistance to address domestic violence • Services designed to provide temporary child care and therapeutic services for families, including crisis nurseries • Transportation to or from any of the services and activities described	• Payment that are in excess of budget allocations • Payments made to unapproved vendors. • Maintenance costs for placement in a foster home or child care facility • Medical & dental costs

86606 ADOPTION

Cost Code Description: This cost code is used to report purchased services designed to encourage more adoptions out of the foster care system, when adoption promotes the best interest of the child, including such activities as pre- and post-adoptive services and activities designed to expedite the adoption process and support adoptive families

Reimbursable Examples	Non-Reimbursable Examples
• Adoption activities and programs designed to find new permanent families for those children who cannot return home. • Post adoption services to children and families designed to give support and prevent disruption of the adoption.	• Payments that are in excess of budget allocations • Payments made to unapproved vendors • Maintenance and special services payments • Medical and dental costs

867 EMPLOYMENT ADVANCEMENT FOR TANF PARTICIPANTS

Program Description: The purpose of the TANF Competitive Grant is to provide proven service approaches and strategies that help current and former TANF clients (including those with multiple barriers to becoming employed) prepare to enter, succeed, and advance in the workplace. The intent is to provide resources to expand and enhance existing service delivery efforts to address more fully the needs of the TANF population prior to entry into work and during employment. The Commonwealth intends for the key outcomes of this initiative to be improved job placement, improved job retention, higher entered employment wages, and increased wage gains and job advancement over time for current and former TANF clients.

The grant program uses criteria that will ensure grants are awarded statewide and to organizations that have a proven record of effectively delivering services and for leveraging private and public sector dollars to carry out activities. The costs reported under this budget line are purchased services costs expensed by local departments of social services. These purchased services are those approved by state VDSS in the awarding of the TANF Competitive Grant to the local department of social services and to other organizations including incorporated nonprofits and for-profits; other state and local agencies; educational institutions; and faith-based organizations.

86701 TANF COMPETITVE GRANT

Cost Code Description: The purpose of the cost code is to report purchased service costs associated with providing resources to expand and enhance existing service delivery efforts to address more fully the needs of the TANF population prior to entry into work and during employment.

Reimbursable Examples	Non-Reimbursable Examples
• Comprehensive assessments (including utilization of psychologists and clinicians) that help identify strengths, diagnose disabilities, and determine any treatment and accommodations required • Services that stabilize an individual's situation so that he/she can participate in or retain employment and/or seek alternative financial resources such as Social Security Income • Intensive work preparation or work adjustment services, including education and skills training, community work experience placements, and on the job training • Job development and placement services including sectoral initiatives, subsidized employment, and the development of industry-based career ladders • Other services that support individuals retaining employment and/or obtaining higher wages, health benefits, and/or jobs with a career path	• Expenditures that are determined unreasonable and excessive or not required for the proper and efficient administration of the program

86703 TANF COMPETITVE GRANT - MEDICAL

Cost Code Description: The purpose of this cost code is to report purchased medical costs when Medicaid is not available.

The VDSS Grant Administrator must pre-authorize services and costs before they are incurred.

Reimbursable Examples	Non-Reimbursable Examples
• Medical expenses incurred that enables a participant to take part in services to accomplish the program objectives.	• Any payments that are not medical in nature • Medical payments for services that are covered by Medicaid • Medical expenditures that are determined unreasonable and excessive or not required for the proper and efficient administration of the program

871 TANF/VIEW WORKING & TRANSITIONAL CHILD CARE PURCHASED SERVICES

Program Description: TANF/VIEW Working and Transitional Child Care provides child care services to TANF and VIEW recipients who work or are engaged in an approved activity. This program also provides time-limited transitional child care services to former TANF and VIEW recipients who work or are engaged in an approved activity for the 12 months immediately following TANF case closure.

87101 VIEW – WORKING CHILD CARE

Cost Code Description: Provides for the purchase of child care services for TANF recipients who are enrolled in the VIEW program to enable the parent to participate in an assigned VIEW activity. VIEW activities may include but are not limited to: employment (subsidized or non-subsidized), on-the-job training, job search, job skills training, job readiness training, community work experience, and education, internships, or practicum in conjunction with work.

Reimbursable Examples	Non-Reimbursable Examples
• Child care services for VIEW participants engaged in an assigned VIEW activity	• Child care services for participants enrolled in a post baccalaureate education program • Payments to unapproved vendors • Activities not approved by the VIEW program.

87102 VIEW – TRANSITIONAL CHILD CARE

Cost Code Description: Provides for the purchase of child care services for income-eligible former VIEW participants who no longer receive TANF benefits. Child care services may be provided for up to 12 consecutive months immediately following TANF case closure to support parents engaged in part-time or full-time employment or in training approved by the VIEW worker. Transitional child care services include needed child care for children who were not part of the TANF assistance unit, but who are dependent on the parent.

Reimbursable Examples	Non-Reimbursable Examples
• Child care services to support work or training activities for income-eligible former VIEW participants who no longer receive TANF benefits	• Child Care services for former VIEW participants who do not meet the income eligibility requirements for VIEW Transitional Child Care may be provided for 90 days out of VIEW funds in cost code 87202 • Payments to unapproved vendors • Child Care services if a parent is not working or is not attending an approved education or training activity approved by VIEW. • Child Care services for participants who do not meet income-eligibility requirements

87103 TANF - TRANSITIONAL CHILD CARE

Cost Code Description: Provides for the purchase of child care services for income-eligible former TANF recipients who were not in the VIEW program. Child care services may be provided for up to 12 months immediately following TANF case closure to support full-time or part-time employment of parents. Transitional child care services include needed child care for children who were not part of the TANF assistance unit, but who are dependent on the parent.

Reimbursable Examples	Non-Reimbursable Examples
• Child care services for income-eligible former TANF(non-VIEW) recipients who are engaged in full-time or part-time employment	• Payments to unapproved vendors • Child Care services if a parent is not working or is not attending an approved education or training activity • Child Care services for participants who do not meet income-eligibility requirements

87104 TANF – (NON-VIEW) WORKING CHILD CARE

Cost Code Description: Provides for the purchase of child care services for TANF recipients who are exempt from the VIEW program. Child care services are provided for those recipients engaged in full-time or part-time employment.

Reimbursable Examples	Non-Reimbursable Examples
• Child care services for TANF(non-VIEW) recipients who are engaged in full-time or part-time employment	• Payments to unapproved vendors

87105 LEARNFARE CHILD CARE

Cost Code Description: Provides for the purchase of child care services to children of a minor parent in a TANF public assistance unit to enable the minor parent to comply with compulsory school attendance laws. This assumes the parent of the minor cannot provide the care because of work, education/training, disability, or another hardship exemption.

Reimbursable Examples	Non-Reimbursable Examples
• Child care services for children of minor parents in a TANF public assistance unit	• Payments to unapproved vendors • Child Care services if the adult parent is not working or is not attending an approved education or training activity or CPS or experiencing another hardship. • Child Care services if the minor parent is not attending school in compliance with compulsory attendance laws.

87106 FSET CHILD CARE

Cost Code Description: Provides for the purchase of child care services to children of parents under Virginia's FSET program. Child care is provided to support the parent's participation in an assigned FSET component listed on the FSET Plan of Participation.

Reimbursable Examples	Non-Reimbursable Examples
• Child care services to support a parent's participation in an assigned FSET component	• Payments to unapproved vendors • Child Care services if the parent is not participating in an assigned FSET component.

872 VIEW – PURCHASED SERVICES

Program Description: Virginia Initiative for Employment, not Welfare (VIEW) program is a workforce program administered through local departments of social services. The VIEW Program provides employment and training services to TANF recipients who are required to participate in the program as a condition of eligibility and to TANF recipients who volunteer to participate.

The goal of VIEW is to provide proven service approaches and strategies that help current and former TANF clients (including those with multiple barriers to becoming employed) prepare to enter, succeed and advance in the workplace. The VIEW program offers a wide range of workforce services including job readiness classes, job search assistance, education, training, community work experience placements and subsidized employment. VIEW also offers support services including child care, transportation, and the purchase of work related items such as uniforms.

