

**User Guide**

**for the**

**Children's Services Act**  
**(CSA User Guide)**

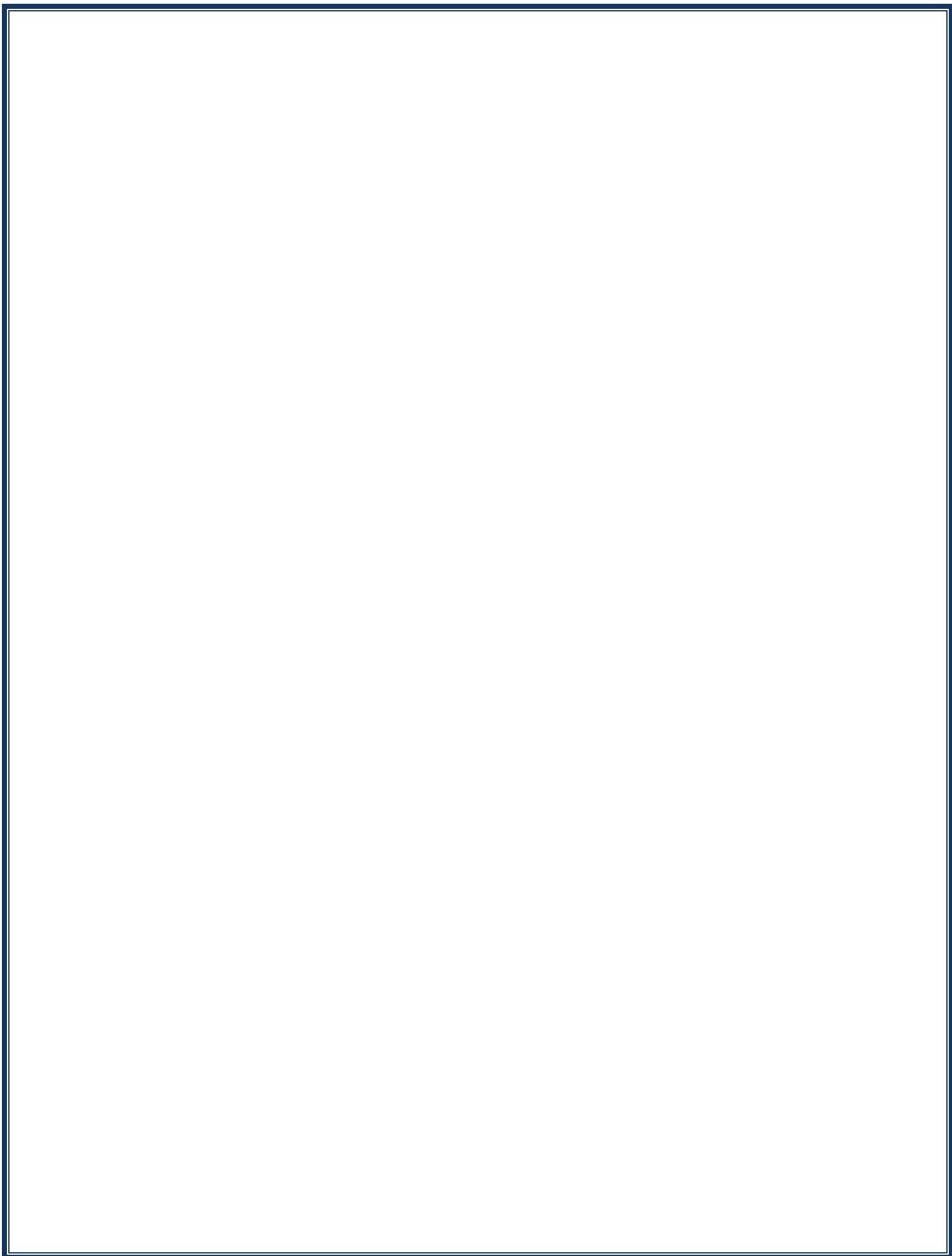


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# 1.0 Introduction

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The Children’s Services Act<sup>1</sup> (referred to in this Guide as the *CSA*) represents an innovative partnership between state and local governments to provide an effective and efficient system of care. As stated in [§2.2-5200](#), “it is the intention of this law to create a collaborative system of services and funding that is child-centered, family-focused and community-based when addressing the strengths and needs of troubled and at-risk youths and their families in the Commonwealth.”

The *CSA* is a state-supervised, locally administered system. The State Executive Council for Children’s Services (SEC, [§2.2-2648](#)) and its administrative agency, the Office of Children’s Services (OCS, [§2.2-2649](#)), are responsible for oversight of the *CSA* following all relevant federal and state laws, regulations, and the policies of the SEC. The Office of Children’s Services shall develop and provide consistent oversight of program administration and compliance with state law, policies, and procedures as defined in the statute.

This *CSA User Guide* is one mechanism through which the Office of Children’s Services meets these responsibilities. While the *User Guide* is not intended to answer all possible questions about *CSA* operations and is not a replacement for a thorough knowledge of relevant statutes, regulations, and definitive policies, it addresses the major areas of *CSA* implementation and administration at the local level. A companion document, the *CSA Policy Manual*, provides a comprehensive resource regarding specific policies adopted by the State Executive Council for Children’s Services (SEC) for the administration of the *CSA*. Together, these documents provide *CSA* stakeholders with a resource to accomplish the goals of the *CSA* effectively and efficiently.

Every effort has been made to ensure the accuracy of the information and to reference and establish agreement with relevant law and policy. The *User Guide* is not considered the definitive resource to establish compliance with statute or policy related to the administration of the *CSA*, e.g., for audit purposes. For that purpose, the *Code of Virginia* statutes and the approved policies (see the *CSA Policy Manual*) of the SEC should be utilized. The staff of OCS hopes you will find this resource a valuable tool in your work and appreciates your suggestions and feedback on the *CSA User Guide*.

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<sup>1</sup> Enacted by the Virginia General Assembly in 1992 as the Comprehensive Services Act for At-Risk Youth and Families and renamed as the Children’s Services Act by the 2015 General Assembly.

**Some Notes on Terminology:**

- As the terms “shall,” “may,” and “may not” are utilized in the *User Guide*, such usage derives from the relevant statute or policy.
- The terms child and youth are used interchangeably throughout the document. No inference regarding age or other status is implied. When referring to a child in the context of their educational activities, the term student is used.
- References to the Code of Virginia (indicated using the “§” symbol) refer to the Code of Virginia of 1950, as amended through the most recent session of the General Assembly.
- All references to the Appropriation Act refer to the Budget Bill most recently enacted by the General Assembly of Virginia.

***Children’s Services Act (effective July 1, 2015)***

According to an action of the 2015 General Assembly, effective July 1, 2015, the Comprehensive Services Act for At-Risk Youth and Families, the Office of Comprehensive Services, and the State Executive Council for Comprehensive Services for At-Risk Youth and Families were renamed the Children’s Services Act, the Office of Children’s Services, and the State Executive Council for Children’s Services, respectively. The terminology in the *CSA User Guide* reflects this change.

References to the titles of specific documents issued before 2015 using the name “*Comprehensive Services*” have been left intact.

## 2.0 The Office of Children’s Services: Supporting Implementation of the CSA

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One of the core responsibilities of the Office of Children’s Services is to support localities and other partners in implementing the CSA. In addition to the *CSA User Guide* and the *CSA Policy Manual*, OCS carries out this responsibility through various activities.

The OCS:

- Develops and implements a robust training plan that includes an annual statewide conference, on-site presentations, and distance learning opportunities (e.g., “online” courses through the Commonwealth of Virginia Learning Center (COVLC) and webinars). Non-state employees (or local agency employees not already enrolled by their agency in the COVLC) who are interested in taking courses through the COVLC may request an account (“Need an Account?”) at <https://covlc.virginia.gov/Default.aspx>.
- Provides customized on-site training and consultation to localities in response to specific needs. To request on-site training, please contact one of the OCS Program Consultants (you can find the listing on the CSA website) or (preferably) complete the online [Request for Technical Assistance](#) form.
- Responds to specific questions from local and state CSA partners, parents, service providers, and others. Inquiries are accepted via phone, e-mail, or preferably through the [OCS Help Desk](#) feature of the CSA website. Use of the OCS Help Desk will assure a prompt response by the staff member best equipped to assist you.
- Maintains the CSA website ([www.csa.virginia.gov](http://www.csa.virginia.gov)), with various information regarding all aspects of CSA implementation.

The staff of OCS strives to provide the highest quality customer service to support your work. Please do not hesitate to contact us. Specific contact information for OCS staff is found [here](#).

## 3.0 The Children’s Services Act as a System of Care

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### 3.1 What is a System of Care?

The System of Care model emerged nationally in the mid-1980s as a framework and philosophy to better meet the needs of children, youth, and families coping with serious behavioral health challenges.

Almost 40 years later, the System of Care concept is widely accepted and practiced in states and communities across the country and has shown broader applicability across child-serving systems beyond strictly behavioral health – including child welfare and juvenile justice. There is a growing body of evidence that the philosophy and values embodied in a System of Care approach produce positive outcomes for youth and families while at the same time reducing the need for more costly and restrictive placements. The System of Care is **effective, ethical, and good public policy**.

On page 7, you will find a visual representation of Virginia’s System of Care.

At the center are the child and family, emphasizing that no practitioner, agency, or court can create the conditions necessary for change without the full involvement and engagement of the child and family.

A focus on a child’s needs is balanced with consideration of strengths, moving the approach away from a “problem” or “deficit-oriented” model that often reminds practitioners, children, and families of problems and deficiencies. A strengths-based approach offers hope for the future, an essential component of any successful change, focusing on a child and family’s unique talents, abilities, and interests. In a System of Care and CSA, families are partners in the planning process, not passive recipients of the directives and services of the professionals and agencies that often have so much power and control over their lives.

There is a shared belief across the Commonwealth that all children and families who are “at-risk” deserve access to a coordinated array of critical services to produce the best possible outcomes. The *shared vision, mission, and goals* of Virginia’s System of Care are the “glue” that binds CSA together. At its core, we hold that a child-centered, family-focused, and community-based system is our shared value and aspiration.

*“No wrong door”* means that the agency the child/family first contacts should not limit access to the system of care. Services in jurisdictions burdened with high levels of poverty should be equally able to meet needs as those with more resources. Juvenile offenders with serious mental health needs who have committed a serious offense are treated equally as abused and neglected children needing to address trauma resulting from being a victim of someone else’s behavior.

*Multi-disciplinary planning and coordinated care* are brought to life in CSA through the activities of the Family Assessment and Planning Team or FAPT (or another approved Multi-Disciplinary Team (MDT)). With few exceptions (i.e., services specified in an Individualized Education Program, maintenance-only foster care services), an interagency team must develop all services provided through the CSA. This team process utilizes the information from the mandated, uniform assessment tool, the Child and Adolescent Needs and Strengths, or CANS, which allows the kind of synergy and sharing of knowledge, perspective, and resources that cannot occur when all planning happens within a single agency.

*Blended and braided funding* allows fiscal resources to be shared in ways that will enable the child and family’s needs to be prioritized over specific limitations of traditional funding stream “silos.” The CSA itself combined separate sources of funds into what is known as the “state pool.” Together with local matching funds, the state pool provides the core funding for the CSA. These funds are *blended* in that they are fully integrated and not tied to their source. In addition to the blended funds in the CSA state pool, other fiscal resources remain under the control of specific agencies (e.g., the Virginia Juvenile Community Crime Control Act (VJCCCA) under the joint management of localities and the Department of Juvenile Justice and Protecting Safe and Stable Families funds under the collaborative management of the local and state departments of social services). Where the System of Care is operating at its highest levels, these additional funding sources are *braided*. While still under single agency management, there is collaborative planning and utilization to achieve the best and highest use of these resources to meet the needs of children and families in the community.

### **3.2 How does CSA Relate to the System of Care?**

Although the specific words “system of care” do not appear in their entirety in the statutory language of the CSA, the very first words lay out the intent of the Act, including the core concepts of the System of Care model.

*It is the intention of this law to create **a collaborative system of services and funding that is child-centered, family-focused, and community-based** when addressing the strengths and needs of troubled and at-risk youths and families in the Commonwealth. ([§2.2-5200](#))*

The CSA is not the entirety of the system of care in Virginia. The structure of the CSA facilitates the principles of the model. It serves as a critical organizing element as localities and state agencies continuously strive to improve outcomes for children and families.

### **3.3 Additional Resources**

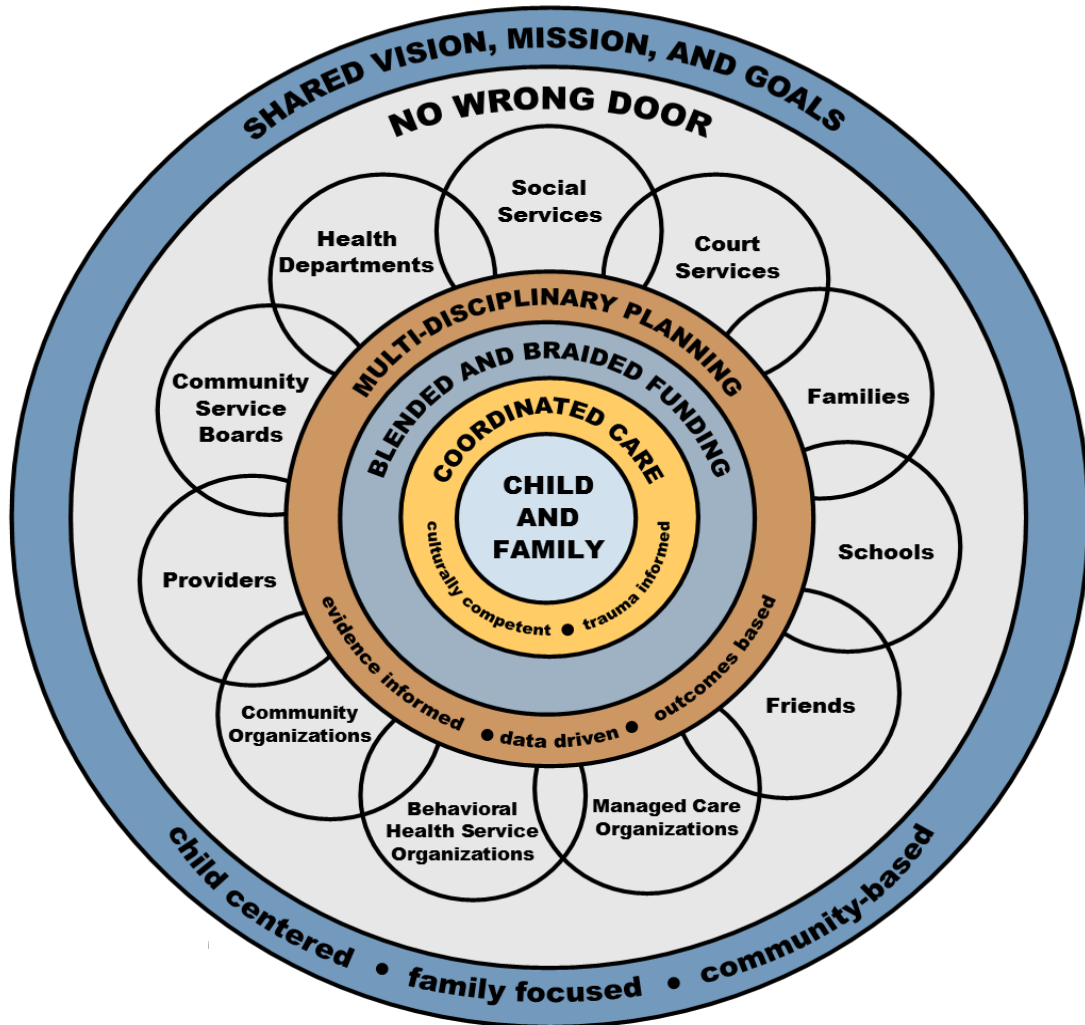
[Children's Bureau Child Welfare Information Gateway on Systems of Care](#)

[National Wraparound Initiative](#)

[National Wraparound Implementation Center](#)

[Virginia System of Care Website](#)

### Virginia's Comprehensive System of Care



## 4.0 Local Management of the Children's Services Act

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### 4.1 CSA as a State Supervised, Locally Administered System

The Children's Services Act is a shared responsibility of state and local governments. The state provides the majority of the funding and establishes through law and policy the general operating requirements and guidance for the implementation and oversight. Localities provide substantial matching funds and have direct responsibility for the operation and administration of the CSA within established law and policy. The intent was to create a system in which localities have considerable flexibility to design a program that meets community needs while at the same time maintaining adequate consistency and accountability across the Commonwealth.

### 4.2 Community Policy and Management Team (CPMT)

#### 4.2.1 Membership of the CPMT

The local governing body establishes the Community Policy and Management Team (CPMT) per [§2.2-5205](#). While most CPMTs correspond to individual cities or counties, local governments may create joint CPMTs to serve multiple jurisdictions.

Membership of the CPMT shall include:

- at least one elected official or appointed official or designee for the governing body that is a member of the team;
- local agency heads or designees from the following:
  - department of social services
  - community services board/behavioral health authority
  - court service unit
  - school division
  - department of health;
- a representative of a private organization or association of providers for children's or family services if such organizations or associations are located within the locality; and
- a parent representative.



Other members may include, but are not limited to:

- a local law enforcement official;
- a local government official; and/or
- representatives of other public agencies appointed by the local governing body.

Each CPMT should establish a Chair whose signature on CSA documents shall serve as the official signature for the CPMT.

Each CPMT should also identify the person or agency responsible for signing placement agreements or contracts.

**Notes:**

- A resource document, [“Recruiting and Retaining Parent Members on Interagency Teams,”](#) is found on the CSA website.
- Localities seeking assistance in identifying potential private provider representatives can contact the [Virginia Coalition of Private Provider Associations](#) by e-mail at [kids@vcoppa.org](mailto:kids@vcoppa.org) or by phone at (804) 643-2776.

#### **4.2.2 Duties and Responsibilities of the CPMT**

The CPMT has the authority to determine local policies and procedures regarding using CSA funds and operating procedures within the statutory framework of the Act. Members of the CPMT are local agency leaders with the authority to commit their agency’s expertise, resources, and funding to provide services to the community’s youth and families.

Specific requirements, duties, and authorities of the CPMT are outlined in [§2.2-5206<sup>2</sup>](#), the Appropriation Act, and the policies of the SEC and fall into three general categories. These are:

- planning and policy development;
- fiscal and programmatic management; and
- data collection and reporting.

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<sup>2</sup> The specific CPMT powers and duties described here are not presented in full text. Users are directed to the full text of the Code of Virginia and the Appropriation Act for complete information.

#### 4.2.2.1 Planning and Policy Development

- Developing interagency policies and procedures to govern the provision of services
- Developing interagency fiscal policies governing access to the state pool of funds, including immediate access to emergency services
- Establishing policies to assess parental co-pays and a sliding fee scale
- Coordinating long-range, community-wide planning for children’s services
  - Adoption of a community philosophy concerning the provision of human services for children and families
  - Identification of the current service continuum and assessment of existing strengths and needs
  - Approval of a strategic plan based on the identified philosophy and analysis of the current system
- Establishing policies governing referrals and reviews of children and families by the FAPT
- Establishing procedures for obtaining bids for the development of new services
- Establishing policies for providing intensive care coordination
- Establishing policies and procedures for appeals by youth and families of FAPT decisions<sup>3</sup>
- Developing policies and procedures regarding the management of records to protect confidential data.

#### 4.2.2.2 Fiscal and Programmatic Management

- Establishing quality assurance and accountability procedures for program utilization and funds management
- Managing funds allocated from the state pool
- Reviewing recommendations for, authorizing, and monitoring the expenditure of funds by each FAPT/MDT
- Submitting grant proposals
- Reviewing and analyzing management reports to evaluate outcomes and provider performance
- Consulting on the development of the local plan and, at the discretion of the locality, administering funds under the Virginia Juvenile Community Crime Control Act (VJCCCA,

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<sup>3</sup> This typically includes a local “due process” policy that includes a notice to families of their rights at the time of “admission” to CSA; opportunities for the family/child to be heard and to promote their position; and timelines for review of, and response to, requests to the FAPT and CPMT. The review process shall not take the place of any other review process (e.g., special education, foster care) pursuant to existing state or federal law.

[§16.1-309.3](#) if these funds are not managed by a Commission established under [§16.1-315](#).

- Consulting on developing the required plan for the Mental Health Initiative funds distributed by the Department of Behavioral Health and Developmental Services.
- Contracting with another CPMT to purchase program coordination services (for example, funding for CSA coordinator staff position)
- Ensuring that services and funding seek to preserve families in the appropriate, least restrictive environment
- Having a utilization management process (referred to as continuous quality improvement), including a uniform assessment instrument
- Ensuring the use of Medicaid-funded services whenever they are “available and appropriate.”

#### **4.2.2.3 Data Collection and Reporting**

- Reporting to the OCS on programmatic and fiscal operations and recommendations for system improvement, including but not limited to:
  - Collecting and providing uniform data to the OCS (this requirement is met by submission of the Local Expenditure and Data Reimbursement System (LEDRS) files according to the established schedule)
  - Submitting to the Department of Behavioral Health and Developmental Services information on children and youth for whom admission to an acute care psychiatric or residential treatment facility could not be obtained. Instructions for such reporting can be found on the [DBHDS website](#) (select the “Forms” button)
  - Providing information on utilization of residential treatment facilities and length of stay in such facilities (this requirement is met by submission of the LEDRS data)
  - Providing client-specific information from the mandatory uniform assessment (this requirement is met by entering child-specific CANS assessment information into the [CANVaS website](#) and database)
  - Annually reporting to the OCS on the gaps in services necessary to keep children in the community, as well as barriers to the development of these services (OCS annually issues the instructions and timeframes for submission of the Service Gap Survey. Results of the Service Gap Survey is found [here](#))
  - Providing other data that may be required by the Governor, General Assembly, or SEC.

The State and Local Advisory Team (SLAT) has developed a document, [Core Leadership Competencies for Local CSA Leaders, CPMTs, and FAPTs](#), containing valuable information for CPMT members.

### 4.2.3 CPMT Authorized Exceptions to FAPT/MDT Process

Interagency policies shall ensure that individual family service plans (IFSP) are developed at the FAPT/MDT. CSA pool funds may not be used to implement service plans developed outside the FAPT/MDT process. CPMT policy may allow for exceptions to this requirement in three instances:

1. Cases solely involving the payment of foster care maintenance: As required by the Appropriation Act, “maintenance” is defined consistently with the federal title IV-E (and Virginia Department of Social Services) definition of maintenance, including both basic and enhanced as determined by the Virginia Enhanced Maintenance Assessment Tool (VEMAT). If “maintenance-only” cases are excluded from FAPT review, the written CPMT policies governing FAPT processes shall reflect this exclusion ([§2.2-5209](#)).
2. Cases referred by the public schools for a private day or residential education placement through an IEP.
3. State pool funds may be used for emergency placements/services if the child or youth is assessed by the FAPT/MDT within 14 days of placement/service initiation and the emergency placement/service approved consistent with the locality’s policies.

Other than these exceptions, CSA state pool funds shall not be used for services developed outside the FAPT/MDT process.

## 4.3 Family Assessment and Planning Team (FAPT)

While the functions of the Community Policy and Management Team are “administrative” in nature, the Family Assessment and Planning Team is the interagency group responsible at the individual “case” level for carrying out the CSA.

The work of the FAPT represents the “heart” of CSA implementation. At the FAPT, parents and professionals share their opinions, knowledge, experience, and expertise to assess needs and strengths and develop the best possible plan to address the issues that have brought the youth and family to the CSA process. FAPT reviews provide a time when progress towards goals is noted, and the plan is adjusted as needed.

CPMT responsibilities include developing and implementing policies regarding how FAPT will carry out its assigned duties and responsibilities. Section [§2.2-5209](#) requires the FAPT to “assess the strengths and needs of troubled youths and families who are approved for referral to the team and identify and determine the complement of services required to meet these unique needs.”

The following section of the *User Guide* provides information on the membership of the FAPT, their duties and responsibilities, and the roles of the CPMT and FAPT working collaboratively to implement CSA in the locality.

### **4.3.1 Membership of the FAPT: Building the Team**

The Community Policy and Management Team “shall establish and appoint one or more family assessment and planning teams as the needs of the community require” ([§2.2-5207](#)). Each member of a FAPT brings unique expertise, information, and skills to the process. The multi-disciplinary forum brings the system of care concepts to life. The membership of the FAPT includes:

- representatives from the following community agencies who have authority to access services within their respective agencies:
  - community services board/behavioral health authority
  - juvenile court service unit
  - department of social services
  - school division; and
- a parent representative.

The following optional members may be appointed:

- a representative of the local department of health at the request of the chairperson of the CPMT;
- a representative of a private organization or association of providers for children’s or family services; and/or
- a representative of other public agencies.

Other parties or appropriate individuals, such as a guardian ad litem or Court Appointed Special Advocate (CASA), should be welcome to participate in meetings of the FAPT in which they have a legitimate interest. Parents should be able to bring additional individuals to support them in their participation in FAPT meetings.

#### **Notes:**

- A resource document, “[Recruiting and Retaining Parent Members on Interagency Teams](#),” can be found on the CSA website.
- Localities seeking assistance in identifying potential private provider representatives can contact the Virginia Coalition of Private Provider Associations by e-mail at [kids@vcoppa.org](mailto:kids@vcoppa.org) or by phone at (804) 643-2776.

### 4.3.2 Duties and Responsibilities of the FAPT

Service planning and review is the essential role of the FAPT. As described in [§2.2-5208](#), CPMT policy shall provide direction for the following actions of the FAPT, including statements on ***how***:

- children and families are referred to the FAPT and how the team will review these referrals
- families are included in all aspects of assessment, planning, and implementation of services (including foster families when a child is in a long-term foster care placement);
- the individual family services plan (IFSP) is developed
- children are identified who are at risk of entering or are placed in residential care through CSA who can be appropriately served in the community and steps to review those placements
- the ability of parents/legal guardians to contribute financially to the cost of services is assessed
- community referrals are made
- a case manager is designated to monitor and report on the progress made on the IFSP.

**Note:** Although there is no required template for the IFSP, a fillable model IFSP may be found under the “Forms” heading of the *Resources* area of the CSA website. Section 8.0 of this CSA User Guide contains more information about service planning.

[§2.2-5211.1.3](#) describes FAPT responsibilities when placement of a child across jurisdictional lines is being considered, including:

- exploring all appropriate community services for the child
- documenting that no appropriate placement is available in the community
- reporting the rationale for the placement decision to the CPMT
- notifying the receiving school division whenever a child is placed across jurisdictional lines
- identifying children with educational disabilities in foster care to expedite school enrollment and any special education requirements.

The State and Local Advisory Team (SLAT) has developed a document, [Core Leadership Competencies for Local CSA Leaders, CMPTs, and FAPTs](#), containing valuable information for FAPT members.

### 4.3.3 Alternatives to FAPT

The FAPT is the standard for CSA multi-disciplinary teams. However, the Code of Virginia allows for establishing alternative multi-disciplinary teams to fulfill the FAPT role.

#### 4.3.3.1 Multi-Disciplinary Planning Teams (MDT)

CPMTs may establish an MDT to review specific types of cases or to consider more “routine” cases to permit the FAPT to focus on service planning for youth and families with more complex needs or other purposes. The MDT provides flexibility, may decrease the burden on FAPTs, and maximizes the use of professional resources. Alternate MDTs are established according to the relevant [SEC Policy 3.2.5](#)

CPMTs that wish to establish an MDT shall complete and submit the [“Request for State Executive Council Approval -Collaborative Multi-disciplinary Team”](#) and submit it, along with any supporting documentation, to the Office of Children’s Services. The form is reviewed, and additional information may be requested if necessary. If complete, the request is placed on the agenda of the following State Executive Council (SEC) meeting. The SEC may approve or deny the request. If approved, policies regarding the establishment and operation of the MDT are incorporated into local CPMT policies and procedures.

## 4.4 Joint Requirements of the CPMT and FAPT

Several provisions of CSA apply to the work of both the CPMT and the FAPT.

### 4.4.1 Freedom from Liability and Conflict of Interest

Virginia law provides the members of both the CPMT and the FAPT with broad latitude to carry out their responsibilities regarding the planning, development, and provision of services to children and families under CSA. A statutory assurance of immunity from civil liability allows the members of CPMT and FAPT to exercise their best professional judgment when carrying out the teams' duties (See [§2.2-5206](#) and [§2.2-5208](#) for CPMT and FAPT powers and duties, respectively). A CPMT or FAPT member may be held civilly accountable for their decisions only if it is proven that the individual member acted with “malicious intent” (See [§2.2-5205](#) and [§2.2-5207](#) for the CPMT and FAPT immunity from liability, respectively).

Statutory language to guard against conflicts of interest for members of a CPMT is found in [§2.2-5205](#) for FAPT members in [§2.2-5207](#) and requires specific members to complete a statement of economic interest. Section [§2.2-3115](#) addresses the requirements for local government officers and employees to file the financial disclosure statement if the governing

body has designated them. (See [§2.2-3117](#) and [§2.2-3118](#) for the disclosure form requirements). Refer to the table below for the applicable forms and filing requirements.

Sections [§2.2-5205](#) and [§2.2-5207](#) require that CPMT and FAPT parental and private provider representatives abstain from decision-making where there may be a personal or fiduciary interest. All CPMT and FAPT members are expected to avoid any activity that might be perceived as or actually benefit them personally.

Though not required of local government employees or officers, training is available for your convenience and can be accessed via this link: [Conflict of Interest Act training module](#). For additional guidance about conflicts of interest, consult the Virginia Conflict of Interests and Ethics Advisory Council website [here](#).

Each person required to file such disclosure must file their required statement before assuming office or taking employment. After that, they will follow the applicable schedule below:

<b>CONFLICT OF INTEREST DISCLOSURES – FILING RESOURCES</b>			
<b>Effective July 1, 2016</b>			
<b>Applicability</b>	<b>Frequency</b>	<b>Disclosure Due Date</b>	<b>Form</b>
CPMT and FAPT members representing a public agency (Where applicable)	Upon appointment and annually thereafter	February 1	<a href="#">Statement of Economic Interests Form</a>
Non-salaried CPMT and FAPT citizen members	Upon appointment		<a href="#">Statement of Economic Interests Form</a>

## **4.4.2 Information Sharing/Confidentiality/Freedom of Information Act**

### **4.4.2.1 Public Meetings and the Freedom of Information Act**

Conducting the business of the CSA is a matter of public interest. Certain activities are generally presumed open to the public and subject to the Freedom of Information Act (FOIA) provisions. Other activities in which personal or protected information about individual children and families is shared are exempt from FOIA and considered “confidential.” Specifically, FAPT, MDTs, and CPMT shall ensure that all discussions regarding the referral and provision of services and funding for specific children and families or review of such are confidential unless a



child and family requests in writing that their portion of the meeting is open to the public ([§2.2-5210](#)).

Family Assessment and Planning Teams are exempt from the Virginia Freedom of Information Act (FOIA.) ([§2.2-3700 et seq](#)). Consequently, *FAPT meetings are not open to the public* “unless the child and family who are the subjects of the proceeding request, in writing, that it be open” ([§2.2-5210](#)).

Meetings of the Community Policy and Management Team are not exempt from FOIA provisions. The vast majority of the work of the CPMT relates to public information, such as surveying needs and gaps or barriers to services, developing policy, procurement of services, management of public funds, and long-range strategic planning for meeting the community’s needs. These activities must be transparent and CPMT meetings are subject to the requirements of FOIA. However, when the CPMT reviews specific cases, approves funding for individual children and families, or needs to discuss other confidential issues, these proceedings shall be confidential and not open to the public. The exception is “unless the child and family who are the subjects of the proceeding request, in writing, that it be open.” For discussion of confidential matters, the CPMT should follow the process for a closed session outlined in [§2.2-3712](#).

#### **4.4.2.2 Confidentiality and Information Sharing / Protecting Personally Identifiable Information (PII)**

Members of all teams (FAPT/MDT/CPMT) shall keep confidential information about a specific child and family obtained during the CSA process and while carrying out their CSA responsibilities. This information may not be shared except as permitted by law.

The Code of Virginia places the responsibility of obtaining consent to share client information on the agency making the referral to the FAPT. The statutory language also makes clear that all agencies are expected to cooperate with the FAPT and “promptly deliver, upon request and without charge, such records of services, treatment or education of the family or child as are necessary for a full and informed assessment by the team.”

Finally, all information contained in CSA-specific files should be maintained securely, in locked files, and with appropriate access controls.

#### **4.4.3 Submission of Required Client-specific Information to OCS**

Various sections of the COV and the Appropriation Act require that “using a secure electronic database,” the CPMT and FAPT shall provide the Office of Children’s Services with client-specific data. This includes information from the mandatory uniform assessment instrument and the

Local Expenditure Data Set Reimbursement System (LEDRS). Local governments meet these obligations when case managers complete the Child and Adolescent Needs and Strengths (CANS) assessment online in CANVaS and the CSA LEDRS files containing demographic, service, and financial data for each youth are submitted. All client-specific information shall remain confidential. Only non-identifying aggregated demographic, service, and expenditure information may be made available to the public. Additionally, when communicating via e-mail, whenever any Personally Identifiable Information (PII) is included, such e-mail should be encrypted.

#### **4.4.4 Records Management**

The CPMT shall adopt written policies and establish procedures regarding the management of printed and electronic records for the following purposes:

- to protect confidential data regarding individual children and families;
- to create an internal structure for the management of documents;
- to assure that appropriate records to document the FAPT decision-making and provision of child-specific services are maintained for audit reasons; and
- to comply with federal and state requirements regarding confidentiality, records management, storage, and destruction.

There is a minimum documentation inventory to assist local CPMTs and FAPTs in managing their records. This inventory is found [here](#).

The retention and destruction of original records is based on the retention and destruction policy of the agency under whose purview the document originated. For example, the management of foster care records is governed by the requirements for record retention of the Department of Social Services. Duplicates or “copies of convenience” of original records are not under the purview of the destruction schedule. Much CSA documentation may be duplicates (e.g., copies of Individual Education Programs (IEPs)), but other documentation, such as IFSPs, are original to CSA. Records original to CSA may consist of individual client files maintained by the local CSA office for which the contents may include, but are not limited to:

- Client referral form
- CSA eligibility determinations
- Parent co-pay assessments, notifications, payment agreements
- CANS assessments
- Individual Family Services Plan (IFSP)
- Child in Need of Services (CHINS) determinations
- Parental Agreements

- Certificate of Need (if prepared by FAPT)
- CPMT funding requests/authorizations
- Utilization review documentation (if performed by FAPT or purchased)
- Treatment plans and progress reports where required by local CSA vendor contracts and where CSA Pool Funds were used to purchase services
- Assessment reports prepared and or requested by FAPT for use in service planning, funded by CSA (e.g., psychological and clinical evaluations)

The Library of Virginia (LVA) manages the retention and destruction of all public agency records. Per guidance from the LVA, local CSA offices and representatives should refer to [Records Retention and Disposition Schedule GS-15, Social Services \(Feb 2012\)](#) for retention periods of locally held records related to the Children’s Services Act and its requirements. The section about CSA is Comprehensive Services Records, Series Number 000174, on pages 5 of 7. The retention period established for this records series is “Retain 3 years after last review then destroy in compliance with No. 8 on the schedule cover page.”

While this retention schedule specifically references Social Services, the LVA has advised that it is accepted practice and regular occurrence that other local offices utilize different retention schedules to manage their records. In this context, local CSA offices are encouraged to use LVA Records Retention and Disposition Schedule GS-15 in conjunction with locally established CSA records management policies and procedures.

More detailed information about records management is found at the Library of Virginia at <http://www.lva.virginia.gov/agencies/records/>. This website includes an excellent resource, the [Virginia Public Records Management Manual](#).

## 4.5 Role of the Local CSA Coordinator

CSA Coordinator responsibilities vary widely across Virginia as many factors determine how local governments decide to handle this function. Local government resources, the size of the CSA population, the cost of services, and even an individual's previous experience and expertise may all affect the responsibilities of a “CSA Coordinator” in each locality. The local government has the flexibility to decide how and where it wishes to focus the coordinator’s time and efforts. Local governments may employ several staff to manage CSA in the community or may divide tasks across staff with experience in a specific area.

