

CSA TODAY

A NEWSLETTER OF THE OFFICE OF CHILDREN'S SERVICES

IN THIS ISSUE

- Director's Blog
- Non-Custodial Agreements & CSA Parental Agreements
- OCS Data Corner
- Data Privacy
- Local Management of the CSA
- DARS: Pathways to Careers
- CANS
- Enhanced Technical Assistance
- Cardinal Care
- Auditor's Corner
- Helpful Tips from the Business & Finance Manager
- CSA Case Transfer
- Resource Round Up
- TA Questions of the Quarter
- Submission Guidelines

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Director's Blog

Scott Reiner, Executive Director



As I write, the General Assembly is at its midway point, referred to as "crossover." While nothing is finalized until the legislature completes its work (scheduled for February 25), the Office of Children's Services is tracking bills related to adding to the membership of the State Executive Council and State and Local Advisory Team (DB1513, Senator Mason), removing specific reporting requirements for CPMT's found in §2.2-5206.16 (HB1945, Delegate Durant), and making some limited exceptions to the confidentiality of information shared at meetings of the FAPT and CPMT (HB2018, Delegate L. Adams). Should any of these bills pass, OCS will disseminate information on their impact and implementation.

On the budget, there are currently amendments from both the House and the Senate that would eliminate the planned implementation of standardized rates for private day special education programs and require technical assistance to localities with above-average utilization of such programs. Final decisions on this element of the state budget will be forthcoming.

Outside of the immediate CSA "bullseye," the General Assembly is moving forward with several issues impacting the larger system of care. The Governor's "Right Help, Right Now" plan is an unprecedented investment in addressing Virginia's citizens' unmet mental health needs. The first year of this three-year comprehensive plan invests over \$230 million in Virginia's behavioral health system and is built on Six Pillars:

1. First, we must strive to ensure same-day care for individuals experiencing behavioral health crises.
2. Second, we must relieve the law enforcement community's burden and reduce the criminalization of mental health.
3. Third, we must develop more capacity throughout the system, going beyond hospitals, especially community-based services.
4. Fourth, we must provide targeted support for substance use disorder and efforts to prevent overdose.

(continued on Page 2)



Director's Blog (cont'd.)

5. Fifth, we must make the behavioral health workforce a priority, particularly in underserved communities.
6. Sixth, we must identify service innovations and best practices in pre-crisis prevention services, crisis care, post-crisis recovery and support and develop tangible and achievable means to close capacity gaps.

The "Right Help, Right Now" plan will go a long way toward addressing the needs that bring so many youth and families to the CSA, and we should all be excited about this important initiative.

In addition to the General Assembly, the team at OCS continues our efforts to enhance our system of care and provide resources and support to our partners in state and local government, the provider community, and the youth and families we serve. Please don't hesitate to reach out to us with your thoughts about how we can increase our collective effectiveness.

Scott



The Virginia Information Technologies Agency ([VITA](#)) and Virginia's Office of Data Governance and Analytics ([ODGA](#)) created awareness about online privacy and the measures to keeping information safe during *Data Privacy Week* (January 22-28, 2023). There is emphasis on respecting the privacy of individuals and the handling of sensitive data.

Your online activity likely leaves a digital trace. Whether you are visiting a website or scrolling your timeline on social media, your information is being collected and shared without your consent. As the technological age grows, it is becoming increasingly important to be careful in the handling and sharing of information, both personally and professionally.

VITA and OGDGA encourage Virginians to exercise caution with their privacy settings, passwords, and where they are uploading valuable information to prevent data breaches. To learn more about VITA and OGDGA's efforts to educate individuals and organizations on the importance of online privacy and protection, click on the hyperlinks above.



Non-Custodial Foster Care Agreements



CSA Parental Agreements

Determining the optimal pathway to serve youth and families can sometimes be a daunting task, especially when displacement from home and community are imminent without intervention. The Children's Services Act (CSA) provides a structured pathway by establishing eligibility for services and state pool funding for various populations ([COV § 2.2-5212.B](#)). The Code of Virginia ([§ 63.2-905](#)), permits the parent/legal guardian to pursue services, including residential treatment, through a formal agreement for youth experiencing significant emotional or behavioral problems without surrendering custody. The youth that meet this criteria (foster care or Child in Need of Services -- *CHINS*) are eligible for CSA.

There are two types of agreements that can be used to provide necessary services for youth that require or are at risk of placement outside of the home for treatment of behavioral/emotional needs. These agreements are the *Non-Custodial Foster Care Agreement* and the *CSA Parental Agreement*.

These agreements share similarities in their design:

- Provide mental health treatment for youth with behavioral/emotional disorders when all other possibilities and resources are exhausted;
- Formal agreement is voluntary and defines expectations that must be agreed to and signed by parent/legal guardian;
- Only out-of-home treatment placements are appropriate (residential, group home, or Treatment Foster Care – TFC);
- Youth is under the age of 18;
- Can be terminated as stated in the agreement;
- Not used in instances of abuse or neglect;
- All CSA requirements (screening for Medicaid eligibility, FAPT review, CANS administration, and utilization review) are met if CSA funding is used;
- Parent/Legal guardian retains custody;
- Parent/Legal guardian is required to be involved in planning and treatment; and
- The plan is to return the youth home as soon as appropriate.

These agreements can include a range of casework, treatment, and community services for a planned period of time. Services should be based on the assessed strengths and needs of the youth and their family and documented in a service plan.

Despite the shared purposes of these agreements, there are clear distinctions between these agreements and they are managed differently when employed. Let's explore these differences...