Reference VIEW policy, Chapter 1000, TANF manual for guidelines and limitations on allowable activities and costs.

87201 VIEW COMPONENT AND COMPONENT-RELATED ACTIVITIES

Cost Code Description: This cost code is used to report purchased VIEW component and component-related activities for VIEW clients with open TANF cases. Purchased component and component-related activities are made available through contract by an approved vendor agreement.

Reimbursable Examples	Non-Reimbursable Examples
• Components: o Job search o Job readiness o Education - ESL, GED, ABE, H.S., post-secondary o Full Employment Program (FEP) o Job skills training o On-the-job training (OJT), excluding wages o Work experience o Public Service Program (PSP) o Vocational education and training o Other locally developed • Component-related o Job development o Job placement o Job retention	• Payments that are in excess of budget allocations • Payments made without an approved contract or to an unapproved vendor • Payments made for supportive or transitional services • Payments made to support wages for any paid employment including OJT.

87202 VIEW SUPPORTIVE SERVICES

Cost Code Description: This cost code is used to report purchased supportive services, including "one-time-only" purchases, for VIEW clients with open TANF cases. The provision of VIEW supportive services must directly support the VIEW client's program participation or employment. Purchased supportive services are through contract, by approved vendor agreement, or, in some cases, through client reimbursement.

To report costs for the following expenditures, reference the noted cost codes:

- Transportation-related supportive services for VIEW clients with open TANF cases are reported to CC 87207
- VIEW child care for VIEW clients with open TANF cases, CC 87101

Reimbursable Examples	Non-Reimbursable Examples
• Medical statements or other necessary medical verifications • Medical evaluations • Dental work, dentures, glasses, orthopedic shoes, or other required medical items • Uniforms • Professional or licensing fees • Job-related safety equipment, tools, or other equipment necessary for employment or program participation • Food, utilities, and other items which are directly related to the client's ability to work or to participate in program activities.	• Payments that are in excess of budget allocations • Payments made without an approved contract or to an unapproved vendor except for direct client reimbursements • Payments for medical services or supplies which are covered by Medicaid • Child care costs (See CC: 87101) • Emergency needs not directly related to VIEW program participation or employment • Payments made for transitional services for VIEW clients with closed TANF cases.

87204 VIEW TRANSITIONAL TRANSPORTATION

Cost Code Description: This cost code is used to report purchased transportation and transportation related expenses for former VIEW clients with closed TANF cases who need transportation in order to retain employment.

Transitional Transportation may be purchased through contract, by approved vendor agreement, or, in some cases, through client reimbursement.

Reimbursable Examples	Non-Reimbursable Examples
• Transportation to retain employment • Bus tickets • Car/van pooling expenses • Gas coupons or vouchers • Gas cards • Car repairs	• Payments that are in excess of budget allocations • Payments made without an approved contract or to an unapproved vendor, except for direct client reimbursements • Payments made for transportation for VIEW clients with open TANF cases • Payments made for transportation unrelated to employment

87207 VIEW TRANSPORTATION

Cost Code Description: This cost code is used to report purchased VIEW transportation and transportation-related expenses for VIEW clients with open TANF cases who need transportation in order to work or to participate in program activities.

Reimbursable Examples	Non-Reimbursable Examples
• Transportation to employment • Transportation to and from interviews • Bus tickets • Car/van pooling expenses • Gas coupons or vouchers • Gas cards • Car repairs	• Payments that are in excess of budget allocations • Payments made without an approved contract or to an unapproved vendor, except for direct client reimbursements • Payments made for transportation for VIEW clients with closed TANF cases • Payments made for transportation unrelated to employment or program participation

87210 VIEW TRANSITIONAL EMPLOYMENT AND TRAINING (TET) COMPONENT ACTIVITIES

Cost Code Description: The cost code is used to report purchased VIEW Transitional Employment Training component activities for clients enrolled in VIEW at the time of TANF case closure when the TET assignment is designed to help the client maintain employment, increase employment income, or prevent the loss of income. Clients with an associate or higher degree are ineligible for TET.

Transitional Employment and Training services can be used to pay for all VIEW component activities with the exception of the Full Employment Program (FEP) and the Community Work Experience Program (CWEP) for up to 12 months after TANF case closure.

Reimbursable Examples	Non-Reimbursable Examples
• Job search • Job readiness • Education - ESL, ABE, GED, H.S., post-secondary • OJT (excluding wages) • Job skills training • Public service employment (PSP) • Vocational education and training • Other locally developed	• Payments that are in excess of budget allocations • Payments made without an approved contract or to an unapproved vendor, except for direct client reimbursements • Payments made on behalf of VIEW clients with open TANF cases • Payments made on behalf of VIEW clients with closed TANF cases who do not meet the eligibility criteria regarding work attachment or education • Payments made to support CWEP or FEP placements • Payments made beyond the 12-month eligibility period. • Payments made to support wages for any paid employment including OJT • Payments for salaries of PSP worksite supervisors

87211 VIEW TRANSITIONAL SUPPORTIVE SERVICES

Cost Code Description: This cost code is used to report purchased VIEW transitional supportive services for working VIEW clients with closed TANF cases for up to 3 months following TANF case closure.

Allowable transitional supportive services are transitional medical/dental, transitional work-related expenses, and transitional emergency intervention services. Allowable transitional supportive services include "one-time-only" purchases. Transitional supportive services may be purchased through contract, by approved vendor agreement, or, in some cases, through client reimbursement.

This cost codes also includes purchased child care services for former VIEW participants who do not meet the non-financial and financial income eligibility requirements for VIEW Transitional Child Care under CC 87102.

To report costs for the following expenditures, reference the noted cost codes:
- Transitional Transportation costs are reported on budget line 87204

Reimbursable Examples	Non-Reimbursable Examples
• Medical statements or other necessary medical verifications • Dental work, denture, glasses, orthopedic shoes, or other required medical items • Uniforms • Professional or licensing fees • Job-related safety equipment, tools, or other equipment necessary for employment • Food, utilities, and other items which are directly related to the client's ability to work	• Payments that are in excess of budget allocations • Payments made without an approved contract or to an unapproved vendor, except for direct client reimbursements • Payments made on behalf of VIEW clients with open TANF cases • Payments made on behalf of VIEW clients with closed TANF cases who are not working • Payments made beyond the 3-month eligibility period • Payments for medical services or supplies which are covered by Medicaid • Child care payments that qualify under CC 87102 • Emergency needs not directly related to employment

87212 VIEW OTHER ACTIVITIES AND MATERIALS

Cost Code Description: This cost code is used to report other purchased VIEW activities and materials for VIEW clients with open TANF cases. Other purchased VIEW activities and materials are arranged through contract or by approved vendor agreement.

Reimbursable Examples	Non-Reimbursable Examples

• Activities
  o Assessment
  o Case Management
 	
• Materials
  o Assessment tools and instruments
  o Occupational and career inventories
  o Program curricula and workbooks
	• Payments that are in excess of budget allocations
	• Payments made without an approved contract or to an unapproved vendor
	• Payments made for component, component-related, supportive or transitional services

873 TITLE IV-E APPROVED FOSTER/ADOPTIVE PARENT AND CHILD WELFARE WORKER TRAINING

Funding: Budget allocation is based on VDSS approved local training plans.

Program Description: The Title IV-E Training Program was created as part of the Child Welfare and Adoption Assistance Act of 1980 (P.L. 96-272). It is a major source of funding to educate and train child welfare workers who provide foster care and adoption services. Funding is also available to reimburse the cost of training to prepare perspective foster and adoptive parents and provide them with on-going training once they have been approved for the placement of children.

Only educational courses, training curricula and modules, conferences and other training topics that have been approved by the state at the enhanced rate can be reported for reimbursement to BL 873.