A local government may also choose where to “house” the office of the CSA Coordinator. The CSA Coordinator may be under the direct supervision of county or city government (housed in

the City/County administrative offices) or be placed administratively in any of the CSA partner public agencies.

The Office of Children’s Services has developed a model CSA Coordinator Job Description that is found in the “Forms” section of the *Resources* area on the CSA Website. It may assist local governments in understanding the role and responsibilities of CSA program staff and is not to be interpreted as a required format or template.

Additionally, the State and Local Advisory Team (SLAT) has developed a document, [Core Leadership Competencies for Local CSA Leaders, CMPTs, and FAPTs](#), containing information about those competencies in a CSA Coordinator role.

## 5.0 Eligibility for Funding through the Children's Services Act

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Eligibility for services provided by CSA and access to state pool funds are intertwined. This first section will address what circumstances make a child eligible for services funded through the Children's Services Act. A subsequent section will discuss how the state pool fund is structured to support those services financially for eligible children and their families.

The Children's Services Act merged separate state funding streams that supported services to various populations into what is known as the "state pool." When CSA was created, statutory language ensured that children served by these funding sources would remain eligible for services under CSA.

### 5.1 Determining CSA Eligibility

[§2.2-5212](#) outlines the criteria for eligibility to receive CSA-funded services. Through the Community Policy and Management Team, each locality shall have policies and procedures to determine a child's eligibility (i.e., the process by which the CPMT determines and documents that the child meets one or more of the criteria listed in this section of the Code; use of the uniform assessment instrument).

### 5.2 Age Range for CSA Eligibility

The age of eligible youth is defined in [§2.2-5212.B](#), which clarifies that the use of the term "child" or "youth" under the CSA refers to a person younger than age 18 or an individual over the age of 18 through age 21 who remains eligible for foster care services as required by federal and state law. Federal and Commonwealth of Virginia special education regulation requires the provision of special education services for students with disabilities ages two to 21 inclusive (this means that a student with an educational disability whose 22<sup>nd</sup> birthday is after September 30 remains eligible for educational services for the remainder of the school year).

## 5.3 Statutory Framework for CSA Eligibility

The identified populations eligible for funding through the CSA state pool are defined in [§2.2-5212](#).

### 5.3.1 Eligibility Based on Special Education Status

Certain students with disabilities eligible for special education services are in the CSA “target” population. They include those with (educational) disabilities with an Individualized Education Program (IEP) that indicates the student requires placement in a private special education program/school to meet their educational needs.

These placements may be in private day schools or residential programs and include children in foster care or placed in private residential facilities by local departments of social services or juvenile justice agencies.

Effective July 1, 2021, changes to [§2.2-5211](#) extended eligibility for CSA funding to certain transition services provided in the public schools to students who have been in a private special education setting for a minimum of six months. The eligibility is described in detail in [CSA Administrative Memo #21-09](#).

#### 5.3.1.1 Extension of the Special Education Mandate: Special Education Wraparound Funding

Eligibility under CSA is extended to an additional group of students with disabilities. These are students with disabilities presently served in a public school or private day school setting with needs arising from the disability that threatens the student’s ability to be maintained in the home, community, or school. The State Executive Council has established a policy (Policy 4.1.3) identifying these students as eligible for certain CSA services, labeled “wraparound services for students with disabilities.” Such services may only be provided in the home or community (not the school setting). This eligibility category and other CSA-funded Special Education services are discussed more fully elsewhere in the *User Guide*.

The funding for Wraparound Services for Students with Disabilities is a specific amount set aside within the overall CSA appropriation (in FY2023-2024, this amount was \$2.2 million in state general funds). Effective beginning FY2019, localities are allocated an appropriation from these funds based on the average of their three prior years' utilization. Exceptions to this approach are possible by contacting the OCS Business and Finance Manager. Additional details regarding the annual appropriation of these funds are distributed via Administrative Memo from OCS. OCS Administrative Memos can be found [here](#).

### 5.3.2 Eligibility Based on Foster Care Status and Types of Foster Care Services

Any child eligible for foster care services (as defined in [§63.2-905](#)) is included in the CSA target population. Foster care services are defined broadly as the “full range of casework, treatment and community services, including but not limited to independent living services...” Foster care services are provided to abused or neglected children per [§63.2-100](#) or in need of services per [§16.1-228](#).

Children who meet either of these criteria are eligible for:

- services to prevent the need for foster care/out-of-home residential placement,
- placement placed through a non-custodial agreement between the local DSS agency or an agency designated by the CPMT (CSA Parental Agreement) where the parents retain legal custody,
- entrustment or commitment (custody) to the LDSS,
- participation in the Federal Kinship Guardianship Assistance program per [§63.2-1305](#) or the State-Funded Kinship Subsidy Program per [§63.2-1306](#).

#### 5.3.2.1 Foster Care Prevention

Foster care prevention services are defined as “casework, treatment and community services” to “prevent or eliminate” the need for foster care placement through the LDSS or to prevent an out-of-home placement through a CSA Parental Agreement. (COV §63.2-905)

With the passage of the Family First Prevention and Services Act, states were allowed to develop a definition of “foster care prevention,” which, if met, allows title IV-E to be accessed for evidence-based services as appropriate. Any child determined eligible for foster care prevention services by the LDSS is eligible for CSA sum-sufficient services.

Foster care prevention services may also be provided in the community to prevent an out-of-home placement treatment placement through a CSA Parental Agreement. In this instance, the court or the FAPT determines the child meets the “Child in Need of Services” definition and the child and family are eligible for community-based services to prevent a placement through a CSA Parental Agreement.

#### 5.3.2.2 Non-Custodial Foster Care and CSA Parental Agreements

When a child is determined to be a Child in Need of Services (CHINS) (see Section 5.3.2.7 below) and requires or is at risk of placement outside of the home for treatment of behavioral/emotional needs, they are eligible for CSA. A formal agreement is needed with the parent to make such a placement. The statute allows placement when the child “has been

placed through an agreement between the local board or the public agency designated by the community policy and management team and the parents or guardians where legal custody remains with the parents or guardians” ([§63.2-905](#)). This provision permits parents to obtain services, mainly residential treatment services, for their children with severe emotional or behavioral problems without having to relinquish custody to a local department of social services.

There are two types of these agreements, DSS Non-Custodial Foster Care Agreements and CSA Parental Agreements, which, although similar in purpose, are managed very differently. There are many parallels between the two agreements, including:

- the purpose of the agreement is to provide mental health treatment for a child with emotional/behavioral disorders when all other avenues or resources have been exhausted;
- a formal agreement outlining expectations must be signed;
- only out-of-home **treatment** placements are appropriate (residential, group home, or Treatment Foster Care (TFC));
- the child is under the age of 18;
- the agreement is voluntary;
- either party may terminate the agreement with notice as stated in the agreement;
- **it is not** used in cases where abuse or neglect has occurred or is an issue;
- all CSA requirements such as screening for Medicaid eligibility, FAPT review, administration of the uniform assessment instrument, and utilization review must be met (if CSA funds are used);
- the parent retains legal custody;
- the parent is required to be involved in planning and treatment; and
- the plan is to return the child home as soon as appropriate.

#### **5.3.2.2.1 Non-custodial Foster Care Agreements**

Non-custodial foster care agreements are a mechanism in which the local department of social services provides case management to children placed outside of the home for behavioral health treatment without the parent being required to relinquish custody. Court involvement is required. For more information regarding Non-Custodial Foster Care Agreements, see the [Virginia Department of Social Services Foster Care Manual \(Look under “Guidance Manuals”\)](#).



### 5.3.2.2.2 CSA Parental Agreements

CSA Parental Agreements are agreements between an agency designated by the CPMT, **other than the local department of social services**, and a parent or guardian who retains legal custody. As with non-custodial agreements, the child is placed outside the home for behavioral health treatment with a local public agency providing case management services. The similarities in the two types of agreements are listed above, and the **differences** are:

VDSS Non-custodial Foster Care Agreement	CSA Parental Agreement
The child is “in foster care placement”	Child is receiving a “foster care service”
Court involvement is required, including the filing of a petition, submitting a Foster Care Plan, court reviews, and court approval to terminate the agreement	No court involvement is required
The case must be entered into OASIS	The case is not entered into OASIS
The child may be eligible for title IV-E	The child is not eligible for title IV-E
The case is referred to Child Support Enforcement	May be referred to Child Support Enforcement or for CSA parental contribution
Local DSS (LDSS) serves as the case manager	An agency other than LDSS serves as the case manager
Agency (LDSS) placement	Parent places child, not agency

Although the agreement is between an agency designated by the CPMT and the parent, the CPMT must also approve and sign the agreement as CSA is the funding source. A local public agency **may not** enter into a CSA Parental Agreement without the approval of the local CPMT. CPMTs may use the standard CSA parental agreement template, [Attachment B \(Parental Agreement Template.pdf\)](#) of the *Interagency Guidelines on the Provision of Foster Care Services to Specific Children in Need of Services*. Additional information on parental agreements is found in the Resources > Guidance > Child in Need of Services > [CHINS Frequently Asked Questions](#) area of the CSA website.

### 5.3.2.3 Court Ordered Placements

CSA Parental Agreements and Non-Custodial Foster Care Agreements are intended to be voluntary placements for the parents. However, Virginia law provides judges with the dispositional option of ordering such a placement following a CHINS determination. If court-ordered, these agreements are not strictly voluntary by the parent or youth.

The CSA parental agreement template was developed and designed for use with families who were voluntarily seeking services for their child and did not need or want the intervention of the court. Consequently, the wording in the parental agreement template is inconsistent with a court-ordered placement. If they choose to use the template for these agreements, the FAPT

and CPMT should modify the language to reflect that the placement is court-ordered and not “voluntary.”

#### **5.3.2.4 Commitment or Entrustment to the Local DSS**

Commitment or entrustment is “traditional” foster care placement. The court grants custody, or a parent entrusts a child to the local DSS, and the child is placed in a foster home, a treatment foster home, a group home, or a residential facility, depending on the child’s needs. The child may remain in their home with the local department holding custody. Typically, a child in the custody of DSS is only in the home on approved visits or when transitioning from an out-of-home placement. Children placed by an LDSS in an approved foster home or licensed facility and in the custody of LDSS are eligible for CSA.

#### **5.3.2.5 Fostering Futures (See [§63.2-917 – §63.2.923 for the relevant statutes](#))**

Youth who attain the age of 18 while in foster care placement are eligible for “Fostering Futures.” Fostering Futures permits the extension of foster care placement and services until the individual turns 21 if certain conditions are met, including a voluntary entrustment agreement signed by the youth and the LDSS. Following guidance from the Virginia Department of Social Services, only certain types of placements are allowable under the Fostering Futures program.

Youth in foster care before age 18 but then committed to the Department of Juvenile Justice are also eligible for Fostering Futures. Youth that turn 18 while under commitment to DJJ are eligible for the Fostering Futures program when they are released and until they turn 21 as if they had never left foster care. ([COV § 63.2-919](#))

VDSS defines the range of allowable (and non-allowable) services under the Fostering Futures program. For more information about these services, please refer to the [Virginia Department of Social Services Foster Care Manual \(Guidance Manuals\)](#).

As noted in 5.3.2.4, youth in foster care who turn 18 years of age may remain in foster care placement and continue to receive foster care services as appropriate (e.g., treatment foster care case management) under *Fostering Futures*. The youth must sign a voluntary entrustment agreement that must meet at least one of five criteria regarding attaining self-sufficiency. As this is considered a new foster care episode, the youth’s eligibility for IV-E must be re-determined based on the youth’s income.

If the youth remains in a foster home placement, the foster parent continues to receive maintenance payments (basic and enhanced, if determined appropriate by the VEMAT) and the youth is considered to be “in foster care.” However, the youth may also select another living

arrangement and receive the basic maintenance payment directly. Youth served under *Fostering Futures* **may not** be placed or reside in group homes or residential treatment facilities. All youth in the *Fostering Futures* program are eligible and “sum-sufficient” for CSA.

For more details, including specific exceptions (e.g., youth who turn 18 before July 1 but will graduate before their 19<sup>th</sup> birthday), please see the [Virginia Department of Social Services Foster Care Policy Manual \(Guidance Manuals\)](#).

### 5.3.2.6 Kinship Guardianship Assistance Programs (KinGap)

The General Assembly established the Virginia Federal Kinship Guardianship Assistance Program (“Federal KinGap”) with implementation effective July 1, 2018 (COV [§63.2-1305](#), [§63.2-100](#), and [§63.2-905](#)). The State-Funded Kinship Subsidy Program (COV 63.2-1906) was implemented in February 2022. Both programs facilitate the placement of children with relatives (including fictive kin as defined in the Code of Virginia) and provide a new way for relatives to access long-term support when assuming the responsibility of caring for children in their extended family. Local departments of social services (LDSS) are encouraged to use the waiver foster home approval process to facilitate relative placements that may ultimately become KinGap homes. Once the child has been in the (DSS approved) “relative foster home” for a specified period, the relative may sign a KinGap Assistance Agreement with the LDSS, which will petition the court to transfer legal custody to the relative. Once custody is transferred, the child is no longer in foster care, but the child and family are eligible for KinGap assistance until the child reaches age 18. If the child is in the Federal KinGap program, the funding source for maintenance (both basic and enhanced, if appropriate) continues to be title IV-E or CSA. Only basic maintenance may be paid if the child is served through the State-Funded Kinship Subsidy Program, and the funding source is always CSA.

Children eligible for KinGap qualify for all foster care services as defined in [§63.2-905](#), meaning these children meet the criteria established in the Code of Virginia ([§2.2-5211](#) and [§2.2-5212](#)) as eligible and “sum-sufficient” for CSA. KinGap assistance includes the payment of the maintenance payment as well as the provision of services recommended by the FAPT and approved by the Community Policy and Management Team (CPMT).

In many ways, KinGap is managed similarly to Adoption Assistance (e.g., the locality holding custody at the time of transfer to relative guardianship remains responsible for maintenance payments, and payment of non-recurring legal expenses is allowed). However, in KinGap, there is no provision for special services payments. If services are needed, KinGap children and families are referred to the Family Assessment and Planning Team in the locality of the family’s residence. Provision of **services** is the responsibility of the residence locality; **maintenance** costs, whether IV-E or CSA, are the responsibility of the locality holding the Kinship

Guardianship Assistance Agreement. Children in the Federal KinGap Program or the State-Funded Subsidy Program homes are eligible and sum-sufficient for services through CSA.

Legislation passed by the 2020 General Assembly adds a definition of “fictive kin” who may enter into Kinship Guardianship Agreements effective July 1, 2020.

For more information about the Federal KinGap Program and the State-Funded Subsidy Program, please see [Section 10 of the Virginia Department of Social Services Foster Care Manual](#). Additional information on the role of CSA in both Kinship programs may be found in the Guidance section of the OCS website at <https://csa.virginia.gov/Resources/Guidance>.

### 5.3.3 Eligibility Based on Behavioral/Emotional Needs and CHINS

Children/youth with significant emotional/behavioral needs and high-risk behaviors that require intervention and treatment are also included in the CSA target population. Additionally, a child/youth exhibiting such needs/behaviors may be determined to be a Child in Need of Services, “CHINS.” Such determination may be made by a Juvenile and Domestic Relations Court or the FAPT. The Court may determine that a child meets these eligibility criteria by entering a finding of a Child in Need of Services. When a court determines a child to be CHINS and orders either out-of-home placement or services to prevent out-of-home placement, the child meets CSA funding eligibility criteria under [§2.2-5212.A.4](#). The FAPT does not need to re-determine the child’s eligibility for CSA funding.

Absent a court finding, the Family Assessment and Planning Team may determine that a child is “in need of services” and requires foster care services as defined in [§63.2-905](#). Families of children and youth with severe emotional/behavioral problems seeking services are not required to petition the Court to establish CSA eligibility and obtain these services. This process is governed by “*Final Interagency Guidelines on Foster Care Services for Specific “Children in Need of Services” funded through the Comprehensive Services Act (CSA).*” adopted by the State Executive Council (Policy 4.1.1). The Guidelines include a standard [CHINS Eligibility Checklist \(Attachment A of the Interagency Guidelines\)](#) that FAPT shall use to make this determination.

Allowing a FAPT determination of a Child in Need of Services is based on an Opinion from the Attorney General. Additional background information can be found in the Resources > Guidance > Child in Need of Services > [CHINS Frequently Asked Questions](#) area of the CSA website.

The FAPT should complete the [CHINS Eligibility Checklist](#) to determine if a child meets the statutory definition of a child “in need of services” *and* requires one of the three types of services. If the FAPT agrees that the criteria on the worksheet are met, the child’s eligibility for CSA is established.

A finding by the court or the FAPT is sufficient to determine CSA funding eligibility. When a child has been determined to meet CHINS criteria **and** requires out-of-home placement **or** services to prevent the out-of-home placement, the child meets CSA funding eligibility criteria under [§2.2-5212.A.4](#). The definition of a child “in need of services” is found in [§16.1-228](#). If the child is determined to be a “child in need of services” (CHINS), the child meets the sum-sufficient criteria for CSA funding, whether that determination is made by the Court or by the FAPT.

A child may have significant behavioral needs yet not meet CHINS criteria. Such youth are included in the population defined in [§2.2-5212](#) and eligible for CSA funds but may not fall into a population for which services are sum-sufficient. The locality may use its “Protected” funds to purchase services in such circumstances.

#### **5.3.3.1.1 Services for a Child Based on CHINS Eligibility**

Services for a child eligible for CSA through a CHINS determination may be provided in the home (foster care prevention) or out of the home in a treatment setting. If the child is placed outside the home, either a non-custodial foster care agreement or a CSA Parental Agreement (described in Section 5.3.2.4 above) must be entered into by the CPMT, the public agency, and the family.

Services provided to a “child in need of services” in the community or a child placed through a CSA parental agreement in a treatment program **may not** extend past the youth’s 18<sup>th</sup> birthday. There is no statutory provision to continue these services beyond that age limit.

## 6.0 Access to CSA State Pool Funds for Services to Eligible Children and Youth

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This section of the *CSA User Guide* describes using the “CSA state pool” to fund services through the Children’s Services Act.

### 6.1 Establishment of the CSA State Pool

[§2.2-5211](#) establishes “a state pool of funds to be allocated to all community policy and management teams in accordance with the Appropriation Act and appropriate state regulations.” The state pool was created by combining specific agency funding streams that previously purchased residential and non-residential services for individual children.

### 6.2 Local Matching Funds

Most funding streams merged into the state pool had requirements for local matching funds. The establishment of the CSA state pool eliminated these individual match rates and established a single specific local match rate for all funds allocated through the state pool.

**Note:** Each locality’s “base” match rate for CSA pool funds is determined based on the funding formula in the Appropriation Act and includes an adjustment to that rate for certain services. Specifically, the local match rate for services defined as “residential” is 25% higher than the base local match rate. The local match rate for services identified as “community-based” is 50% below the base local match rate. The specific services defined as “residential” and “community-based” were determined by the State Executive Council and can be found [here](#).

### 6.3 Sum-sufficient and non-Sum-sufficient Populations<sup>4</sup>

[§2.2-5211](#) describes funding requirements for two types of CSA eligibility, populations to receive sum-sufficient and non-sum-sufficient funding.

Of those children eligible for funding through the state pool, [§2.2-5211.C](#) makes a critical distinction establishing two groups:

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<sup>4</sup> Previous versions of the CSA User Guide use the terms mandated and non-mandated interchangeably with sum-sufficient and non-sufficient, respectively. To create greater clarity, this terminology is no longer being used.

- those for which the state pool and local matching funds shall require **sum-sufficient** funding; and
- those for which the state pool and local matching funds **do not require sum-sufficient funding**.

The definition of sum-sufficient and non-sum-sufficient groups is based on requirements to provide enough funding to meet federal mandates for specific groups of children.

### 6.3.1 Sum-sufficient Funds

Sum-sufficient funding means the state pool and the required local matching funds **must** cover the full cost of services to meet relevant federal mandates, regardless of the amount. The children and youth for whom sum-sufficient funding must be appropriated are:

- students with disabilities whose IEP requires placement in private special education programs, either private day or residential; and
- children and youth receiving foster care services as described in [§63.2-905](#).
  - This group includes those meeting the CHINS determination criteria for the foster care services category described previously.

The practical impact of the sum-sufficient requirement is that the state and the locality **must appropriate** the total funding for those children in these populations. Additional funding must be allocated if those costs exceed the amounts appropriated or allocated in the state or local budgetary processes. Localities can request additional or *supplemental* funds from the state pool to cover the state share of the required sum-sufficient funding. The process for requesting supplemental funds is described later in the *CSA User Guide*.

### 6.3.2 Non-sum-sufficient (Protected) Funds

CSA-eligible youth who do not fall into one of the sum-sufficient populations can receive services through non-sum-sufficient or “protected” funds. These children and youth are typically referred by the local court service unit, the community services board, or direct family referral. There is no requirement for local CSA programs to appropriate funds and serve children and youth in the non-sum-sufficient population.

Each locality receives a specific “protected” amount of money within its yearly allocation of state pool funds to encourage addressing the needs of these youth. The locality is authorized to spend up to the whole “protected” amount on these children. The protected amount for each locality is determined by a formula and is in no case less than \$10,000. Each locality is informed of its protected funding level before the beginning of the fiscal year. This information is found

in the CSA Pool Expenditure Reports area of the CSA website. Using these protected funds includes a required local match established for all CSA funds.

The protected funding provides local CPMTs flexibility in serving children and families who need intervention, services, and supports but do not meet the sum-sufficient criteria. If the “protected” amount is not spent on non-sum-sufficient children, it may be used to address the funding needs of the sum-sufficient population.

Using these protected funds to serve specific eligible but non-sum-sufficient children in no way precludes the locality from applying for and receiving supplemental funds for the sum-sufficient populations.

A Frequently Asked Questions (FAQ) document on Protected funds developed by OCS and the State and Local Advisory Team can be located [here](#).

## 6.4 Assessing Parental Contributions for CSA Services

[§2.2-5206.3](#) and [§2.2-5208](#) require the CPMT to establish and the FAPT to implement policies to have parents/guardians of children receiving CSA-funded services contribute financially to the cost of such services, except when prohibited by law or regulation (e.g., for special education services per an IEP). This requirement is met using a sliding fee scale based on the ability to pay.

The Appropriation Act specifies that the CPMT shall enter into formal agreements with parents or legal guardians and that the Office of Children’s Services shall be a party to any such agreement.

The [CSA Policy Manual](#) discusses the criteria for referring to the Division of Child Support Enforcement for child support payments or assessing parental co-payments for children served in out-of-home placements (Policy 4.5.4). Concerning the question of determining parental contributions for children placed in out-of-home placements under a CSA Parental Agreement: no parental contribution may be assessed against any services funded by Medicaid or educational services required under an IEP.



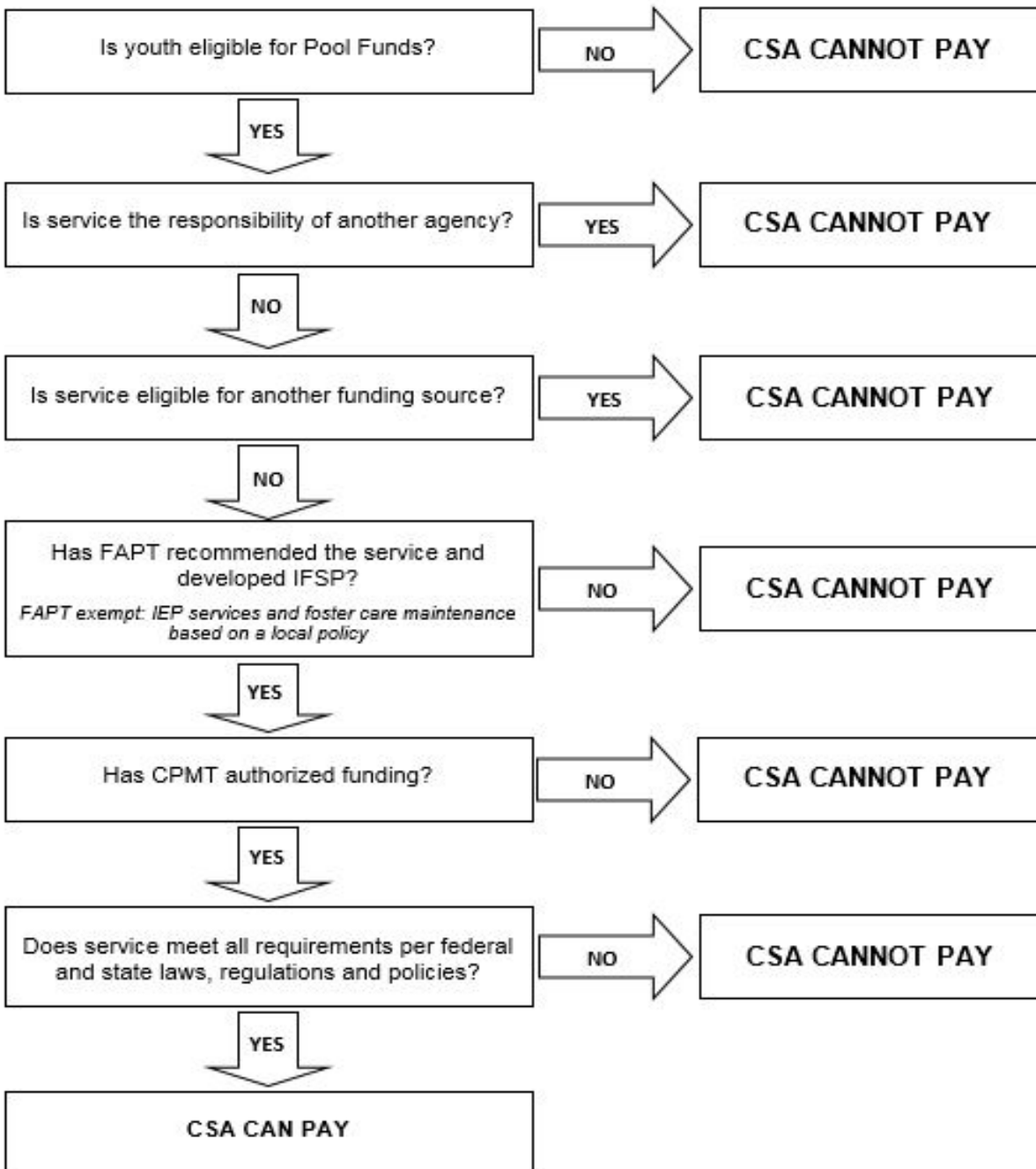
## 7.0 Determining if CSA Funds Can Be Utilized (“Can CSA Pay?”)

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Among the most common technical assistance questions submitted to OCS are about whether CSA funds can be used to pay for specific services. The Office of Children’s Services created a “Determining If CSA Can Pay” flowchart to assist in making such determinations based on relevant statutes and policies. The flowchart guides users through six steps to help determine if CSA is an appropriate funding source. The “Can CSA Pay?” flowchart is found on the next page with explanatory information to follow. Additionally, OCS offers a course in the Virginia Learning Center, “CSA001: Can CSA Pay?” which addresses this issue.



### CSA CAN PAY?



## 7.1 Is the Youth Eligible for State Pool Funds?

The Code of Virginia and policies of the State Executive Council establish eligibility for state pool funds. This topic is covered in the eligibility section (Section 5.3) of the *CSA User Guide*.

## 7.2 Is the Service the Responsibility of Another Agency?

[§2.2-5211.D](#) provides that child-serving agencies (i.e., the community services board, the local school division, local social services agency, court service unit) shall be responsible for providing services within the agency's scope of responsibility and that are funded separately from the state pool.

If a service is part of the core responsibility of another agency, CSA cannot pay for the service. To do so would be considered “supplanting of funds.” An example is if the local department of social services (LDSS) wanted CSA to pay for the LDSS to provide case management for a foster care case. The LDSS receives funding to case manage foster care cases and this service is the responsibility of that agency.

**Note:** There may be limited occasions when a service is typically part of an agency’s core responsibility, but the frequency or intensity of the service required far exceeds the usual level of such service. In such cases, the FAPT and CPMT may consider whether state pool funding may be appropriate. An example of such occasions is supervised parental visitation, typically a core responsibility of the local department of social services. If a court orders a high level of supervised visitation that is clearly above and beyond that usually provided, CSA funding could be considered as the service is “beyond” the usual responsibility of the LDSS.

If the service is not the responsibility of another agency, the user can continue to the third step of the flowchart. If the service is the responsibility of another agency, CSA cannot pay.

## 7.3 Is the Service Eligible for Another Funding Source?

State pool funds cannot “supplant” federal or state funds supporting existing programs. Medicaid-funded services shall be used whenever available to treat children and youth receiving services under the CSA. State pool funds shall not be spent for any service that can be funded through Medicaid (for Medicaid-eligible children and youth) except when Medicaid-funded services are unavailable or inappropriate for meeting the needs of a child. Unavailable is defined as:

- there is not a participating Medicaid provider of the needed service within a reasonable geographic distance (e.g., up to 30 miles in urban areas or up to 60 miles in rural areas);  
or

- there is a waiting list that prevents the delivery of services within a reasonable time frame.

Inappropriate is defined as a Medicaid-funded service (i.e., Intensive In-Home, Mental Health Skill Building, Therapeutic Day Treatment) that does not meet the presenting needs (i.e., per a clinical assessment) or the needs are related to family dysfunction, child or public safety, or special education. The needs cannot be addressed through the Medicaid service.

The FAPT or CPMT should determine if another source may pay for the service before recommending or approving it for CSA state pool funding. These sources include but are not limited to Medicaid, title IV-E, Adoption Assistance, Promoting Safe and Stable Families (PSSF), private insurance, and the Virginia Juvenile Community Crime Control Act (VJCCCA). The team should document all other sources explored and why that funding source is not available or appropriate for the service. However, researching other funding streams should not be a barrier to the timely provision of services. Nor does this mean that CSA is to be considered the “funder of last resort.” Local planning for allocating various “braided” funding streams may designate how funds available to a locality shall be utilized to meet the needs of its children and families. A resource summarizing [Funding Sources for Child Specific Services](#) is available in the *Resources* area of the CSA Website.

If another funding source is not available or desirable, the user can continue to the fourth step of the flowchart. If another funding source is possible/appropriate, CSA cannot pay.

## **7.4 Has the FAPT Recommended the Service and Developed an IFSP?**

While there are limited exceptions established by local CPMT policy (i.e., “Maintenance-Only” foster care payments, services under an Individualized Education Program), all services funded through the state pool require a recommendation by FAPT/MDT and are incorporated into the IFSP. A short-term exception is that CSA state pool funds can pay for “emergency” services for up to 14 days before the meeting of the FAPT and the FAPT’s subsequent recommendation of that service.

If this has occurred, the user can continue to the fifth step of the flowchart. If the FAPT has not recommended the service, CSA cannot pay.

## 7.5 Has the CPMT Authorized the Funding?

Once recommended by the FAPT/MDT, the CPMT is required to authorize (and monitor) the expenditure of funds.

If the CPMT has authorized funding, the user can continue to the sixth step of the flowchart. If the CPMT has not approved the funding, CSA cannot pay.

## 7.6 Does the Service Meet All Federal and State Laws, Regulations, and Policies?

The use of CSA state pool funds requires that the services provided through the CSA must comply with any other state law, policy, or federal law pertaining to that service. Examples include using licensed child-placing agencies, behavioral health service providers, or residential treatment facilities and following Virginia Enhanced Maintenance Assessment Tool (VEMAT) [\(22VAC40-221\)](#) guidelines for enhanced maintenance payments. The Office of Children's Services may deny state pool funding where the service fails to meet established requirements.

CSA can pay if the service meets the requirements of all federal and state laws, regulations, and policies. If the service does not meet the requirements of all federal and state laws, regulations, and policies, CSA cannot pay.

OCS Program Consultants are available to assist with questions as users work their way through the flowchart and have questions.

## 7.7 Additional Resources

"CSA001: Can CSA Pay?" Online Class in the [CSA domain of the Commonwealth of Virginia Learning Center](#).

## 8.0 Assessment, Service Planning, and Case Management under the CSA

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### 8.1 Overview: Service Planning through the FAPT

The Family Assessment and Planning Team is a multidisciplinary group knowledgeable about the policies and resources of the agency they represent, as well as other community resources. These individuals, the child, and the family bring their experience and expertise to the process. Each member's perspective informs the work of the team. Ideally, FAPT is a fully collaborative process with each participant communicating information regarding their agency's authority, responsibility, and resources about each child and family. Understanding the child's and family's needs, culture, and goals allows the team to maximize the use of resources to achieve the desired outcomes. The additional resources available through non-agency community partners and other service providers also contribute to the most effective results.

#### 8.1.1 Referral Policies

Local CPMT policies determine how referrals are made to the Family Assessment and Planning Team, as provided in [§2.2-5206.5](#) and [§2.2-5209](#). This requires that specific process(es) for a referral to FAPT is established but permits flexibility in how local governments structure the work of CSA. This statement does not limit or prevent any source from referring to the FAPT; instead, it leaves the details of the process to the CPMT. Local policies must address how parents can refer their children to the FAPT. A model policy for a family referral to FAPT can be found [here](#).

#### 8.1.2 Family Involvement and Strengths-Based Practice

Being child-centered, family-focused, and strengths-based is at the core of the CSA and the system of care approach. Nowhere is this more apparent than in the interactions with children and families for assessment and service planning purposes.

[§2.2-5208.2](#) requires that the FAPT "... provide for family participation in all aspects of assessment, planning, and implementation of services." Service planning for a child and family should ideally take place at the FAPT, with the parents and child, if the child can understand and participate as age or developmentally appropriate. The Children's Services Act requires that agencies work with families and parents as partners in the service planning and service provision process. The [CSA Policy Manual](#) addresses this issue in detail.

Family participation in the FAPT service planning process should be documented. This documentation is typically done by obtaining the signature of the custodial parent, guardian, or agency on the Individual Family Service Plan (IFSP).

## 8.2 Assessment

Assessment of the child and family's strengths and needs is the cornerstone and first step of effective case planning. A complete evaluation is essential to needs identification, goal development, and service planning. The CSA uniform assessment instrument is a valuable tool to guide service planning, assist in the appropriate placement of children and youth, and provides data to assess progress toward measurable outcomes.

### 8.2.1 Mandatory Uniform Assessment Instrument

Regardless of eligibility criteria, age, or referral source, all children and youth who receive services funded by the CSA state pool shall be assessed using a mandatory uniform assessment instrument approved by the State Executive Council. ([§2.2-2648](#), [§2.2-5209](#)) and the Appropriation Act). The State Executive Council has identified the **Child and Adolescent Needs and Strengths (CANS) - Virginia Version** as the CSA's mandatory uniform assessment instrument. The CANS guides service planning based on the appropriate scoring of needs and strengths of both the child and family.

There are two versions of the Virginia CANS, the DSS-Enhanced and the Standard CANS, each with a separate assessment for children ages birth to four and another for those ages 5-21. Any child or youth receiving CSA-funded services must have the appropriate CANS evaluation completed.

At a minimum, a CANS is required initially, yearly after that, and at discharge from CSA. Best practices indicate that the more intensive and restrictive a service, the more frequently a child's needs and strengths should be assessed. Local governments may determine how often the CANS is re-administered within the above time frames. If a CSA child receives Medicaid-funded services, CANS reassessments may be required more often.

The Standard Comprehensive CANS Ages 5-21 consists of six domains (Life Functioning, Child Strengths, School, Parent/Guardian Strengths and Needs, Child Behavioral/Emotional Needs, and Child Risk Behaviors) as well as eight Child Functioning Modules and one Placement Module (Residential Treatment Center or RTC). Ratings of "1" or higher on specific items in the Standard Comprehensive CANS "trigger" the completion of a child functioning module, which gathers additional information about that area of need. The Standard Reassessment CANS consists solely of the six domains and the RTC module.