(continued on Page 4)



Agreements (cont'd)

Non-Custodial Foster Care Agreements (NCFCA)

NCFCA's are used by the local Department of Social Services (LDSS) to provide case management to youth placed outside of the home for behavioral health treatment. Court involvement is required, but the parent/legal guardian retains legal custody of the youth.

According to Foster Care Guidance ([Section 3.7.5.1](#)), the NCFCA allows the provision of services that address the youth's needs in order to facilitate the youth's safe return home when appropriate. Under this agreement, the youth is considered to be in foster care, as the LDSS is assuming placement authority, care, and case management responsibility for the youth. The youth may be eligible for Title IV-E funding, and the case is referred to Child Support Enforcement.

Prior to entering into the NCFCA, there should be documentation in the service plan that outlines the supportive services offered to prevent the need for a foster care placement. Also, document emergency circumstances when services cannot be offered. The LDSS should determine the following:

- Parent/Legal guardians' retention of custody is in the youth's best interests and does not pose a risk to the youth
- Parent/Legal guardian remain actively involved with the youth during the placement
- Youth will return home within a reasonable time frame (usually within a 12-month period or less)
- There is no less restrictive alternative available for the youth to receive the level of supervision and services required

These determinations must be documented in the NCFCA. If these conditions do not exist, transferring custody to the LDSS should be considered.

Click on the Foster Care Guidance link for detailed information on the contents of the NCFCA.

CSA Parental Agreements

These agreements are between an agency designated by the CPMT (other than the LDSS) and a parent/legal guardian who retains legal custody. It is employed only when the FAPT determines the youth requires an out-of-home placement to address the youth's behavioral/emotional needs. The public agency (Community Services Board, Court Services Unit, Schools) is responsible for case management. LDSS cannot be the case manager when there are no concerns of abuse and neglect.

Under the Parental Agreement, the youth is not considered to be in foster care and will not be subject to foster care requirements (court hearings, Title IV-E eligibility determinations, etc.). Rather, these youth are considered to be receiving "foster care services: (casework, treatment services, and community services) for a planned period of time. The parent/legal guardian places the youth, not the public agency. There may be a referral to Child Support Enforcement or for CSA parental contribution, depending upon the local CSA policy relating to Parental Agreements. Click [here](#) for a sample template of the CSA Parental Agreement.

The CPMT must approve and sign the agreement designating CSA as the funding source. Without this approval, the public agency may not enter into the agreement. FAPT should set a specific review period to assess progress in services and whether adjustments are needed. These agreements are intended to be short-term to address the youth's behavioral/emotional needs, which may include therapeutic interventions with the youth and family that promote stabilizing the youth. Parental involvement in the planning and treatment services is required. Transitional services to support the return home can be provided if needed.

Documentation of the agreement parameters and expectations should be recorded in the Parental Agreement and IFSP. Click on this [link](#) for additional information on CSA Parental Agreements.



OCS Data Corner

Carrie Thompson, Research Associate, Senior

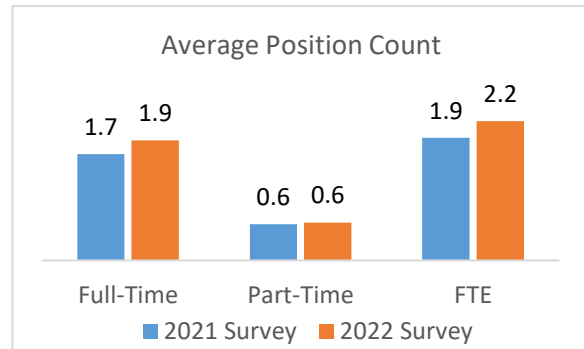
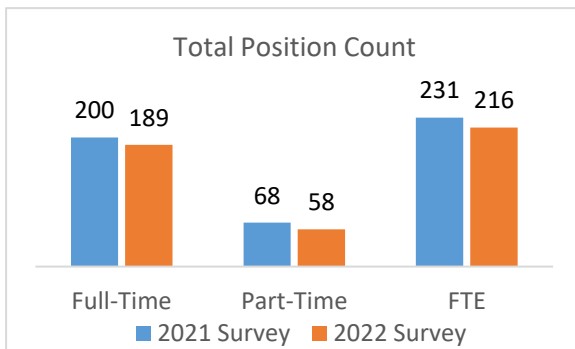


Local CSA Resource Survey: Results are in!

At the end of 2022, CSA programs across the state responded to the annual *Local CSA Resource Survey* for FY 2022. This survey, which began in FY2021 at the direction of the Virginia General Assembly, allows the Office of Children's Services (OCS) to collect staffing and administrative budget data for each local program. Ninety-nine localities (97 total responses, for a response rate of 76%) submitted staffing counts and any spending that exceeded the required local match share in the fiscal year. Here are some highlights from the results:

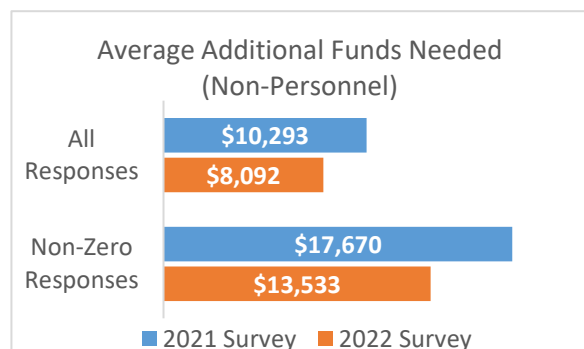
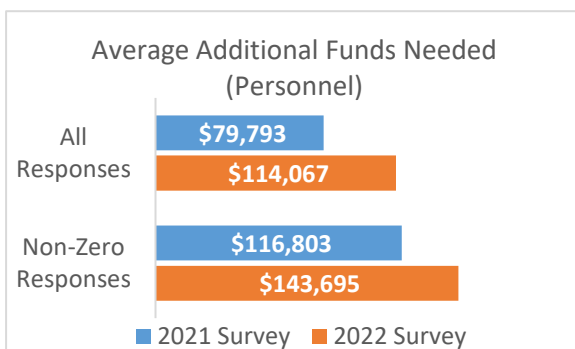
Staffing

The staff count was lower in FY2022 than in FY2021 for all position types. However, the average position count per locality was slightly higher than in the previous year. This was due to a smaller portion of localities reporting zero full-time staff in 2022 compared to 2021 (which inflated the average count overall).