A list of approved educational courses, training curricula, conferences and related training topics can be obtained by referencing the Title IV-E Resources and Funding Guidelines that is available on the VDSS SPARK Webpage or contacting the VDSS State Foster Care Office at titleIVE@dss.virginia.gov.

87301 TITLE IV-E APPROVED FOSTER/ADOPTIVE PARENT AND VOLUNTEER TRAINING

Cost Code Description: This cost code is use to report costs of training foster and adoptive parents to facilitate greater stability, safety and permanency for children placed in these homes.

Costs related to the state approved conferences (at the enhanced rate) for foster and adoptive parents and costs associated with pre-service and in-service training can be charged to this program.

Reimbursable Examples	Non-Reimbursable Examples
• Contracts with trainers/providers to conduct pre-service and in-service training activities. • Travel, lodging, and meals for program staff who provide Foster/Adoptive Parent training and related approved activities. • Approved training supplies, curricula, materials, equipment, and resources purchased by contracted trainers/providers and/or an LDSS. • Childcare expenses while foster and adoptive parents attend training; childcare must be provided by a licensed childcare provider in the childcare providers facility • Foster/Adoptive and Volunteer travel, lodging, and meals to attend approved conferences, workshops, and courses.	• Salaries and fringe benefits for program staff who provide Foster/Adoptive Parent training and approved related activities. • Salaries or other compensation to local board members. • Criminal and child abuse record checks • Recruitment/retention activities for current and prospective foster/adoptive parents • Tuberculosis skin test • VDSS and Federal unapproved training costs, conferences, workshops, courses, materials, supplies.

87302 TITLE IV-E APPROVED FOSTER/ADOPTIVE CHILD WELFARE WORKER TRAINING

Cost Code Description: This cost code is used to report costs of new worker and on-going training for public agencies' child welfare workers to attend state approved (at the enhanced rate) conferences, courses, and workshops.

Reimbursable Examples	Non-Reimbursable Examples
• Contracts with trainers/providers to conduct approved new and on-going training courses and programs. • Travel, lodging, and meals for program staff who provide Child Welfare Worker training and related approved activities. • Approved training supplies, curricula, materials, equipment, and resources purchased by contracted trainers/providers and/or an LDSS. • Child Welfare workers travel, lodging, and meals to attend approved conferences, workshops, and courses.	• Salaries and fringe benefits for program staff who provide Child Welfare Worker training and related activities. • Salaries or other compensation to local board members. • Training provided to non-child welfare staff • Training provided for private child welfare staff • VDSS and Federal unapproved training costs, conferences, workshops, courses, materials, supplies.

87303 TITLE IV-E APPROVED EMPLOYEE EDUCATIONAL ASSISTANCE PROGRAM

Cost Code Description: This cost codes is used to report costs of public agency employees' tuition, books and fees to attend an accredited university when seeking a Bachelors of Social Work or Masters of Social Work degree.

Employees in this program must sign an agreement with the public agency to work in the agency for a period of equal to the period for which financial assistance is granted unless an exemption is granted by the State or local agency. The agency must submit the policy under which this program will be operated to the state and receive approval before instituting the program.

Reimbursable Examples	Non-Reimbursable Examples
• The employee's tuition and fees to attend an accredited university; these fees are paid directly to the university or upon submission of an original receipt, the employee may be reimbursed for tuition costs paid by the employee. • The employee's college books and educational supplies to attend the university. • The employee's travel expenses to and from the university.	• Salary and fringe benefit expenses for the employee to attend the accredited university. • Salaries or other compensation to local board members. • Financial stipends to the employee.

878 HEADSTART WRAP-AROUND CHILD CARE PURCHASED SERVICES

Program Description: Head Start Wrap-Around Child Care program provides extended day and extended year child care to families enrolled in Head Start. The cost of child care is provided to a Head Start enrolled child while the parent works or attends an approved education or training activity. The siblings of a Head Start child may receive child care services through this program if they would otherwise be on the local waiting list due to lack of Fee child care funds.

87801 HEADSTART WRAP-AROUND CHILD CARE

Cost Code Description: Provides for the purchase of child care services to families enrolled in Head Start. This is a subsidy fee program that pays for additional hours beyond those provided by Head Start while the parent works or attends an approved education or training activity. The siblings of a Head Start child may receive child care services through this program if they would otherwise be on a local waiting list due to a lack of Fee child care funds. If there is no local waiting list, child care for siblings of the enrolled Head Start child will be paid from Fee child care budget lines 881 or 883.

Reimbursable Examples	Non-Reimbursable Examples
• Child care services for a Head Start child for additional hours beyond those provided by Head Start while the parent works or attends an approved education or training activity • Child care services for the siblings of a Head Start child, if they would otherwise be on a local waiting list due to lack of Fee child care funds, while the parent works or attends an approved education or training activity • Child care services for a Head Start child for the summer prior to attendance in a part-year Head Start program and for the summer following the end of a part-year Head Start program while the parent works or attends an approved education or training activity	• Child care services for a child not enrolled in Head Start • Child care services if a parent is not working or is not attending an approved education or training activity • Child care services if the parent is enrolled in a post baccalaureate education program • Child care services for siblings of a Head Start child if Fee child care funds are available • Payments to unapproved vendors

881 FEE CHILD CARE PURCHASED SERVICES - MATCHING

Program Description: Fee Child Care provides funding to enhance the quality, affordability, and supply of child care available to Virginia's families. Fee Child Care provides child care services, to the extent of available funds, for income eligible families to support full-time or part-time employment, approved education and training activities, or child protective services. LDSS are required to provide matching funds for this budget line as determined by VDSS.

NOTE: In the Fee Child Care program, it may become necessary to place a family on a local waiting list due to lack of funds. Localities shall have a waiting list policy for these child care funding sources. Prior receipt of TANF shall not be a reason for preferential placement on a waiting list. The local waiting list policy must be approved by VDSS.

88102 FEE CHILD CARE - MATCHING

Cost Code Description: Provides for the purchase of child care services for income eligible families to support full-time or part-time employment, approved education and training activities, or child protective services. Families contribute toward the cost of care based on a sliding fee scale.

NOTE: At the option of the locality, a child born to a family 10 months or more after the initial date of receipt of Fee child care may receive Fee child care or be placed on the locality's waiting list.

Localities may also limit receipt of Fee child care services to a maximum of five years. Please refer to the Child Care Manual, Volume VII, Section II, Chapter D for more information on the five-year limit.

Reimbursable Examples	Non-Reimbursable Examples
• Child care services to support full-time or part-time employment or approved education and training activities • Child care services for children whose family is receiving child protective services in cases open through the family assessment track, through the investigation track, or open as child protective services on-going	• Child care services for a participant enrolled in a post baccalaureate education program • Payments to unapproved vendors • Child Care services if a parent is not working or is not attending an approved education or training activity or open to CPS • Child Care services for participants who do not meet income-eligibility requirements

88103 TANF (NON-VIEW) EDUCATION/TRAINING CHILD CARE - MATCHING

Cost Code Description: Provides for the purchase of child care services for TANF families engaged in approved education and training activities. The TANF recipients must be exempt from VIEW participation. No fee toward the cost of care is assessed to the family.

NOTE: At the option of the locality, a child born to a family 10 months or more after the initial date of receipt of Fee child care may receive Fee child care or be placed on the locality's waiting list.

Localities may also limit receipt of Fee child care services to a maximum of five years. Please refer to the Child Care Manual, Volume VII, Section II, Chapter D for more information on the five-year limit.

Reimbursable Examples	Non-Reimbursable Examples
• Child care services for TANF (non-VIEW) families involved in approved education or training activities • Child care services for children whose family is receiving child protective services in cases open through the family assessment track, through the investigation track, or open as child protective services on-going	• Child care services for a participant enrolled in a post baccalaureate education program • Payments to unapproved vendors • Child Care services if a parent is not working, is not attending an approved education, or training activity or open to CPS • Child Care services for participants who do not meet income-eligibility requirements

883 FEE CHILD CARE PURCHASED SERVICES – 100% FEDERAL

Program Description: Fee Child Care provides funding to enhance the quality, affordability, and supply of child care available to Virginia's families. Fee Child Care provides child care services, to the extent of available funds, for income eligible families to support full-time or part-time employment, approved education and training activities, or child protective services.