The DSS-Enhanced Comprehensive CANS Ages 5-21 is administered to all children and youth receiving CSA-funded foster care prevention services and all children and youth in foster care. It consists of the domains and modules listed above, with two exceptions. The Trauma Module must be completed for all children, even if not “triggered,” and is included in both the Comprehensive and Reassessment versions. A Child Welfare Module, organized by the Strengthening Families Protective Factors framework, is added to target areas of concern. Considerations specific to child welfare are also completed in both DSS-enhanced versions. The “Caregiver Assessment” comprised of the Parent/Guardian Strengths and Needs Domain and the Child Welfare Module may be completed on as many as three caregivers to support concurrent permanency planning requirements. Information from the caregiver assessment is captured and organized by the caregiver in a “Permanency Report.”

All assessments entered into CANVaS shall be completed and closed no later than 60 days after the assessment is initiated. Closure requires entry of all required information and the closed assessment should be printed and signed by the assessor. Assessments not closed within 60 days shall be considered invalid and may be deleted from the system. Once removed, the assessment cannot be retrieved.

The policy adopted by the SEC, effective January 1, 2019, outlines the expectations for the administration of the CANS. For more information, see [SEC Policy 3.6](#).

### **8.2.2 CANS Certification**

Each child or youth’s public agency case manager (local department of social services, court service unit, community services board/behavioral health authority, school district, or CSA office) shall administer the CANS. If necessary, a supervisor or co-worker with direct knowledge of the child and family’s strengths and needs may conduct the CANS. The Family Assessment and Planning Team may complete the CANS at the FAPT meeting. Private providers may not administer the CANS (for CSA purposes) for children and youth receiving CSA-funded services.

Anyone who administers the CANS shall be currently certified to do so. Certification requires annual renewal/recertification. Certification requires completing an online training and testing process provided by the [John Praed Foundation](#) via Schoox. Certification testing must be done individually. Raters may not share testing information. Administration of the CANS by an individual not currently certified is not allowed. Any assessments administered by a non-certified person are not valid. Invalid assessments may not be used for any purpose.



### 8.2.3 CANVaS

CANS for children and youth receiving CSA-funded services shall be completed/entered into the online system known as CANVaS to meet the requirement that information from the mandatory uniform assessment be provided to the Office of Children’s Services ([§2.2-5210](#)).

CANVaS is not an acronym but the name of the internet-based version of the Virginia CANS for use by the CSA. Data for children, youth, and families not receiving CSA-funded services may not be entered into CANVaS, except for children and families receiving “in-home” services from the local Department of Social Services and children in foster care receiving solely title IV-E funded services.

Each case manager who administers the CANS shall have established a CANVaS account. An online User Agreement shall be “signed” before the account activation. Users must read the online Agreement carefully to understand and accept their responsibilities. All data entered into CANVaS are confidential and child and family-specific data may not be released without proper authorization. Only “non-identifying” and non-child-specific data may be published in aggregate form.

Each CPMT shall designate at least one Local Administrator (formerly known as a DSU/RA) for CANVaS. Local Administrators have several functions, including acting as a point of contact for local users and the OCS regarding CANVaS, authorizing case manager user access, and accessing data and reports in CANVaS.

For detailed information about the CANS training and certification site, [www.tcomtraining.com](http://www.tcomtraining.com), and CANVaS, such as how to create accounts, navigation of both sites, guidance on rating the CANS, and more, see the [CANS section](#) of the CSA website. Additional resources are available on the training site (“Supplemental Materials”) and in the “Documents” folder in CANVaS.

### 8.2.4 Other Assessments

In addition to the CANS, the FAPT will ideally have access to and review all available formal and informal assessments of the child and family, including informal observations from knowledgeable individuals.

## 8.3 Service Planning

The FAPT (or an alternative multidisciplinary team) is a valuable resource to children and families. CSA service planning may include services from multiple sources (including those provided at no cost through natural supports or available community resources) and those funded by the CSA state pool. Service planning discussions need not be restricted to those

children and families eligible for CSA state pool funding. Planning should include, but not be limited to, a determination of CSA eligibility. With limited exceptions, all services funded through the CSA must be included in a service plan (IFSP) developed by the FAPT.

With the exceptions covered earlier in the *User Guide*, [§2.2-5209](#) requires that “all youth and families for which CSA-funded treatment services are requested are to be assessed by the family assessment and planning team or an approved collaborative, multidisciplinary team process....” To summarize those exceptions:

- the community policy and management team may establish a policy that excludes from FAPT planning cases involving only the payment of foster care maintenance (including enhanced maintenance as determined by the VEMAT);
- the community policy and management team may establish a policy that excludes from FAPT planning students with (educational) disabilities receiving private day and residential services as required by their Individualized Education Programs); and
- approval of funding for emergency placements before a FAPT meeting is permissible, provided that FAPT subsequently reviews the case within 14 days.

Other than these exceptions, the statutory language is clear that CSA pool funds shall only be used to support services developed in the FAPT or MDT planning process.

### **8.3.1 Development of the Individual Family Service Plan (IFSP)**

Once a child or youth is deemed eligible for CSA-funded services and the CANS is completed, a wide array of appropriate services may be provided to the child and family. The FAPT shall use the results of the mandatory uniform assessment ([§2.2-2648.D.11](#)), the input of the youth and family, and other available information to inform its development of the individual family service plan. There is no required format for the IFSP. However, a “fillable” Model IFSP is provided by the OCS and can be found in the “Forms” section in the *Resources* area on the CSA website.

In keeping with the intent of CSA and system of care principles, the individualized plan for the child and family should seek to include creative, non-traditional services and natural supports, as well as more formal types of services. There are no parameters on the types of services allowed. Rather restrictions may exist based on factors such as whether a service is the existing responsibility of a public agency that determines the permissibility for services to be funded through CSA. These factors were discussed in the Determining if CSA Funds can be Utilized (“Can CSA Pay?”) section of the *User Guide* (Section 7.0).

The System of Care principles of the CSA emphasize the least restrictive settings, treatments, and services that meet identified needs and are designed based on the unique strengths and needs of that child and family. Strengths, not needs-based planning, is optimal. Rather than placing children and youth in out-of-home programs as the only option available or the easiest to implement, communities are encouraged to think of services and supports that could be “wrapped around” the child and family maintaining the child at home or in the community. For more information on the System of Care, please see Section 3.0 of the *User Guide*.

CSA services are always child-specific, designed to meet an individual child's and family's needs. Rather than being compelled to fit children and youth into existing structured programs, CSA provides the freedom to create a unique plan for each child. Well-constructed service plans contain goals, measurable objectives, and specific interventions/activities. Additionally, proper service planning is marked by regular progress reviews (utilization review) and appropriate revisions and adjustments to enhance success in meeting the specified goals.

#### **8.3.1.1 Use of an IEP or Foster Care Plan (FCP) as an Alternative to an IFSP**

It is permissible to utilize either an IEP (for private day or residential special education) developed by the school-based IEP team as an alternative to an IFSP. Federal mandates regarding IEPs result in the IEP meeting CSA IFSP requirements. The FAPT cannot alter an IEP.

A Foster Care Plan developed by a local department of social services may replace an IFSP for CSA. When a Foster Care Plan is used as an alternative and specific services (other than maintenance payments) are needed, those services must be planned by the FAPT and described in the Foster Care Plan.

If another plan is used, the information required for an IFSP, such as goals, objectives, and interventions, must be included.

## 8.4 Case Management

No discussion of service planning is complete without consideration of the role of the case manager. Although “case management” is a term used broadly in CSA, it is essential to understand the different types of case management in the CSA service system.

Agency case managers are local public agency staff (e.g., an LDSS foster care worker or a DJJ probation officer) that perform the administrative and casework duties required by their specific agency. CSA pool funds may not be used to reimburse agency case management costs as these are core agency responsibilities.

[§2.2.-5208.9](#) assigns the FAPT the responsibility to “designate a person who is responsible for monitoring and reporting, as appropriate, on the progress made in fulfilling the individual family service plan developed for each youth and family...” Often this individual is the agency case manager already assigned to the child and these responsibilities are a part of the case manager’s job duties.

The process for determining the specific individual/agency to provide this required monitoring and reporting for the FAPT is at the local level. Typically, the issues that brought the child to the attention of a local agency determine which agency will provide case management. For example, a probation officer is assigned to work with a child before the court, or a foster care worker is assigned to work with a child in foster care and their family because of abuse or neglect in the family’s home.

If not specified by federal or state law (e.g., CSA Parental Agreements cannot have the LDSS serve as the case manager), decisions regarding who should case manage should be based on established “official” relationships (e.g., the probation officer of a youth on probation, the family services worker of a child in foster care, the school division staff for children placed in CSA services resulting from their IEP) and the best interests of the child and family.

As stated previously, CSA pool funds may not be used to reimburse costs of FAPT case management as it is expected that all agencies will provide routine case management, with one exception. There is no statutory requirement for a community services board/behavioral health authority to provide case management to children (unless funding is appropriated for this purpose). Consequently, “case support” may be paid to a CSB/BHA to provide this basic level of case management, further defined in the *Service Definitions* section of the *User Guide* (Section 14.0).

Targeted case management (TCM) is defined by the Department of Medical Assistance Services and is restricted to clinical activities such as linking, referring, accessing, and documenting those activities. Treatment Foster Care case management and Mental Health case management are types of “targeted case management.” Medicaid utilizes specific clinical criteria to determine the necessity for TCM and reimburses providers for TCM at a standard monthly rate. Medicaid (and by extension, CSA) does not allow concurrently provision of two types of targeted case management. Neither “case support” nor routine agency case management represents a prohibited, concurrent targeted case management service.

#### **8.4.1 Role of the Courts in CSA Service Planning**

[§2.2-5211.E](#) describes the process to be followed between the Court, the community policy and management team, and the family assessment and planning team. This process is essential to understand when the Court orders a service (or services) that is not in the plan developed by the FAPT and approved by the CPMT.

The CPMT is responsible for determining a youth’s eligibility for CSA funding. **State pool funds may only be used for CSA-eligible children and youth.** The Court’s disposition may (or may not) make the child or youth eligible or mandated for CSA funding. For example, a court’s finding of “child in need of services” or transfer of custody to the local department of social services places that child in the CSA sum-sufficient population ([§16.1-228](#), [§63.2-905](#), [§2.2-5211](#)). Absent a foster care placement or a CHINS determination; however, the Court cannot order a child to be eligible for CSA only by the Court’s order for services.

Existing case law supports the authority of the Court to supersede service decisions made by the Family Assessment and Planning Team (FAPT) and approved by the Community Policy and Management Team (CPMT). Simply put, if a child for whom the Court orders services is eligible for CSA funding (per the FAPT and CPMT following the appropriate criteria), the Court’s authority to order services overrules the specific service decisions made by the FAPT and CPMT. However, this authority does not supersede compliance with any federal or state law or requirement governing that service (e.g., use of licensed placements).

The Court may request a level of service and recommendations not identified in the initial Individual Family Service Plan (IFSP). The Court and the FAPT/CPMT shall follow the process outlined in [§2.2-5211.E](#) regarding developing a second report outlining a comparable services plan. However, after this process, the Court may still order specific services for the CSA-eligible child who is “properly before the Court” and for whom the Court has rendered a disposition. The wording “as appropriated” in this section clarifies that:

- If the child or youth for whom the Court orders services is included in the sum-sufficient population, CSA funds are utilized for the services and the locality and the state shall ensure this funding.
- If the child or youth for whom the Court orders services is CSA-eligible but not in the sum-sufficient population and “protected” funds are available, the locality and the state should fund the services using these protected (non-sum-sufficient) funds.
- If the child or youth for whom the court orders services is CSA-eligible but not in the sum-sufficient population and protected funds are unavailable, the CPMT cannot authorize services using pool funds.

## 8.5 Additional Resources

[Frequently Asked Question: Court-Ordered Services and CSA](#)

## 9.0 CSA and Partner Agencies

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This section of the *CSA User Guide* provides information about areas of interface between the CSA and other agencies that provide services (or funding for services) for children and families.

### 9.1 Schools and Special Education

In establishing the state pool of funds under the Children’s Services Act, “Children and youth placed for purposes of special education in approved private school education programs, previously funded through private tuition assistance” ([§2.2-5211.B.1](#)) and “Children and youth with disabilities placed by local social services agencies ... in private residential facilities or across jurisdictional lines in private, special education day schools ...” ([§2.2-5211.B.2](#)) are identified as populations to be served through the CSA. In [§2.2-5211.C](#), these children and youth receive “sum-sufficient” funding to “meet relevant federal mandates for the provision of these services.”

The relevant federal mandate is the Individuals with Disabilities Education Act (IDEA) of 2004. Information on IDEA for the U.S. Department of Education can be found [here](#) and additional information from the Virginia Department of Education at this [site](#).

#### 9.1.1 Special Education Services Provided Outside of the Public School Setting

The “bottom line” is that students with an educational disability whose IEP indicates either a private day school or a residential placement as the least restrictive environment for educational purposes shall receive funding for those services through the local CSA program (CPMT). This is contingent on the student’s parent signing the appropriate consent to release information to the local CSA program (See 9.1.6 in the *User Guide*).

The CPMT must ensure that no local policies or procedures interfere with the provisions and protections afforded to students with disabilities under federal and state laws and regulations. CPMTs shall authorize funding for private day and residential IEP services based on the IEP itself, and all special education and related services as specified on the IEP (except for transportation) and in the case of a residential IEP placement, all costs associated with the residential placement including room and board, utilizing Medicaid as a primary funding source when applicable. The CPMT is responsible for establishing policies and procedures to ensure access to funds for students with IEPs that specify placement in private educational programs. Provision of a child’s IEP services may not be delayed for any reason, including CPMT approval of funding.

For an educational placement of a student with a disability (as specified by the student's IEP), the school division shall develop the IEP and hold responsibility for assuring that special education services are provided.

The following are some specific provisions regarding the provision of special education services specified in an IEP under the CSA:

- the school division is responsible for providing funding for student transportation;
- no parental co-payments can be required for IEP-based services;
- there is no requirement for involvement of the Family Assessment Planning Team (FAPT) or for the completion of an Individual Family Service Plan (IFSP) for these children (unless other non-IEP services are being provided). Federal and state requirements prohibit any entity (including the FAPT and the CPMT) from changing the IEP, including services and placements specified. Essentially, IDEA and the IEP are the prevailing authority in such cases; and
- in addition to being required to authorize funding, the FAPT or CPMT must also collect the necessary demographic information for CSA reporting and completion of the purchase order for the services. CPMT must also ensure completion of the mandatory CSA uniform assessment instrument (i.e., the CANS).

#### **9.1.1.1 Special Education in Residential Placements for Non-Educational Reasons**

(Students placed in residential treatment through the CSA for non-educational reasons per an Individual Family Service Plan (IFSP))

When a student with an identified educational disability is placed in residential treatment for non-educational purposes (i.e., for behavioral/emotional disorders and that placement is not required by an IEP), the CSA pays for all services (except when Medicaid or private insurance can cover part of those services). This includes educational services at the residential placement.

All children in a private residential placement through CSA eligible for special education shall have an IEP. The local school division that is part of the CSA Team that placed the child shall be responsible for that IEP.

For a non-educational placement of a student with a disability, the CSA team's school division will typically revise the IEP to reflect the non-educational placement. The IEP shall indicate that the student is now in a non-educational placement and shall address the student's special educational needs while in that setting. The revised IEP for a non-educational placement is not considered the "source" of the residential placement.



The school division is responsible for ensuring that special education and related services (typically referred to as FAPE, or Free and Appropriate Public Education) are provided per the IEP while the student is in the non-educational placement. The school division has no responsibility for the residential placement/services or special education least restrictive environment requirements, or the student's general education costs, as the student's placement was for non-educational reasons.

In such cases, all the typical CSA processes (e.g., FAPT recommendation/CPMT approval of the placement, completion of the IFSP) are required.

### **9.1.2 Special Education, the IEP, and Utilization Review**

Due to federal mandates associated with the special education process, utilization review procedures must be completed by the IEP team based on the goals of the IEP. IDEA requires at least an annual review of the IEP and progress reporting as often as reporting is provided to parents of students without disabilities. It is common for IEP progress reporting to coincide with the school division's report card schedule.

The CSA utilization review process must be applied to special education services in conformity with special education laws and regulations. It must not violate IDEA or state special education laws or regulations. CSA can expect the school to share the findings of the IEP review of the student's progress, which meets CSA utilization review requirements.

### **9.1.3 Wraparound Services for Students with Educational Disabilities**

The State Executive Council (Policy 4.1.3) has extended the "special education mandate" established under [§2.2-5211. B.1](#) as follows:

The special education mandate may be utilized to fund non-residential services in the home and community for a student with a disability when the needs associated with his/her disability extend beyond the school setting and threaten the student's ability to be maintained in the home, community, or school setting.

These services may benefit the student and facilitate being maintained in or a successful return to the public schools. It should be made clear to the parents of a student being served via an IEP that any such additional services are separate from those specified in the IEP and subject to CSA policies and procedures, not IDEA.

Each year, a specific level of funding is made available to each locality to provide such Wraparound services. To be eligible for these services, the child must have an educational

disability, as evidenced by a current IEP. The services must be provided in the home or community and cannot be provided during the typical educational day in the public school setting.

In accessing these funds, all the typical CSA processes (e.g., FAPT recommendation/CPMT approval of the placement, completion of the IFSP) are required.

#### **9.1.4 Transitional Services for Students in Private Special Education Placements**

Effective July 1, 2021, changes to §2.2-5211 extended eligibility for CSA funding to include “services delivered in a public school setting directly to students with significant disabilities or intensive support needs to facilitate their transition back to public school after having been served in a private special education day school or residential facility for at least six months. “Transitional services” includes one-on-one aides, speech therapy, occupational therapy, behavioral health services, counseling, applied behavior analysis, specially designed instruction delivered directly to the student, or other services needed to facilitate such transition that are delivered directly to the student in their public school. Transitional services include “one-on-one aides, speech therapy, occupational therapy, behavioral health services, counseling, applied behavior analysis, specially designed instruction delivered directly to the student, or other services needed to facilitate such transition that are delivered directly to the student in their public school over the 12-month period as identified in the child's individualized education program.” This eligibility is described in detail in [CSA Administrative Memo #21-09](#).

#### **9.1.5 Age of Eligibility to Receive Special Education Services through CSA**

Consistent with a student’s eligibility for special education services under IDEA, CSA is responsible for funding private school special education services specified in the IEP for a student who has not reached their 22<sup>nd</sup> birthday on or before September 30 of the school year. A student with an educational disability whose 22<sup>nd</sup> birthday is after September 30 remains eligible for the remainder of the school year.

#### **9.1.6 Parental Co-Payments for Special Education Services**

Federal law requires that all special education services be provided at no cost to parents. No co-payment may be charged to a parent for any service specified on the IEP or provided as a free and appropriate public education requirement. Thus, IEP services funded by CSA (i.e., private day and residential services) are exempt from parental co-payment. For a student with a disability placed into a residential program for non-educational reasons (e.g., through a parental placement), the educational portion of the placement is exempt from the parental co-

payment. Wraparound services for students with educational disabilities are subject to co-payments as they are not specified in the IEP.

### **9.1.7 Confidentiality of Educational Records**

The federal law known as the Family Educational Rights and Privacy Act (FERPA) gives parents authority over their child’s educational records, including access by participants at meetings (including FAPT and CPMT) where their child’s education record is discussed. Schools must secure parental consent whenever any non-school employee is to review the child’s confidential educational record. Without parental consent, the schools cannot share information with others, including CSA entities. In the absence of parental consent for the minimal release of student records to the local CSA Program, eligibility for CSA funding cannot be established, and responsibility for funding educational services specified in the student’s IEP rests with the local educational authority (LEA). See [OCS Administrative Memo #18-01](#) for details on this issue.

### **9.1.8 Additional Resources**

- [Special Education and the Children’s Services Act: Guidance for CPMTs, FAPTs, CSA Coordinators, and Local School Divisions.](#)
- The E-learning course, “CSA020 – Special Education Wraparound Funding Under the CSA” in the [Commonwealth of Virginia Learning Center](#)

## **9.2 Juvenile Justice (Court Service Units)**

Youth referred by the juvenile court or the local juvenile court service are typically considered to be in the non-sum-sufficient population for CSA funding (unless circumstances making them “sum-sufficient are present).

Representation of the juvenile court service unit on the community planning and management team and the family assessment and planning team is established in the statute.

### **9.2.1 Eligibility for State Pool Funds**

Youth referred by the courts or a juvenile court service unit not meeting eligibility in one of the sum-sufficient categories must meet one of the eligibility criteria related to behavioral/emotional needs ([§2.2-5212.A.1](#) or [§2.2-5212.A.2](#)) and addressed in the CSA Eligibility section of the *User Guide* (Section 5.0).

## 9.2.2 Age of Eligibility for DJJ Referred Youth to Receive Services through CSA

The Department of Juvenile Justice may retain legal jurisdiction over certain youth through age 21. It is important, however, to note that unless other CSA criteria (i.e., special education or foster care services) are met that allow for the youth to be served beyond their 18<sup>th</sup> birthday, eligibility for state pool funding ends on the youth's 18<sup>th</sup> birthday. CSA practitioners should be aware of the requirements of [§16.1-293](#) that children in the custody of the local department of social services immediately before their commitment to DJJ and who have not yet turned 18 years of age shall have the local DSS resume custody upon the child's release from DJJ.

## 9.2.3 Case Management of Youth Served through the CSA by CSU Staff

Court service unit staff (i.e., probation officers) may serve in a CSA case management role only within their statutory authority to supervise juveniles before the CSU or the juvenile and domestic relations court under diversion or court-ordered supervision. This may include youth served through informal "diversion" ([§16.1-260](#)); youth placed on court-ordered supervised or unsupervised probation, or an order of the court for the child and/or his parent to participate in programs or treatment and that such participation is monitored by the staff of the court service unit. This is typically limited to juveniles before the court or the court service unit (in cases handled informally through diversion) on charges of delinquency ([§16.1-278.8](#)) or being a child in need of supervision ([§16.1-278.5](#)).

CSU personnel's restrictions on case management do not necessarily prohibit such staff from making an initial referral to FAPT for a child before the court but not yet under diversion or court-ordered supervision. Once such a referral is made, the FAPT can determine the appropriate agency to provide CSA case management should the child be eligible for CSA-funded services.

[§16.1-237](#) spells out probation and parole officers' powers, duties, and functions.

## 9.2.4 FAPT Role in Mental Health Transition Planning for Committed Juveniles

[§16.1-293.1](#) requires the development of regulations that provide a structure for improving outcomes for juveniles with mental health and substance abuse concerns upon their release from incarceration in a DJJ juvenile correctional facility. These regulations ([6VAC35-180](#)) require:

- that each locality develops an interagency agreement concerning mental health transition planning among all the agencies represented on the CPMT (the content of those agreements is also detailed); and

- that within 30 days before the anticipated release date, a community mental health transition planning meeting is held and that a meeting of the FAPT can serve as that planning meeting.

When the case is referred to the FAPT for this purpose (typically by the assigned parole officer of the court service unit), this does not assume or require that the youth is eligible for CSA services funded from the state pool, only that the FAPT serve in a case planning capacity. Determining eligibility for state pool funds and developing and implementing CSA-funded services will follow the same processes as any other referral to the FAPT.

### **9.2.5 Allowable Services for Juveniles under CSU Supervision**

In addition to the usual array of services for non-court-involved youth, state pool funds may be utilized to fund specific community-based treatment services for youth (and their families) when the court places the youth in a post-dispositional detention program per [§16.1-284.1](#).

### **9.2.6 Virginia Juvenile Community Crime Control Act (VJCCCA)**

Established in 1995, VJCCCA (see [§16.1-309.2 et seq](#)) provides for a collaborative state and local program to address the needs of juveniles before the court and their communities. VJCCCA provides funding to each locality to offer community-based services to those determined to be a child in need of services, a child in need of supervision, or a delinquent. Like CSA, localities have considerable flexibility in developing a plan to use VJCCCA funds. They may provide an array of services based on a plan developed by the locality. This biennial local plan requires the input of the CPMT, the juvenile and domestic relations court judges, and the director of the court service unit.

VJCCCA funds should be considered as a resource for each community to meet the needs of youth and families and ideally may be used in a “braided” manner with other resources as described in the System of Care model. There is no requirement that VJCCCA funds must be exhausted before accessing CSA funding.

An opinion of the Attorney General ([2000 Va. Op. Atty Gen. 034](#)) found that a “family assessment and planning team may not refer a juvenile for services funded under Juvenile Community Crime Control Act rather than Comprehensive Services Act, where the juvenile is eligible under both acts for services not yet funded by either act.” [§16.1-309.3](#) states that funds provided under the VJCCCA “shall not be used to supplant funds established as the (CSA) state pool of funds under § 2.2-5211.”

## 9.3 Local Departments of Social Services

### 9.3.1 Funding for Children in Foster Care

There are two primary funding sources for foster children: title IV-E (federal and state) funding and Children's Services Act (state and local) funding. Additionally, all children in foster care (with limited exceptions) are eligible for Medicaid for their medical, dental, and behavioral health services covered under the State Medicaid plan.

#### 9.3.1.1 Foster Care Maintenance

Maintenance is defined by federal law (title IV-E of the Social Security Act). The definition includes payments made on behalf of a child for food, clothing, shelter, daily supervision, school supplies, personal incidentals, liability insurance, reasonable travel for the child to visit with family or other caretakers, and transportation to remain in their previous school placement. Consistent with title IV-E, this definition of "maintenance" also applies to CSA. Foster care maintenance is paid to the foster parent or a licensed child-placing agency (LCPA) (for private or treatment foster care).

Maintenance may include both a basic rate and an enhanced per diem rate. Basic maintenance consists of the cost of food, clothing, shelter, daily supervision, a child's personal incidentals, and the other items listed in the previous paragraph. Enhanced maintenance is supplemental payment based on a child's need for additional daily supervision resulting from behavioral health or medical factors. The Virginia Enhanced Maintenance Assessment Tool (VEMAT) of the Virginia Department of Social Services measures the severity of a child's needs. Local FAPTs and CPMTs may not change the amount determined by the VEMAT rater necessary for a foster parent to provide adequate additional daily supervision for a child. Only the VEMAT may be used to determine the additional daily supervision needed. No other mechanism may be used to assess the amount of enhanced maintenance paid to a foster parent.

Actual rates and the procedures for determining enhanced maintenance payments are available at [\(22VAC40-221\)](#) and in the [VDSS Foster Care Guidance Manual](#).

Youth in foster care placement who reach the age of 18 are eligible for the *Fostering Futures* program. These youth must meet one of five criteria and sign a voluntary placement agreement. If eligible for *Fostering Futures*, the young adult may receive the basic maintenance payment directly. For more about *Fostering Futures*, see Section 5.3.2.5.

Children and families may be eligible for either Virginia's Kinship Guardianship Program (Federal KinGap) or the State-Funded Subsidy Program, which provides a supported option for children placed with relatives who meet the requirements of each program. Children in either

type of KinGap arrangement are eligible and mandated for CSA under COV [§63.2-905](#), [§63.2-1305](#), and [§63.2-1306](#) for maintenance and services. For more information about these programs, please see Section 5.3.2.6.

### 9.3.1.2 Funding for Foster Care Maintenance

Maintenance for children in foster care may be funded through either federal title IV-E funds or CSA state pool funds. All children in foster care must be assessed for eligibility for title IV-E by the local department of social services. If eligible, a child's maintenance costs are charged to title IV-E by the local DSS. State pool funds pay all maintenance costs if a child is not eligible for title IV-E. The definition of maintenance is consistent across funding sources. It includes all expenses such as: payment to foster parents (basic and enhanced), the supplemental clothing allowance, travel for the child to visit with family or relatives, childcare costs as allowed by title IV-E (e.g., if the foster parents are employed), and transportation for school as decided by the foster child's Best Interests Determination.

During the period in which title IV-E eligibility is being determined, a child's foster care maintenance costs are paid with CSA state pool funds. Title IV-E funding retroactively reimburses these CSA costs if the child is eligible.

[§2.2-5209](#) allows CPMTs to exclude from FAPT review children and youth receiving maintenance only (no services) payments, including payments for additional supervision as determined through the Virginia Enhanced Maintenance Tool (VEMAT) as well as other areas covered in the federal definition. The CPMT must have a written policy that excludes these cases from FAPT review. It is important to remember that placement costs for children in Licensed Child Placing Agency Treatment Foster Care (LCPA/TFC) are never "maintenance-only" as CSA pays the provider an additional per diem for Administration, Support, and Supervision. See Section 9.3.5 for more information about these provider costs.

Travel for the child to visit with family, childcare costs (as allowed by title IV-E), and transportation to remain in a school placement are considered "maintenance" (not "services"). They may be excluded from FAPT review if the CPMT has a policy that excludes maintenance-only cases.

Youth eligible for Fostering Futures may be eligible for title IV-E until age 21.

See the [Virginia Department of Social Services Foster Care Manual](#) for a complete discussion of foster care requirements and services

If a child is determined to be eligible for title IV-E maintenance but loses eligibility (or temporarily loses title IV-E "reimbursability") during the time the child is in foster care, CSA

cannot “automatically” pay those costs. The local DSS may be responsible for the maintenance cost of a child’s care. Examples are a child whose annual court review is not held in a timely fashion or a court order which does not have the judge’s signature confirming “reasonable efforts” made towards a permanency goal. Eligibility for CSA funding in the event of loss of title IV-E eligibility should be reviewed individually to reflect the specific factors involved.

### **9.3.2 Services for Children in Foster Care**

As noted in Section 5.0 of the *User Guide* on Eligibility for CSA, children and youth receiving “foster care services” as defined in [§63.2-905](#) are eligible for CSA and receive sum-sufficient funding to address their needs. Services (other than title IV-E maintenance) for children in foster care are paid through CSA, if all relevant CSA requirements are met and there is no other appropriate funding source (e.g., Medicaid). Medicaid should always be used to pay for medical appointments, procedures, tests, or other medical services. The exception is for children in foster care who are not eligible for Medicaid. State pool funds may be utilized for medical and related services/costs when Medicaid determines the costs are not covered.

Services funded by CSA may be provided to both a child in foster care and the child’s family. Often the parent’s or guardian’s needs are the precipitating cause of the child’s removal, particularly in situations where there is abuse or neglect and those needs must be addressed to reunite the family. For example, parents may need mental health or substance use treatment before it is safe for a child to return home, and parents may need education or training on managing a child’s behavior. There is no prescribed “list” of services for children in foster care and their families, but [§63.2-905](#) requires that the “full range of casework, treatment, and community services be provided” to children and their families.

As with any CSA service, services for children in foster care and their families must be documented on the Individual Family Service Plan (IFSP) (or on the Foster Care Plan) and should reflect how the service will assist in attaining a goal or goals on the plan. (For more on service planning, see Section 8.0 of the *User Guide*).

### **9.3.3 Protections for All Children Receiving Foster Care Services**

Federal and state law requires that child welfare agencies (i.e., state and local departments of social services) and the courts provide certain protections to ALL children in foster care and their families. Title IV-E of the Social Security Act and other federal child welfare legislation provide the framework for these protections. This includes court findings of “reasonable efforts,” establishment of permanency goals for children removed from their homes, the development of service plans which include visitation with family, periodic court reviews, and time frames for moving a child to a permanent placement. Other protections include using



licensed foster care providers and criminal background checks for foster parents and licensed child-placing agencies.

Not all children placed into foster care meet the eligibility criteria under title IV-E (as determined by the local department of social services). However, CSA requires that CSA-funded foster care maintenance and services “follow” the relevant title IV-E requirements to ensure that ALL children in foster care, not just those who are title IV-E eligible, are protected. No distinction is made in the protections provided to children in foster care simply because of title IV-E eligibility. Consequently, title IV-E protections also apply to children determined ineligible for title IV-E and whose costs of maintenance and services are reimbursed by CSA.

### **9.3.4 Foster Care Prevention**

One type of foster care service that can be paid via CSA state pool funds is services to prevent or eliminate the need for foster care placement - typically called “foster care prevention.” Foster care prevention is intended to preserve and strengthen families and keep children in their homes.

CSA aims to promote the development of individualized services designed to meet a particular child and family’s needs. Consequently, there is no “list” of foster care prevention services. The key factors to remember when using CSA to fund foster care prevention services are:

- the local DSS determines the child or youth to meet the regulatory definition of abused/neglected or as a child “in need of services”;
- services are designed for a “planned period of time” individualized for that child and family; and
- absent the provision of these services; the alternative is placing the child into foster care.

Other types of prevention services that might be provided to a child and family, such as “early prevention” or “primary prevention,” are not foster care prevention and are not appropriate for CSA funding (unless the child is otherwise eligible for CSA).

### **9.3.5 Types of Foster Care Placements**

Many local departments of social services have “agency” foster homes (or resource families) recruited, trained, and approved by the local department.

A local DSS may also place children in its custody with a licensed child-placing agency (LCPA), many of which provide treatment foster care (TFC). “Treatment foster care” in Virginia is defined as:

a community-based program where services are designed to address the special needs of children. Services to the children are delivered primarily by treatment foster parents who are trained, supervised, and supported by agency staff. Treatment is primarily foster family-based and is planned and delivered by a treatment team. Treatment foster care focuses on a continuity of services, is goal-directed and results-oriented, and emphasizes permanency planning for the child in care.

An LCPA may provide one of four levels of care (plus an “assessment” level) determined by the child's needs. All LCPAs shall provide a non-treatment level of care, an assessment level (considered a treatment level), and three levels of treatment foster care. Determination of a child’s placement level is based on all the child’s assessed needs, not only behavioral/emotional needs.

CSA state pool funds may purchase foster care maintenance and services from Licensed Child Placing Agencies. They may also be used for the cost of administration, support and supervision, and case management. Support and supervision are defined as including but are not limited to: recruiting, training, assessing, and retaining foster parents for the LCPA; making placement arrangements; purchasing/ensuring the child has adequate clothing; providing transportation; counseling with the child to prepare for visits with biological family; providing support and education for LCPA foster parents regarding the management of child’s behavior; providing ongoing information and counseling to the child regarding permanency goals; preparing a child for adoption; 24/7 crisis intervention and support for both the child and LCPA foster family; developing and writing reports for FAPT; attending and presenting at FAPT meetings; administering LCPA foster parent payments; and identifying, assessing, and arranging potential adoptive placements. The provision of services will vary for each child based on that child’s specific needs and the determined level of care. Services are provided at the non-treatment level and treatment levels of care.

A provider shall submit a request to the Virginia Medicaid specified care management entity to determine if a Medicaid-eligible child meets the medical necessity criteria for TFC case management. If so, Medicaid will reimburse the provider for this service. If the child does not have behavioral/emotional needs that meet the medical necessity criteria, localities may reevaluate and place the child at a non-treatment level of foster care. Alternatively, they may determine and document that needs other than behavioral health are present and can justify the provision of TFC case management through state pool funds (as opposed to Medicaid funds).

For more information about TFC, see the [Guidelines for the Use of Treatment Foster Care \(2012\)](#), [Guidelines for Determining Levels of Care for Foster Care Placement with LCPA \(Revised 2015\)](#), and the [Frequently Asked Questions for Treatment Foster Care Under the SEC Policy and Guidelines Effective July 1, 2015](#).

### **9.3.6 Adoption Assistance (AA)**

One permanency goal for children in the custody of a local department of social services is adoption. Because children in foster care may have special needs (as defined in federal and state adoption policy), adoptive families may be eligible for adoption assistance payments to support the child's care. The Virginia Department of Social Services administers the adoption assistance funds. More information regarding the VDSS Adoption Assistance program can be found [here](#) and in the following training presentation:

[https://www.csa.virginia.gov/content/pdf/CSA\\_and\\_Adoption\\_Assistance.pdf](https://www.csa.virginia.gov/content/pdf/CSA_and_Adoption_Assistance.pdf).

#### **9.3.6.1 The Role of CSA/FAPT/MDT with Adoption Assistance Agreements**

There are two areas where questions arise in CSA when dealing with children placed with Adoption Assistance Agreements. One is the transition between foster care and adoptive placement. The second is the role of FAPT/MDT when a child receiving adoption assistance is at risk of residential placement. The Virginia Department of Social Services requires that adoption assistance funds (not foster care funds) be used for payments and services beginning on the date the Adoption Assistance Agreement is signed, not the date of the final adoption order. Maintenance and services for these children are no longer paid through CSA or title IV-E Foster Care funds once the Adoption Assistance Agreement is signed. Only title IV-E Adoption or state adoption funding through VDSS is used to support the Agreement.