Spending

Average personnel spending beyond the required local match amount was greater (orange bar below) than in FY2021, and the percentage of responding localities that spent additional funds was higher (64% of responding localities in FY2021 and 80% in FY2022). The portion of localities that spent additional funds for non-personnel expenses was also higher this year (52% of responses in FY2021 and 60% in FY2022), although the average amount was lower than in FY2021.





OCS Data (cont'd)

Time to Service Data Study: Data collection has begun

In its 2020 report "Review of the Children's Services Act and Private Special Education Day School Costs," the Joint Legislative Audit and Review Commission (JLARC) included the recommendation that the Office of Children's Services (OCS) should require local CSA programs to:

...measure, collect, and report timeliness data to OCS at least annually, and OCS should use this data to identify local CSA programs with relatively long start times for services, provide assistance to these programs, and notify Community Policy and Management Teams of their low performance relative to other CSA programs (Recommendation 10).

The first step of this new process was to design a data collection tool for local CSA programs. This tool will be used to document and organize information about the time between the receipt of a referral for services and the CSA's approval to fund those services.

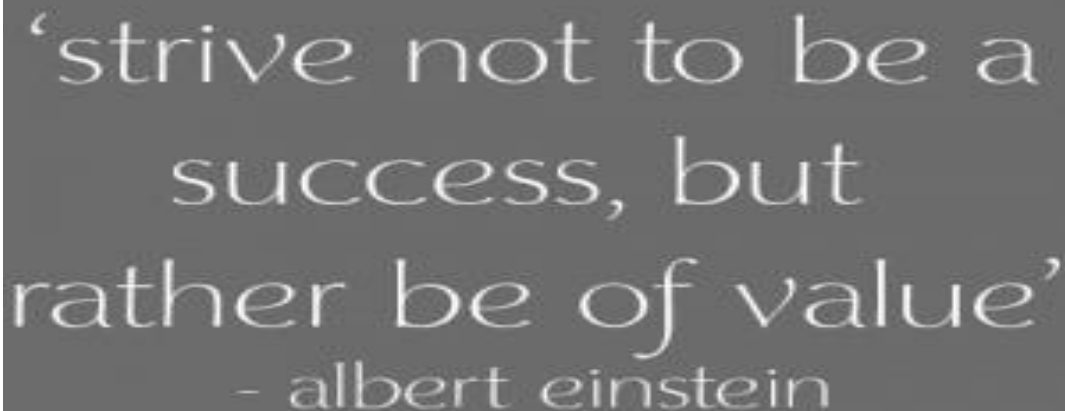

A group of CSA Coordinators graciously volunteered their time to provide brainstorming, feedback and context, to ensure that the first round of data collection was as straightforward as possible. Many thanks to Shari Lyons, Pam Wimmer, Robin Turner, Kelie Smith, Julie Dubee, Rachel Lewis, Rachel Schulhof, and Tesa BrodyWrye for your assistance!

On February 1, 2023, the data collection tool and a survey about each locality's process were emailed to CSA Coordinators. CPMT Chairs were also sent an email notifying them that these items had been distributed. Localities have been assigned a sample number of cases to collect over a two-month time period, based on the category's Mandate Type grouping (i.e., Foster Care, Foster Care Prevention, SPED, Non-Mandated, and CSA CHINS). Information collected will include dates of key points in the process and types of services requested.

Please email your questions about CSA Data to Carrie Thompson (carrie.thompson@csa.virginia.gov).

Upcoming Data Events

- FY2022 Performance Measures annual report: *Coming soon!*
- FY2023 Service Gap Survey: *To be distributed April 2023*



'strive not to be a
success, but
rather be of value'
- albert einstein



Local Management of the CSA



The Children's Services Act (CSA) represents a shared responsibility between state and local governments to provide a collaborative system of care that includes services and funding that is child-centered, family-focused, and community-based when addressing the strengths and needs of youth and families in Virginia. These endeavors are brought to life through the activities of the local CSA teams at the community level. In this edition, we will focus on the multidisciplinary teams that make up the local structure of the CSA.

Community Policy Management Team (CPMT)

The CPMT is established by the local governing body to develop local policies and operating procedures for the CSA program. Members of the CPMT are local public agency leaders (DSS, CSB/BHA, CSU, Schools, Health Department), private providers, parents, and elected/appointed officials who are expected to commit their expertise, resources, and funding to serve youth and families in their communities. Other membership may include other public agency representatives at CPMT's discretion.

CPMT can be thought of as the "administrative arm" of the local CSA program. Some of their responsibilities include:

- Development of local policies and procedures that guide service provision
- Management of the state pool of funds at the local level
- Creation of a process to review FAPT's recommendation and CSA funding requests
- Coordination of long-range, community-wide planning that develops necessary resources/services that meets families' needs
- Serving as community liaison to the Office of Children's Services to report on program/fiscal operations

See [Section 2.2-5206](#) of the Code of Virginia, which outlines a comprehensive list of powers and duties of the CPMT.