NOTE: In the Fee Child Care program, it may become necessary to place a family on a local waiting list due to lack of funds. Localities shall have a waiting list policy for these child care funding sources. Prior receipt of TANF shall not be a reason for preferential placement on a waiting list. The local waiting list policy must be approved by VDSS.

88302 FEE CHILD CARE – 100% FEDERAL

Cost Code Description: Provides for the purchase of child care services for income eligible families to support full-time or part-time employment, approved education and training activities, or child protective services. Families contribute toward the cost of care based on a sliding fee scale.

NOTE: At the option of the locality, a child born to a family 10 months or more after the initial date of receipt of Fee child care may receive Fee child care or be placed on the locality's waiting list.

Localities may also limit receipt of Fee child care services to a maximum of five years. Please refer to the Child Care Manual, Volume VII, Section II, Chapter D for more information on the five-year limit.

Reimbursable Examples	Non-Reimbursable Examples
• Child care services to support full-time or part-time employment or approved education and training activities • Child care services for children whose family is receiving child protective services in cases open through the family assessment track, through the investigation track, or open as child protective services on-going	• Child care services for a participant enrolled in a post baccalaureate education program • Payments to unapproved vendors • Child Care services if a parent is not working or is not attending an approved education or training activity or open to CPS • Child Care services for participants who do not meet income-eligibility requirements

88304 TANF (NON-VIEW) EDUCATION/TRAINING CHILD CARE – 100% FEDERAL

Cost Code Description: Provides for the purchase of child care services for TANF families engaged in approved education and training activities. The TANF recipients must be exempt from VIEW participation. No fee toward the cost of care is assessed to the family.

NOTE: At the option of the locality, a child born to a family 10 months or more after the initial date of receipt of Fee child care may receive Fee child care or be placed on the locality's waiting list.

Localities may also limit receipt of Fee child care services to a maximum of five years. Please refer to the Child Care Manual, Volume VII, Section II, Chapter D for more information on the five-year limit.

Reimbursable Examples	Non-Reimbursable Examples
• Child care services for TANF (non-VIEW) families involved in approved education or training activities • Child care services for children whose family is receiving child protective services in cases open through the family assessment track, through the investigation track, or open as child protective services on-going	• Child care services for a participant enrolled in a post baccalaureate education program • Payments to unapproved vendors • Child Care services if a parent is not working or is not attending an approved education or training activity or open to CPS • Child Care services for participants who do not meet income-eligibility requirements

890 CHILD CARE QUALITY INITIATIVE GRANTS – PURCHASED SERVICES

Program Description: The Child Care Quality Initiative Grants are awarded to local departments of social services to improve the quality and affordability of child care for all of Virginia's citizens. By awarding these grants, VDSS aims to improve the quality of child care through: consumer and parental education, small business training and development, infant and toddler development activities, improvements to services for at-risk and special needs children, improvements in care for school age children, improved school readiness, or other approved child care quality initiatives.

The LDSS will act as the lead and fiscal agent for Quality Initiative funds awarded to community partners. The LDSS must collaborate with the community partners to determine local needs and the approaches to meet those needs. The LDSS may sub-contract for any or all of its Quality Initiative project.

89001 CHILD CARE QUALITY INITIATIVE GRANTS

Cost Code Description: Provides for the purchase of goods or services, including contractual services, to improve the quality and affordability of child care in local communities. The purpose of the allocations is: to provide comprehensive consumer education to parents and the public, to increase parental choice, and to improve the quality and availability of child care.

Local Quality Initiative efforts should be focused on one or more of the following areas: infants and toddlers, Head Start, school age initiatives, children with special needs, business involvement, expansion of capacity and quality of child care beyond basic licensing requirements.

NOTE: Funds may not be used to supplement non-federal fund expenditures or as a condition for the receipt of federal funds. Except in extreme circumstances, funds may not be used to meet the minimum licensing qualifications.

Reimbursable Examples	Non-Reimbursable Examples
• Goods and purchased or contractual services included in the local plan that are approved by VDSS and designed to improve the quality and availability of child care, including: o Contractual services for any or all of the Quality Initiative project o Consumer education o Small business training and development o Resource and referral initiatives o Provider training and technical assistance o Improvements to services for at-risk and special needs children o Improvements in care for school age children o Improvements in school readiness o Other initiatives that increase parental choice and improve the quality of care	• Any costs not included in the local plan approved by VDSS • LDSS administrative costs such as salaries, fringe benefits, and general operating/overhead costs • Payments to recipients or providers of child care services • Construction or renovation or the purchase or improvement of land • Equipment for the LDSS • Vehicles • Parties, recognition programs, conference attendance • Payments to unapproved vendors

895 ADULT PROTECTIVE SERVICES

Program Description: Adult Protective Services provides services to prevent or remedy abuse, neglect, or exploitation of vulnerable adults who are unable to protect their own interests. Services can be provided to adults age 60 and older and incapacitated adults age 18 and older.

89501 ADULT PROTECTIVE SERVICES

Cost Code Description: Provides for the purchase of goods and services for vulnerable adults served through the Adult Protective Services Program. Services can be provided under the following circumstances:

1) an adult protective services report has been taken and the protective services investigation has determined that a vulnerable adult needs protective services and the service to be purchased is part of the service plan to protect the adult from ongoing abuse, neglect, or exploitation; or

2) an adult protective services report has been taken and the protective services investigation has found a vulnerable adult to be at risk of abuse, neglect, or exploitation and the service to be purchased is part of the service plan to prevent abuse, neglect, or exploitation from occurring.

Reimbursable Examples	Non-Reimbursable Examples
• Temporary out-of-home accommodations;temporary emergency shelter or emergency services • Respite care • Adult day services • Home delivered or congregate meals • Home based care • Relocation costs • Food, clothing, utilities and other essential goods when financial abuse has left the adult without resources • Medical or remedial care or treatment; medical transportation • Cost of guardianship petition when the subject of the petition is indigent • Cost of emergency order petition when the subject of the petition is indigent	• Physical and/or psychological evaluations not covered by Title XIX, Medicaid or other sources may be paid from administrative funds • Payments for services not identified in the service plan • Payments made to unapproved vendors

89503 GUARDIANSHIP FILING FEES

Cost Code Description: Provides for recording the collection and use of annual guardianship fees. The Code of Virginia requires that the filing fee that accompanies annual guardianship reports to be retained by the local department of social services in the jurisdiction where the fee is collected and be used in the provision of services to protect vulnerable adults and prevent abuse, neglect, and exploitation of vulnerable adults. The Code of Virginia redirects the fee to the local department of social services rather than to the state treasurer.

NOTE: All allowable receipts and expenditures recorded in cost code 89503 must be entered as non-reimbursable using fund code "0099." These entries will have no budget impact.

Enter the receipt of fees paid to the locality using expenditure type "R" (receipt) as a credit to account number 40895, Receipt of Fees, using the non-reimbursable fund code 0099. Enter expenditures as a debit to the appropriate account number using the non-reimbursable fund code 0099.

Reimbursable Examples	Non-Reimbursable Examples
• None	• Receipt of filing fees that accompany the annual guardianship reports (recorded as non-reimbursable credit) • Expenditures for services to protect vulnerable adult and prevent abuse, neglect, and exploitation of vulnerable adults (recorded as non-reimbursable debit)

897 FOOD STAMP EMPLOYMENT & TRAINING PURCHASED SERVICES PASS-THRU

Program Description: The Virginia FSET Program is a multi-component employment and training program that is available through participating localities. The goal of the program is for food stamp recipients who do not receive public cash assistance to gain employment and become self-sufficient.

The Virginia FSET program offers the following components: (1) Job Search; (2) Community Work Experience; (3) Education, including e-learning; (4) Vocational Training; (5) Basic Employment Skills Training; and (6) Employment &Training for Ex-offenders (can include several of the components listed above).