Secondly, adoption assistance and CSA typically intersect when an adopted child's emotional/behavioral needs rise to the point that a residential treatment setting is potentially needed. VDSS policy requires that the Family Assessment and Planning Team in the locality of the family's residence review the circumstances and:

- determine that services less restrictive than residential placement are not appropriate in meeting the child's needs at this time;
- recommend that time-limited residential treatment is the most suitable, least restrictive, and most effective service to address the child's needs; and
- recommend services and supports to successfully transition and return the child home at the earliest appropriate time consistent with the child's individual needs. (See [Virginia Department of Social Services Adoption Policy Manual](#))

When the FAPT review supports the residential placement or alternative services, adoption assistance funding may support the services identified by FAPT. If the FAPT does not recommend the residential placement, adoption assistance funds may not support such a placement.

For purposes of CSA eligibility, adopted children do not “automatically” meet eligibility criteria related to a child in foster care or receiving foster care services. The FAPT’s review and determination in adoption assistance cases do not make it a “CSA placement.” The required FAPT review is for assessment and case planning only unless the child is determined to meet an established CSA eligibility category. Adoption assistance funding is 100% state/federal (no local match). Although the local DSS (of origin) is expected to enter into the agreement with the family and manage the ongoing administrative processes, only state/federal funds are used.

Adoptive families may move and reside in a locality different than the one which holds the original adoption assistance agreement. The LDSS does not transfer adoption assistance cases – they remain with the locality of origin. If a residential placement is considered for an adoptive child, the FAPT in the locality of residence is responsible for the review and determination. The locality of origin holding the Adoption Assistance agreement is responsible for paying the negotiated adoption assistance costs associated with the placement. As Medicaid is usually available for room and board and treatment costs, the adoptive parents may request that adoption assistance special services funds pay educational expenses. Staff in the two localities must communicate with one another and the adoptive family. The locality of origin should participate in the FAPT meeting in the locality of residence.

**IMPORTANT NOTE:** If CSA is paying any placement costs, it is a “CSA case” for Medicaid purposes, and a local Medicaid match is assessed (see Section 9.4.2 below). If Medicaid is funding part of the placement costs for a child receiving adoption assistance, with no expenditure of CSA funds, there is no local Medicaid match. Any Medicaid documentation completed by the FAPT must reflect that it is a “non-CSA” placement, or the locality will be charged the CSA local Medicaid match rate.

### **9.3.7 Family First Prevention Services Act (FFPSA)**

The FFPSA is comprehensive federal legislation representing a significant change in federal child welfare law by allowing title IV-E dollars to support evidence-based foster care prevention services. Previously title IV-E was only available to support maintenance costs for children in foster care. FFPSA allows for evidence-based prevention services to families whose children are otherwise likely to be placed in foster care. The expectation is that fewer children enter foster care by bolstering the provision of community and evidence-based interventions.

While creating new service options for the prevention of foster care, FFPSA concurrently disincentivizes the placement of children in foster care in congregate care placements, such as psychiatric residential treatment facilities (PRTFs), therapeutic group homes (TGHs), and children's residential facilities (CRFs). FFPSA restricts using federal child welfare funds (i.e., title IV-E) to support such placements and implements a series of requirements to raise the quality of care provided in these settings. Both aspects of VDSS's implementation of FFPSA, i.e., "in-home" foster care prevention services and the use of Qualified Residential Treatment Programs (QRTPs) for congregate care are both fully discussed from a CSA perspective in two guidance documents created by OCS, [Guidance for Local Children's Services Act \(CSA\) Programs on the Virginia Department of Social Services \(VDSS\) Implementation of In-Home Services and the Family First Prevention Services Act \(FFPSA\)](#) and ["What CSA Programs Need to Know about the Use of Medicaid, Title IV-E, and Implementation of the Family First Prevention Services Act \(FFPSA\) as it Applies to Children in Foster Care and Congregate Care Placements."](#) These documents are attachments to OCS Administrative Memo #21-10 (Congregate Care Guidance) and OCS Administrative Memo #21-11 (In-Home Foster Care Prevention Guidance).

## 9.4 Medicaid (DMAS)

The Virginia Department of Medical Assistance Services (DMAS) is the state agency responsible for all aspects of the state Medicaid program. Many youth and families served through CSA are eligible for membership in Medicaid. All children in foster care, with limited exceptions (e.g., children without a legal presence in the United States), are enrolled in the Medicaid program. Medicaid provides coverage for medical and dental, as well as specific behavioral health services. Additionally, children not in foster care whose families meet income eligibility and other criteria may enroll in the Medicaid program.

As specified in Section 7.0 of the *User Guide* ("Can CSA Pay?"), whenever a child/family is or can be enrolled in Medicaid, and Medicaid covers the specific service, this is expected and is a requirement for CSA. The Appropriation Act specifies that state pool funds shall not be spent for any service funded through Medicaid for Medicaid-eligible children except when Medicaid-funded services are unavailable or inappropriate for meeting the child's needs. Families cannot be required to utilize Medicaid funding for services specified on an IEP, but they can be encouraged to do so.

Other than medical and dental services, the following is a partial list of services covered by Medicaid<sup>5</sup>:

- Acute psychiatric services
- Residential psychiatric services, including Therapeutic Group Homes (TGH, formerly known as Level B) and Psychiatric Residential Treatment Facilities (PRTF, formerly known as Level C), exclusive of educational services
- Therapeutic day treatment
- Intensive in-home therapy
- “Traditional” outpatient behavioral health treatment
- Specific special education-related services (e.g., speech, physical and occupational therapy)
- Targeted case management (e.g., therapeutic foster care case management, mental health case management)

Medicaid services must be provided by a Medicaid enrolled provider. A designated managed care organization (MCO) coordinates certain Medicaid behavioral health services, or this is done by the behavioral health services administrator (BHSA), presently, Magellan of Virginia. The BHSA-managed services include residential treatment, therapeutic day treatment, intensive in-home therapy, and case management. These services require preauthorization by the BHSA.

If the child is not a Medicaid member, CSA funding of community-based behavioral health services requires a determination of clinical necessity (made by either the FAPT through the concurrence of a Licensed Mental Health Professional (LMHP) or by a contracted evaluation for intensive in-home therapy, therapeutic day treatment, and mental health skill-building services). More information on this CSA Policy (Policy 6.3) can be found in Section 10.1 of the *User Guide*, “Medical Necessity for Specific Clinical Services.”

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<sup>5</sup> This is not a comprehensive list of Medicaid covered services. Please refer to the [DMAS website](#) for details.

### **9.4.1 Medicaid and Residential Placements - IACCT**

Authorization for Medicaid funding for a TGH or PRTF placement is requested through an Independent Assessment and Care Coordination Team (IACCT) under arrangement with the BHSA or DMAS. Guidelines for CSA “interactions” with the IACCT process can be found in [CSA Administrative Memo #16-08](#) and [Guidance for CSA Community Policy and Management Teams Regarding the DMAS/Magellan Independent Assessment and Care Coordination Team \(IACCT\) Process](#).

### **9.4.2 Local Medicaid Matching Funds**

The Appropriation Act requires that local CSA programs provide matching funds for certain Medicaid-funded services offered to youth served through the CSA. The services are therapeutic group homes, psychiatric residential treatment facilities, and treatment foster care case management. Based on the information provided by DMAS, OCS “collects” this local share by reducing state reimbursements to localities. OCS posts the details of these collections to the secure local Fiscal Agent and CSA Coordinator areas of the CSA website. Local CSA programs are encouraged to monitor these local Medicaid deductions through the website to ensure their accuracy and report discrepancies to Magellan at [VADMASFIPS@magellanhealth.com](mailto:VADMASFIPS@magellanhealth.com).

Local CSA programs provide information on children in residential treatment to the BHSA using the [DMAS-600 Form](#). [DMAS Form 600-T](#) is submitted when a child transfers to another CSA jurisdiction while in a residential placement. The forms are submitted to the residential service provider and then sent to the BHSA.

## 10.0 Consistency of CSA Practices with Other Regulations

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Policies and practices of the Children's Services Act are designed to be consistent with all relevant federal and state laws, regulations, and policies. CSA follows these requirements regardless of whether CSA state pool, federal, or other state funds are utilized. This section of the *CSA User Guide* addresses activities where the need for such consistency has been identified.

**Note:** The areas addressed in this section of the *User Guide* should not be interpreted as a comprehensive and exclusive listing of all such areas. Practitioners are encouraged to become familiar with all relevant federal and state laws, regulations, and policies that may interface with CSA activities.

### 10.1 Medical Necessity for Specific Clinical Services

Criteria defining medical necessity have been identified for specific community-based clinical services funded through the state Medicaid program (Department of Medical Assistance Services, DMAS). These specific services are Intensive In-Home Services, Mental Health Skill Building Services, and Therapeutic Day Treatment. State Executive Council Policy 6.3 requires that when state pool funds are utilized (e.g., for non-Medicaid members) for these services, the FAPT/CPMT ensures that the DMAS medical necessity criteria specified for these services are met. The mechanism for making such determination is left to local policy and practice within broad guidelines, including the use of an independent clinical assessment. A [Model Community-based Behavioral Health Services Eligibility Form](#) is available but not required for local use.

The opportunity to request an [exception](#) to this policy is provided. [Guidelines for the Implementation of the Use of State Pool Funds for Community-Based Behavioral Health Services Policy](#) are available, as is a [Frequently Asked Questions](#) document on this topic.

In cases where the medical necessity criteria are not met, FAPT and CPMT should consider alternative services to meet the youth's needs.



## 10.2 Non-duplication of Case Management Services

The policies of DMAS (reflecting those of the federal Center for Medicaid and Medicare Services) prohibit concurrent funding of more than one case management service, regardless of funding source. Therefore, a child may not receive more than one purchased case management service at a time.

**(Note:** As indicated in the Case Management section (Section 8.4) of the *User Guide*, this prohibition does not apply to CSA “case support” or the routine case management services provided by agencies that are not purchased on a per-child basis.)

The relevant case management services include:

- Treatment Foster Care Case Management
- Intensive Care Coordination
- Case Management (provided by a Community Services Board) for:
  - youth at risk of serious emotional disturbance
  - individuals with substance-related disorders
  - Individuals with intellectual or developmental disabilities

## 10.3 The Individuals with Disabilities Education Act (IDEA)

As described in the *Special Education* section (Section 9.1) of the *CSA User Guide*, no CSA policy or practice may interfere with, contradict, or otherwise impinge on the rights of a student and family to receive services specified in an Individualized Education Program developed following IDEA. A student whose IEP determines private day school or residential placement for educational reasons must, with few exceptions (e.g., transportation), receive funding for all services specified in the IEP, if their eligibility for CSA is established.

## 10.4 Additional Daily Supervision of Children in Foster Care

The Virginia Department of Social Services specifies that any payments beyond basic maintenance for children in foster care to meet the child’s need for additional supervision and support shall be addressed through the Virginia Enhanced Maintenance Assessment Tool (VEMAT) process. This requirement applies whether the funding to support the additional daily supervision payments is title IV-E or CSA state pool funds. These additional maintenance payments through the VEMAT process are tied explicitly to a determination that that child has a clearly defined need for increased supervision and support from the foster parent due to the child’s behavioral, emotional, or physical/personal care requirements.

Local departments of social services shall not make additional payments to foster parents beyond basic maintenance for the supervision of a child (historically referred to as “special services” payments) outside of the VEMAT process.

## 10.5 Denial of CSA Funds

Per the Appropriation Act, the State Executive Council for Children’s Services adopted a policy regarding the *Denial of Funds* to local governments (Community Policy and Management Teams) not in compliance with the [Children’s Services Act \(Policies 4.6 and 4.7\)](#).

The SEC policies specify that localities may be denied CSA state pool funds for federal or state law or policy violations. The following are relevant federal or state laws or policies:

- All statutory requirements for Community Policy and Management and Family Assessment and Planning Teams
- To be eligible for CSA funding, any service provider that requires licensure or certification by a Virginia state agency (i.e., the Departments of Behavioral Health and Developmental Services, Education, Social Services, and Juvenile Justice) must be appropriately licensed or certified. These include:
  - Residential treatment facilities licensed by DBHDS
  - An array of outpatient services requiring licensure by DBHDS (specified in 12VAC35-105-30)
  - Private day and residential schools licensed through DOE
  - Childcare, family homes, and children’s residential facilities licensed by DSS
  - Locally operated group homes or detention centers certified by DJJ

The SEC policies provide references to the specific programs and services which require licensure or certification, as described below.

- Any service or placement with specific federal law or policy requirements, including requirements for children in foster care, as determined by title IV-E of the Social Security Act.
- If any group home or other residential facility serving CSA-funded children has its licensure status lowered to a provisional status as a result of multiple health and safety or human rights violations, all children placed through CSA in that facility shall be assessed to determine if it is in the best interests of each child to be removed and placed in a fully licensed facility ([§2.2-5211.1.1](#)). No new CSA placements shall be made in a provisionally licensed facility until and unless the violations are remedied and full licensure status restored.

## 11.0 Intensive Care Coordination

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### 11.1 Background: What is Intensive Care Coordination?

Intensive Care Coordination (ICC) is a service designed to address the needs of children and families with complex, challenging behavioral health issues. Youth served by ICC typically represent the top 10-20% of a “need severity pyramid.” The goals of ICC include serving youth in their homes and communities, and if placed out of the home, decreasing the length of stay and facilitating a successful return to the community. Due to the intensity of need by the youth served, ICC establishes smaller caseloads than traditional case management. ICC also explicitly acknowledges the need to partner with youth and families to design and implement services to meet goals.

In 2013, the State Executive Council adopted a specific policy concerning the delivery of ICC (see [SEC Policy 6.1](#)). In brief, this policy establishes minimum credentials and requires all ICC providers and supervisors to be trained in the High Fidelity Wraparound (HFW) model. The target population for ICC includes youth placed in, or at high risk of, out-of-home placement, acknowledging that prevention of residential placement through intensive work with youth and families is a highly valued outcome.

Intensive Care Coordination (ICC) is defined in the SEC Policy as:

“Facilitating necessary services provided to a youth and his/her family designed for the specific purpose of maintaining the youth in, or transitioning the youth to, a family-based or community-based setting. Intensive Care Coordination Services are characterized by activities that extend beyond regular case management services that are within the normal scope of responsibilities of the public child-serving systems and that are beyond the scope of services defined by the Department of Medical Assistance Services as “Mental Health Case Management.”

Following [§2.2-5206.17](#), [§2.2-2648](#), and the Appropriation Act, all localities must develop a local policy on ICC that meets the needs of children and families.

### 11.2 The High Fidelity Wraparound Model

High Fidelity Wraparound (HFW) is an evidence-based practice firmly grounded in System of Care values such as individualized, family and youth-driven services, strengths-based practice, reliance on natural supports, the building of self-efficacy, team-based practice, outcomes-based service planning, and cultural and linguistic competence. The HFW approach is a care

management/care coordination process that holistically addresses youth and families' behavioral and social needs to develop self-efficacy.

At the onset of the HFW process, the HFW facilitator and youth and family support partners work with the youth and family to develop their “team.” The team includes system partners and those important to the family (natural supports). Over 12-18 months, the HFW team works together to help the family achieve its vision. This is done through monthly planning meetings where outcome-based plans are developed to meet the identified needs. This includes a Crisis Prevention Plan. The HFW framework guides the work, including four phases with associated activities and documentation. By ensuring the youth and family have ownership of the planning process and integrating the work of those serving and connected to the youth and family, national evidence demonstrates decreased lengths of stay, reduced costs, and sustained connection to community-based resources for HFW.

### **11.3 The Role of ICC at the FAPT**

Intensive Care Coordination (ICC) is a service that may be purchased from a private provider or a Community Services Board (CSB). The ICC provider / HFW facilitator cannot be the lead agency case manager for FAPT. If the ICC is a CSB employee, the lead agency case manager must be a separate individual from the CSB or another child-serving agency.

If the CSB is the only child-serving agency available to bring the youth and family to FAPT, the local CSA may purchase the FAPT case oversight function from the CSB by using the Case Support service definition.

### **11.4 The Provision of ICC with Other Case Management**

The Department of Medical Assistance Services (DMAS), the state Medicaid agency, has determined (in accordance with federal guidelines) that ICC is a Case Management Service. As a result, regulations regarding non-duplication of services apply, meaning that other billed Case Management services (e.g., Treatment Foster Care – Case Management, Mental Health Case Management) cannot occur concurrently with ICC. These restrictions apply whether or not the child is receiving Medicaid-funded services.

## 11.5 Additional Resources

Additional resources can be found on the CSA website under *Resources > High Fidelity Wraparound AND AS FOLLOWS:*

- [SEC Policy on ICC](#)
- [ICC in a HFW Model](#)
- [HFW Activities and Documentation](#)

## 12.0 Utilization Review and Continuous Quality Improvement

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Utilization Review (UR) and Continuous Quality Improvement (CQI) are two approaches to evaluate and improve the efficiency, appropriateness, and effectiveness of the local CSA. They include techniques for managing service planning, service provision, and local CSA program management and decision-making through systematic and data-driven processes. Utilization Review and CSA CQI seek to implement and maintain high-quality services that are also cost-effective and successfully meet the needs of children and families.

### 12.1 Utilization Review

Utilization Review (UR) occurs at the child and family/service level and is the formal assessment of the necessity, efficiency, and appropriateness of services. UR measures the progress of the youth and family in services and towards achieving the goal and objectives in the Individual Family Service Plan (IFSP). UR is a form of checks and balances; it asks are we getting what we paid for? Are things improving? And how do we know?

UR is required for all services purchased through CSA. There is local flexibility in how and who conducts UR, and local UR policy and procedures should dictate local UR operations. The [Utilization Review Guidelines](#) provide an overview of UR best practices and include a suggested schedule for review (based upon service type) and resource documents to assist in local implementation. A model IFSP UR addendum (and instructions) for completing utilization review can be found on the CSA website in the *Resources* area under *Forms*.

### 12.2 Role of the Office of Children's Services (OCS) in Utilization Review

OCS provides State-Sponsored Utilization Review (UR) to localities that choose to enter into a Memorandum of Agreement for this service. If a locality chooses, OCS State-Sponsored UR is completed at no cost for all non-educational residential placements. If a locality decides to participate in State-Sponsored UR, this should be reflected in the locality's CSA policies.

The *Interagency Agreement for State-Sponsored UR*, the *Checklist* for case submissions, the *Discharge Form*, and the *Initial and Subsequent Utilization Review* forms used by OCS can be found in the Resources area of the CSA website under Utilization Review.

## 12.3 CSA Continuous Quality Improvement (CQI)

The Code of Virginia ([§2.2-2648 D.15](#), [§2.2-5206.13](#), and [§2.2-5208.5](#)) requires localities to review and analyze aggregate CSA data and develop long-range program plans. This activity has historically been referred to as “Utilization Management” for CSA and is now defined as Continuous Quality Improvement (CQI).

Continuous Quality Improvement (CQI) is reviewing data and using data-driven decision-making to improve performance and program implementation. To assist localities with meeting the statutory requirements, the SEC and the Office of Children’s Services developed “easy-to-use” tools for local CPMTs. CSA CQI tools consist of a CQI Dashboard, a Documentation Template with Instructions, and a set of uniform terms and definitions. These tools can be used by CPMTs and local CSA partners to continually review data, develop long-range, data-driven action plans, and provide effective CSA services.

CSA CQI tools and instructions on how to use them are available on the OCS website at: <http://www.csa.virginia.gov/Resources/ContinuousQualityImprovement>.

Requests for onsite CSA CQI training can be made by submitting a request on the OCS website at: <http://www.csa.virginia.gov/Contact/TechnicalAssistance/2>

## 13.0 Audit Engagement

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This chapter of the *CSA User Guide* describes the four stages of an audit engagement: Planning, Fieldwork, Reporting, and Follow-up.

The audit process, whether a full on-site or self-assessment validation review, consists of four primary phases: planning, fieldwork, reporting, and follow-up. An on-site audit is the more intensive of the two types of engagements. It typically requires a three or more day site visit by the auditor and includes extensive interviews, risk assessment procedures, and detailed audit tests performed on a large sample of CSA case files. The self-assessment validation is less intensive and typically is limited to a one-day site visit by the auditor, which is the validation portion of the self-assessment audit. Self-assessment validation engagements are based on the local CSA programs working collaboratively to complete the *CSA Self-Assessment Workbook* to evaluate their programs. The *Workbook* can be found under the [Local Government, Program Audits](#) section of the CSA website. The auditor performs audit tests to validate the conclusions reported. Audit tests performed are identical to on-site engagements, though less intensive due to a smaller case sample size and the extent of the preliminary work done by the local CSA program. Depending upon varying factors (i.e., travel distance, inclement weather, public health crisis response, etc.), all or portions of the audit engagement may be conducted using our remote audit process. The remote audit process is described later in this chapter.

The following subsections describe audit activities implemented in each phase and what to expect during an audit. A flowchart of each phase of the audit process is depicted immediately following the subsection. A list of frequently requested documents and a sample Client Record Request Form is located at the end of this section of the *User Guide*.

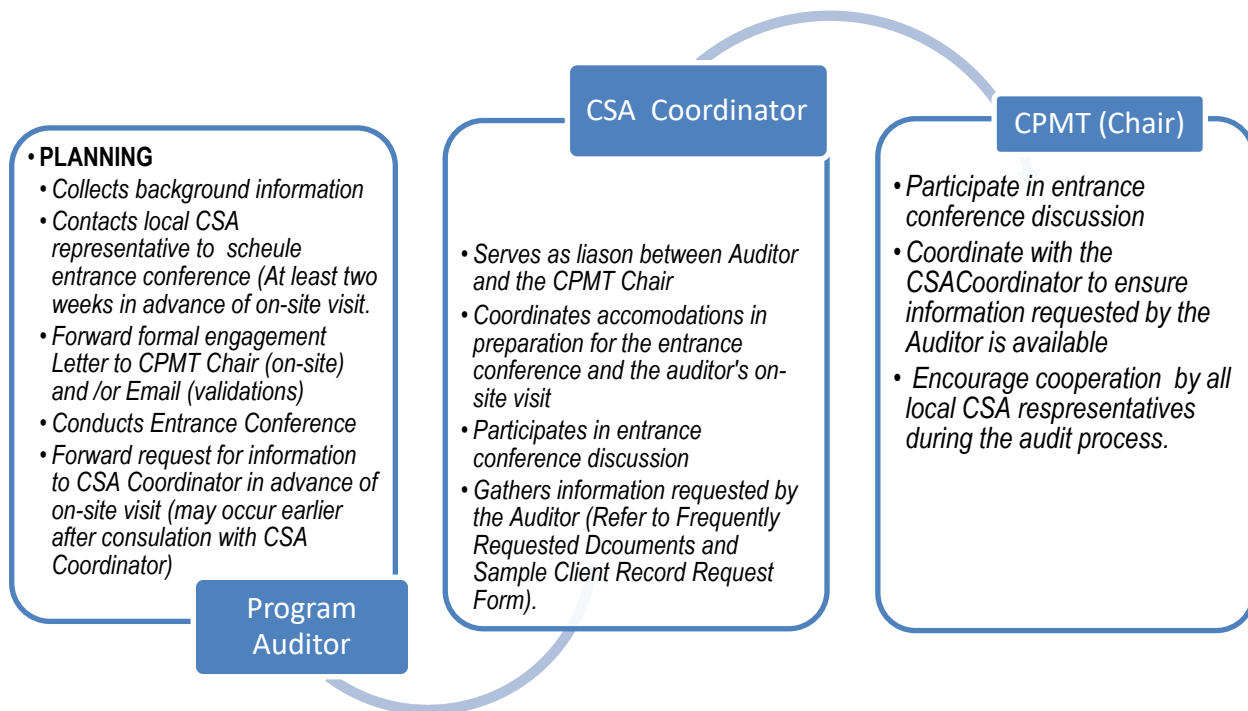
### 13.1 Phase I: Planning

Planning is the background information and data collection phase of the audit. This may involve simple internet searches, questionnaires, and a formal request for information from the local CSA Coordinator (e.g., policies, procedures, by-laws, membership rosters). Once the preliminary data collection is completed, an entrance conference is scheduled with the local CSA representatives to discuss the audit objectives, scope, procedures, period covered, communicating results, report distribution, quality improvement plans, and follow-up monitoring. The entrance conference may be in-person or through video or teleconference technologies. The entrance conference typically occurs at least two weeks before the date of the actual on-site visit. While preferable to conduct the entrance conference in advance of an on-site visit, there are instances when the entrance conference and fieldwork will be initiated



on the same day. This is particularly likely for audits where significant travel is required and video/teleconferencing is not possible.

*Note: Planning documents generally do not contain sensitive or personally identifiable information (PII). Local CSA programs are strongly encouraged to forward those documents to the auditor electronically and within two weeks of receipt from the date of the document request. Any documents submitted electronically that contain sensitive PII must be transmitted securely using encryption.*



**What to expect during an entrance conference:**

All CPMT members and other interested parties deemed appropriate by local government administrators and/or the CPMT Chair are encouraged to attend. The auditor will begin by communicating the audit period, anticipated duration of the audit, scope, objectives etc. The Auditor will describe the various audit techniques to be performed. The meeting participants are asked to share local accomplishments, successes, and/or concerns. They will be asked to identify what they view as potential risks for their local CSA programs, and possible mitigating actions. The Auditor will discuss the process for communicating results of the audit, distribution of the final report, and follow-up monitoring. The entrance conference typically last no longer than an hour. Audit clients may take this opportunity to share any information about their local programs that may potentially affect the outcome of their audit (e.g., staff turnover, policy/procedure changes, etc.).

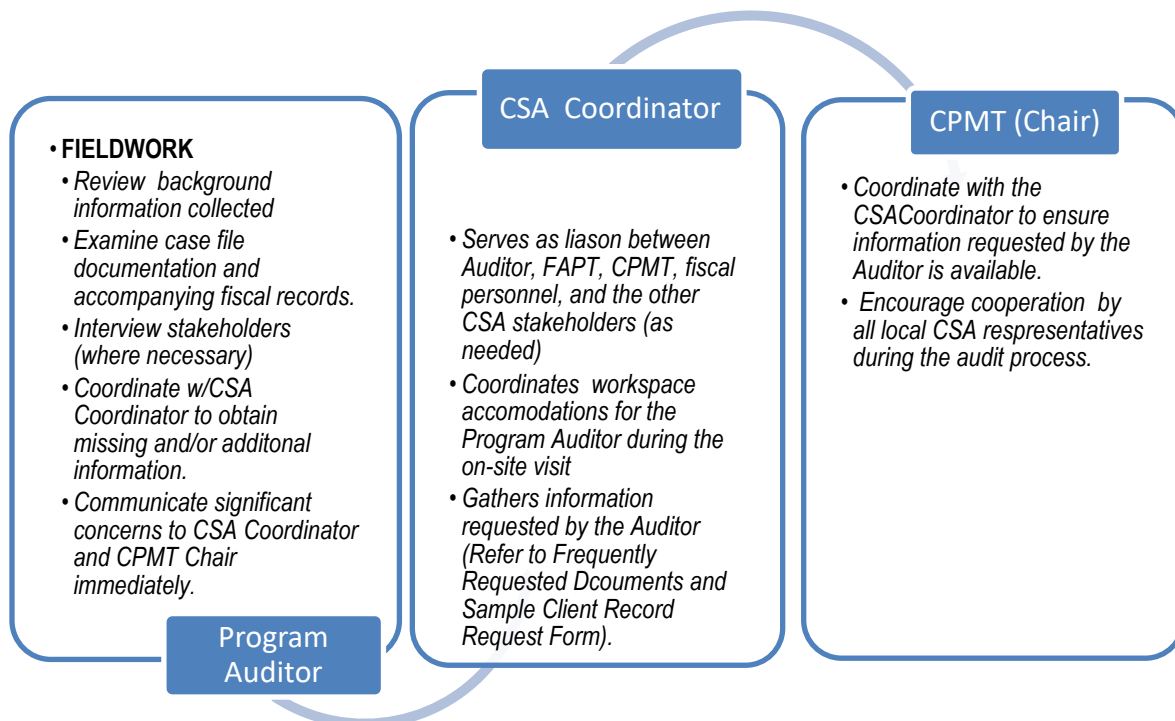
**NOTE:** For entrance conferences conducted by video/teleconference, the auditor will coordinate scheduling with the CSA Coordinator. Either the auditor or the CSA Coordinator will provide the meeting details by email to the relevant parties anticipated to attend.

## 13.2 Phase II: Fieldwork

Fieldwork is the analysis and evaluation phase. Fieldwork is primarily performed on-site. However, the auditor may perform various audit procedures in the office. Audit procedures may include, but are not limited to, the following:

- review policies, plans, procedures, guidelines, directives, laws, rules, regulations, publications, etc.;
- conduct interviews with CSA stakeholders as deemed necessary (i.e., CPMT, FAPT, CSA Coordinators, Fiscal Agent, Case Managers, etc.);
- create a flowchart or narrative of operational and fiscal processes to evaluate strengths, weaknesses, effectiveness, and efficiency of operations;
- examine/inspect records to assess whether files are complete, information is accurate and reliable, and appropriate authorizations/signatures (if required);
- perform analytical procedures to evaluate the financial/operational impact of processes/activities that may result from ineffective, inefficient, or inappropriate use of CSA resources; and

communicate preliminary observations to obtain additional information necessary for further evaluation; Local CSA programs are given two weeks from receipt of the preliminary observations to provide additional information for reconsideration.



*What to expect during on-site fieldwork:*

*Interviews:* The auditor may schedule interviews with selected CSA stakeholders. Interviews typically last no more than an hour. If unavailable, interviews may be conducted by telephone or videoconference. Discussion topics include roles/responsibilities, confidentiality, conflicts of interest, fraud risk, or matters relevant to specific transactions under review and within the scope of the audit (e.g., service planning and funding decisions).

*Case File Reviews:* The auditor selects a sample of client case files for review (usually 5 -10 percent). The list of selected cases will be shared with the CSA Coordinator in advance of the onsite visit. Case files are reviewed for minimum required documentation (refer to CSA Policy 3.5 Records Management and accompanying CSA Documentation Inventory). Specific documents, such as Individual/Family Service Plans (IFSP) and expenditure records, are reviewed to ensure compliance with CSA statutes, policies, and procedures.

*Informal Briefing:* Before the auditor concludes the on-site visit, the auditor will schedule an informal briefing to communicate preliminary concerns. The CSA Coordinator and any interested CPMT members are invited to participate. All parties are aware that any information communicated is preliminary and NOT final. The informal briefing may be followed up with an email summarizing the initial preliminary observations. Local programs seeking to mitigate preliminary observations should share the additional information within two weeks of receipt of notification. While strongly advised to provide supplemental documents within two weeks of notification, all other information received before the final report issuance will be given due consideration.

### **13.3 Phase III: Reporting**

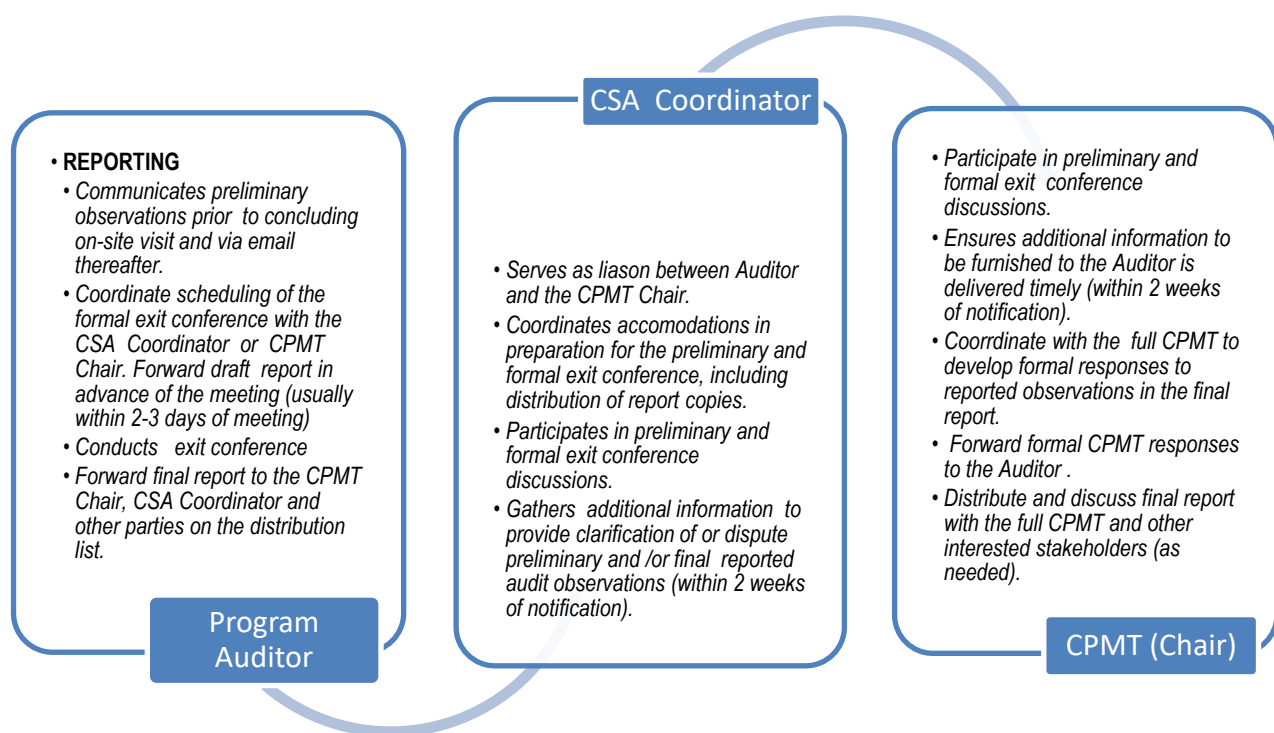
The OCS standard audit policy is to discuss each audit observation with the appropriate level CSA representatives, which OCS refers to as management discussion points. Client participation is solicited to:

- resolve misinterpretations, inconsistencies, or factual errors in initial data provided;
- resolve disputed concerns regarding the validity of any preliminary audit observations; and
- aid in the development of recommendations to address valid audit observations.

An exit conference debriefing is scheduled to present the audit conclusions to the CPMT. Where feasible, the exit conference debriefing may be conducted in person or through video or teleconference technologies. A copy of the draft report is provided to the CPMT Chair and CSA

Coordinator before the scheduled exit conference debriefing for review and distribution to other attendees to ensure that there will be no surprises in the final audit report.

Before the final audit report is distributed, audit clients are encouraged to provide written comments to be included in the final report. The timeframe to submit formal responses to audit observations is typically within two weeks of concluding the exit conference or no later than one (1) week following the first CPMT meeting that occurs after the exit conference. The Auditor and CPMT must confirm agreement on the due date for receipt of client comments during the exit conference debriefing). The final report is distributed to the OCS Executive Director, local government administrator/manager, CPMT Chair, local CSA Fiscal agent, and CSA Coordinator. Final reports are also published on the CSA website.



What to expect regarding audit reporting:

*Exit Conference Debriefing:* All CPMT members and other interested parties deemed appropriate by local government administrators and the CPMT Chair are encouraged to attend. The auditor will present the draft report, and participants may ask questions or provide additional clarifications. The CPMT Chair and CSA Coordinator may be asked to sign the Management Discussion Point Worksheet on behalf of the CMPT, acknowledging that the audit observations have been communicated. The auditor will request formal comments to be included in the final report and negotiate a date for receipt of those comments (two weeks from the date of the exit conference debriefing, but no later than one (1) week following the

first CPMT meeting that occurs after the exit conference). Participants are advised of the timetable for submitting the quality improvement plan to OCS and the process for follow-up on the implementation of quality improvement tasks. The exit conference debriefing typically lasts no longer than an hour.

*Final Reports:* The report includes an executive summary, background/locality profile, and observations. The executive summary concludes the overall assessment of internal controls and compliance. A report may indicate “significant” deficiencies, which indicates that these are potential risk exposures that require immediate action.