Family Assessment and Planning Team (FAPT)

FAPT is the interagency group responsible for carrying out the system of care principles of CSA at the individual "case" level. Eligibility for CSA is determined by the FAPT following statutory language, state policy, and local CPMT policy.

FAPT is the "heart" of CSA, where service planning is the number one priority. It is an opportunity for youth, parents, and professionals to share their perspectives, knowledge, and experience in assessing needs and strengths to develop the best possible plan to address the issues that brought the youth and family to CSA. Referrals for community supports and resources occur in response to identified needs. The discussion and planning process develops goals, with planned reviews of progress to ensure services are meeting the family's needs. The FAPT process provides an optimal opportunity to refine goals and strategies, as needed.

FAPT membership is similar to the CPMT, and the appointment of other representatives is at the discretion of the CPMT.

(continued on Page 8)



Local Management (cont'd.)

Some responsibilities of FAPT include:

- Reviewing referrals of youth and families
- Including youth and families in the assessment, planning, and implementation of services
- Developing of the IFSP
- Community service referrals and recommending CSA funding to the CPMT
- Maintaining confidentiality of the family's information

Check out [Section 2.2-5208](#) of the Code of Virginia to learn more about the duties of FAPT.

For training opportunities about the basic foundation of these established bodies, go to the [Virginia Learning Center](#) and search for these e-learning modules: *CSA012 -- FAPT Functions*; *CSA017 – CSA Basics for FAPT Members*; and *CSA032 – CPMT Training – CPMT & FAPT Roles & Responsibilities*.



The Virginia Department for Aging and Rehabilitative Services (DARS) is pleased to offer the new Career Café schedule for 2023! Arranged by the DARS' Career Pathways team, the Career Café events are virtual opportunities for students with disabilities and other youth to learn about different careers and to ask questions to live industry professionals.

These events highlight businesses that have offered Registered Apprenticeships, Agencies from state/local and federal governments, and businesses in the STEM industry. The Career Café events are held on the 3rd Thursday of each month from 3 p.m. to 4 p.m. These sessions will be recorded and uploaded to the Pathways website (<https://www.dars.virginia.gov/drs/cpid/>).

Feel free to share the website with your community partners and families!





CANVaS 2.0 Longevity Reports



Strengths Development Over Time

Carol Wilson, OCS Senior Program Consultant

Welcome back to our series about the CANVaS Longevity Reports! Thus far, we've taken a look at the *Key Intervention Needs*, the *Average Impact*, and the *Item Breakout* Reports. The spotlight for this edition of the newsletter is on the *Strengths Development Over Time* report.

As its name indicates, this report compares aggregate percentages of children who have Strengths items rated a "0" or "1" at the time of their Initial CANS to aggregate percentages of children with those strengths in follow up Reassessments. The user selects a time frame to capture initial CANS to create a cohort of children.

The user may then choose at which intervals (3 months, 6 months, 9 months, a year, etc.) to draw Reassessment CANS to compare with the Initial CANS.

We'll walk through how to access and understand this report using Locality X as an example.

1. Remember, only Local Administrators (DSU/RAs) may access this report.
2. To locate the *Strengths Development* report, click on your "Reports" tab and select "Longevity Reports" in CANVaS.
3. Next, select "*Strengths Development*."
4. A page with multiple fields will pop up to help you define the parameters of your report.
5. The state and locality will auto-populate unless you have access in more than one locality. If so, select the locality you wish to view.
6. Choose "All" in the Case Manager drop down box.
7. For "Assessment Type," you may select "Birth to Four" or "Ages 5+." For the broadest search click on "Both" of whichever age group you want to see. Most of the children served by CSA are in the Ages 5+ category; so, in our example we will look at both Comprehensive and Reassessment versions for those youth.
8. In the "Initial Date Range Start" and "Initial Date Range End" fields, you'll create a time frame to capture Initial Assessments. The dates for the Initial Assessments must be far enough in the past to compare to Reassessments completed since then. In our example, we've chosen 1/1/2021-12/31/2021 as the time frame for Initial CANS. The longer your Initial time frame, the more children will be added to your cohort.
9. For "Reassessment Days," you can choose the intervals at which Reassessments are done in your locality to get started. But select other options as well. In our example, we'll look at the 1-year mark. Identifying, cultivating, and supporting the growth of strengths may take more time than meeting an immediate need.
10. For "Discharge," select "Include Discharge Summaries" to gather the most data. Discharge CANS are included in the example below.
11. Define your cohort by Referral Source. Selecting "All" will provide the most information. However, you can choose any single referral source or combine multiple ones. For this example, we'll select "All."
12. Lastly, you must click on "View Report" in the upper right-hand corner of the screen.

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CANS Strengths (cont'd.)