General Principles in Determining Allowable FSET Expenditures: To be allowable, costs submitted for reimbursement must be valid and properly documented obligations under the LDSS's approved FSET plan. Furthermore, allowable FSET costs must meet the following conditions:

- The State Plan must contain general information about the products, services and related costs that are offered throughout the Commonwealth and the Regional office must review and approve the State Plan;
- The product or service must relate directly to an approved FSET Program component and be necessary and reasonable;
- The product or service may not be for the purpose of overcoming barriers to participation that make clients exempt from Federal work registration or from State FSET Program participation requirements; and
- The product or service may not be available through another government program or available at no cost to the participant through a private source, e.g., charitable donations.

The following test must be applied when determining "reasonable and necessary" costs:

<u>A cost is considered reasonable when it:</u>

- Provides a program benefit that is generally commensurate with the costs incurred;
- Is in proportion to other program costs for the function that the costs serve; and
- Is within the scope of the FSET plan/program.

<u>A cost is necessary</u> if it is needed in the performance of the program. Thus, necessary costs:

- Are incurred to carry out essential functions of the FSET plan/program;
- May not be avoided without adversely affecting program operations;
- Are a priority expenditure relative to other demands on availability of administrative resources; and

- Do not duplicate existing efforts.

NOTE: Federal pass-thru funds are available to local agencies operating the FSET program that have exhausted their 844 FSET allocation. FSET Pass-Thru is funded with 50% federal and 50% local funds.

89702 FOOD STAMP EMPLOYMENT & TRAINING PARTICIPANT EXPENDITURES PASS-THRU

Cost Code Description: Reasonable and necessary participant expenses that are in excess of the budget line 844 allocation and other allowable expenses may be reported in cost code 89702, FSET Participant Expenses Pass-Thru, whereby those local expenditures are reimbursed at 50%.

Participant expenses are limited to costs directly related to participation in one or more of an approved FSET component: (1) Job Search; (2) Community Work Experience; (3) Education, including e-learning; (4) Vocational Training; (5) Basic Employment Skills Training; and (6) Employment &Training for Ex-offenders (can include several of the components listed above).

In accordance with program requirements, participants' transportation needs within each component must be met before any other supportive service expenses. Reasonable and necessary participant expenses that are in excess of the budget line 844 allocation and other allowable expenses, such as books and uniforms necessary for participation in an FSET component, may be reported in cost code 89702, FSET Participant Expenses Pass-Thru, whereby those local expenditures are reimbursed at 50%.

Reimbursable Examples	Non-Reimbursable Examples

• Transportation costs such as bus tickets, gas vouchers, taxis and other commuter fares necessary for participation in an FSET component
• Equipment, books, or manuals necessary for participation in an FSET component
• Clothing suitable for job interviews or uniforms for participation in an FSET component
• Licensing and bonding fees necessary for a community work experience placement
• Vision correction (eyeglasses, bifocals and eye exams)
• Dental work (teeth cleaning, bridge)
• Legal services
• Housing assistance
	• Purchased or Contractual FSET component costs associated with cost code 84403
	• FSET dependent care associated with cost code 87106
	• Participant expenses that are covered through another government program or available at not cost to a participant
	• Payments to unapproved vendors
	• Meals away from home
	• Automobile purchases and related owner/operator taxes, automobile repairs and automobile insurance costs
	• <u>Costs associated with a client starting and retaining employment:</u>
	  o Transportation costs
	  o Relocation expenses

Reimbursable Examples	Non-Reimbursable Examples
	o Test fees o Equipment or tools o Clothing or uniforms o Licensing and bonding fees o Union dues

89703 PURCHASED OR CONTRACTUAL SERVICES FOR FOOD STAMP EMPLOYMENT & TRAINING COMPONENTS PASS-THRU

Cost Code Description: Reasonable and necessary purchased service expenditures that are in excess of the budget line 844 allocation may be reported in cost code 89703, Purchased or Contractual Services for FSET Components Pass-Thru, whereby those local expenditures are reimbursed at 50%.

Purchased or contractual services are limited to costs directly related to one or more of an approved FSET component: (1) Job Search; (2) Community Work Experience; (3) Education, including e-learning; (4) Vocational Training; (5) Basic Employment Skills Training; and (6) Employment &Training for Ex-offenders (can include several of the components listed above).

Reasonable and necessary purchased service expenditures that are in excess of the budget line 844 allocation may be reported in cost code 89703, Purchased or Contractual Services for FSET Components Pass-Thru, whereby those local expenditures are reimbursed at 50%.

Reimbursable Examples	Non-Reimbursable Examples
• Tuition payments, fees for eligible participants in an approved FSET component • Services related to general self-improvement that are part of an approved FSET component listed above, (e.g. costs associated with providing a workshop designed to increase job hunters' motivation and self confidence), are allowable provided there is a direct link between the program and job-readiness • Bonus awards to service providers for job placement (defined as occurring no later than 30 days after FSET participant begins employment)	• FSET Participant Expenses associated with cost code 84404 • FSET dependent care associated with cost code 87106 • Costs associated with activities that occur prior to an applicant's participation in an FSET training component, e.g. medical screening • Expenses to overcome barriers to participation in an FSET training component, such as medical and mental health services, drug and alcohol counseling • Service provider and educational/training costs that would exceed what the general public would pay Payments to unapproved vendors

936 VIRGINIA COMMUNITY CORPS

Program Description: Virginia Community Corps is a grantee of the Commission on National & Community Service. Virginia Community Corps (VCC) is an AmeriCorps program managed by staff at the Virginia Department of Social Services (VDSS). AmeriCorps members serve in multiple sites across the Commonwealth.

Members are placed in local departments of social services and community action agencies, along with their formally designated community partners to contribute to the social services system strategic vision to promote self-sufficiency for low-income families, increase and improve access to high quality services and support, and mobilize other volunteers in the community. Host agencies are responsible for day-to-day member supervision, member development and are accountable for specified performance measures.

93601 AMERICORPS - VIRGINIA COMMUNITY CORPS

Cost Code Description: This cost code is used to report expenditures of eligible AmeriCorps members placed in the local departments of social services.

Reimbursable Examples	Non-Reimbursable Examples
• Living allowance stipend • FICA	• Payments for supplements to the living allowance • Payments other than living allowance stipend and FICA

93604 AMERICORPS - VIRGINIA COMMUNITY CORPS BENEFIT PAYMENT

Cost Code Description: This cost code is used to report benefit payment costs of eligible AmeriCorps members placed in local departments of social services.

Reimbursable Examples	Non-Reimbursable Examples
• Medical insurance • Workers compensation	• Payments other than medical insurance and workers' compensation

961 ENERGY PROGRAM

Program Description: The Emergency and Energy Assistance program service area is a core component of the Commonwealth's safety net for low-income and at-risk Virginians. This service area is responsible for the operation of the Energy Assistance Program (EAP). The Energy Assistance program helps low-income individuals and families meet their immediate and often emergent home energy needs. The program is 100 percent funded from the federal Low Income Home Energy Assistance Program (LIHEAP) block grant.

The EAP consists of four components: Fuel Assistance, Crisis Assistance, Cooling Assistance and Weatherization Assistance. Fuel Assistance provides benefits to aid households in paying the cost of heating their homes. Crisis Assistance helps households address energy-related emergencies that cannot be met by Fuel Assistance or other resources. Cooling Assistance supports households in purchasing or repairing cooling equipment and the payment of electric bills during the summer months.

The Weatherization Assistance Program provides weatherization services to low-income families and is administered by the Department of Housing and Community Development (DHCD) through contracts with local community-based organizations. By state statute, DHCD receives 15 percent of the LIHEAP block grant to implement this program.

Local departments of social services perform the eligibility determination for the EAP. Assistance for all components will be provided through vendor payments or under certain conditions payments may be made directly to eligible households.