**NOTE:** For exit conference debriefings conducted by video/teleconference, the auditor will coordinate scheduling with the CSA Coordinator. Either the auditor or the CSA Coordinator will provide the meeting details by email to relevant parties anticipated to attend.

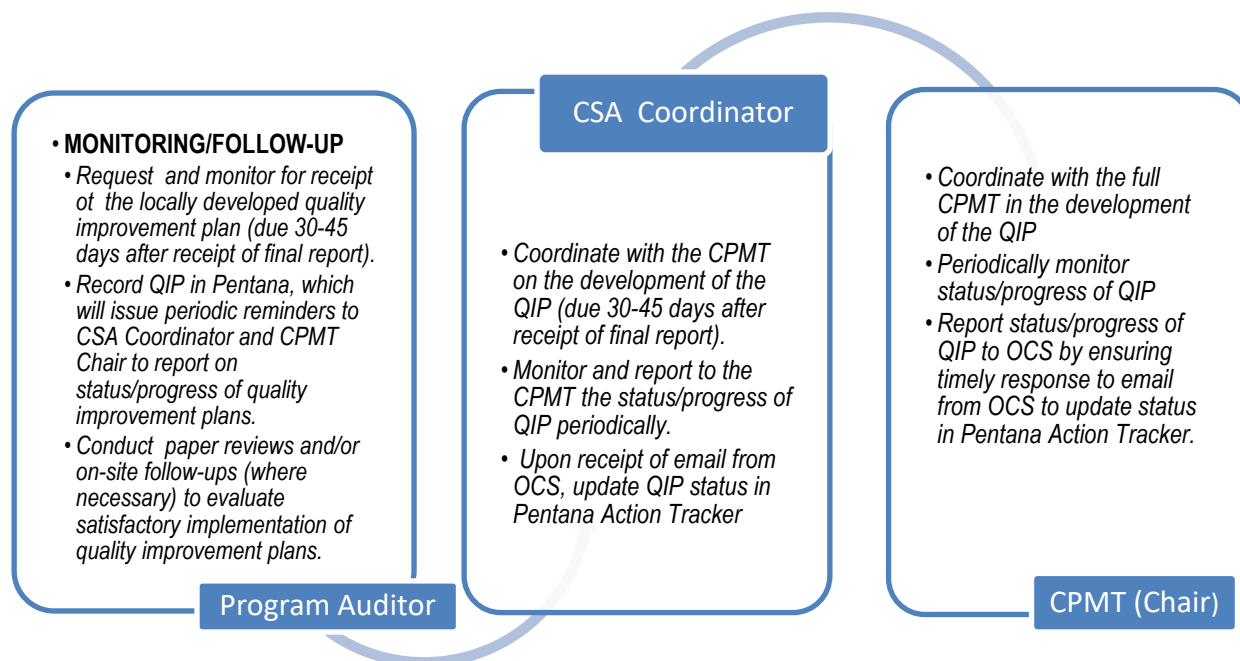
## 13.4 Phase IV: Follow-up

The local CSA program is asked to provide a quality improvement plan (QIP) addressing the observations outlined in the final report. This document should be furnished to OCS within 30-45 calendar days of receiving the final report. The quality improvement plan should indicate the following:

- description of the task to be completed;
- the person responsible for ensuring the task is completed; and
- anticipated implementation or completion date.

Upon receipt, the auditor will review the quality improvement plan to assess whether the tasks identified adequately address audit observations. In writing, the auditor will notify the CPMT Chair if the proposed actions are unsatisfactory. Otherwise, the quality improvement plan is deemed acceptable.

Local CSA representatives are asked to monitor and periodically report to OCS on the status of tasks indicated in the quality improvement plan. Program Auditors and designated OCS staff may also perform follow-up procedures to assess progress during the next scheduled audit. To facilitate this process, the auditor records the QIP in OCS’s audit management tool, Pentana. This resource tool promotes efficient and timely monitoring of the status of implementation of QIP tasks. In Pentana, QIP tasks are referred to as “Actions.” Pentana’s Action Tracker tool will periodically notify local representatives (CPMT Chair, CSA Coordinator, or CPMT Fiscal Agent) via email that a status update is due. The email will include a link to the application where the designated local representative may then record the update.



#### What to expect during audit monitoring/follow-up:

The real added value of an audit occurs at this stage of the process. CPMTs and auditors should continuously monitor the implementation of the quality improvement plan to ensure reported observations have been appropriately addressed. QIPs are recorded in OCS's audit management tool, Pentana, which labels each task as "Actions." Pentana's Action Tracker periodically notifies local representatives (CPMT Chair, CSA Coordinator, or CPMT Fiscal Agent) via email that a status update is due. The email includes a link to the application where the designated local representative may then record the update (see Action Tracker flowchart in the diagram below)

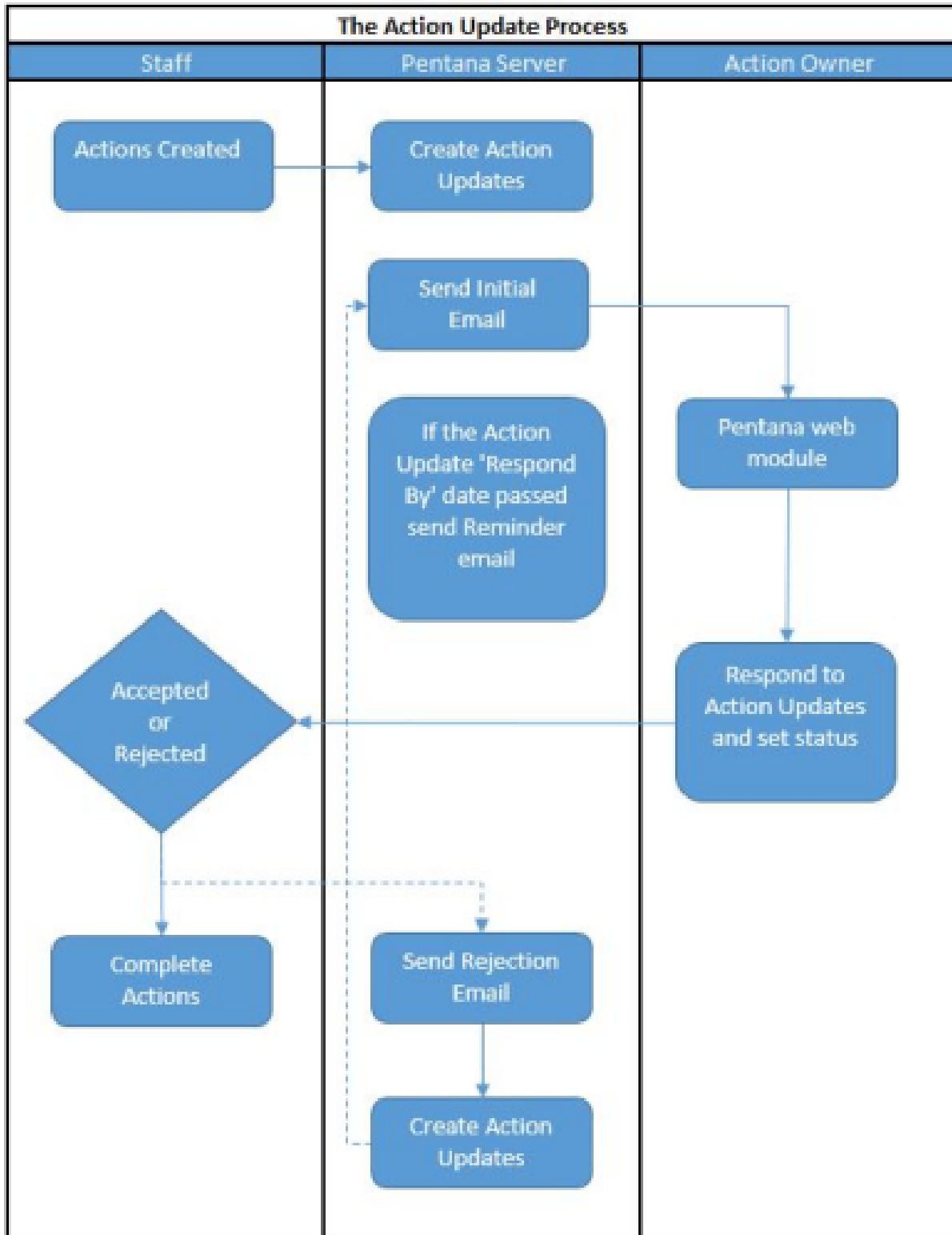
#### Tips for Monitoring/Follow-up on the Status of Quality Improvement Plan Task

- The CPMT should consider adding a quality improvement plan monitoring as an agenda item for CPMT meetings. A designated representative could provide reports on progress to the CPMT.
- Using Pentana's Action Tracker, update quality improvement plan target dates when tasks identified are not implemented or completed by the initially anticipated target dates.
- Report status changes to the Office of Children's Services upon receipt of the email notification from OCS. You do not have to wait until the entire plan has been completed to provide updates to OCS.



**Action Update Work Flow**

The diagram below shows the normal work flow around Action Updates and has been included for information purposes only.



In this diagram,

- Staff refers to program auditors
- Pentana Server refers to the Action Tracker application/web module
- Action Owner refers to local CSA Program representatives (primarily CSA Coordinator)

## 13.5 Frequently Requested Documents During Audits

It is not intended that all local CSA programs are required to provide all the documents that are referenced. Further, the Documentation Request List is not a comprehensive list of materials needed to complete an audit engagement. The documentation required to meet audit objectives is subject to change based on local CSA operational practices.

AUDIT PHASE	DOCUMENT DESCRIPTION
Planning	<ul style="list-style-type: none"> <li>• List of CPMT/FAPT/MDT members (include agency affiliation and contact information)</li> <li>• CPMT Bylaws (if available)</li> <li>• Local CSA policy and procedure manual</li> <li>• Utilization Management/Utilization Review Plan</li> <li>• CSA Self-Assessment Workbook<sup>6</sup></li> <li>• External audit reports (CAFR Audits, title IV-E, etc.) and related corrective action plans</li> </ul>
Fieldwork	<ul style="list-style-type: none"> <li>• CPMT/FAPT/MDT meeting minutes<sup>7</sup></li> <li>• Local CSA long-range plan</li> <li>• Performance/Outcomes reports (i.e., continuous quality improvement-CQI reports)</li> <li>• Financial Reports (i.e., supplemental requests, budget, and expenditure reports, etc.)</li> <li>• Training agendas and participant rosters</li> <li>• Statement of Economic Interest Disclosure Forms</li> <li>• Confidentiality Statements (FAPT and CPMT, if applicable)</li> </ul>

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<sup>6</sup> Only applies where the local CSA program has completed the CSA Self-Assessment Workbook.

<sup>7</sup> Include all supplemental documents that support activities/discussions occurring during CPMT/FAPT meetings (i.e., financial reports, presentation materials, etc.)



AUDIT PHASE	DOCUMENT DESCRIPTION
	<ul style="list-style-type: none"> <li>• Listing of CSA Case Managers</li> <li>• Listing of CANS users/super users/administrators, including signed user agreements</li> <li>• Listing of all CSA Parental Agreements</li> <li>• Listing of ICC cases</li> <li>• Listing of due process/appeals requested/decided</li> <li>• Reconciliation of CSA Fund balances</li> <li>• Local government general ledger reports for CSA line items</li> <li>• Annual Gap Survey</li> <li>• Vendor/Provider Listing and associated contracts</li> <li>• Records Retention Destruction Schedules</li> </ul> <p>Specific to CSA Client Case File Reviews<sup>8</sup>: <i>(see the sample Client Document Request Form in the diagram below)</i></p> <ul style="list-style-type: none"> <li>• Client referral packet (if applicable)/demographic data</li> <li>• Consent to exchange information</li> <li>• Child Adolescent Strength and Needs (CANS) assessment</li> <li>• IFSP/ IEP/ Foster Care Plans (if applicable)</li> <li>• Assessment Tools - VEMAT, VICAP, etc. Scores (if applicable)</li> <li>• Child in Need of Services (CHINS) Determination (if applicable)</li> <li>• Certificate of Need (if applicable)</li> <li>• Vendor placement agreement and rate sheets (if applicable)</li> <li>• Vendor treatment plans and progress reports</li> <li>• Utilization review reports</li> <li>• Request for CPMT funding authorization (if applicable)</li> <li>• Client payment history (i.e., Thomas Bros., Harmony, Local System)</li> <li>• Purchase orders / invoices / DSS Case Actions w/receipts (if applicable)</li> </ul>

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<sup>8</sup> Client case file reviews are very intensive. Due to locally developed document retention practices, some documents listed above may or may not be included in the client file maintained by the local CSA Office. Auditors should be made aware of any documents that are maintained in the files of partner agencies to facilitate coordination to access the applicable documents.

<b>AUDIT PHASE</b>	<b>DOCUMENT DESCRIPTION</b>
Reporting	<ul style="list-style-type: none"><li>• Signed management discussion points</li><li>• Formal comments for the final report</li><li>• Completed Audit Client Survey</li></ul>
Follow-up/ Monitoring	<ul style="list-style-type: none"><li>• Quality Improvement Plan</li><li>• Quality Improvement Plan updates and related source documents</li></ul>



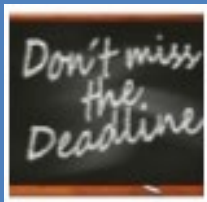
Program Audit Activity  
Document Request List  
Client Case File Review by Mandate Type

Instructions: For each of the client case files listed below, please collect and forward the requested documents identified below (Part I of this worksheet) to the requesting CSA Program Auditor. Should any document not be available for any applicable client, please complete the section labeled Exceptions (Part II of this worksheet). Upon collection of requested documents and completion of the template please signed off as certifying that the documents listed is what is being submitted (Part III of this worksheet). Upon remittance to OCS Program Auditors, please ensure that documents are transmitted securely using encryption and/or password protection.

MANDATE TYPE: FOSTER CARE ABUSE/NEGLECT – PREVENTION (Expenditure Category 2F – Community Based Services)												
<b>PART I:</b>	<b>Selected Clients:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Case No.	Case No.	Case No.	Case No.	Case No.	Case No.	Case No.	Case No.	Case No.	Case No.	Case No.
	<b>Documents Requested</b>											
	<b>Check Box if Submitted</b>	<b>Document Description</b>	<b>Auditor/Client Comments:</b>									
	<input type="checkbox"/>	<b>Proof of mandate eligibility</b> <i>(Local form)</i>										
	<input type="checkbox"/>	<b>IFSP/Other Service Plan</b> <i>(Other service plans include Family Partnership Meeting Plans, Multi-Disciplinary Team Plans)</i>	<b>For the period covering:</b>									
	<input type="checkbox"/>	<b>FAPT Notes (where applicable)</b>	<b>For the period covering</b>									
	<input type="checkbox"/>	<b>Utilization Reviews</b>										
	<input type="checkbox"/>	<b>Consent to Exchange Info</b>	<b>For the period covering</b>									
	<input type="checkbox"/>	<b>Parental Co-pay Assessment and Proof of Collections (where applicable)</b>	<b>For the period covering</b>									
	<input type="checkbox"/>	<b>ICC Discovery Document</b> <i>(where CSA funds ICC Services)</i>										
	<input type="checkbox"/>	<b>Proof Medicaid Eligibility (where applicable)</b>										
	<input type="checkbox"/>	<b>Medicaid Authorization/Denial/ Appeals</b> <i>(where eligible and services funded by CSA include, but not limited to, community-based behavioral health services – IIH, TDT, MHSS)</i>										
	<input type="checkbox"/>	<b>CBBHS assessment signed by a Licensed Mental Health Profession</b> <i>(if client does not have Medicaid)</i>										
	<input type="checkbox"/>	<b>Treatment Plans/Progress Reports</b>										
<input type="checkbox"/>	<b>Proof of CPMT Funding Approval</b>											
<input type="checkbox"/>	<b>Purchase Orders</b>											
<input type="checkbox"/>	<b>Vendor Invoices</b>											
<b>PART II:</b>	<b>Exceptions</b>											
	<b>Selected Clients:</b>	<b>Explanation/Description:</b>										
	Case No.											
Case No.												
<b>PART III:</b>	<b>Certification</b>											
	Name (Print)									Date:		
	Signature									Date:		

For more detailed information regarding the [CSA Program Audits](#), please visit the CSA website.

### 13.5.1 Document Submission Timelines



Readily accessible and available documentation affects the overall time it may take to complete an engagement. The audit process is generally flexible with the time allotted for providing the requested information, and this flexibility has sometimes created lengthy delays in delivering the final audit report. To improve the efficiency of audits and the timely issuance of final audit reports, specific due dates for submitting requested documents have been established as follows:

Document Type	Audit Stage	Due Date
Initial Request	Planning (Start of engagement)	Two (2) weeks from the date the written request is received
Follow-up/Clarification	Fieldwork (Audit in progress)	Two (2) weeks from the date the written request is received
Client Comments	Reporting (Presentation of results)	Two (2) weeks after exit conference/debriefing, or  One (1) week following the first CPMT meeting that occurs after the exit conference (Audit and CPMT must confirm agreement during the debrief)
Quality Improvement Plans (QIP)	Follow-up (Establish and monitor corrective action)	Self-Assessment Validations <ul style="list-style-type: none"> <li>• Thirty (30) calendar days after receipt of the final report</li> </ul> Onsite Engagements <ul style="list-style-type: none"> <li>• Forty-five (45) calendar days after receipt of the final report</li> </ul>

Key points to keep in mind about the document submissions:

- There will be no follow-up request for documentation where the due date for submission has passed.
- Audits will proceed accordingly where requested documents are not received by the due date.
- Documents received after the due date will be given due consideration, provided they are received before the final report is issued.

### 13.5.2 Remote Audit Process

#### PLANNING & COORDINATION

Communications with audit clients will occur by email and tele/videoconference. The auditor and CSA Coordinator will coordinate the logistics of scheduling the entrance conference debriefing. Requests for information are sent to the CSA Coordinator and CPMT Chair using encrypted email (i.e., Virtru). The CSA Coordinator forwards the requested documents as attachments, using the reply function of the encrypted mail. Note: Local CSA Program using other branded encryption applications (e.g., Barracuda) may remit documents to the auditor via those applications where more practical. ***Critical: All confidential and sensitive information documents must be encrypted/password protected upon transmission.***

#### FIELDWORK

**General Audit Procedures.** Audit staff will objectively evaluate local procedures, practices, and documents to ensure compliance and internal control objectives have been established and functioning as intended.

**Client Case Reviews.** Local CSA programs will scan (paper to .pdf) a select number of files for audit examination that will be transmitted to the auditor securely (password-protected/encrypted). The auditor will select a limited number of client records with transaction history during the most recent 12-month period from when the audit is initiated (e.g., September 19 – August 20). The number of records requested is based on the client population of the locality, as indicated by CSA utilization reports maintained by OCS. For CSA Self-Assessment Validations, the cases selected for audit represent a subset of cases reviewed initially by the audit client. Generally, no less than five (5) cases are selected for validation.

<b>Population</b>	<b># of Files Requested</b>
1 to 50	5 cases
51 to 500	10 cases
> 501	15 cases

The auditor will provide the CSA Coordinator with a standardized document request form identifying the cases selected for review and the specific documents from each file to be securely transmitted to the auditor. This will ensure that efforts focus on specific documents rather than the entire client record. The form also serves as a checklist for the auditor and the local CSA office to record documents submitted for review or provide justification for the absence of the requested information. The CSA Coordinator will securely transmit the document request form and related documents to the assigned auditor-in-charge. Questions regarding document requests and client records should be directed to the assigned auditor-in-charge.

## **REPORTING**

Communications with audit clients will occur by email and tele/videoconference. The auditor may verbally present preliminary audit observations to the CPMT Chair and CSA Coordinator by telephone, with a follow-up summary by email that includes a list of additional documentation that may be required to complete the evaluation. Exit conference presentations to discuss the audit results shall be via videoconference, where feasible. Meetings will be scheduled with the CPMT Chair, Fiscal Agent, and CSA Coordinator unless otherwise requested by the audit client. CPMT Chair will be responsible for sharing results (i.e., draft report) with the full CPMT. The auditor will request formal comments to be included in the final report and negotiate a date for receipt of those comments (two weeks from the date of the exit conference debriefing, but no later than one (1) week following the first CPMT meeting that occurs after the exit conference. Final reports will be distributed by email.

## **QUALITY IMPROVEMENT PLANS (QIP)**

A QIP is required for all audits where the final audit report includes observations and recommendations. QIPs are due to OCS 30-45 calendar days upon receipt of the final report and must be emailed to the assigned auditor-in-charge.

- 30 Days - Self-Assessment Validations
- 45 Days – Onsite Audits

## **13.6 CSA and Comprehensive Audit and Financial Report Requirements**

According to the [\*Specifications for Audits of Counties, Cities, and Towns\*](#), the expenditure of funds under the Children's Services Act is audited in each locality as a separate program account as part of the annual local audit.

## 14.0 Service Definitions

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The State Executive Council has adopted a set of standard definitions to be utilized when reporting on services purchased under the CSA. (See [Administrative Memo #14-06](#)). The purpose of the standardized definitions is to aid in meaningful analysis and reporting of CSA-funded services. All localities must employ these standard service definitions when reporting to OCS.

The current approved list of service names and their definitions can be found [here](#).



## 15.0 The CSA Service Fee Directory

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[§2.2-5214](#) requires the OCS to establish and maintain a service fee directory (SFD). The [Service Fee Directory](#) (SFD) can be found on the CSA website. The SFD allows vendors to list their services and the maximum rate they charge. The SFD can assist localities by having service providers share information regarding availability and fees for specific services.

Both public and private vendors enter and update the SFD information. (**Note:** OCS does not verify any information submitted to the SFD. The responsibility for verifying vendor information rests with the vendor and the locality purchasing the services.) While localities may require vendors to list themselves in the SFD through their vendor contract, OCS does not have the authority to require vendors to be listed on the SFD.

The SFD can be searched using any of the following parameters or a combination of:

- Provider Name
- Service Code
- Characteristics

A tabular report is displayed based on the parameter criteria when the Search button is clicked. This report can be sorted by clicking on the column heading. The report results can also be exported to either Excel or pdf using the Export link.

**Service Fee Directory - Search**

**Report Filters**

Service Provider Name:

Service Code & Category:

**Available Characteristic**

- Autism Disorder
- Behavior/Conduct Disorder
- Delinquent/Court Involvement
- Development Disability
- Emotional Disturbance
- Family-Related Needs

*Please hold CTRL key to select multiple items*

**Selected Characteristic**

- Aggressive/Assaultive Behavior

*Maximum 3 Characteristic are allowed*

**Results**

What format would you like?  [Export](#)

Provider ID	Service Provider Name	Website	Admissions Conta...	Admissions Conta...	City, State
1006	<a href="#">First Home Care - Tidewater (ABS LINC VA,INC)</a>	<a href="#">www.firsthomecare...</a>	Lizzie Caldwell	757-398-5226	Portsmouth, VA
1032	<a href="#">St. Joseph's Villa</a>	<a href="#">www.NeverStopBelie...</a>	Matthew Sheerin	804-553-3241	Richmond, VA
1070	<a href="#">Jackson - FEILD HOMES</a>	<a href="#">www.jacksonfeild.org</a>	Kedrain Brown	434-634-3217 ex 30...	Jarratt, VA
1071	<a href="#">Northern Virginia Family Service</a>	<a href="#">www.nvfs.org</a>	Sharon Frost, MA	571-748-2507	Oakton, VA
1161	<a href="#">HopeTree Family Services - Foster Care-Salem</a>	<a href="#">www.hopetreefs.org</a>	DJ Sheppard	540-444-0566	Salem, VA

The Provider details can be drilled down by clicking on the Provider Name. In the screenshot displayed below, the Provider details can be viewed by clicking on the View Detailed Provider Information. The Service Description details can be seen by clicking on the individual Service Description and all the Services offered along with the rate can be exported by clicking on the Export link.

**Local Government**

**Service Fee Directory - Search**

Provider Details - St. Joseph's Villa [Return to Search](#)

1032 **Provider ID:**

**Service Provider Name:** St. Joseph's Villa  
**City, State:** Richmond, VA  
[View Detailed Provider Information](#)

**Website:** [www.NeverStopBelieving.org](http://www.NeverStopBelieving.org)  
**Admissions Contact Name:** Matthew Sheerin  
**Admissions Contact Email:** [msheerin@sjvmail.net](mailto:msheerin@sjvmail.net)  
**Admissions Contact Phone:** 804-553-3241

**Services Offered**

What format would you like?  [Export](#)

Service Categ...	Service Category	Service Description	Reside...	Male	Femal...	Minim...	Ma
AT	Aftercare/Transitional Services	Work Readiness Training	-	Yes	Yes		▲
AT	Aftercare/Transitional Services	Career Readiness & Life Skills Training	-	Yes	Yes		
AT	Aftercare/Transitional Services	Situational Assessment (4 hours)	-	Yes	Yes		
CT	Counseling/Therapy/Mental Health Services	Outpatient Counseling - Family w/Client	Yes	Yes	Yes		
CT	Counseling/Therapy/Mental Health Services	Group Psychotherapy Session	-	Yes	Yes		
CT	Counseling/Therapy/Mental Health Services	Outpatient Counseling - Initial Eval	-	Yes	Yes		
CT	Counseling/Therapy/Mental Health Services	Crisis Stabilization	Yes	Yes	Yes	5	
CT	Counseling/Therapy/Mental Health Services	Crisis Stabilization	-	Yes	Yes		

If a vendor would like to be added or a locality requires a vendor to be added to the SFD, the form the vendor must complete can be found [here](#). Once completed, this form is submitted electronically to OCS. When the vendor submits the form, OCS will approve and email details on how the vendor can establish their User Login credentials. At this time, the vendor will be granted access to the SFD and be able to update its information. Questions about the SFD from localities or vendors can be directed to OCS.

## 16.0 CSA Vendor Contracts

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### 16.1 General Issues

The Office of Children’s Services encourages localities to enter contractual agreements with vendors from whom they purchase services. A standard model contract has been developed to assist localities with developing vendor contracts. The Standard Model Contract can be found on the CSA website in the *Resources* area under *Forms*. Localities are not required to use the standard model contract, an optional template.

Vendor contracts for CSA purchased services are between the locality and the vendor. All contract terms and rates negotiations are done between the locality and the vendor, and OCS does not participate in the contracting process.

When developing contracts, local procurement procedures should be followed. The locality establishes these procedures. In addition to following local procurement procedures, it is also suggested that the locality’s attorney reviews the contract.

Contracts involving multiple localities and a vendor are permitted. As smaller localities often do not have a significant volume of referrals, localities may collaborate to develop a shared contract. This is beneficial to smaller localities as it may provide more “negotiating power” as they have the potential to refer more youth. Typically, the language of a shared contract is agreed upon by the CPMTs involved. The localities should ensure that contract terms meet their procurement procedures and are reviewed by the local attorney. The terms of the contract apply equally to all participating localities.

### 16.2 Competitive Bidding and Negotiations

Under the Virginia Public Procurement Act ([§2.2-4345.A.140](#)), public bodies entering into contracts for purchasing services under the Children’s Services Act “for goods or personal services for direct use by the recipients of such programs if the procurement is made for an individual recipient” may be considered as exempt from the requirements for competitive sealed bidding or competitive negotiation.

## 17.0 CSA Administrative Funding

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Administrative funds may offset the locality's (non-services) cost of implementing the CSA. Use of these funds may go toward administration/coordination of services (e.g., the salary of the local CSA Coordinator). The Appropriation Act specifies the amount of funding available from the state general fund for these administrative allocations and there is a required local match. The Act defines the minimum and maximum amounts a locality may receive, including the local matching funds.

The Community Policy and Management Team must annually submit an Administrative Budget Plan form to OCS if the locality wishes to receive the state share of the administrative funds.

The submission of the request for administrative funds is initiated and processed through the automated CSA Local Government Reporting System. The local government should submit the Administrative Plan form through the CSA Local Government Reporting System no later than June 1 of the fiscal year to ensure reimbursement. Upon receipt of the approved Administrative Plan form, the state will process a single payment to the fiscal agent of the Community Policy and Management Team for the state's share of the Administrative allocation.

If, during the year, the Community Policy and Management Team elects to use its administrative funds in a manner other than reported in the original budget plan, it may do so without amending the plan.

The local fiscal agent must account for Children's Services Act administrative expenditures, identifiable as Children's Services Act administrative expenditures.

## 18.0 Supplemental State Allocations

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The Children's Services Act requires that the General Assembly and the local governing body shall appropriate such "sums sufficient" to provide services for certain CSA-eligible children.

Frequently, a locality's "base" allocation from the state pool does not contain enough funding to cover the sum-sufficient requirements (not including any allocation of funds designated for Special Education Wraparound). The CPMT must then request a supplemental allocation from the Office of Children's Services for the state share of costs that exceed the current allocation. In the case of a multi-jurisdictional CPMT, the application is submitted for an individual participating locality.

Approved supplemental allocations will be in effect only during the program year for which the requests are made. Supplemental allocations are not added to the base allocation for the subsequent fiscal year.

### 18.1 Supplemental Allocation Requirements

A CPMT may request a supplemental allocation at any time before the close of the program year (September 30). For a supplemental allocation to be approved, the CPMT must demonstrate that a known cost has been or will be incurred for a specific child or children in the sum-sufficient populations. For this purpose, obligations are defined as unpaid purchase orders, contracts, or any other agreements, which bind the CPMT to pay for goods or services to be delivered to specific children, at a specified cost, over a defined period.

Any amount of the "protected" allocation for the non-sum-sufficient population that is not yet expended or obligated may be re-allocated for use with the sum-sufficient population.

Any local government requiring supplemental funding must submit their requests electronically utilizing the CSA Supplement Request Allocation Form available on the Local Government Reporting page of the CSA website. The form requires aggregate year-to-date CSA census data, actual expenditure information for the current program year (both items are pre-loaded from the data already submitted to CSA), and the (projected or actual) additional sum-sufficient funding needed. This form is the only document required to request supplemental funds. Localities are strongly encouraged to review the Supplement Request Allocation Form instructions before filing their supplemental allocation requests.

Any Report Preparer may prepare requests for supplemental allocations for the locality. They must then be approved by both the CPMT Chair and the Fiscal Agent before being submitted to OCS. The requests are filed electronically via the [Local Government Reporting](#) area of the CSA

website. It is not necessary to provide a hard copy of the Request for Supplemental Allocation form to the Office of Children's Services. However, a hard copy containing all necessary signatures should be maintained by the local CPMT.

Localities whose sum-sufficient expenditures have increased more than 10% over the previous year's total sum-sufficient expenditures are encouraged to complete the "Comment" portion of the Supplemental Allocation Request form. Comments listed should provide additional information related to locality trends affecting CSA costs and the reasons for the increase in spending that would not otherwise be apparent from the LEDRS reporting for the locality. Restating the financial information already submitted in other portions of the report is not necessary. All localities are also encouraged to provide additional information that further supports their funding needs in the "Comments" portion of the Request. Other documentation to support the supplemental allocation request may be requested.

The Report Preparer and the Fiscal Agent will be notified electronically upon approval of the requests for supplemental allocation.

OCS may only partially allocate the total amount of the Request to the locality's CSA balance. If your reimbursements necessitate the remainder of the approved supplemental funds before the end of the fiscal year, the Report Preparer may request the balance by the Report Preparer by clicking the "Send Message to Release Remaining Supplement Funds" button in the Supplement area of the Local Government Reporting site.

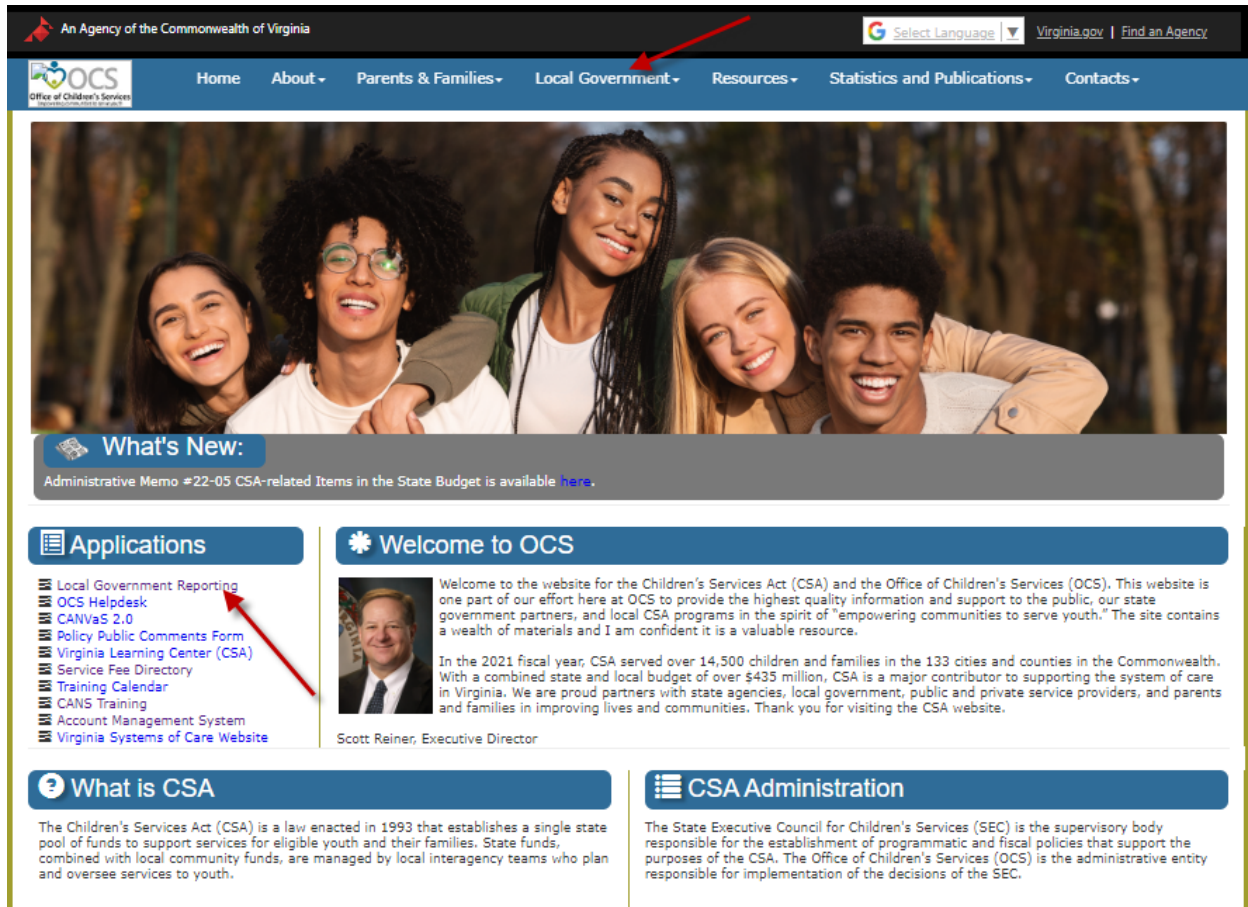
**Note:** The statewide appropriation for the expenditure category "***Wrap-around Services for Students with Disabilities***" has been "earmarked" in the Appropriation Act and cannot exceed the appropriated balance. The same is true for the "protected" amounts for non-sum-sufficient populations. Supplemental funds are not available for these expenditure categories.



## 18.1.1 Instructions for the Supplemental Allocation Request

### Step 1:

From the CSA Home Page, click the Local Government Reporting link under the Applications section.



An Agency of the Commonwealth of Virginia

Select Language | Virginia.gov | Find an Agency

Home About Parents & Families **Local Government** Resources Statistics and Publications Contacts

**What's New:**  
Administrative Memo #22-05 CSA-related Items in the State Budget is available [here](#).

**Applications**

- Local Government Reporting
- OCS Helpdesk
- CANVaS 2.0
- Policy Public Comments Form
- Virginia Learning Center (CSA)
- Service Fee Directory
- Training Calendar
- CANS Training
- Account Management System
- Virginia Systems of Care Website

**Welcome to OCS**

Welcome to the website for the Children's Services Act (CSA) and the Office of Children's Services (OCS). This website is one part of our effort here at OCS to provide the highest quality information and support to the public, our state government partners, and local CSA programs in the spirit of "empowering communities to serve youth." The site contains a wealth of materials and I am confident it is a valuable resource.