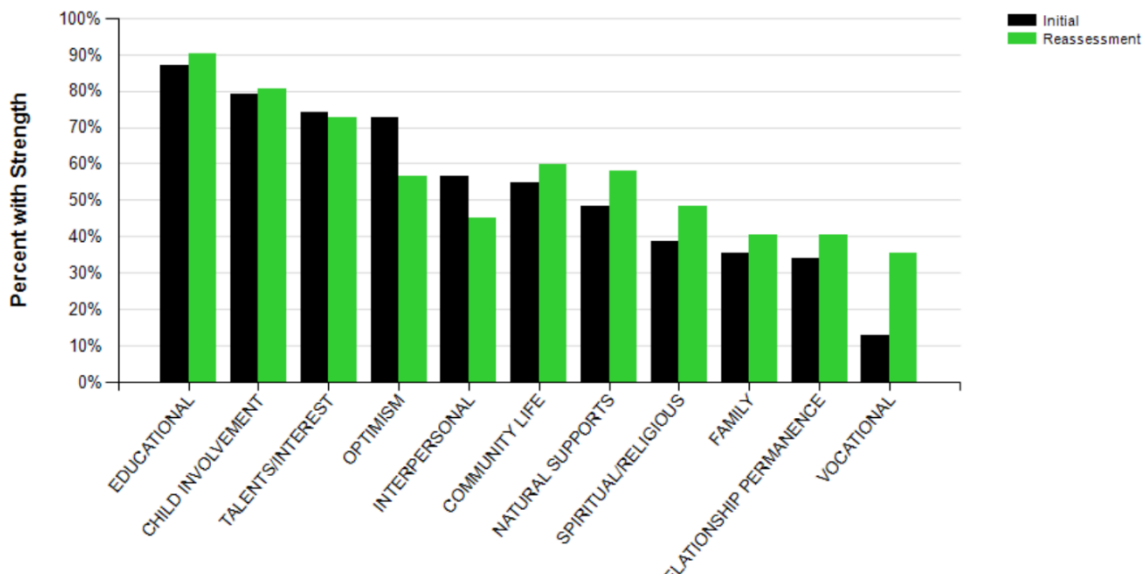
The first page of the report provides a summary of the parameters you requested as well as the number of children in the cohort. The second page displays the graph as shown at the end of this article. Data for 62 children is captured in our example.

The CANS Strengths items are shown on the “X” axis. The “Y” axis displays the percentage of children in the cohort who were rated a “0” or a “1” on each Strengths item. (Remember “0” is a “centerpiece” or powerful strength and “1” denotes the existence of a strength in this area). The black bar represents the percentage of youth with the strength at the time of the Initial CANS, and the green bar represents the percentage of youth with that strength at the time of Reassessment.

The data suggests that when children come into the services “system” they may already have robust individual strengths and resiliency. For example, approximately 80% of the children in the cohort from this locality are rated as being involved in their own care at the time of the Initial assessment. Slightly over 70% are rated as having a talent or interest as a strength. The lowest percentages at the time of the Initial CANS in this example are for the Strengths items of “Family,” “Relationship Permanence,” and “Vocational.”

It is encouraging that we see many of the percentages increase over time; overall, 8 of the 11 strengths rated show gains at the 1-year mark.

Strengths Development Over Time



Take a look at your local data. You can change the date range for the Initial CANS and select different intervals (3 months, 6 months, etc.) Do you see any trends? Are there any surprises? Do the children you serve show strengths and resilience in any particular areas? How can you support their growth? What do you think is the most important strength or strengths to help children and their families improve functioning? If you see a strength decrease (lower percentage of children having this strength at Reassessment), what is causing the drop? Is it significant? Can you attribute an increase in any strength to specific efforts being made in your locality, for example, finding relatives to provide support to the family and building the strength of “Natural Supports?”

The *Strengths Development* Report provides one more piece of the puzzle, or another way for your Family Assessment and Planning Team and Community Policy and Management Team to learn what the CANS data shows about the children and families you serve. How can you use this knowledge to “strengthen” your service provision in your community?



As you may know, in 2020, the Children’s Services Act (CSA) underwent a study by the Joint Legislative and Review Commission (JLARC). JLARC found generally positive outcomes associated with the CSA; however, it was recommended that the Code of Virginia (COV) be more explicit about the role of the Office of Children’s Services (OCS) for local programs and should specify that OCS has the responsibility to “intervene when necessary to ensure the consistency, quality and effectiveness of local CSA programs.” From this recommendation, the House of Delegates and the Senate unanimously passed HB 2212, which provides for an OCS staff member to carry out these responsibilities. From this legislation, the OCS has developed Enhanced Technical Assistance.

Since January 2022, OCS has engaged multiple localities in this process, who continue to work on their Program Enhancement Plan to improve local program operations. Presently, OCS has opened the Enhanced Technical Assistance process for self-referrals from localities that wish to receive targeted Technical Assistance from the Consultant.

What does this process look like?

It is important to note that participation in Enhanced Technical Assistance is voluntary and at the discretion of the local CPMT. This process is not associated with the Audit Program nor is it punitive in any way.



1. Enhanced Technical Assistance begins with a conversation between the Consultant, the local CPMT, and CSA Coordinator. The CPMT can discuss any difficulties that they have been experiencing or any concerns they may have within their local program, the locality’s goals, and any steps that the locality has taken to address the concerns. This may include identified needs relating to program operations, planning, training, and policy concerns.
2. The Consultant will then schedule a time to observe both CPMT and FAPT meetings. During these meetings, the Consultant will be available for questions; however, the purpose of these visits is to observe practices and procedures and develop recommendations that may improve local program efficacy. The Consultant may visit multiple meetings to establish an understanding of the system to include, but not limited to team dynamics, referral patterns, service planning, adherence to local and state policy, and the need for training or program development.

(continued on Page 12)



Enhanced TA (cont'd)

3. At the conclusion of this observation period, the Consultant discusses with the CPMT the observations and the recommendations anticipated to appear in the report. The Consultant will issue the report to the CPMT and CSA Coordinator. This report details the observations made and lists recommendations, broken down into three categories: Policy, Process, and Training. The CPMT is given a period in which they can issue a response or seek clarification on the report from the Consultant.
4. Following this period, the Consultant will meet with the CPMT to develop a Program Enhancement Plan (PEP), a strategic plan to assist the locality in meeting the goals developed in the report. The PEP sets strategies, benchmarks, and time frames for meeting goals over the course of one year.
5. The CPMT will work with OCS to meet their goals and will meet with the Consultant quarterly thereafter to assess progress and any additional needs that may arise. A report and revised plan will be issued to the CPMT following these quarterly engagements. After one year, progress and needs will be reviewed with the Consultant and the need for continued engagement will be assessed with the CPMT.