96105 Energy Crisis Locality Payments

Cost Code Description: This cost code is used to report financial assistance, drawn off the locality prepared warrants, in the form of payments to an individual or to a vendor to assist households address energy-related crisis. Local agencies must obtain approval from the Virginia Department of Social Services Energy Assistance Program prior to charging expenditures to this cost code.

Reimbursable Examples	Non-Reimbursable Examples
• Equipment repair and replacement • Emergency shelter in no heat situations • Primary heating and utility bills • Portable space heaters • Other crisis payments as authorized by State VDSS	• Payments for situations that do not meet energy crisis criteria • Overpayment to client or vendor • Payments that are in excess of budget allocation

LASER – Frequently Asked Questions

FREQUENTLY ASKED QUESTIONS
Division of Finance

CONTROL NO: FAQ2

CATEGORY: LASER – Reporting Costs & Use of Budget Lines and Cost Codes

QUESTION: The LDSS wants to purchase a vehicle for the eligibility unit and wants to know if they should charge it to line 853 Eligibility S & O. Can the LDSS claim reimbursement for the total purchase price?

RESPONSE: In order to charge vehicle costs to budget line 853 S & O, an LDSS would have to guarantee that the vehicle would only be used to benefit eligibility programs over the useful life of the equipment. This type of guarantee is generally not possible based on the common practice of sharing resources such vehicles across agency programs. As such, vehicle costs are to be entered as a joint cost into LASER so that it can be allocated among benefiting programs based on RMS statistics.

The full price of the vehicle cannot be expensed at the time of purchase since capital equipment purchases must be depreciated over the useful life of the equipment. VDSS will issue guidance for claiming depreciation costs on capital equipment.

Leasing is another alternative that can be used to acquire vehicles for local agency use. The leasing costs may be claimed for reimbursement and should be entered into LASER as a joint cost.

FREQUENTLY ASKED QUESTIONS
Division of Finance
CONTROL NO: FAQ5

CATEGORY: LASER – Reporting Costs & Use of Budget Lines and Cost Codes

QUESTION: We have some staff, mostly case aides, who split their time between eligibility and services programs. With the new budget set-up, should we report their salary costs as 100% in Eligibility S & O or Services S & O or do we split their costs between the two budget lines (BL)?

RESPONSE: Salaries of direct workers are reported for reimbursement either as100% Eligibility Staff and Operations or 100% Services Staff and Operations. The salary costs of workers are not to be split between budget lines because splitting position costs compromises the statistical integrity of the RMS cost allocation process. The locality can submit a request to transfer funding between budget lines in order to align expenses with their budget. Localities may transfer base budget allocations <u>from</u> BL 854 Services Staff and Operations <u>to</u> BL 853 Eligibility Staff and Operations. Localities may not transfer base budget allocations from BL 853 to BL 854.

Position classification and function codes in LETS are the basis for determining whether or not salary cost for a position is to be charged to Eligibility S & O or Services S & O. Contact your HR regional representative for information that pertains to LETS.

FREQUENTLY ASKED QUESTIONS
Division of Finance

CONTROL NO: FAQ8

CATEGORY: LASER – Reporting Costs & Use of Budget Lines and Cost Codes

QUESTION: My question concerns non-reimbursable expenditures. If I have expenditures that exceed my allocation amount in Eligibility S & O and Services S & O, can these expenditures be reported to Pass-Thru rather than reported as non-reimbursable? Can I report the salaries and fringes for employees whose salaries are on the non-reimbursable steps of the compensation schedule to Pass-Thru?

RESPONSE: Yes, these expenditures can be submitted to Eligibility or Services S & O Pass-Thru, lines 856 and 857, on the condition that the locality provides the necessary financial match and the expenses are allowable. These expenses will be reimbursed to the extent that federal funds are available.

Also, per the LASER Expenditure Guidelines Manual, LDSS Compensation Section: -*"Compensation for any LDSS (Local Department of Social Services) Director or other employee whose salary exceeds the maximum amount indicated in the VDSS Basic State Compensation Schedule, and approvals have been provided (see Local Compensation Plan and Accountability), shall be paid wholly from local funds. Although state general fund reimbursement is not permitted, these compensation costs may be reimbursed from applicable federal fund sources in addition to the use of local funds. If federal sources are to be utilized, local funds must be used to meet any federal financial match requirements."*

FREQUENTLY ASKED QUESTIONS
Division of Finance

CONTROL NO: FAQ9

CATEGORY: LASER – Reporting Costs & Use of Budget Lines and Cost Code

QUESTION: Can LDSSs provide bonuses to employees?

RESPONSE: Yes. Per Virginia State Code 15.2-1508 below, the locality may provide monetary bonuses; however, any bonuses are to be authorized by local ordinance. LDSSs are to maintain a copy of the local ordinance as part of the documentation of reimbursement claims for bonuses through LASER.

> *§ 15.2-1508. Bonuses for employees of local governments.*
>
> *Notwithstanding any contrary provision of law, general or special, the governing body of any locality may provide for payment of monetary bonuses to its officers and employees. The payment of a bonus shall be authorized by ordinance.*
>
> *(1985, c. 142, § 15.1-7.4; 1997, c. 587; 2003, c. 204.)*

FREQUENTLY ASKED QUESTIONS
Division of Finance

CONTROL NO: FAQ10

CATEGORY: LASER – Reporting Costs & Use of Budget Lines and Cost Codes

QUESTION: There is some confusion on the use of Child Care Quality Initiative funds, line 890. Since line 890 is for purchased services which are traditionally client specific, where do we report the costs of goods or services purchased on behalf of child care providers? Where do we report Quality Initiative staffing costs?

RESPONSE: Although purchased services are, by definition, client specific, the Quality Initiative Grant funding is rather unique in that the LDSS is serving providers rather than clients. Therefore, goods or services purchased on behalf of child care providers would be considered purchased services and should be reported under line 890 Child Care Quality Initiative.

Quality Initiative staffing costs should be reported under line 854 Services S & O if the staff are hired by the LDSS or contracted and under the supervision of the LDSS. Contracted employees that are under the supervision of LDSS are to be keyed into LETS and are subject to RMS. If necessary, the LDSS may need to request to transfer funds from line 890 to line 854 to cover these staffing costs.

If the LDSS contracts for services on behalf of the child care providers, such as contracting for provider training, the costs of the contractual services should be reported as purchased services under line 890 unless the trainers are hired directly by LDSS or under the direct supervision of the LDSS.

FREQUENTLY ASKED QUESTIONS
Division of Finance

CONTROL NO: FAQ12

CATEGORY: Budget

QUESTION: Since the administrative portion of budget line 890 Child Care Quality Initiative Program was rolled up to budget line 854 Services S & O, can I transfer funds back to line 890 for purchased services?

RESPONSE: Yes. While the VDSS Budget Office attempted to get the split between Services S & O (staffing and operations) and purchased services as close as possible to what each locality needed, the Budget Office staff recognizes that there will be a need to transfer funds. Requests for transfer of funds between Services S & O and purchased services budget lines should be made using the BRS System (Budget Request System) with justification included. Program managers will still need to approve the transfer.

FREQUENTLY ASKED QUESTIONS
Division of Finance

CONTROL NO: FAQ13

CATEGORY: Budget

QUESTION: My agency submitted a budget request in FY07 that was approved, transferring funding from line 883 Non-VIEW Child Care, to line 884 Child Care Staff Allowance. When the funding for line 884 was rolled up to the new Services Staff & Operations budget line for FY08, did it include these transferred funds?

RESPONSE: Yes, the roll-up included these transferred funds if the transfer was approved prior to the budget consolidation calculations being made. If the LDSS is unsure whether transferred funds were included, they should contact the VDSS Budget Office for confirmation.

FREQUENTLY ASKED QUESTIONS
Division of Finance

CONTROL NO: FAQ14

CATEGORY: Budget

QUESTION: I am concerned about the decrease in federal pass-thru funding for services from approximately 25% down to 15%. What is the reason for this?