In the 2021 fiscal year, CSA served over 14,500 children and families in the 133 cities and counties in the Commonwealth. With a combined state and local budget of over \$435 million, CSA is a major contributor to supporting the system of care in Virginia. We are proud partners with state agencies, local government, public and private service providers, and parents and families in improving lives and communities. Thank you for visiting the CSA website.

Scott Reiner, Executive Director

**What is CSA**

The Children's Services Act (CSA) is a law enacted in 1993 that establishes a single state pool of funds to support services for eligible youth and their families. State funds, combined with local community funds, are managed by local interagency teams who plan and oversee services to youth.

**CSA Administration**

The State Executive Council for Children's Services (SEC) is the supervisory body responsible for the establishment of programmatic and fiscal policies that support the purposes of the CSA. The Office of Children's Services (OCS) is the administrative entity responsible for implementation of the decisions of the SEC.

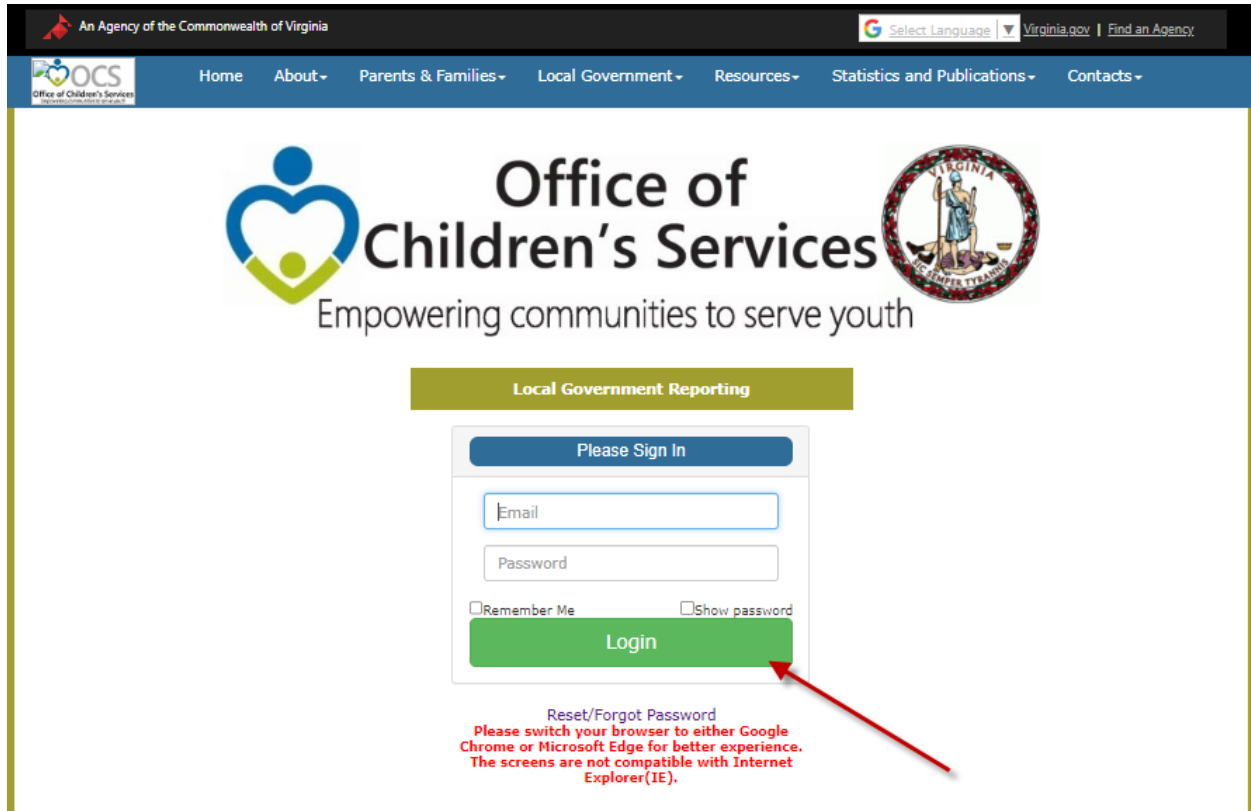
### Step 2:

Next, click on the "Click here to proceed" button

### Step 3:

Enter your e-mail address and password and click the Login button





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Home About Parents & Families Local Government Resources Statistics and Publications Contacts

**Office of Children's Services**  
Empowering communities to serve youth

Local Government Reporting

Please Sign In

Email

Password

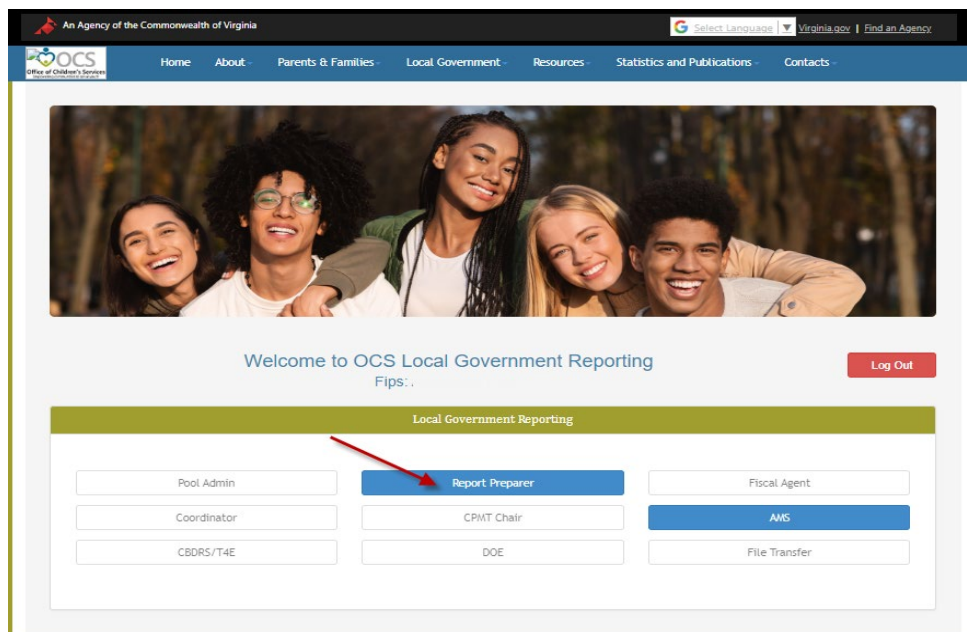
Remember Me  Show password

Login

Reset/Forgot Password  
Please switch your browser to either Google Chrome or Microsoft Edge for better experience. The screens are not compatible with Internet Explorer(IE).

**Step 4:**

Click on the Report Preparer section



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Select Language | Virginia.gov | Find an Agency

Home About Parents & Families Local Government Resources Statistics and Publications Contacts

Welcome to OCS Local Government Reporting

Fips: .

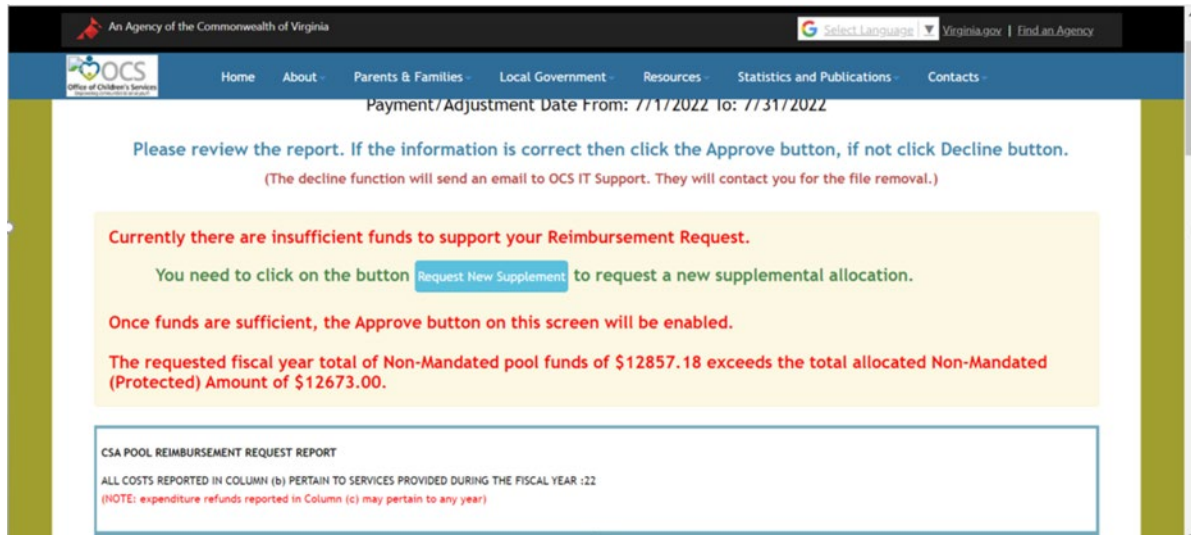
Log Out

Local Government Reporting

Pool Admin	Report Preparer	Fiscal Agent
Coordinator	CPMT Chair	AMS
CBDRS/T4E	DOE	File Transfer

**Step 5:**

**Upload a file to LEDRS and this screen will be displayed:**



**Step 6:**

The Supplement Allocation Request Form is displayed. This form has two sections.

*Time of the supplement request creation.*

THIS REQUEST IS FOR FISCAL YEAR FY22							
		Local Match Rate	Actual FY22 Mandated Net Expenditure (*Excludes Pended Pool Report) (a)	Projected FY22 Additional Expenditure (b)	Total FY22 Actual+Projected Expenditure (a + b = c)	Local Share FY FY22 Actual+Projected Expenditure (c * local match rate = d)	State Share FY FY22 Actual+Projected Expenditure (c - d = e)
<b>1. CONGREGATE CARE / MANDATED RESIDENTIAL SERVICES</b>							
1a.	Foster Care - IV-E children in Licensed Residential Congregate Care; pool expenditures for costs not covered by IV-E (i.e., non room-and-board)	0.2911	\$0.00	<input type="text" value="0"/>	\$0.00	\$0.00	\$0.00
1b.	Foster Care - all others in Licensed Residential Congregate Care	0.2911	\$76,758.08	<input type="text" value="0"/>	\$76,758.08	\$22,344.28	\$54,413.80
1c.	Residential Congregate Care - CSA Parental Agreements; DSS Noncustodial Agreements	0.2911	\$37,826.88	<input type="text" value="0"/>	\$37,826.88	\$11,011.40	\$26,815.48
1e.	Educational Services - Congregate Care	0.2329	\$98,499.61	<input type="text" value="0"/>	\$98,499.61	\$22,940.56	\$75,559.05
I	<b>CONGREGATE CARE / MANDATED RESIDENTIAL SERVICES SUBTOTAL (Sum of lines 1a+1b+1c+1e)</b>		\$213,084.57	\$0.00	\$213,084.57	\$56,296.24	\$156,788.33
<b>2. OTHER MANDATED SERVICES</b>							
2a.	Treatment Foster Care - IV-E	0.2329	\$23,150.94	<input type="text" value="0"/>	\$23,150.94	\$5,391.85	\$17,759.09
2a.1	Treatment Foster Care	0.2329	\$168,560.81	<input type="text" value="0"/>	\$168,560.81	\$39,257.81	\$129,303.00
2a.2	Treatment Foster Care - CSA Parental Agreements; DSS Noncustodial Agreements	0.2329	\$0.00	<input type="text" value="0"/>	\$0.00	\$0.00	\$0.00
2b	Specialized Foster Care - IV-E; Community Based Services	0.2329	\$0.00	<input type="text" value="0"/>	\$0.00	\$0.00	\$0.00
2b.1	Specialized Foster Care	0.2329	\$0.00	<input type="text" value="0"/>	\$0.00	\$0.00	\$0.00

1. Column (b) is where the user enters the Projected Additional Expenditures.
2. The form then calculates amounts based on the projections entered.

- Line L displays as either red or green. If it is in red, this indicates that the projected need (Supplement) amount is less than the available balances. Enter your projected expenditures until line L turns green and the amount is equal to your projected year end expenses.

THIS REQUEST IS FOR FISCAL YEAR FY22		Total	Local Share	State Share
A.	<b>Current Total Pool Allocation:</b> Total dollar amount of pool funds allocated for FY22 which includes initial-allocation and any approved supplemental allocations and any allocation adjustments. This includes mandated and non-mandated pool funds available.	\$2,011,358.00	\$468,445.00	\$1,542,913.00
B.	<b>Current Non-Mandated Protected Amount:</b> Total dollar amount of current non-mandated protected funds.			\$71,863.00
C.	<b>Non-Mandated Costs:</b> Amount of Actual Non-Mandated expenditure. (RESIDENTIAL/CONGREGATE CARE)			\$0.00
C1.	<b>Non-Mandated Costs:</b> Amount of Actual Non-Mandated expenditure. (COMMUNITY BASED)			\$0.00
D.	<b>Unused Non-Mandated Protected Funds Available:</b> (Line B - Line C - Line C1)			\$71,863.00
E.	<b>Mandated Funds Available:</b> This number represents the existing allocated funds available for the mandated population. (Line A - Line B + Line D)			\$1,542,913.00
F.	<b>Net Projected Mandated Expenditure (without WRAP)(excluding pended reports):</b> (From Page 1, Line III)			\$932,975.35
L.	<b>Supplemental Allocation Funds/Additional Mandated Funds requested for pool reports reimbursement (without WRAP) - all the three columns should be greater than \$50:</b> (Line F - Line E)	-\$798,207.11	-\$188,269.46	-\$609,937.65
M.	<b>Submitted Mandated Net Expenditure (without WRAP) (including pended reports):</b> This is the total mandated dollar amount that your locality has submitted for FY22. This total is calculated based on the first PEND or SUBMIT of this supplement request.	\$1,213,150.89	\$280,175.53	\$932,975.36
N.	<b>Projected Mandated Funds remaining for future pool reports reimbursement (without WRAP) after this supplement is fully funded - all the three columns should be greater than \$50:</b> (Line E + Line L - Line M)	\$798,207.11	\$188,269.47	\$609,937.64

IMPORTANT!

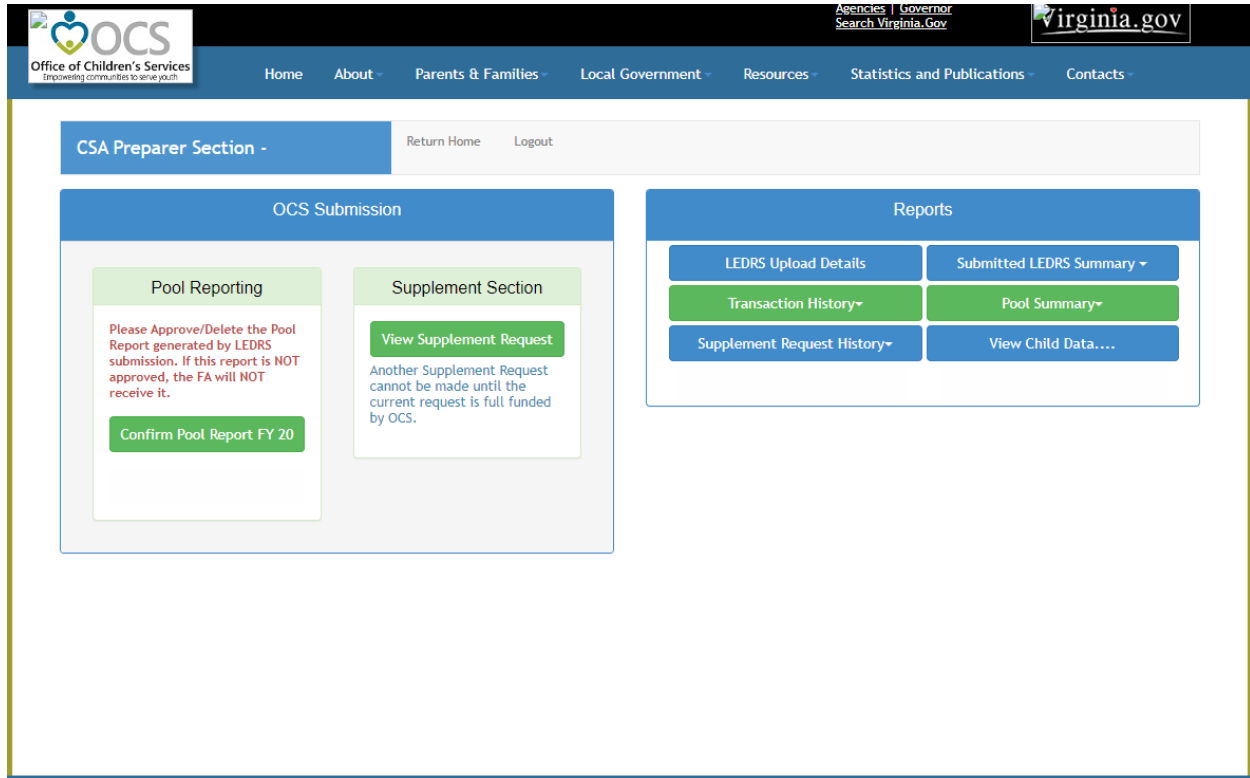
- When Line L is green, the user has an option to either Submit or Pend the Supplement request.

A.	<b>Current Total Pool Allocation:</b> Total dollar amount of pool funds allocated for FY22 which includes initial-allocation and any approved supplemental allocations/adjustments. This includes mandated and non-mandated pool funds available.	\$1,950,701.00	\$528,250.00	\$1,422,451.00
B.	<b>Current Non-Mandated Protected Amount:</b> Total dollar amount of current non-mandated protected funds.			\$28,842.00
C.	<b>Non-Mandated Costs:</b> Amount of Actual Non-Mandated expenditures. (RESIDENTIAL/CONGREGATE CARE)			\$0.00
C1.	<b>Non-Mandated Costs:</b> Amount of Actual Non-Mandated expenditures. (COMMUNITY BASED)			\$0.00
D.	<b>Unused Non-Mandated Protected Funds Available:</b> (Line B - Line C - Line C1)			\$28,842.00
E.	<b>Mandated Funds Available:</b> This number represents the existing allocated funds available for the mandated population. (Line A - Line B + Line D)			\$1,422,451.00
F.	<b>Net Projected Mandated Expenditure (without WRAP)(excluding pended reports):</b> (From Page 1, Line III)			\$2,183,086.74
L.	<b>Supplemental Allocation Funds/Additional Mandated Funds requested for pool reports reimbursement (without WRAP) - all the three columns should be greater than \$50:</b> (Line F - Line E)	\$1,057,152.59	\$296,516.85	\$760,635.74
M.	<b>Submitted Mandated Net Expenditure (without WRAP) (including pended reports):</b> This is the total mandated dollar amount that your locality has submitted for FY22. This total is calculated based on the first PEND or SUBMIT of this supplement request.	\$1,705,749.59	\$467,939.18	\$1,237,810.41
N.	<b>Projected Mandated Funds remaining for future pool reports reimbursement (without WRAP) after this supplement is fully funded - all the three columns should be greater than \$50:</b>	\$430,904.00	\$156,877.47	\$274,026.53

- When the Submit button is clicked, it goes to the CPMT Chair and then the Fiscal Agent for approval and submission to OCS.

**Step 7:**

After a successful submission by the Report Preparer, they can view the submitted Supplement request.

**Step 8:**

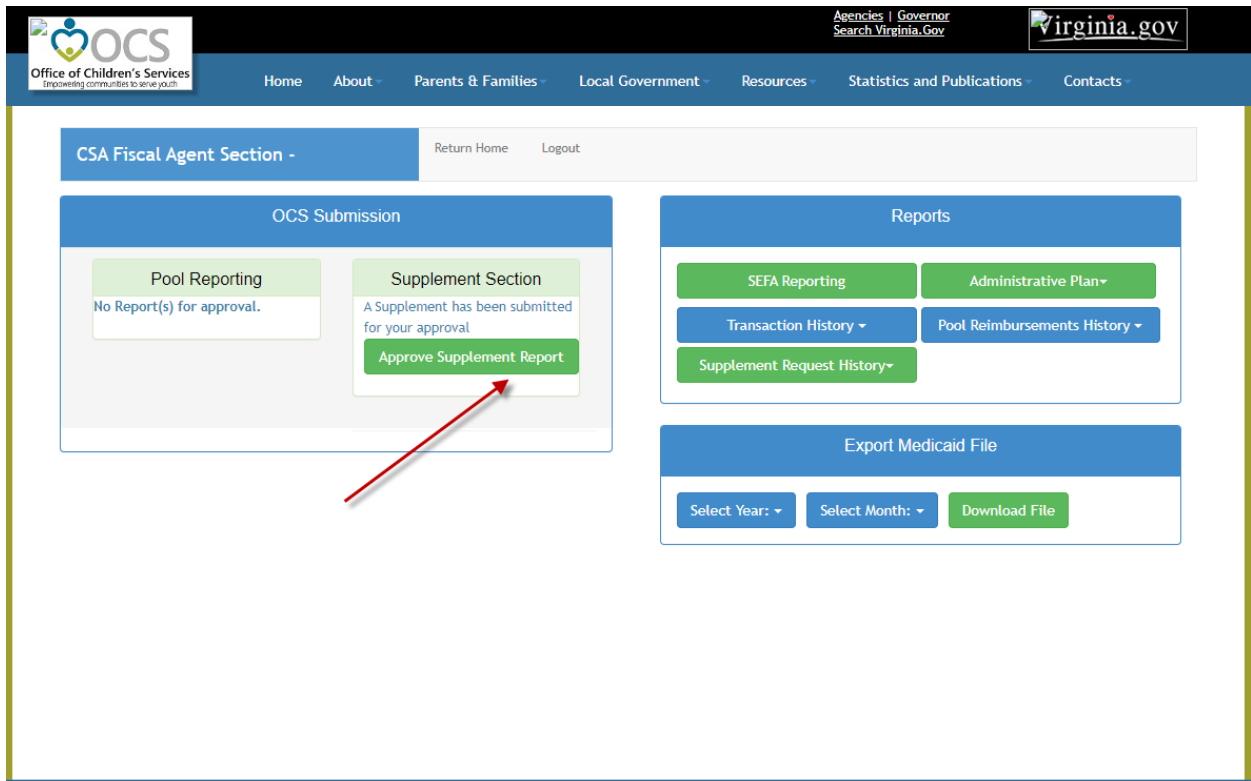
The CPMT Chair section will then show the following:

The CPMT Chair has the option to either Approve or Decline the supplement.

1. When the CPMT Chair clicks "Decline Supplement," the request goes back to Report Preparer for re-work.
2. When CPMT Chair clicks "Approve Supplement," the request goes to the Fiscal Agent for final approval and submission to OCS.

**Step 9:**

The Fiscal Agent section will then show the following:



**Step 10:**

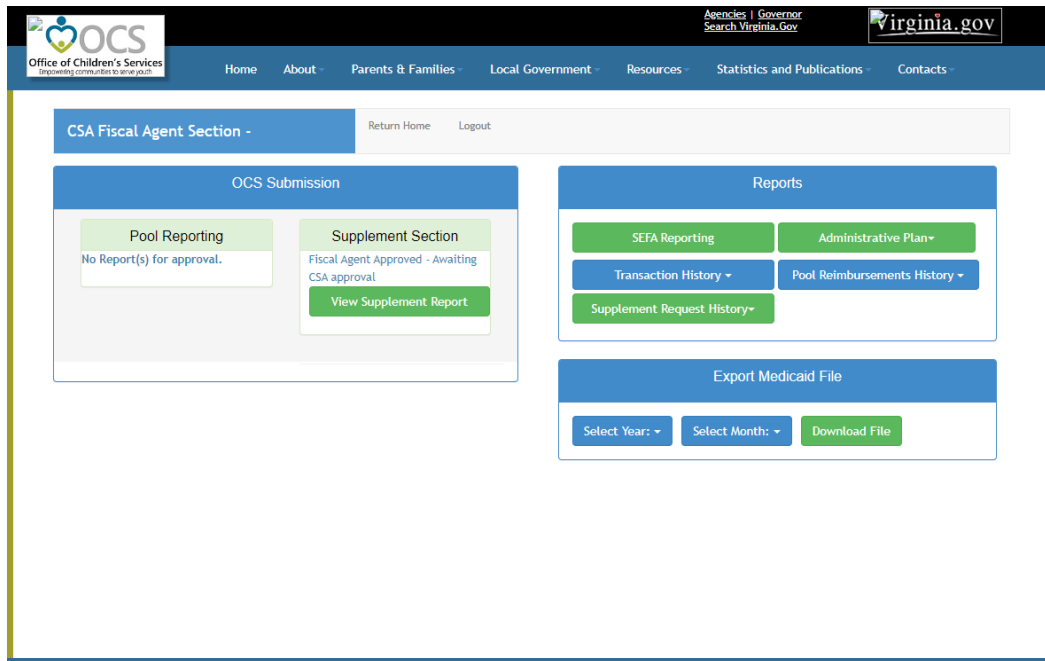
The Fiscal Agent has the option to either Approve or Decline the supplement.

1. When the Fiscal Agent clicks “Decline Supplement,” the request goes back to Report Preparer.
2. When the Fiscal Agent clicks “Approve,” the request goes to OCS for Approval.

(From Line III)					
L.	Supplemental Allocation Funds Requested (Additional Mandated Funds Needed): (Line J- Line K -Line E)		\$322,267.02	\$899,685.22	\$1,221,952.24
<p><b>IMPORTANT!</b> All signatures indicated on the cover page are required. Documentation must be submitted demonstrating that the supplemental allocation being requested is only for mandated (or "sum sufficient") children, and that reasonable projections have been made to estimate the amount of funds needed.</p>					

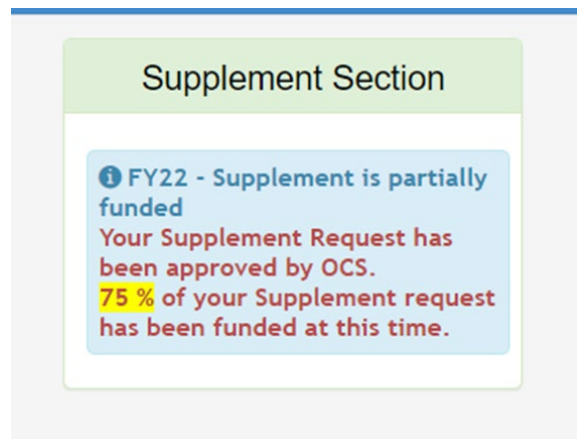
Approve Decline

The screen looks as shown.



**Step 11:**

If the CSA Business and Finance Manager partially allocates the amount requested, the screen looks as follows:

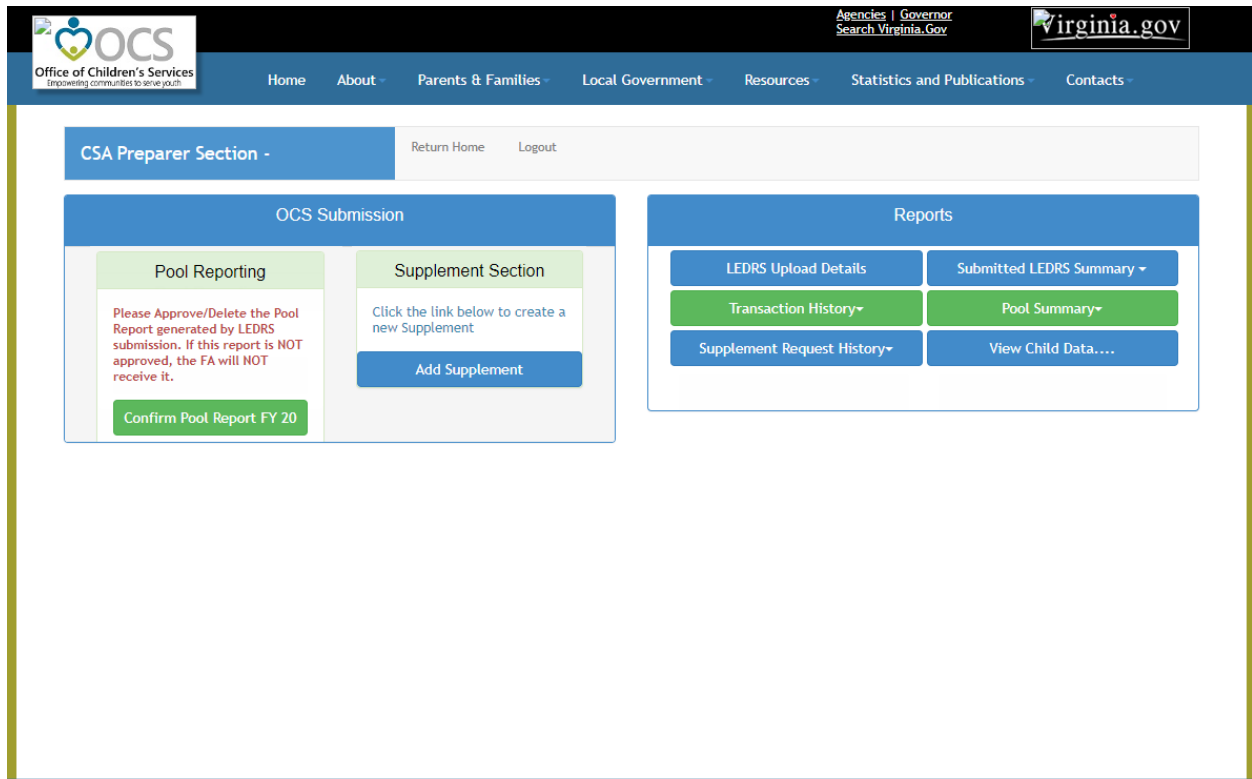


When the locality needs the remainder of the required funds, the Report Preparer needs to upload a current LEDRS report and the following screen will be displayed:

CSA Business and Finance Manager can then release the remaining amount.

**Step 12:**

When the CSA Business and Finance Manager fully approves the request, the Report Preparer screen looks as follows.



## 18.2 Supplemental Request Allocation Form

The following table provides additional details about completing the Request for Supplemental Allocation.

The numbered rows for all required reporting categories listed on the Request for Supplemental Allocation are populated with the current year’s CSA LEDRS submissions from the locality with row references indicating the corresponding CSA Expenditure Category.

On the Request, pre-filled or calculated fields are gray shaded. These fields will show data only after the user keys in and tabs out of a data entry field.

Page 1 Instructions: Fill projected additional expenditure for the fiscal year	
Step	Action
1	<p>Report Expenditure Rows (1a – 2i) represent the census and expenditure reporting categories for the mandated populations. They are the same expenditure reporting categories on the CSA Pool Reimbursement Request Report, and supplemental funding is permitted only on sum-sufficient cases. <u>Note</u>: The expenditure row for Wrap Around Services for Students with Disabilities is disabled since additional funding is not allowed for this category.</p> <p>You must provide projected expenditures by reporting category to complete the supplemental request. The year-to-date or “actual” expenditures and case count for a category are pre-filled.</p> <p>WHEN COMPLETING THE REQUEST FOR SUPPLEMENTAL ALLOCATION:</p> <ul style="list-style-type: none"> <li>• ALL NON-SHADED FIELDS MUST HAVE A VALUE. If there are no expenditures for a particular category, leave as 0</li> <li>• Do not use commas (,) dollar signs (\$), or alphabetical characters</li> <li>• Amounts should be in 99999.99 format</li> <li>• Indicate negative numbers with a minus sign (e.g., -500.00)</li> </ul>
Page 2 Instructions: Supplemental Calculation	
2	All data are dynamically calculated and the explanation for each row is also displayed.
3	<p>If Row L is highlighted in <b>RED</b>, the request cannot be submitted if the supplemental amount requested is less than the remaining allocation.</p> <p>If Row L is highlighted in <b>GREEN</b>, the Supplement Request “Submit” and “Pend” buttons are enabled for user action.</p>



4	When the Report Preparer clicks the “Submit” button, the CPMT Chair shall receive notification that the supplemental request is ready for approval.
5	When the CPMT Chair clicks the “Submit” button, the Fiscal Agent shall receive notification that the supplemental request is ready for their approval. Fiscal Agent approval will cause the supplement to be electronically submitted to OCS for processing.

## 19.0 Special Education Wraparound

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In the Appropriate Act, \$2.2 million from the state pool is set aside for serving students with educational disabilities in a community-based (non-school) settings per policy 4.1.3 of the SEC.

Students are eligible under the special education mandate.

Localities are allocated funds at the beginning of each year by OCS.

The allocation is based on the locality's prior year utilization.

Localities may request funds beyond their initial allocation by completing a "Request New Wrap" found under the CSA Preparer Section in LEDRS.

The screenshot displays the 'OCS Submission' interface. At the top is a blue header with the text 'OCS Submission'. Below this, there are two main sections. The first section, titled 'Pool Reporting' in a light green header, contains a white box with a blue button labeled 'Upload LEDRS'. The second section, titled 'WRAP Section' in a light green header, contains a white box with a blue header labeled 'Fiscal Year - 2023' and a dark blue button with a document icon and the text 'Request New Wrap'.

Submit your locality’s projected WRAP expenditures in column (b) and click submit. The request will then be forwarded to fiscal agent and the CPMT Chair.

		Actual FY 2023	Projected FY 2023	Total FY 2023
		Expenditures	Additional Expenditures	Actual + Projected Expenditures
		(*Includes Pended Pool Report)	(b)	(a+b=c)
I	2h. Wrap-Around Services for Students With Disabilities	\$0.00	<input type="text" value="0"/>	\$0.00
II	Less Current Reported Wrap Refunds	\$0.00		\$0.00
III	Net Project Wrap Expenditures (Line I - Line II)	\$0.00		\$0.00
	Comments If your WRAP request exceeds your prior year expenditures, please provide a detailed explanation for the need for increase in WRAP allocation.	<input type="text"/>		

A LEDRS report cannot be upload if the locality does not have sufficient WRAP allocation.

This message will appear:

The submitted State Wrap amount(\$xxx.xx) exceeds the remaining total State Wrap Allocation \$xxx.xx for FY 202X. For additional WRAP Allocation please click on either Request New WRAP or Release WRAP button under the WRAP section.

If you receive this message, please submit a request for additional WRAP allocation under the “Request New WRAP” function in the CSA Report Preparer section.

## 20.0 Reports Available for Managing CSA

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There are numerous reports available through the [Statewide Statistics](#) and [Reports and Publications](#) sections in the *Statistics and Publications* area on the CSA Website that are useful in managing local CSA activities. These include: the [CSA Performance Measures](#), an interactive dashboard that allows comparison of localities (and statewide data) on six selected outcomes; an annual [CSA Performance Measures/Outcome Indicators Report](#); [CSA Utilization Reports](#) which describe statewide and locality level information on expenditures, assessments, service types, mandate types, length of stay, and other demographic data from the CSA LEDRS System; and [CSA Pool Fund Expenditure Reports](#) addressing various financial areas. The information found in these reports can be helpful for utilization management and program quality improvement activities.

### 20.1 CSA Utilization Reports

The [CSA Utilization Reports](#) allow the user to view statewide and locality-specific information about the types of children (demographics and primary CSA mandate types) and services (service placement types, service names) over a specified period. Expenditure and length of stay data are also included in these reports. A brief *User Guide to Producing CSA Utilization Reports* can also be found on the website.

### 20.2 CSA Pool Fund Expenditure Reports

The [CSA Pool Fund Expenditure Reports](#) are useful for tracking and analyzing CSA allocations and expenditures. Numerous statewide and locality-specific reports allow comparisons across multiple fiscal years. These reports include:

- The locality's state pool fund allocations and Medicaid expenditure targets
- The "protected" amounts for serving the non-sum-sufficient population
- The "Locality Transaction History" Report provides a real-time summary of filed pool fund expenditures and available allocation balances
- The "Pool Daily History Comparison Report" provides a snapshot of year-to-date reporting compared to the same period in previous years
- The "Medicaid Billings" Report provides a monthly calculation of Medicaid local share.