If your local CPMT is interested in engaging in Enhanced Technical Assistance, please reach out to OCS by emailing the Program Consultant, Courtney Sexton, at courtney.sexton@csa.virginia.gov.



As of January 1, 2023, Virginia's two managed care programs – Medallion 4.0 and Commonwealth Coordinated Care (CCC Plus) – are now merged into Cardinal Care. There are no changes to coverage or services, no action is needed for enrollment, and members can stay with their current MCO.

If members wish to change their MCO, Cardinal Care has streamlined this process to reduce confusion and delays. Members are encouraged to ensure that their contact information is current to prevent delays in notifications. To update their information, visit the [CommonHelp](#) website, contact Cover Virginia (1-855-842-8282), contact their local Department of Social Services (LDSS), or contact their MCO directly.

For more information on this change, check out the broadcast on the [Fusion](#) page and the [Cardinal Care](#) website.



Be a Rock Star for CSA

Submitted By: Stephanie Bacote, Program Audit Manager



Calling all Rock Stars for CSA to the floor! I'm calling on the entire CSA community to become Rock Stars. A CSA Rock Star commits 1000% to ensuring a collaborative system of services and funding that is child-centered, family-focused, and community-based exists for all eligible children and families within their respective communities. Whether you represent CSA as an official of state or local government, community advocate or organization, or service provider, we are all a part of the same Band. You might even say, we are the *JOURNEY* of CSA.

Great bands never disappoint their fans (i.e., eligible children and families), and every successful band has its Rock Stars. It doesn't matter whether you're lead singer, guitarist, or drummer. For the *JOURNEY* of CSA, YOU can be the Rock Star as lead singer, guitarist, drummer, or even backup singer. No matter the role you have in the *JOURNEY OF CSA*, the success of the band/CSA depends on you. So, what does it take to be a Rock Star for CSA?

In pondering this question, I stumbled across an article published by Lifehack.org titled "10 Steps to Be a Rock Star at Anything." Applying the 10 steps referenced in the publication, the Rock Stars of the *JOURNEY OF CSA* Band are/will:

1. **Passionate** about achieving successful outcomes for the eligible children and families of their community.
2. **Develop** their skills by engaging in continuing education opportunities such as trainings offered by OCS and other CSA partners, workgroups made up of stakeholder representatives at all levels of the CSA community, and other venues where knowledge is shared.
3. **Self-disciplined** about promoting the successes of CSA and avoiding things that can cast the program in a negative spotlight.
4. **Connected** because "Connections Matter." This was the theme of the 11th Annual CSA Conference, November 2022. To quote the author of the article: "It takes a group of people rooting you on and supporting whatever you do. It doesn't have to be a large audience; it can simply be a loved one or some co-workers. Either way, it's important to accept their support, deepen those relationships, and acknowledge their contributions to your success." And I would add, the success of the communities we serve.
5. **Consistently** meet or exceed expectations as a collaborative CSA partner every time.
6. **Encore! Encore! Encore!** Think of the children and families presented to CSA as your fans! After interacting with you and/or your cohorts, they should leave feeling blown away, even amazed with your understanding of their circumstances, knowledge of services and interventions to help them overcome, and your willingness to accompany them on the Journey to an improved quality of life.
7. **Humble:** Recognizing the importance of maintaining respectful, judgment-free environments for your bandmates (CSA partners) and your fans (eligible children/families).
8. **Confident** in their abilities to deliver a number one hit. In other words, uphold the promise of CSA, which is "a collaborative system of services and funding that is child-centered, family-focused and community-based that effectively meets the needs of youth and their families."
9. **Influence** others in leading by example. Rock Stars only hang out with other Rock Stars!
10. Be positive. Your **attitude** can make a difference on how your intentions are perceived and received by your colleagues (bandmates) and the families we serve (fans).

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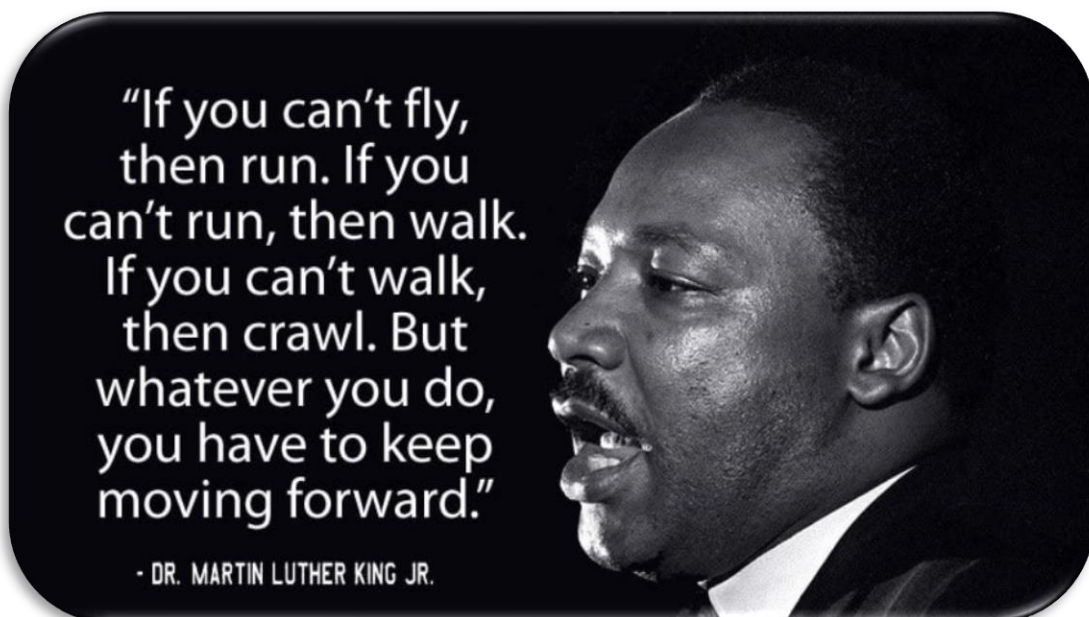