RESPONSE: When VIEW and other block grant funded activities are added into the service pool, the percentage of effort chargeable to block grants will rise substantially, thereby decreasing the IV-E and FSET percentages which comprise most of the reimbursement in service pass-thru.

Another factor that impacts the pass-thru funding is the tightened federal IV-E rules regarding Pre-Placement Prevention (PPP) activities. Since less PPP activities qualify for IV-E reimbursement, the IV-E share of service pass-thru is significantly reduced.

FREQUENTLY ASKED QUESTIONS
Division of Finance

CONTROL NO: FAQ16

CATEGORY: LASER-Reporting Costs & Use of Budget Lines and Cost Codes

QUESTION: My locality uses eligibility workers for the Child Care Program and currently charges the costs for these workers to line 884 Child Care Staff Allowance. Since this funding is consolidated with the new line 854 Services S & O budget line, should I charge my eligibility workers to line 854?

RESPONSE: The VDSS Budget Office recognizes that there are some localities using eligibility workers in the Child Care Program. Eligibility Worker positions are subject to RMS and assigned to the Benefit Worker Pool. Therefore, costs associated with these positions are to be reported to line 853 Eligibility S & O. The effort of work by eligibility workers is captured statewide through RMS and these statistics are then used to allocate costs to benefiting federal programs.

The locality should enter a request in the BRS system to transfer child care funding from line 854 Services S & O to line 853 Eligibility S & O to cover these costs. Include a justification with the request as the program manager will still need to approve the request.

FREQUENTLY ASKED QUESTIONS
Division of Finance

CONTROL NO: FAQ17

CATEGORY: LASER-Reporting Costs & Use of Budget Lines and Cost Codes

QUESTION: Some of the eligibility workers in my locality also handle VIEW for their TANF cases. Should the costs for these workers be charged to Eligibility, Services, or split between the two?

RESPONSE: Eligibility Worker positions are subject to RMS and assigned to the Benefit Worker Pool. The effort of work by Eligibility Workers is captured statewide through RMS and these statistics are then used to allocate costs to benefiting federal programs. Costs associated with Eligibility Worker positions are to be reported to Eligibility S & O. These costs are not to be split between Eligibility and Services.

The locality should enter a request in the BRS system to transfer VIEW funding from line 854 Services S & O to line 853 Eligibility S & O to cover these costs. Include a justification with the request as the program manager will still need to approve the request.

FREQUENTLY ASKED QUESTIONS
Division of Finance

CONTROL NO: FAQ18

CATEGORY: LASER-Reporting Costs & Use of Budget Lines and Cost Codes

QUESTION: My locality wants to move the supervision of child care staff to an eligibility supervisor and she will also continue to supervise some eligibility workers. Since the child care staff are reimbursed from line 854 Services S & O and the eligibility staff are reimbursed from line 853 Eligibility S & O, should I split the costs of the eligibility supervisor between these budget lines?

RESPONSE: No, costs are not to be split between budget lines.

Since the supervisor's time is split between eligibility and services programs and a supervisor is not subject to RMS sampling, the most appropriate way to allocate her costs is to treat in the same manner as joint costs. Enter the costs into LASER as fund type "J" and the system will split the costs between budget lines based on worker counts and allocate the costs based on RMS statistics.

FREQUENTLY ASKED QUESTIONS
Division of Finance

CONTROL NO: FAQ19

CATEGORY: LASER-Reporting Costs & Use of Budget Lines and Cost Codes

QUESTION: My locality contracts for a part-time FSET case manager and this case manager is supervised by our employment supervisor. Should I charge these costs to Services S & O or FSET Purchased Services?

RESPONSE: Since the contracted employee is providing direct services like that of an LDSS employment services worker and is under the supervision of LDSS, these costs should be treated as LDSS staffing costs. These costs should be charged to line 854 Services S & O or line 857 Services S & O Pass-Thru. Remember, the contracted employee must also be entered into LETS and is subject to RMS.

FREQUENTLY ASKED QUESTIONS
Division of Finance

CONTROL NO: FAQ21

CATEGORY: LASER-Reporting Costs & Use of Budget Lines and Cost Codes

QUESTION: My local attorney's office has hired a full-time attorney who is dedicated to Social Services and they direct bill the costs of the position to our department. Can I submit these costs through LASER for reimbursement?

RESPONSE: Yes. Legal representation costs for all departments of a local government can be treated as a direct cost and billed accordingly on a monthly basis, or treated as indirect costs through the CSCAP. However, the local government must treat costs incurred for the same purpose in a uniform manner across all departments. It cannot direct charge legal costs to the LDSS and indirectly charge legal costs to other departments through the CSCAP.

FREQUENTLY ASKED QUESTIONS
Division of Finance

CONTROL NO: FAQ22

CATEGORY: LASER-Reporting Costs & Use of Budget Lines and Cost Codes

QUESTION: We pay for a part-time position through a temporary service that works in a local elementary school to coordinate the use of a childhood resource room out of our Child Care Quality Initiative Grant. The LDSS child care supervisor oversees the position. Is this administrative or a purchased service?

RESPONSE: Since the contracted employee is under the supervision of the LDSS, the staffing costs should be charged to line 854 Services S & O. Remember that the position should be in LETS and the costs will be allocated based on RMS statistics.

If necessary, funds may be transferred from line 890 Child Care Quality Initiative to line 854 Services S & O to pay for QI staffing. Remember to include a justification in your request as the program manager will have to approve any requests to transfer funding.

FREQUENTLY ASKED QUESTIONS
Division of Finance

CONTROL NO: FAQ23

CATEGORY: Budget

QUESTION: Why is it necessary to split out Eligibility costs from Direct Services costs?

RESPONSE: Per guidance developed by U.S. Department of Health and Human Services, Division of Cost Allocation, Income Maintenance (Eligibility) and Social Services are distinct organizational units because they perform different functions. The eligibility worker is responsible for determining program eligibility and related case management for financial assistance programs. The social services worker is responsible for providing for, or arranging for, a wide variety of social services.

To record activities performed by these two different functions, HHS recommends the use of a reporting system that can separately record the work efforts of Eligibility and Social Services workers. Random Moment Sampling (RMS) is a statistical methodology used for allocating applicable expenditures to benefiting federal and state programs. It is a federally approved (preferred) process for distributing costs, and nationally, it is the method used most frequently by states.

FREQUENTLY ASKED QUESTIONS
Division of Finance

CONTROL NO: FAQ24

CATEGORY: LASER-Reporting Costs & Use of Budget Lines and Cost Codes

QUESTION: Our local attorney does not provide legal services to the LDSS so we contract with a private attorney for these services. Is this considered a contracted worker or a contractual purchased service and how should I charge the costs?

RESPONSE: Attorneys hired to represent the agency should be charged to the appropriate Staff and Operations budget line as Professional Services-Legal. They would not be considered contracted employees as they are providing a service that is administrative in nature and they are not under the supervision of the LDSS.

If the LDSS hires an attorney to represent a specific client in a civil matter, the costs can be charged to the Other Purchased Services budget line using cost code 82416, Legal Services.

NOTE: Attorneys hired to represent the permanency of a child are appropriate to charge line 854 Services S & O or line 857 Services S & O Pass-Thru.

FREQUENTLY ASKED QUESTIONS
Division of Finance

CONTROL NO: FAQ25

CATEGORY: LASER-Reporting Costs & Use of Budget Lines and Cost Codes

QUESTION: Due to recent vacancies we have been having our Fraud Worker help with the Non-VIEW and Headstart Child Care. I have her function codes as FW 50% and DC 50% right now. Should the Fraud Worker be totally charged to Eligibility or 50% of her salary & fringe to Eligibility for fraud and 50% to Services for child care? Furthermore, if we decide to have a worker do some of the child care, my question would be - can an Eligibility, Senior Eligibility, or Fraud worker do part or all child care or does it need to be a Self Sufficiency Worker doing child care?