## 20.3 CSA Performance Measures

The [CSA Performance Measures](#) interactive dashboard (Excel spreadsheet) provides seven performance measures and a composite performance measure across localities. These performance measures are:

- the percent of youth who had a decrease in their score on the Child Behavioral and Emotional Needs School Domain of the Child and Adolescent Needs and Strengths (CANS) (the mandatory CSA assessment instrument) from a baseline assessment to the most recent re-assessment;
- the percent of youth who had a decrease in their score on the School Domain of the CANS from a baseline assessment to the most recent re-assessment;
- the percent of youth who had a reduction in their score on the Strengths Domain of the CANS from a baseline assessment to the most recent re-assessment (indicates improvement);
- the percent of youth receiving Intensive Care Coordination (ICC) services compared to all youth placed in residential settings;
- the percent of youth receiving Community-Based Services (CBS) of all youth receiving CSA-funded services;
- the percent of foster children in foster care who are in family-based placements; and
- the percent of children who exit from foster care to a permanent living arrangement.

Localities are scored and ranked on each of the seven indicators and a composite performance measure. Details about the [CSA Performance Measures](#) and instructions for using the interactive dashboard can be found on the website.

The CSA Performance Measures/Outcome Indicators Report (Statewide Data Report) is an annual document that summarizes the results of each year's reported performance in the CSA Performance Measures interactive dashboard. To access historical versions of the dashboard and Statewide Data Report, click the "Archives" button at the bottom of the Reports and Publications page.



**Reports and Publications**

**2020 Office of Children's Services Reports to the General Assembly:**

- [Impact of the Tiered Match Rate for the Children's Services Act](#)
- [Private Special Education Services Under the Children's Services Act](#)
- [Regional and Statewide Training Regarding the Children's Services Act](#)
- [Treatment Foster Care Services Under the Children's Services Act](#)
- [Utilization of Residential Care under the Children's Services Act](#)

**Juvenile and Criminal Justice:**

- [Juvenile and Criminal Justice Outcomes of Youth Completing Services Through the Children's Services Act in FY2016](#)

**CSA Performance Measures:**

- [State & Local CSA Performance Measures \(Excel Application\)](#)
- [Instructions](#)
- [CSA Performance Measures / Outcome Indicators Report – FY2020 \(Statewide Data Report\)](#)

[Archives](#)

## 20.4 Service Gap Survey

[§2.2-5211.1.2](#) requires that the CPMT report annually to OCS on “gaps in services needed to keep children in the local community and any barriers to the development of those services.” This requirement is met by the CPMT’s annual submission of the “Service Gap Survey.” The Service Gap Survey may also be utilized as a component of the requirement for the CPMT to coordinate long-range, community-wide planning to ensure resources and services needed by children in the community ([§2.2-5206.4](#)).

The Service Gap Survey will be due on or about May 1. Complete surveys are required in the odd-numbered years, and briefer, “review and update” versions are required in the even-numbered years.

The results from current and prior year’s surveys are found under [Statistics and Publications → Service Gap Survey](#)

The screenshot shows the website for the Office of Children's Services (OCS). At the top, it says "An Agency of the Commonwealth of Virginia" and includes a "Select Language" dropdown menu, "Virginia.gov", and "Find an Agency". The main navigation bar contains links for Home, About, Parents & Families, Local Government, Resources, Statistics and Publications, and Contacts. The "Statistics and Publications" section is highlighted with a green background. Below this, there is a large image of five diverse young people smiling. Underneath the image is a blue header for "Service Gap Survey". To the left of the survey list is a small image of children. The list of surveys includes:

- [FY 2021 CSA Service Gap Survey](#)
- [FY 2019 CSA Service Gap Survey](#)
- [FY 2017 - FY 2019 Service Gap Survey Comparison](#)
- [FY 2018 CSA Service Gap Survey](#)
- [FY 2016 CSA Service Gap Survey](#)
- [FY 2015 CSA Service Gap Survey](#)
- [FY 2014 CSA Service Gap Survey](#)
- [FY 2013 CSA Service Gap Survey](#)

## 21.0 Required Local CSA Reporting

### 21.1 CSA Local Expenditure and Data Reimbursement System (LEDRS)

LEDRS is the system for integrated, required reporting for state CSA reimbursement and data collection. The LEDRS file shall be submitted no more than monthly and no less than quarterly at the discretion of the locality. Payments to the locality for State Pool fund expenditures will only be approved and issued following the submission and acceptance of the LEDRS file for the period for which reimbursement is sought.

The following sections provide the locations for instructions for submitting the various reports that localities are required to provide to OCS. There are two methods for submitting the CSA LEDRS file.

- “Data Entry” localities utilize the CSA Child Based Data Reporting System (CBDRS)
- “Non-Data Entry” localities upload the submission through file exports from their local systems (i.e., Thomas Brothers, Harmony, or locality-specific systems)

#### 21.1.1 Child Based Data Reporting System (CBDRS)

For localities utilizing the CBDRS, the CBDRS Instruction Manual can be found in the *blue heading* section of that CBDRS main page.

The screenshot shows the CBDRS main page. At the top, there is a navigation bar with the following links: Home, About, Parents & Family, Local Government, Resources, Statistics and Publications, and Contacts. Below the navigation bar, there is a 'Hello: Location:' field and an 'Application Mode:' dropdown menu set to 'CBDRS Manual'. A red arrow points to the 'CBDRS Manual' link. The main content area is titled 'Welcome to Client Based Data Reporting System' and includes a 'Who we are' section with the OCS logo and a 'What's New' section highlighting new features implemented for Fiscal Year 2020, such as concurrent submission during dual fiscal year months. A 'New Features' section is also present, detailing the system's capabilities for Fiscal Year 2020.



## 21.1.2 Non-Data Entry File Uploads

The submission method for localities not employing the Child Based Data Reporting System is uploading the LEDRS file.

The OCS File Upload Screen has a link for the **File Naming Standard** and the **LEDRS File Layout**.

Local Report Preparers can access specific instructions for submitting the LEDRS files after logging in through the Local Government Reporting portal on the CSA website.

## 21.2 State Pool Fund Reimbursement Report

The Pool Fund Reimbursement Process has three stages.

1. The Report Preparer uploads and submits a LEDRS file
2. The Report Preparer approves the Pool Report generated from the LEDRS file
3. The Fiscal Agent approves the Report Preparer approved LEDRS file and submits the Pool Report to OCS

### 21.2.1 The Report Preparer

#### Step 1:

From CSA Home Page, click on the Local Government Reporting link under the Applications or the Local Government Reporting menu.

An Agency of the Commonwealth of Virginia

Select Language Virginia.gov Find an Agency

OCS Office of Children's Services

Home About Parents & Families Local Government Resources Statistics and Publications Contacts

What's New:  
Administrative Memo #22-05 CSA-related Items in the State Budget is available [here](#).

Applications

- Local Government Reporting
- OCS Helpdesk
- CANVAS 2.0
- Policy Public Comments Form
- Virginia Learning Center (CSA)
- Service Fee Directory
- Training Calendar
- CAIS Training
- Account Management System
- Virginia Systems of Care Website

Welcome to OCS

Welcome to the website for the Children's Services Act (CSA) and the Office of Children's Services (OCS). This website is one part of our effort here at OCS to provide the highest quality information and support to the public, our state government partners, and local CSA programs in the spirit of "empowering communities to serve youth." The site contains a wealth of materials and I am confident it is a valuable resource.

In the 2021 fiscal year, CSA served over 14,500 children and families in the 133 cities and counties in the Commonwealth. With a combined state and local budget of over \$435 million, CSA is a major contributor to supporting the system of care in Virginia. We are proud partners with state agencies, local government, public and private service providers, and parents and families in improving lives and communities. Thank you for visiting the CSA website.

Scott Reiner, Executive Director

What is CSA

The Children's Services Act (CSA) is a law enacted in 1993 that establishes a single state pool of funds to support services for eligible youth and their families. State funds, combined with local community funds, are managed by local interagency teams who plan and oversee services to youth.

CSA Administration

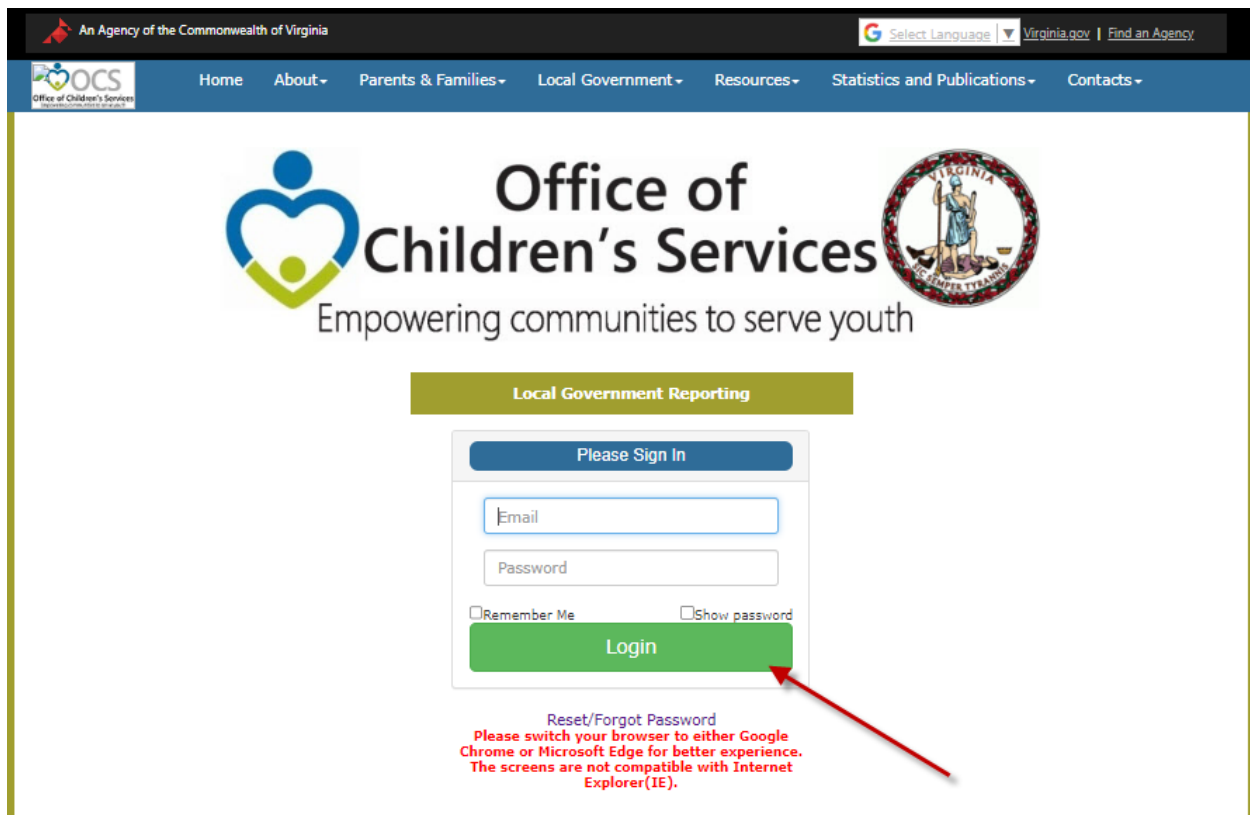
The State Executive Council for Children's Services (SEC) is the supervisory body responsible for the establishment of programmatic and fiscal policies that support the purposes of the CSA. The Office of Children's Services (OCS) is the administrative entity responsible for implementation of the decisions of the SEC.

**Step 2:**

Next, click on the “Click here to proceed” button

**Step 3:**

Enter your e-mail address and password and click on the Login button. Various buttons on the Local Government Reporting main page are displayed depending on the roles assigned to the User.



An Agency of the Commonwealth of Virginia

Select Language | Virginia.gov | Find an Agency

Home About Parents & Families Local Government Resources Statistics and Publications Contacts

**Office of Children's Services**  
Empowering communities to serve youth

**Local Government Reporting**

Please Sign In

Email

Password

Remember Me  Show password

Login

[Reset/Forgot Password](#)  
Please switch your browser to either Google Chrome or Microsoft Edge for better experience. The screens are not compatible with Internet Explorer(IE).

**Step 4:**

Click on the Report Preparer section

An Agency of the Commonwealth of Virginia

Select Language | Virginia.gov | Find an Agency

OCS  
Office of Children's Services

Home About Parents & Families Local Government Resources Statistics and Publications Contacts

Welcome to OCS Local Government Reporting  
Fips: .

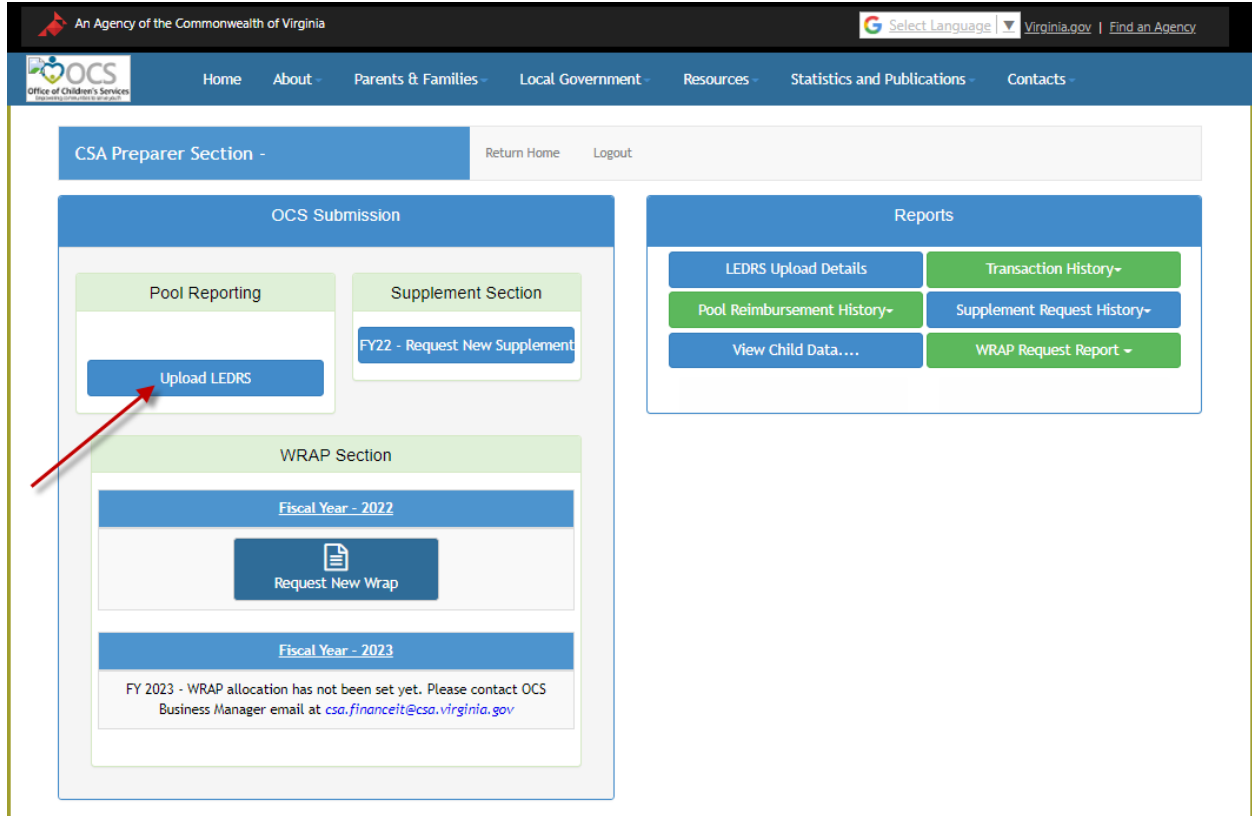
Log Out

Local Government Reporting

Pool Admin	<b>Report Preparer</b>	Fiscal Agent
Coordinator	CPMT Chair	<b>AMS</b>
CBDRS/T4E	DOE	File Transfer

**Step 5:**

Click on the Upload LEDRS button



**Step 6:**

Displayed on the screen is the OCS File Upload System webpage.

1. Click on Choose File button
2. In the pop-up window, change to the required directory and select the LEDRS file to be uploaded
3. Click Open button
4. Click on Validate File button

The screenshot displays the OCS File Upload System interface. At the top, there is a navigation bar with the OCS logo and links for Home, About, Parents & Families, Local Government, Resources, Statistics and Publications, and Contacts. The main content area is titled "LEDRS Upload" and includes a "Return Section" and "Logout" link. A prominent heading reads "OCS File Upload System" followed by "Please read before uploading files". Below this, instructions state: "The standards related to the Upload files can be found in the two files listed below. [File Naming Standard](#) [LEDRS File Layout](#)". A bolded section specifies: "The only acceptable file extensions are: Local Expenditure, Data and Reimbursement System(LEDRS) Files - CSA and/or Title4E - .TXT; Medicaid - Claim, Member or Provider - .ZIP; Medicaid - Payment or Adjustment - .CSV; Oasis & VEMAT - .ZIP". A warning states: "Any other file extensions will be rejected. Click on the 'Browse' button to find and select the file you wish to upload on your local computer. Once the path of the file you wish to upload appears in the text area, click on the 'Upload File' button." The interface shows a "Choose File" button (with a red asterisk indicating it is required) and a "Validate File" button. A file selection dialog is open, showing a list of files with columns for Name, Date modified, and Type. The file "MS\_786\_Q\_2021\_1.TXT" is selected. Red arrows point from the "Choose File" button to the dialog and from the "Validate File" button to the "Open" button in the dialog.

5. If there are errors, the validation is "unsuccessful," and the errors are displayed
6. Users will need to rectify the errors and then resubmit the LEDRS file

The screenshot shows the OCS (Office of Children's Services) website interface. At the top, there is a navigation bar with the OCS logo and the text 'Office of Children's Services Empowering communities to serve youth'. To the right, there are links for 'Agencies | Governor Search Virginia.Gov' and 'Virginia.gov'. Below this is a secondary navigation bar with links for 'Home', 'About', 'Parents & Families', 'Local Government', 'Resources', 'Statistics and Publications', and 'Contacts'.


The main content area is titled 'LEDRS Upload -' and includes links for 'Back To Preparer Section' and 'Exit'. A red heading reads 'Upload Unsuccessful!' followed by the text: 'The LEDRS file has the following errors. Please rectify these errors and resubmit the file.'

Below this is a section titled 'File Upload Result for FIPS' with a 'Print this Report' button. It contains a table with the following data:

Line No (when header eliminated)	Error Date	Error Message #
61	08/02/18	xxx-xx- - : The Service Placement type 1 is not valid for Expenditure category 2e
180	08/02/18	xxx-xx- - : The Service Placement type 8 is not valid for Expenditure category 2f
608	08/02/18	xxx-xx- - : The Service Placement type 8 is not valid for Expenditure category 2f
723	08/02/18	xxx-xx- - : The Service Placement type 1 is not valid for Expenditure category 2e

At the bottom of the page, there is a copyright notice: '© 2018 - The Office of Children's Services'.

7. If the validation is “successful,” a Pool Fund Report will be generated for the data in the file. During the over-lapping fiscal years (submissions in July, August, and September), a Report will be displayed for both Fiscal Years within the file, as shown.
8. Users will have the option to either *Submit File to OCS*, *Cancel Upload*, or *Print Report*



**Office of Children's Services**  
Department of Social Services

Agencies | Governor Search Virginia.Gov

**Virginia.gov**

Home
About
Parents & Families
Local Government
Resources
Statistics and Publications
Contacts

**LEDRS Upload** Back To Preparer Section    Exit

**Action Requested:** Submit File to OCS Cancel Upload Print Report

**Results of LEDRS File validated on 8/2/2018**  
**FIPS:**  
 #Rows in the File (CSA): 206  
 Payment/Adjustment date range within the File: 7/24/2018 - 7/31/2018

Total State Allocation Balance(Non Wrap): 520,940,183.00  
 Total Expenditure(Non Wrap) submitted: 53,067.00  
 Total State Allocation Balance(Wrap only): 5394,838.00  
 Total Expenditure(Wrap only) submitted: 50.00

**Part 1 - Expenditure Description (FY 2019)**

EXPENDITURE CATEGORY DESCRIPTION	LOCAL MATCH RATE (a)	GROSS EXPENDITURE THIS PERIOD (b)	EXPENDITURE REFUNDS THIS PERIOD (c)	NET TOTAL EXPENDITURES (b minus c) (d)	LOCAL MATCH (a x d) (e)	STATE MATCH (d-e) (f)
<b>1. CONGREGATE CARE / MANDATED AND NON-MANDATED RESIDENTIAL SERVICES</b>						
1a. Foster Care - IV-E children in Licensed Residential Congregate Care; pool expenditures for costs not covered by IV-E (i.e., non room-and-board)	0.5764	50.00	50.00	50.00	50.00	50.00
1b. Foster Care - all others in Licensed Residential Congregate Care	0.5764	50.00	50.00	50.00	50.00	50.00
1c. Residential Congregate Care-CSA Parental Agreements ; DSS Noncustodial Agreements	0.5764	50.00	50.00	50.00	50.00	50.00
1d. Non-Mandated Services/Residential/Congregate	0.5764	50.00	50.00	50.00	50.00	50.00
1e. Educational Services - Congregate Care	0.4611	50.00	50.00	50.00	50.00	50.00
<b>2. OTHER MANDATED SERVICES</b>						
2a. Treatment Foster Care - IV-E	0.4611	50.00	50.00	50.00	50.00	50.00
2a.1 Treatment Foster Care	0.4611	50.00	50.00	50.00	50.00	50.00
2a.2 Treatment Foster Care - CSA Parental Agreements ; DSS Noncustodial Agreements	0.4611	50.00	50.00	50.00	50.00	50.00
2c Family Foster Care - IV-E ; Community Based Services	0.2306	50.00	50.00	50.00	50.00	50.00
2e Family Foster Care - Children receiving maintenance and basic activities payments; independent living stipend/arrangements	0.4611	53,067.00	50.00	53,067.00	51,414.19	51,652.81
2f Community - Based Services	0.2306	50.00	50.00	50.00	50.00	50.00
2f.1 Community Transition Services - Direct Family Services to Transition from Residential to Community	0.2306	50.00	50.00	50.00	50.00	50.00
2g Special Education Private Day Placement	0.4611	50.00	50.00	50.00	50.00	50.00
2h Wrap-Around Services for Students With Disabilities	0.4611	50.00	50.00	50.00	50.00	50.00
2i Psychiatric Hospitals/Crisis Stabilization Units	0.4611	50.00	50.00	50.00	50.00	50.00
3 Non-Mandated Services/Community-Based	0.2306	50.00	50.00	50.00	50.00	50.00
4 Grand Totals: (Sum of categories 1 through 3)		53,067.00	50.00	53,067.00	51,414.19	51,652.81

**PART 2 - EXPENDITURE REFUND DESCRIPTION**

Information regarding total expenditure refunds reported in Part 1, Line 4(c).

EXPENDITURE REFUND DESCRIPTION	CODE	AMOUNT
Vendor Refunds and Payment Cancellations	010	50.00
Parental Co-Payments	020	50.00
Payments made on behalf of the child (ex: SSA, SSI, VA benefits, ...)	030	50.00
Child Support Collections through DCSE	040	50.00
Pool prior-reported expenditures re-claimed under IV-E	050	50.00
Other:	090	50.00
Refund Total:		50.00

Total State Allocation Balance(Non Wrap): 520,998,600.00  
 Total Expenditure(Non Wrap) submitted: 5266,936.15  
 Total State Allocation Balance(Wrap only): 571,494.66  
 Total Expenditure(Wrap only) submitted: 52,885.00

**Part 1 - Expenditure Description (FY 2018)**

EXPENDITURE CATEGORY DESCRIPTION	LOCAL MATCH RATE (a)	GROSS EXPENDITURE THIS PERIOD (b)	EXPENDITURE REFUNDS THIS PERIOD (c)	NET TOTAL EXPENDITURES (b minus c) (d)	LOCAL MATCH (a x d) (e)	STATE MATCH (d-e) (f)
<b>1. CONGREGATE CARE / MANDATED AND NON-MANDATED RESIDENTIAL SERVICES</b>						
1a. Foster Care - IV-E children in Licensed Residential Congregate Care; pool expenditures for costs not covered by IV-E (i.e., non room-and-board)	0.5764	50.00	50.00	50.00	50.00	50.00
1b. Foster Care - all others in Licensed Residential Congregate Care	0.5764	50.00	3358.84	(3358.84)	(5206.84)	(5152.00)
1c. Residential Congregate Care-CSA Parental Agreements ; DSS Noncustodial Agreements	0.5764	510,175.00	50.00	510,175.00	55,864.87	54,310.13
1d. Non-Mandated Services/Residential/Congregate	0.5764	50.00	50.00	50.00	50.00	50.00
1e. Educational Services - Congregate Care	0.4611	518,184.80	50.00	518,184.80	58,385.01	59,799.79
<b>2. OTHER MANDATED SERVICES</b>						
2a. Treatment Foster Care - IV-E	0.4611	522,017.17	50.00	522,017.17	510,152.12	511,865.05
2a.1 Treatment Foster Care	0.4611	5107,952.47	5816.05	5107,136.42	549,400.60	557,735.82
2a.2 Treatment Foster Care - CSA Parental Agreements ; DSS Noncustodial Agreements	0.4611	50.00	50.00	50.00	50.00	50.00
2c Family Foster Care - IV-E ; Community Based Services	0.2306	50.00	50.00	50.00	50.00	50.00
2e Family Foster Care - Children receiving maintenance and basic activities payments; independent living stipend/arrangements	0.4611	5443.27	51,631.99	(51,188.72)	(5548.12)	(5640.60)
2f Community - Based Services	0.2306	517,390.61	5101.92	517,288.69	53,986.77	513,301.92
2f.1 Community Transition Services - Direct Family Services to Transition from Residential to Community	0.2306	51,180.63	50.00	51,180.63	5272.25	5908.38
2g Special Education Private Day Placement	0.4611	592,501.00	50.00	592,501.00	542,652.21	549,848.79
2h Wrap-Around Services for Students With Disabilities	0.4611	52,885.00	50.00	52,885.00	51,330.27	51,954.73
2i Psychiatric Hospitals/Crisis Stabilization Units	0.4611	50.00	50.00	50.00	50.00	50.00
3 Non-Mandated Services/Community-Based	0.2306	50.00	50.00	50.00	50.00	50.00
4 Grand Totals: (Sum of categories 1 through 3)		5272,729.95	52,908.80	5269,821.15	5121,289.16	5148,531.99

**PART 2 - EXPENDITURE REFUND DESCRIPTION**

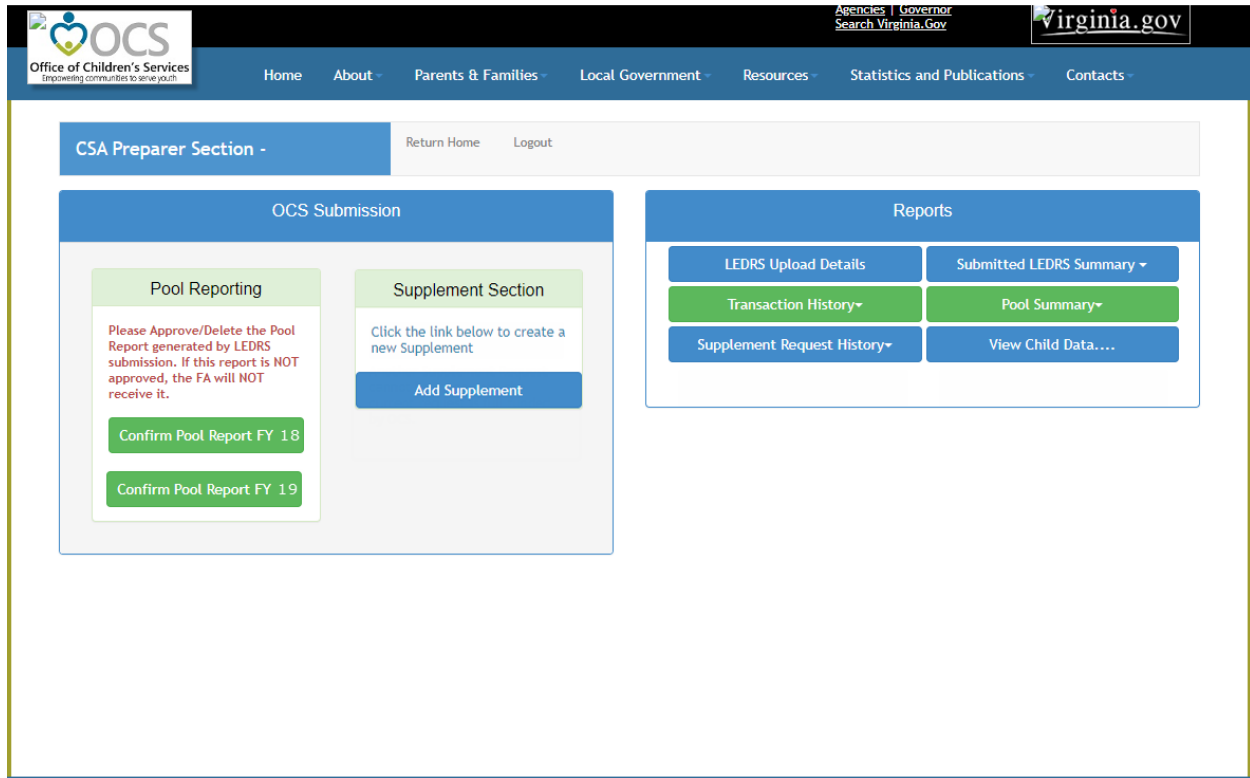
Information regarding total expenditure refunds reported in Part 1, Line 4(c).

EXPENDITURE REFUND DESCRIPTION	CODE	AMOUNT
Vendor Refunds and Payment Cancellations	010	50.00
Parental Co-Payments	020	591.00
Payments made on behalf of the child (ex: SSA, SSI, VA benefits, ...)	030	5751.12
Child Support Collections through DCSE	040	5482.68
Pool prior-reported expenditures re-claimed under IV-E	050	51,584.00
Other:	090	50.00
Refund Total:		52,908.80

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**Step 7:**


When the User clicks on Submit File to OCS, the file is submitted, and the Report Preparer's screen changes, as shown below

**Step 8:**

When the User clicks on Confirm Pool Report, the screen changes.


To activate the Pool Report in the Fiscal Agent's "approval basket," the Report Preparer must click on the Approve button at the bottom of the screen.





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### PREPARER'S POOL REIMBURSEMENT REPORT REVIEW

Payment/Adjustment Date From: 7/1/2018 To: 7/31/2018

Please review the report. If the information is correct then click the Approve button, if not click Delete button.

(The delete function will remove the uploaded file. You will be able to upload a new corrected file.)

**CSA POOL REIMBURSEMENT REQUEST REPORT**

ALL COSTS REPORTED IN COLUMN (b) PERTAIN TO SERVICES PROVIDED DURING THE FISCAL YEAR :19  
(NOTE: expenditure refunds reported in Column (c) may pertain to any year)

DATE:8/2/2018	FOR PERIOD ENDING:7/31/2018
LOCALITY:	REPORT ID:

**PART I: EXPENDITURE DESCRIPTION**

EXPENDITURE DESCRIPTION	LOCAL MATCH RATE (a)	GROSS TOTAL EXPENDITURES THIS PERIOD (b)	EXPENDITURE REFUNDS THIS PERIOD (c)	NET TOTAL EXPENDITURES (b minus c) (d)	LOCAL MATCH (a x d) (e)	STATE MATCH (d-e) (f)
<b>1. MANDATED SERVICES/ RESIDENTIAL</b>						
1a. Foster Care - IV-E children in Licensed Residential Congregate Care; pool expenditures for costs not covered by IV-E (i.e., non room-and-board)	0.2920	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1b. Foster Care - all others in Licensed Residential Congregate Care	0.2920	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1c. Residential Congregate Care-CSA Parental Agreements ; DSS Noncustodial Agreements	0.2920	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1d.Non-Mandated Services/Residential/ Congregate	0.2920	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1e. Educational Services - Congregate Care	0.2336	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>2. MANDATED SERVICES/ NON-RESIDENTIAL</b>						
2a. Treatment Foster Care - IV-E	0.2336	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2a.1 Treatment Foster Care	0.2336	\$0.00	\$160.00	(\$160.00)	(\$37.38)	(\$122.62)
2a.2 Treatment Foster Care - CSA Parental Agreements ; DSS Noncustodial Agreements	0.2336	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2b. Specialized Foster Care - IV-E ; Community Based Services	0.2336	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2b.1 Specialized Foster Care	0.2336	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2c. Family Foster Care - IV-E ; Community Based Services	0.1168	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2d.Family Foster Care Maintenance only	0.2336	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2e.Family Foster Care - Children receiving maintenance and basic activities payments; independent living stipend/arrangements	0.2336	\$700.00	\$0.00	\$700.00	\$163.52	\$536.48
2f.Community - Based Services	0.1168	\$480.00	\$0.00	\$480.00	\$56.06	\$423.94
2f1.Community Transition Services - Direct Family Services to Transition from Residential to Community	0.1168	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2g.Special Education Private Day Placement	0.2336	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2h.Wrap-Around Services for Students With Disabilities	0.2336	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2i.Psychiatric Hospitals/Crisis Stabilization Units	0.2336	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3. Non-Mandated Services/Community-Based	0.1168	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>4. GRAND TOTAL:</b> (sum of categories 1 through 3)	0.2336	\$1,180.00	\$160.00	\$1,020.00	\$182.21	\$837.79

Current Match Rate 0.2336

The expenditures and refunds reported herein were incurred in accordance with provisions of the Children's Services Act, and have not been reported on a previous claim. Documentation is maintained to support the expenditure and refund amounts reported, and to demonstrate that each expenditure and refund was made on behalf of a specific child (or list of specific children) and complies with the CSA Manual, COV and Appropriation Act requirements including utilization management and FAPT criteria.

**FOR STATE USE ONLY:**

TOTAL COST REPORTED:	\$
LOCAL SHARE:	\$
APPROVED STATE SHARE:	\$
MEDICAID ADJUSTMENT:	\$ [ ]
STATE PAYMENT:	\$

STATE FISCAL AGENT \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PART II: EXPENDITURE REFUND SOURCES**

THESE EXPENDITURE REFUNDS ARE BEING REPORTED IN FISCAL YEAR 19

DATE: 8/1/2018	FOR PERIOD ENDING: 7/31/2018
LOCALITY: Rockbridge - FIPS: 163	REPORT ID: 29804

Information regarding total expenditure refunds reported on Part I, line 4(c).

EXPENDITURE REFUND DESCRIPTION	CODE	AMOUNT
Vendor Refunds and Payment Cancellations	010	\$0.00
Parental Co-Payments	020	\$0.00
Payments made on behalf of the child (ex: SSA, SSI, VA benefits, ...)	030	\$0.00
Child Support Collections through DCSE	040	\$160.00
Pool prior-reported expenditures re-claimed under IV-E	050	\$0.00
Other (Please specify): (Please use tab to exit this field)	090	\$0.00
<b>TOTAL REFUNDS</b>		\$160.00

Note: This total must agree with the GRAND TOTAL of all expenditure refunds for the reporting period (Part I, Line 4, Col c).


Approve
Delete

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Alternate Step 8:


The new screen opens when the Report Preparer clicks on the Confirm Pool Report button. If, on the top of the screen, the following red message is visible:

Currently, there are insufficient funds to support your Reimbursement Request. The requested fiscal year total of the state share of CSA pool funds of 3570022.67 exceeds the total State Allocation Amount for your locality 3391311.24. Please file a request for a supplemental allocation.



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### PREPARER'S POOL REIMBURSEMENT REPORT REVIEW

Payment/Adjustment Date From: 7/1/2020 To: 7/31/2020

Please review the report. If the information is correct then click the Approve button, if not click Decline button.  
(The decline function will send an email to OCS IT Support. They will contact you for the file removal.)

Currently there are insufficient funds to support your Reimbursement Request.

The requested fiscal year total of the state share of CSA pool funds of 3570022.67 exceeds the total State Allocation Amount for your locality 3391311.24. Please file a request for a supplemental allocation..