Now, you have some idea of what it takes to be a Rock Star for CSA. The Journey of CSA Band is all set and ready to go on tour. Are you ready to be a Rock Star? Cue the music..... Don't Stop Believing.....



If you found this article useful and would like more information on this topic, please contact any Program Audit staff. Contact information is available on the CSA website (<https://www.csa.virginia.gov/>). Also, be sure to check the OCS newsletter, *CSA Today*, for future articles.

Reference: <https://www.lifehack.org/articles/communication/how-rock-star-anything.html>





Welcome to Artarius Stepter OCS Program Auditor



The Office of Children's Services welcomes its newest team member, Artarius (but you can call him "AJ.") Stepter, who started in his new role as a Program Auditor in November 2022. AJ hails from Memphis, Tennessee, but because of his family's military service, he was raised in Norfolk, Virginia.

AJ's career path has been in the area of finance. Over the last 8 years, he has served in various roles in the public and private sectors. He worked as a Senior Finance Coordinator with Capitol One for four years. This role later led to him becoming a Fiscal Officer with the Compensation Board, and then on to accepting a position as a Sales and Use Tax Auditor with the Department of Taxation.

Educational achievement has been an important milestone in AJ's life, where he has attended Virginia State University (VSU) and the Virginia Commonwealth University (VCU). AJ currently holds an Associate degree in Liberal Arts, and he will graduate with his bachelor's degree in Business Administration in May 2023.

In his free time, AJ enjoys working out, traveling, spending time with his fiancé and two dogs, going to the movies and watching Tennessee Titans football.

Please help us welcome AJ to the OCS team!





From the Business & Finance Manager

Submitted By: Kristy Wharton

Improved Medicaid Billings Report

OCS has recently updated the Medicaid Billing Report. The new format will allow users to easily view their locality's Medicaid costs for each month of the fiscal year.

Remember, Medicaid costs for the first three months of the fiscal year are applied to the October pool reimbursement. October pool payments will include adjustments for Medicaid costs for the month of July, August, and September.

Medicaid Billings Report

Select Locality

Select Fiscal Year

Statewide, FY2023				
	Jul 2022	Aug 2022	Sep 2022	Grand Total
REGULAR Payment	5,053,027.52	6,700,035.14	6,014,350.61	17,767,413.27
REGULAR Federal Medicaid Rate	0.562	0.562	0.562	
REGULAR Federal Medicaid	2,839,801.43	3,765,419.73	3,380,065.05	9,985,286.21
REGULAR State and Local	2,213,226.09	2,934,615.41	2,634,285.56	7,782,127.06
REGULAR Local	950,382.98	1,252,747.65	1,116,975.43	3,320,106.06
REGULAR State	1,262,843.05	1,681,867.61	1,517,310.11	4,462,020.77
TFC Payment	314,572.42	297,366.10	303,642.98	915,581.50
TFC Federal Medicaid Rate	0.562	0.562	0.562	
TFC Federal Medicaid	176,789.72	167,119.72	170,647.27	514,556.71
TFC State and Local	137,782.70	130,246.38	132,995.71	401,024.79
TFC Local	45,446.22	42,981.88	43,785.21	132,213.31
TFC State	92,336.47	87,264.50	89,210.39	268,811.36
EXTENDED Payment	118,200.32	198,110.09	265,994.79	582,305.20
EXTENDED Federal Medicaid Rate	0.6934	0.6934	0.6934	
EXTENDED Federal Medicaid	81,960.10	137,369.54	184,440.77	403,770.41
EXTENDED State and Local	36,240.23	60,740.55	81,554.02	178,534.80
EXTENDED Local	16,250.07	26,503.19	31,092.65	73,845.91
EXTENDED State	19,990.17	34,237.38	50,461.36	104,688.91
TFC-EXT & FAMIS Federal Medicaid Rate	0.6934	0.6934	0.6934	
TOTAL Payment	5,485,800.26	7,195,511.33	6,583,988.38	19,265,299.97
TOTAL Federal Medicaid	3,098,551.25	4,069,908.99	3,735,153.09	10,903,613.33
TOTAL State and Local	2,387,249.02	3,125,602.34	2,848,835.29	8,361,686.65
TOTAL Local	1,012,079.27	1,322,232.72	1,191,853.29	3,526,165.28
TOTAL State	1,375,169.69	1,803,369.49	1,656,981.86	4,835,521.04

Another great feature on this new report is the ability to monitor changes to the Medicaid rates. DMAS is expecting changes to the reduced state rates due to the Public Health Emergency will end in June 2023. We are anticipating the rate changes to occur during this fiscal year. The chart below is a timeline of when we expect this rate changes to occur and the new rate.