RESPONSE: Fraud investigators are benchmarked as part of the eligibility classification series and the funding for the Fraud FREE Program was consolidated with line 853 Eligibility S & O; therefore, the total costs of the position should be charged to line 853 Eligibility S & O or line 856 Eligibility S & O Pass-Thru. The locality may request to transfer some of its Child Care funding from line 854 Services S & O to line 853 Eligibility S & O if the fraud investigator is also working on child care.

It is a local decision on whether child care is handled by eligibility or services staff. However, staffing costs are not to be split between budget lines. Eligibility staff should be charged to line 853 Eligibility S & O and services staff should be charged to line 854 Services S & O or the appropriate pass-thru budget lines.

FREQUENTLY ASKED QUESTIONS
Division of Finance

CONTROL NO: FAQ26

CATEGORY: LETS/RMS

QUESTION: This question concerns in-home services providers within the adult services and child care programs. For years, it has been understood that, per an agreement with the IRS, these providers are not to be considered employees of the LDSS. However, with all of the new guidance and training regarding contract employees, some could conclude that the in-home services providers should now be considered contract workers and, therefore, entered into LETS and also RMS. What is the final guidance concerning in-home services providers and should they be entered into both LETS and RMS?

RESPONSE: The current Case Aide specifications are not intended for use as a companion and VDSS does not recall any instances of an LDSS using a Case Aide for this purpose since localities would not likely allocate a worker position in this way. Furthermore, there is additional guidance in both the Adult Services and Child Care manuals that indicates the IRS considers the in-home services providers to technically be employed directly by the client and the LDSS serves as the payroll intermediary. These service providers likely do not access the state or local computer systems and, therefore, they do not need to be in LETS or RMS for reimbursement purposes

In-home service providers are paid from purchased services funds, not staffing and operations.

FREQUENTLY ASKED QUESTIONS
Division of Finance

CONTROL NO: FAQ27

CATEGORY: LETS/RMS

QUESTION: Our local department contracts with various workers (e.g. Interpreters, CSA workers, Child Advocacy Center Worker, etc.) that are not in the LETS System. In fact, there are no approved position descriptions even if the local department wanted to enter them in LETS. However, it has been determined that such workers need to have access to VDSS' internet system and e-mail (via LDAP accounts) so our employees can communicate with these workers. In addition, our locality co-located into our office - 2 CSA workers and a Child Advocacy Center Worker who are not employed by the LDSS and are currently not in LETS. We also need to be able to communicate with these workers through our e-mail system. Is the LDSS' current classification within LETS (and RMS) correct?

RESPONSE: Any person who requires access to any VDSS automated system should be in LETS for security purposes, even if the person is not a LDSS employee. If the staffing costs for these workers are locally funded and paid outside of LASER, the positions should be excluded from RMS.

Consult with the Division of Human Resource Management for specifics on how to enter a person into LETS for security purposes only.

FREQUENTLY ASKED QUESTIONS
Division of Finance

CONTROL NO: FAQ29

CATEGORY: LASER-Reporting Costs & Use of Budget Lines and Cost Codes

QUESTION: Do we need to track expenditures for programs that have been rolled up to Eligibility and Services Staffing & Operations such as Fraud FREE, Independent Living, Safe & Stable Families, VIEW, and FSET? In the past we had to send in quarterly and or annual expenditure information to VDSS program staff.

RESPONSE: Routine quarterly and annual program progress reports should not require more expenditure detail than what is captured in LASER. Under the budget consolidation process, staffing and operations costs for all programs are captured and allocated to the appropriate programs using quarterly statewide RMS statistics. Maintenance/assistance payments and purchased services are reported in program specific LASER cost codes and direct charged to the appropriate programs. These cost allocation methodologies satisfy federal and state expenditure reporting requirements; therefore, program staff will not need to ask for additional expenditures details from localities.

LDSSs should consult with their RAM prior to responding to any requests for more detailed expenditure data than what is captured in LASER. On occasion, special studies or surveys may necessitate that VDSS contact the localities for certain expenditure data.

FREQUENTLY ASKED QUESTIONS
Division of Finance

CONTROL NO: FAQ31

CATEGORY: RMS

QUESTION: What kind of documentation or "fingerprints" should case records contain to support an RMS observation?

RESPONSE: The case number/name that is recorded on the RMS form must contain the support of the observation being charged to the program selected. However, VDSS cannot possibly provide a standard requirement for RMS documentation because there will be hundreds of different scenarios due to the numbers of samples, programs, activities, etc. involved in RMS.

In general, a current application should be sufficient for eligibility programs since case narratives are not required. For service cases, the narrative should support the observation. For example, if a worker selects case management as the activity, then the narrative should indicate what they were doing for the case at the time of the observation.

Some localities have asked about putting a copy of the RMS observation form in the case record for documentation. This should not be done as it only serves to document that the RMS observation was completed – it does not document that the worker was working on that case.

FREQUENTLY ASKED QUESTIONS
Division of Finance

CONTROL NO: FAQ32

CATEGORY: LASER-Reporting Costs & Use of Budget Lines and Cost Codes

QUESTION: What are the time reporting requirements to support EBT issuance costs?

RESPONSE: VDSS is proposing to utilize a cost-per-transaction methodology to capture EBT issuance costs on a statewide basis. The proposal must be reviewed and approved by the federal government. This methodology would allow VDSS to capture EBT issuance costs on a statewide basis, thereby eliminating the requirement for LDSSs to capture and report these costs at the individual locality level.

Until federal approval is received, local departments are to continue with current practices of capturing and reporting costs for EBT issuance activities.

FREQUENTLY ASKED QUESTIONS
Division of Finance

CONTROL NO: FAQ41

CATEGORY: LASER-Reporting Costs & Use of Budget Lines and Cost Codes

QUESTION: Are meals or refreshments reimbursable items?

RESPONSE: The costs of meals or refreshments served as part of meetings or conferences are reimbursable if the primary purpose of the meeting is to disseminate technical information. Examples of such meetings would be local board meetings or training sessions on program policy. Documentation to support the claim would include the original itemized receipt, meeting date, agenda, and list of attendees. Such costs are to be allocated equitably among all attendees and only those costs related to attendees from Social Services may be claimed for reimbursement through LASER. For example: Locality has a meeting to discuss at-risk youth. Attendees include staff from Social Services, Juvenile Justice, and Mental Health. Only the costs of meals for staff from Social Services may be claimed for reimbursement through LASER.[1]

The costs of business meals are reimbursable if the primary purpose of the meal involves substantive and bona fide business discussions. An example of such a business meal would be a lunch meeting with other local social services directors to discuss coordination of social services policy in the region. Documentation to support the claim would include the original itemized receipt, a list of all persons involved in the meal, and the reason for the meal. Such costs are to be allocated equitably among all attendees and only those costs related to attendees from Social Services may be claimed for reimbursement through LASER.[2]

The costs of meals or refreshments served as part of employee morale, health, or recognition events are not reimbursable. The federal government has indicated that meals are subject to strict scrutiny in view of the prohibition against paying for entertainment costs with federal funds. In HHS, Departmental Appeals Board (DAB) Decision No. 1961, dated February 1, 2005, the DAB indicated that meals <u>were not covered</u> by OMB A-87 under Employee Morale, Health and Welfare Costs. Meals served to employees may have some indirect benefits for the workplace, but they do not directly improve employee mental or physical health or disseminate employment-related information.[3]

The costs of meals or refreshments served as part of social or entertainment events that do not support the social services mission are not reimbursable. Examples would include amusement, diversion, and social activities such as retirement or going away parties, birthday celebrations, holiday parties, etc. Any costs associated with social or entertainment activities (such as tickets to shows

or sporting events, meals, lodging, rentals, transportation, and gratuities) are unallowable.[1]

The costs of alcoholic beverages are not reimbursable under any circumstance.[1]

The costs of meals for employees on travel status are to be handled in accordance with the local departments of social services' travel policy.

1. 2 CFR, Part 225 (OMB A-87)
2. Commonwealth Accounting Policies & Procedures (CAPP) Manual, Topic 20335
3. HHS, DAB Decision No. 1961