**CSA POOL REIMBURSEMENT REQUEST REPORT**

ALL COSTS REPORTED IN COLUMN (b) PERTAIN TO SERVICES PROVIDED DURING THE FISCAL YEAR :20  
(NOTE: expenditure refunds reported in Column (c) may pertain to any year)

DATE:8/12/2020	FOR PERIOD ENDING:7/31/2020
LOCALITY:	REPORT ID:

**PART I: EXPENDITURE DESCRIPTION**

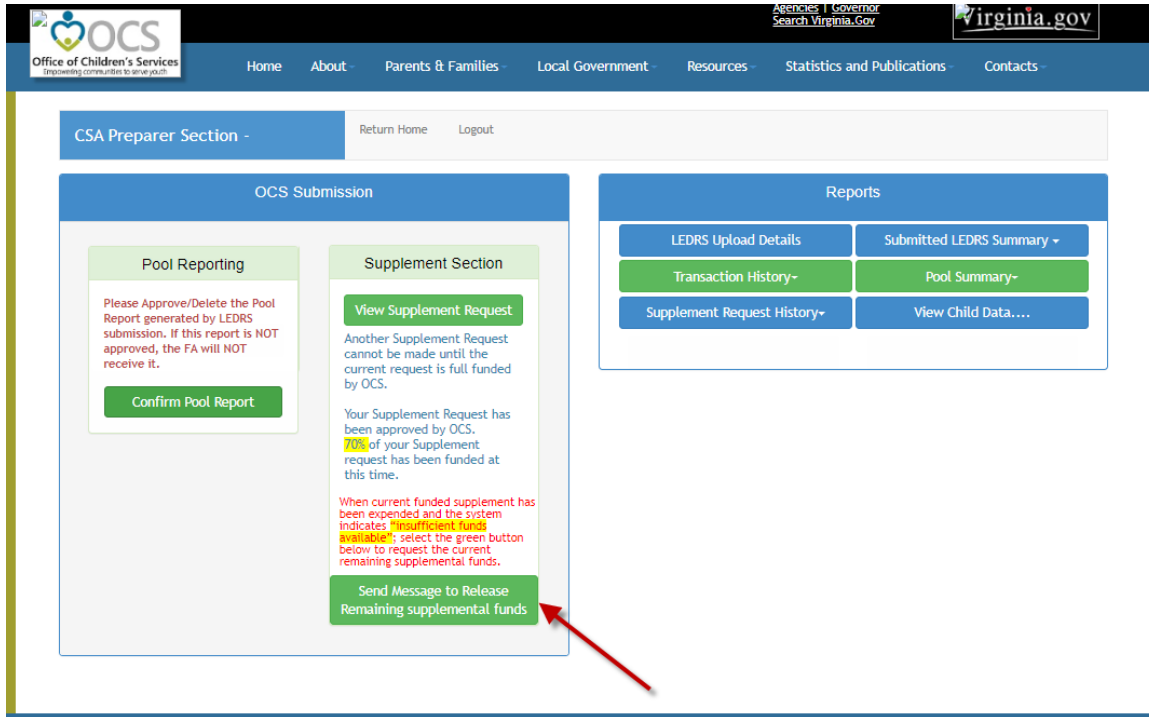
EXPENDITURE DESCRIPTION	LOCAL MATCH RATE (a)	GROSS TOTAL EXPENDITURES THIS PERIOD (b)	EXPENDITURE REFUNDS THIS PERIOD (c)	NET TOTAL EXPENDITURES (b minus c) (d)	LOCAL MATCH (a x d) (e)	STATE MATCH (d-e) (f)
<b>1. MANDATED SERVICES/ RESIDENTIAL</b>						
1a. Foster Care - IV-E children in Licensed Residential Congregate Care; pool expenditures for costs not covered by IV-E (i.e., non room-and-board)	0.4396	\$9,559.00	\$21,024.00	(\$11,465.00)	(\$5,040.01)	(\$6,424.99)
1b. Foster Care - all others in Licensed Residential Congregate Care	0.4396	\$6,969.00	\$341.00	\$6,628.00	\$2,913.67	\$3,714.33
1c. Residential Congregate Care-CSA Parental Agreements ; DSS Noncustodial Agreements	0.4396	\$21,104.06	\$0.00	\$21,104.06	\$9,277.34	\$11,826.72
1d.Non-Mandated Services/Residential/Congregate	0.4396	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1e. Educational Services - Congregate Care	0.3517	\$108,202.78	\$1,200.00	\$107,002.78	\$37,632.88	\$69,369.90

Information regarding total expenditure refunds reported on Part I, line 1(e).

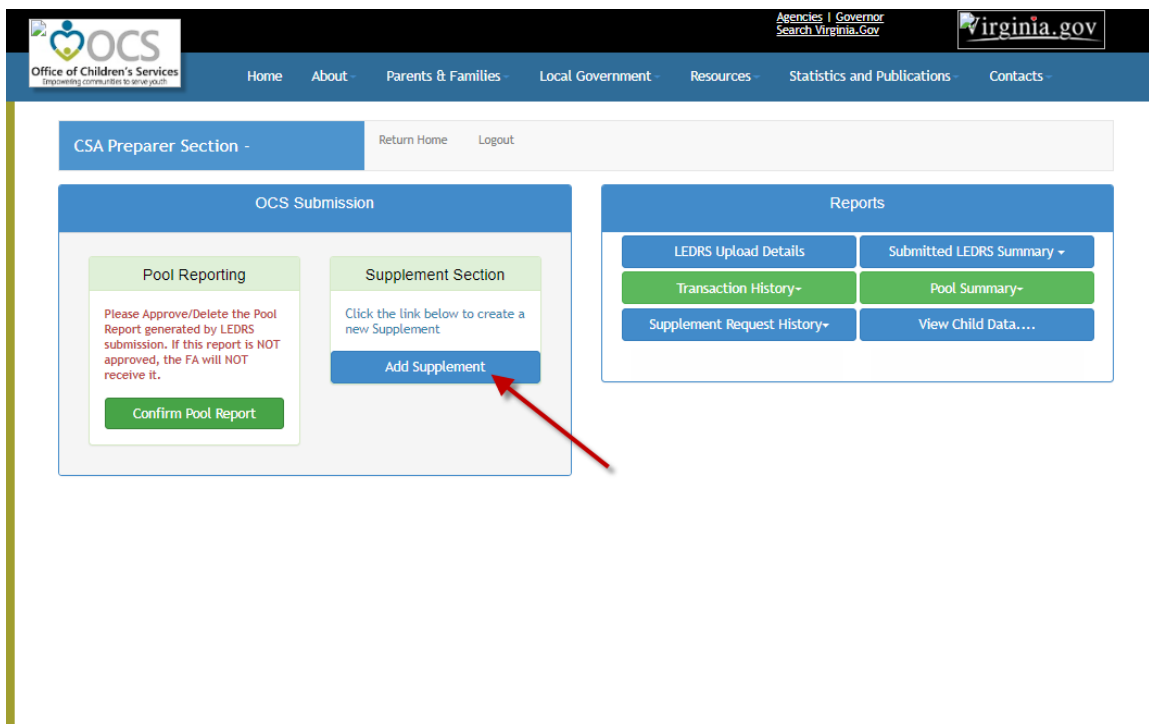
EXPENDITURE REFUND DESCRIPTION	CODE	AMOUNT
Vendor Refunds and Payment Cancellations	010	\$0.00
Parental Co-Payments	020	\$2,119.00
Payments made on behalf of the child (ex: SSA, SSI, VA benefits, ...)	030	\$1,200.00
Child Support Collections through DCSE	040	\$0.00
Pool prior-reported expenditures re-claimed under IV-E	050	\$21,024.00
Other (Please specify): (Please use tab to exit this field)	090	\$0.00
<b>TOTAL REFUNDS</b>		<b>\$24,343.00</b>

(Please click only once. DO NOT press back button. If your system is facing latency, please wait.)

Since the only option the Report Preparer has is to Decline the Report. The Report Preparer needs to return to the section **and** click on the “Send Message to Release Remaining supplemental funds.”



Or click on the “Add supplement” button



After the CSA Business and Finance Manager releases the *Remaining Supplement Funds* and if the Report Preparer continues to see the message for insufficient funds on the Pool Report Approval screen, the Report Preparer needs to click on the Add Supplement button and file a new Supplement Request.


### Step 9:

The Fiscal Agent's screen change is as shown below. When the Fiscal Agent clicks on the View/Approve Pool Report button, the Pool Report previously approved by the Report Preparer is shown on the screen. It is now available for the Fiscal Agent's approval.

The screenshot displays the OCS Fiscal Agent Section interface. At the top, there is a navigation bar with the OCS logo (Office of Children's Services) and the Virginia.gov logo. The main content area is titled "CSA Fiscal Agent Section" and includes a "Return Home" and "Logout" link. The interface is divided into several sections:


- OCS Submission:** This section contains two boxes. The "Pool Reporting" box displays the message "The following Report(s) are submitted for approval." and a green button labeled "View/Approve Pool Report (20)". A red arrow points to this button. The "Supplement Section" box displays the message "No Supplement waiting approval".
- Reports:** This section contains several buttons: "SEFA Reporting", "Administrative Plan", "Transaction History", "Pool Reimbursements History", and "Supplement Request History".
- Export Medicaid File:** This section contains three buttons: "Select Year", "Select Month", and "Download File".

When the Fiscal Agent clicks on the Approve button, the Pool Report is queued for DOE Monthly Reimbursement.



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### POOL REIMBURSEMENT REQUEST REPORT

Reporting Period From: 6/1/2018 To: 6/30/2018

Please review the report. If the information is correct then click the Approve button, if not click Delete button.

(The delete function will remove the uploaded file. The Report Preparer will be able to upload a new corrected file.)

**CSA POOL REIMBURSEMENT REQUEST REPORT**

ALL COSTS REPORTED IN COLUMN (b) PERTAIN TO SERVICES PROVIDED DURING THE FISCAL YEAR :18  
(NOTE: Expenditure refunds reported in Column (c) may pertain to any year)

DATE: 8/2/2018	FOR PERIOD ENDING: 6/30/2018
LOCALITY:	REPORT ID:

**PART I: EXPENDITURE DESCRIPTION**

EXPENDITURE DESCRIPTION	LOCAL MATCH RATE (a)	GROSS TOTAL EXPENDITURES THIS PERIOD (b)	EXPENDITURE REFUNDS THIS PERIOD (c)	NET TOTAL EXPENDITURES (b minus c) (d)	LOCAL MATCH (a x d) (e)	STATE MATCH (d-e) (f)
<b>1. MANDATED SERVICES/ RESIDENTIAL</b>						
1a. Foster Care - IV-E children in Licensed Residential Congregate Care; pool expenditures for costs not covered by IV-E (i.e., non room-and-board)	0.6636	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1b. Foster Care - all others in Licensed Residential Congregate Care	0.6636	\$25,368.00	\$0.00	\$25,368.00	\$16,834.20	\$8,533.80
1c. Residential Congregate Care-CSA Parental Agreements ; DSS Noncustodial Agreements	0.6636	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1d. Non-Mandated Services/Residential/Congregate	0.6636	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1e. Educational Services - Congregate Care	0.5309	\$25,421.08	\$12.50	\$25,408.58	\$13,489.42	\$11,919.16
<b>2. MANDATED SERVICES/ NON-RESIDENTIAL</b>						
2a. Treatment Foster Care - IV-E	0.5309	\$81,032.91	\$198.31	\$80,834.60	\$42,915.09	\$37,919.51
2a.1 Treatment Foster Cares	0.5309	\$143,389.84	\$2,837.04	\$140,552.80	\$74,619.48	\$65,933.32
2a.2 Treatment Foster Care - CSA Parental Agreements ; DSS Noncustodial Agreements	0.5309	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2b. Specialized Foster Care - IV-E ; Community Based Services	0.5309	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2b.1 Specialized Foster Care	0.5309	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2c. Family Foster Care - IV-E ; Community Based Services	0.2655	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2d. Family Foster Care Maintenance only	0.5309	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2e. Family Foster Care - Children receiving maintenance and basic activities payments; independent living stipend/arrangements	0.5309	\$26,463.32	(\$2,622.22)	\$29,085.54	\$15,441.51	\$13,644.03
2f. Community - Based Services	0.2655	\$82,595.19	\$390.70	\$82,204.49	\$21,825.29	\$60,379.20
2f1. Community Transition Services - Direct Family Services to Transition from Residential to Community	0.2655	\$250.00	\$0.00	\$250.00	\$66.38	\$183.63
2g. Special Education Private Day Placement	0.5309	\$631,130.37	\$0.00	\$631,130.37	\$335,067.11	\$296,063.26
2h. Wrap-Around Services for Students With Disabilities	0.5309	\$1,064.40	\$0.00	\$1,064.40	\$565.09	\$499.31
2i. Psychiatric Hospitals/Crisis Stabilization Units	0.5309	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3. NON-MANDATED SERVICES / RESIDENTIAL	0.2655	\$1,733.00	\$0.00	\$1,733.00	\$460.11	\$1,272.89
<b>5. GRAND TOTAL:</b> <small>(sum of categories 1 through 4)</small>	0.5309	<b>\$1,018,448.11</b>	<b>\$816.33</b>	<b>\$1,017,631.78</b>	<b>\$521,283.69</b>	<b>\$496,348.09</b>

**Current Match Rate 0.5309**

The expenditures and refunds reported herein were incurred in accordance with provisions of the Children's Services Act, and have not been reported on a previous claim. Documentation is maintained to support the expenditure and refund amounts reported, and to demonstrate that each expenditure and refund was made on behalf of a specific child (or list of specific children) and complies with the CSA Manual, COV and Appropriation Act requirements including utilization management and FAPT criteria.

**FOR STATE USE ONLY:**

TOTAL COST REPORTED:	\$
LOCAL SHARE:	\$
APPROVED STATE SHARE:	\$
MEDICAID ADJUSTMENT:	\$ [ ]
STATE PAYMENT:	\$

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PART II: EXPENDITURE REFUND SOURCES**

THESE EXPENDITURE REFUNDS ARE BEING REPORTED IN FISCAL YEAR 18

DATE: 8/2/2018	FOR PERIOD ENDING: 6/30/2018
LOCALITY:	REPORT ID:

Information regarding total expenditure refunds reported on Part I, line 4(c).

EXPENDITURE REFUND DESCRIPTION	CODE	AMOUNT
Vendor Refunds and Payment Cancellations	010	\$3,266.60
Parental Co-Payments	020	\$0.00
Payments made on behalf of the child (ex: SSA, SSI, VA benefits, ...)	030	\$0.00
Child Support Collections through DCSE	040	\$956.28
Pool prior-reported expenditures re-claimed under IV-E	050	\$0.00
Other (Please specify): <small>(Please use tab to exit this field)</small>	090	(\$3,406.55)
<b>TOTAL REFUNDS</b>		<b>\$816.33</b>

Note: This total must agree with the GRAND TOTAL of all expenditure refunds for the reporting period (Part I, Line 4, Col c).

Approve
Delete

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## 22.0 The Account Management System (AMS)

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CSA maintains an online directory, the Account Management System or AMS (found in the Contacts → Local Government Contacts link on the CSA website), of individuals filling a variety of local CSA roles, including:

- CPMT Chair
- Fiscal Agents
- CSA Coordinator
- Report Preparers
- CANS Super Users
- title IV-E File Uploader

These directories are a resource for obtaining contact information, and the Office of Children's Services utilizes them to communicate important information to local partners.

### 22.1 Keeping the AMS Up to Date

It is the responsibility of the locality CSA Coordinator to keep these rosters current and accurate.

Request to make additions/deletions/changes to the directories can be done by any individual. These changes go through an approval flow in the Account Management System (AMS), where the data resides.

### 22.2 AMS – Search Roster

The Local Government Contact screen is shown below. The Rosters section has the following features:

1. Search by Locality and/or Role
2. Sort the data displayed on the screen
3. Export the searched data (to an Excel file)

An Agency of the Commonwealth of Virginia

Select Language | Virginia.gov | Find an Agency

Home | About | Parents & Families | Local Government | Resources | Statistics and Publications | **Contacts**

OCS Office of Children's Services

OCS Contacts  
Local Government Contacts  
Technical Assistance

## Contacts

### Local Government Contacts

Search Rosters

Account Management/  
Update Rosters/New User  
Registration

Account Management  
System Manual

Report a Problem  
please click here

#### Search Rosters

Select a Locality/Role to view roster for the selected criteria. If no Locality/Role is selected, roster for all localities/roles shall be displayed.

Locality: \* --Select Locality--

Role: --Select Role--

Search Cancel

Get this roster in Excel format

Locality	Role	User Name/ Agency	Address/ P.O.Box#	Phone/ Fax

## 22.3 AMS – Update Rosters/New User Registration

When a User clicks on the Account Management/Update Rosters/New User Registration link on the left “rail.”

Click on the “Click here to proceed” button.

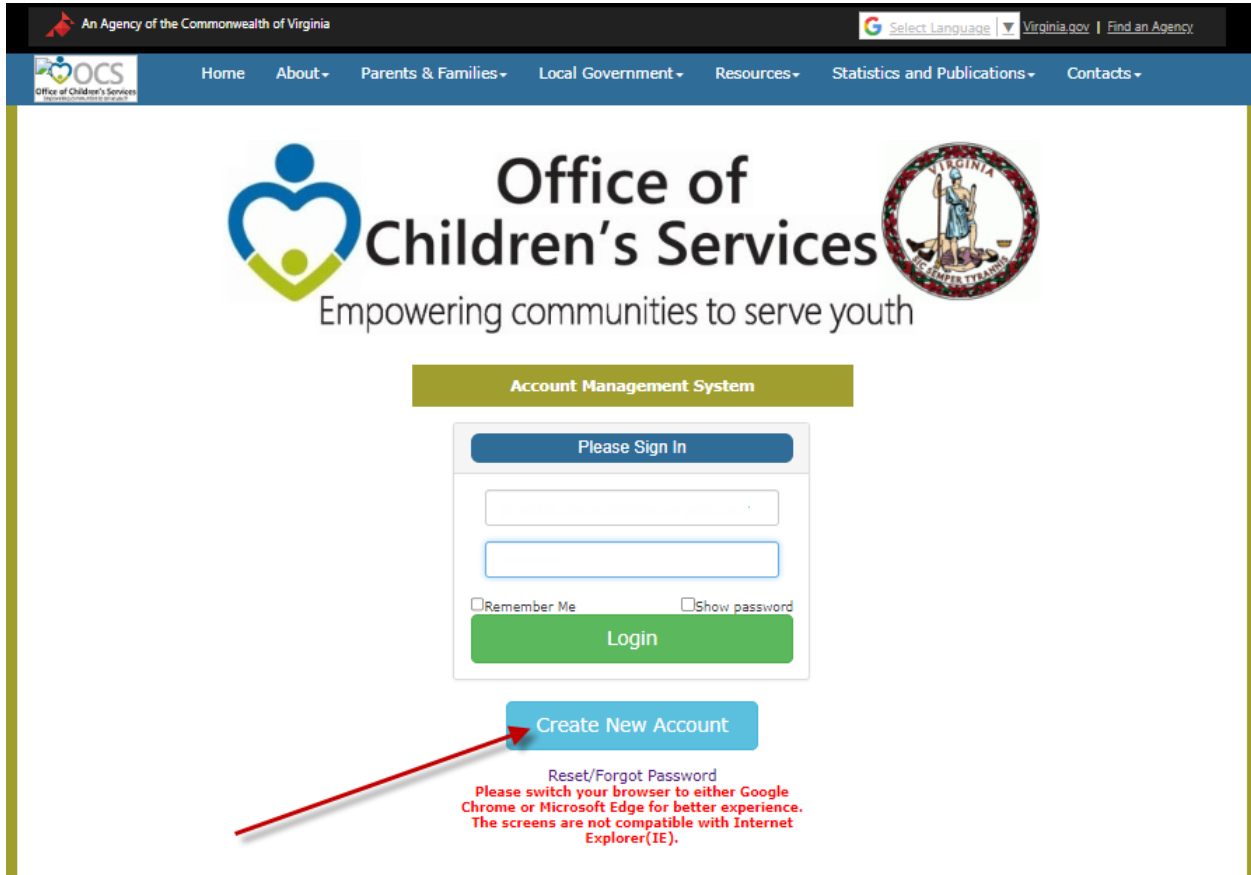
The screen displayed is as follows. The User has three options:

1. Login to AMS (using an established e-mail address and password)
2. Create New Account
3. Reset/Forgot Password

### 21.3.1 Creating a New User Account

There are two ways to create a new User account:

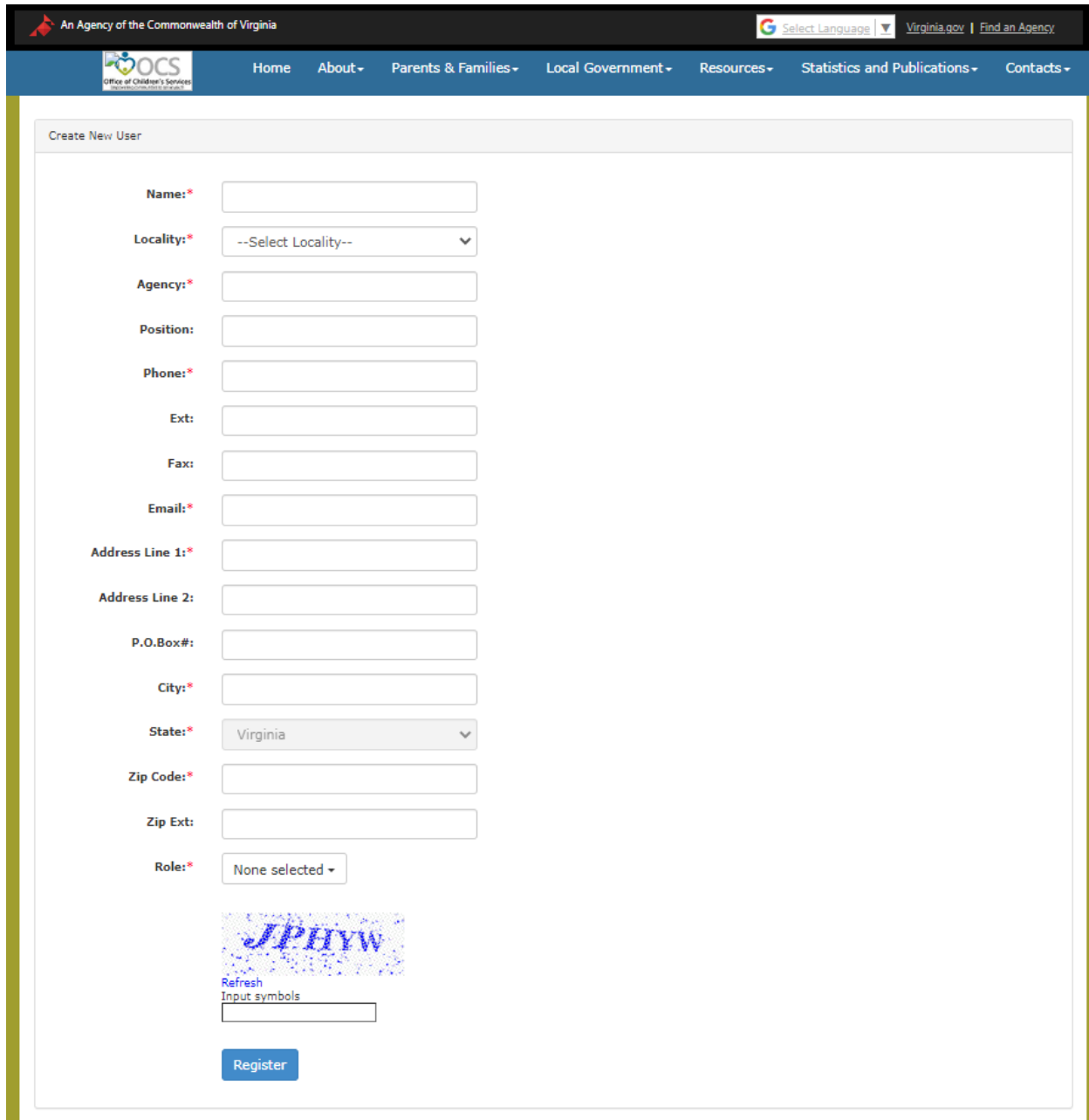
1. By clicking on the Create New Account button
2. Or by Login to AMS button (if you have an existing registered account)





### 21.3.1.1 Using the Create New Account Button

When the User clicks on the Create New Account button, the following screen is displayed, and the User needs to enter all the required data and click on the Register button.



The screenshot shows the 'Create New User' form within the Office of Children's Services (OCS) website. The form is titled 'Create New User' and contains the following fields:

- Name:** Text input field.
- Locality:** Dropdown menu with '--Select Locality--' selected.
- Agency:** Text input field.
- Position:** Text input field.
- Phone:** Text input field.
- Ext:** Text input field.
- Fax:** Text input field.
- Email:** Text input field.
- Address Line 1:** Text input field.
- Address Line 2:** Text input field.
- P.O.Box#:** Text input field.
- City:** Text input field.
- State:** Dropdown menu with 'Virginia' selected.
- Zip Code:** Text input field.
- Zip Ext:** Text input field.
- Role:** Dropdown menu with 'None selected' selected.

Below the form fields, there is a CAPTCHA image with the text 'JPHYW'. Below the CAPTCHA, there is a 'Refresh' link and an 'Input symbols' text input field. At the bottom of the form, there is a blue 'Register' button.

Depending on the Role requested, an approval notification is sent to either the locality's CPMT Chair or CSA Coordinator.

The Local Approver will need to login into the AMS system and approve the new User.

### 21.3.1.2 By Login to AMS Button (for Users with existing registered accounts)

The User enters their registered email and password and clicks on the Login button to log into the AMS account. The User then clicks on the Register User tab, which will display the Create New Account page, as shown below. The User must enter all the required data and click the Register button.

The screenshot shows the 'Account Management System' interface. At the top, there is a navigation bar with the OCS logo and menu items: Home, About, Parents & Families, Local Government, Resources, Statistics and Publications, and Contacts. Below this is a sub-navigation bar with 'My Approvals', 'Register User', 'Edit Profile', and 'Edit/Update Users'. The 'Register User' tab is selected, and a red arrow points to it. The main content area is titled 'Create New User' and contains a form with the following fields:

- Name:\*
- Locality:\*
- Agency:\*
- Position:
- Phone:\*
- Ext:
- Fax:
- Email:\*
- Address Line 1:\*
- Address Line 2:
- P.O.Box#:
- City:\*
- State:\*
- Zip Code:\*
- Zip Ext:
- Role:\*

At the bottom of the form, there is a CAPTCHA image showing the characters 'LSKJQ', a 'Refresh' button, and an 'Input symbols' field. A blue 'Register' button is located at the bottom center of the form.

Depending on the Role requested, an approval request notification is sent to either the locality's CPMT Chair or CSA Coordinator.

The Local Approver will need to login into the AMS system and approve the new User.

## 22.4 AMS – Local Approver Screen

### 22.4.1 My Approvals tab

Local Approvers (CSA Coordinator and CPMT Chair) have the My Approvals tab that will display a list of users in their "approval basket." To Approve or Reject a request, the Local Approver will click on the review icon in the far right column. A popup screen to Approve or Reject the User is displayed.

Once the User is approved, they will no longer appear in the "approval "basket." When the State Approver approves the User (the next step in the process), the user will display in the Local Government Contacts screen for the Locality.

The User shall also receive an email notification to create his credentials to access the system.

The screenshot displays the 'User Details' popup window within the 'Account Management System'. The system header includes 'An Agency of the Commonwealth of Virginia' and navigation links like 'Home', 'About', 'Parents & Families', 'Local Government', 'Resources', 'Statistics and Publications', and 'Contacts'. The user details for Kimberly Beck are as follows:

- Name: Kimberly Beck
- Provider Name: New Haven Residential Treatment Center
- Provider ID: 8433
- Address: 2172 E. 7200 South Spanish Fork UT 84045
- Phone: 801-623-3103
- Email: kimberlyb@newhavenrtc.com
- Approval Request Date: 7/1/2022 11:02:07 AM
- Active Roles: Roles Pending Approval: CSA SFD Admin User
- Rejection Reason: --Select Reject Reason--

The 'My Approvals' table shows one entry for Kimberly Beck with an 'Approval Request Date' of 7/1/2022 11:02:07 AM and an 'Email' of kimberlyb@newhavenrtc.com. A red dashed arrow points from the 'Approve' button to the 'Approval Request Date' and 'Email' columns.

If the User is rejected by the Local Approved or State Approver, an email is sent to the User with the Reject reason stated.

### 22.4.2 Register User Tab

As an alternative to creating a New User as described in 20.3.1.1 above, Local Approvers and other registered users may request a new User account through the Register User tab.

The User can register a new User from their locality on this tab. After the new User details are keyed in, click the Register button at the bottom of the screen. Depending on the Role requested, an approval notification is sent to either Locality’s CPMT Chair or CSA Coordinator.

An Agency of the Commonwealth of Virginia

Select Language | Virginia.gov | Find an Agency

Home About Parents & Families Local Government Resources Statistics and Publications Contacts

Account Management System - Return Home Logout

My Approvals **Register User** Edit Profile Edit/Update Users

Create New User

Name: \*

Locality: \* --Select Locality--

Agency: \*

Position:

Phone: \*

Ext:

Fax:

Email: \*

Address Line 1: \*

Address Line 2:

P.O.Box#:

City: \*

State: \* Virginia

Zip Code: \*

Zip Ext:

Role: \* None selected

LSKJQ

Refresh  
Input symbols

Register

### 22.4.3 Edit Profile Tab

Local Approvers and established Users have access to the Edit Profile tab.

On this tab, the User can edit or modify their profile detail. After needed changes are entered, click on the Update button.

The screenshot displays the 'Account Management System' interface. At the top, there is a navigation bar with links for Home, About, Parents & Families, Local Government, Resources, Statistics and Publications, and Contacts. Below this is a sub-navigation bar with 'My Approvals', 'Register User', 'Edit Profile', and 'Edit/Update Users'. The 'Edit Profile' tab is active, and a red arrow points to it. The main form area is titled 'Edit profile' and contains the following fields:

- Name:** Preetha Agrawal
- Locality:** OCS State Office - 200
- Agency:** 8016
- Position:** 3
- Phone:** (empty)
- Ext:** (empty)
- Fax:** (empty)
- Email:** preetha.agrawal@csa.virginia.gov
- Address Line 1:** 1604 Santa Rosa Rd.
- Address Line 2:** (empty)
- P.O.Box#:** (empty)
- City:** Richmond
- State:** Virginia
- Zip Code:** 23229
- Zip Ext:** (empty)
- Role:** CSA Coordinator

At the bottom of the form, there are two buttons: 'Update' and 'Cancel'. A red arrow points to the 'Update' button.

## 22.4.4 Edit/Update Users Tab

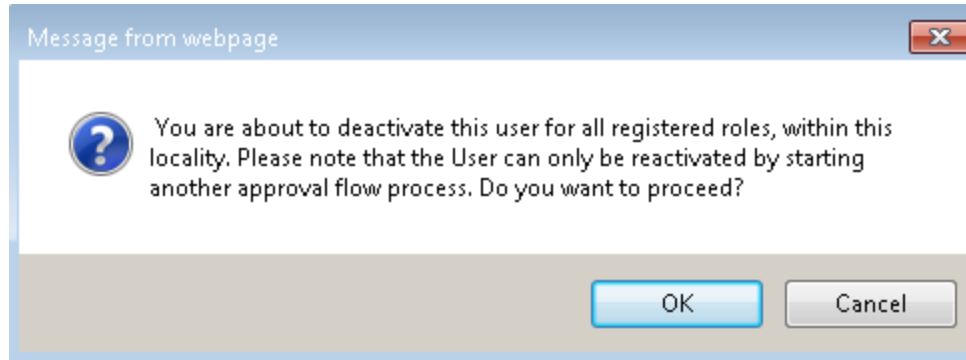
Local Approvers have the Edit/Update User tab. This tab will display a list of all users in the locality. This tab has three important features.

The screenshot shows the Account Management System (AMS) interface. At the top, there is a navigation menu with links for Home, About, Parents & Families, Local Government, Resources, Statistics and Publications, and Contacts. Below the navigation menu, there is a header for the Account Management System with a Logout button. The main content area is titled "Edit / Update Existing Users" and includes a dropdown menu for "Agency/Locality /System:" set to "Albemarle - 3" and a "Role:" dropdown menu set to "-- Select Role --". There is a "Name" input field and a checkbox for "Show deleted/deactivated users". Below this, there is an "Export" button and "Search" and "Reset" buttons. The main content is a table with the following data:

Agency/Locality/Provider	Name	Phone	Email				
Albemarle (003)	Jennifer Wells	434-972-4011 X 3836	jwells2@albemarle.org	🔍	✎	🗑️	📄
Albemarle (003)	Kevin Wasilewski	434-872-4522	kwasilewski@albemarle.org	🔍	✎	🗑️	📄
Albemarle (003)	Neta Davis	434-972-1800	NETA.DAVIS@regionten.org	🔍	✎	🗑️	📄
Albemarle (003)	Preetha Agrawal		preetha.agrawal@csa.virginia.gov	🔍	✎	🗑️	📄
Albemarle (003)	Tammy Critzer	434-872-4531	tcritzer@albemarle.org	🔍	✎	🗑️	📄

At the bottom of the table, there is a pagination control showing "1" in a blue box, with arrows for navigation.

1. The View (Magnifying Glass icon) is used to view the details of a User.
2. The Edit (Pencil icon) is used to edit a User's details. It can be used to:
  - i. Edit User Information
  - ii. Add User roles
  - iii. Delete User roles
  - iv. Duplicate User
3. The Delete (Trash Can) icon is used to Delete/Deactivate a User in the AMS. When the following message is displayed, the User must click the "OK" button. Once a User is deactivated for all roles, the User can be reactivated only by starting a new approval flow process.



## 22.5 Reset / Forgot Password

If you are a registered user and cannot remember your password, click on “Reset/Forget Password.”

1. Select your Locality
2. Enter your email address
3. Click on Submit

To your registered email address, an email with instructions on how to proceed is sent.

## 22.6 CSA System Password requirements

To conform to Commonwealth IT security standards and mitigate risks of unwanted access to our system. The following are the User Password Management Responsibilities

*Expired Passwords and Password Resets:*

- CSA system users must change passwords every 42 days (90 days for Service Fee Directory users).
- All accounts without activity after 90 days (365 days for Service Fee Directory users) are disabled and require new Access Requests to establish access.
- The “3-strikes” security feature for accounts locks an account after three (3) consecutive incorrect password attempts. The “3-strikes” feature applies to all OCS information systems applications.

*Strong Passwords:*

All Users will utilize a strong password that:

- Is at least 14 characters (effective January 1, 2023);
- Contains at least one numeric and one special character;
- Contains a mixture of at least one uppercase and one lowercase letter; and
- Cannot be reused.

The screenshot shows a web browser window displaying the OCS 'Save Your Password' form. The form has two input fields: 'New Password' and 'Confirm Password'. Both fields are currently empty. Below the 'New Password' field, there is a checkbox labeled 'Show New Password' which is unchecked. To the right of the 'New Password' field, there are several red error messages: 'New Password cannot be empty', '1 Uppercase Character', '1 Lowercase Character', '1 Numerical Digit', '1 Special Character like ~!@#\$%^&()\_+<->[]{}', and 'Password must be minimum 8 characters and maximum 15 characters in length'. Below the 'Confirm Password' field, there is a checkbox labeled 'Show Confirm Password' which is unchecked, and a red error message: 'New Password and Confirm Password did not match'. At the bottom of the form, there is a blue 'Save Password' button. Below the button, there is a note in red text: '(Note: "Save Password" button will be enabled only after all of the above listed criteria are fulfilled.)'. The top of the browser window shows the OCS logo and navigation menu.

*Users of OCS information systems:*

- May not share passwords;
- May change passwords at will, but no more than once every 24 hours; and
- Must change compromised passwords.



*Lost, Stolen, or Compromised Passwords:*

- Users must immediately change their password if compromised.

Please contact the OCS Office at 804-662-9815 or [csa.office@csa.virginia.gov](mailto:csa.office@csa.virginia.gov) to reset passwords for locked accounts.