SFY	FFY	By Quarter	CHIP FMAP Rates		Medicaid FMAP Rates	
			Fed Share	State Share	Fed Share	State Share
2023	2022	Jul-Sep '22	69.34%	30.66%	56.20%	43.80%
2023	2023	Oct-Dec '22	69.80%	30.20%	56.85%	43.15%
2023	2023	Jan-Mar '23	69.80%	30.20%	56.85%	43.15%
2023	2023	Apr-Jun '23	65.46%	34.54%	50.65%	49.35%

For more information on CSA Finance processes, submit your questions to kristy.wharton@csa.virginia.gov.



CSA Case Transfer: Best Practices

As noted in the Winter 2022 edition of *CSA Today*, CSA case transfers occur following a family or child's relocation to a new jurisdiction in Virginia. Here, we will briefly identify a few best practices for the transferring and receiving localities to consider within the transfer process.

Transferring Locality

- When providing notification to the receiving locality about the change in the child/family's residence, Section 4.2 of the [CSA Policy Manual](#) identifies written notification as the method of communication. You may opt to send the notification via email, fax, and/or mail. To further support the notification, you may consider calling the receiving locality to obtain verbal acknowledgement of the transfer.
- Because written notification is the way to go, consider sending a form letter to accompany the transfer packet. The content of the letter may include, but is not limited to:
 - Current residence and contact information for the child and family
 - The child's current placement and/or services
 - Contact information for service providers
 - A list of relevant documents included in the packet (i.e., current IEP, recent IFSP, progress reports, assessments, signed consent, etc.)
 - The date that fiscal responsibility ends for the transferring locality (30 calendar days after the receiving location receives written notification)
- An additional signed consent by the family may be needed in order to forward this information to the receiving locality. Transfers are sometimes unexpected; so, you might consider adding language in the originating consent in anticipation of this possibility to prevent delays when it occurs.
- Provide the family with the contact information of the receiving locality so that the family has a point of contact for their questions and concerns.
- Remember, when sending personally identifying information through electronic means, employing encryption is required to protect the sensitive information.

Receiving Locality

- Establish contact with the child and family as soon as possible. This provides reassurance to the family that continuity of services and engagement is ongoing.
- Review the IFSP and corresponding documents to determine whether the plan will be adopted or revised for timely implementation. This is also an opportunity for the locality to assess their fiscal responsibility based upon new recommended service expenditures.

Implications for Timely Notification

- It should not be assumed that the receiving locality has a contractual agreement with a service provider at the time of transfer. The locality's procurement process will need to be initiated as soon as possible to prevent delay in services and payment.
- Be aware that the transfer process may affect services. The receiving locality may not have comparable services/resources due to waitlists, services may not be available or accessible, or services may not exist.

For additional questions on the transfer process, you may submit your questions through the [OCS Help Desk](#).



Resource Round-Up



DIVISION X
TECHNICAL ASSISTANCE
Supporting Youth and Young Adults In and Transitioning Out of Foster Care

Learn more at <https://www.childwelfare.gov/youthpandemicsupport/>

Family Engagement Inventory (FEI)

This practical tool assists professionals in understanding the differences and commonalities about family engagement and improving collaboration and outcomes for families.

Click [here](#) to learn more about the FEI!



Virginia Association Of
Community Services Boards, Inc.
Making a Difference Together

Check out the VACSB [website](#) for information on the Development and Training Conference at the Norfolk Marriott Waterside on May 3-5, 2023

Registration opens in March 2023!

A Joint Spring Conference is being sponsored by BPRO, POSSESS, and VASWP.

Click [here](#) to view the broadcast!

Through a shared team approach, the Department of Medical Assistance (DMAS) is working to ensure quality care for youth in foster care and for youth receiving adoption assistance. A joint action group with multiple Managed Care Organizations (MCOs) is focusing on the connection, coordination, and continuity of services to these youth as they approach adulthood.

In the coming months, the MCO/DMAS action group will host trainings targeting DSS foster care that will cover basic Medicaid and managed care information specific to these populations. These trainings may also benefit other stakeholders (TFC/IL staff, CSA staff/teams, DSS eligibility specialists, foster parents, etc.) working with these youth.

Check out this [resource](#) on MCOs and don't forget to share with your networks and colleagues!

VIRGINIA'S MEDICAID PROGRAM

DMAS

INNOVATION • QUALITY • VALUE

TA Questions of the Quarter



What role does FAPT have in the QRTP process? Is it responsible to ensure the LDSS is following the process established by VDSS?

FAPT is not responsible for the LDSS's compliance with the process, as this is a DSS process. VDSS guidance does not require FAPT to have a role in this process. However, FAPT could assist by ensuring the LDSS case manager has a copy of the most recent IFSP and FAPT notes.

The LDSS needs to gather and send information to the VDSS within 21 days of placement. Here's what they are supposed to send:

- ✓ Referral for QRTP Assessment
- ✓ IACCT Assessment (if Medicaid eligible)
- ✓ CANS completed by IACCT assessor (if Medicaid eligible)
- ✓ FPM Court Reporting Form – QRTP version
- ✓ FAPT IFSP and notes

Can CSA pay for biological parents to visit their children who are in foster care as a maintenance cost?

No. Travel for biological parents to visit children in foster care does not fall under maintenance. Title IV-E and CSA-funded maintenance payments cover reasonable travel for a foster child to visit parents or siblings. Maintenance payments are about the child and maintaining the foster home placement. Travel for parents to visit a child is considered a service. FAPT can recommend payment of transportation costs for parents or siblings to visit foster children as a service. These funding requests must be documented in the IFSP.

Which agreement is appropriate to use when both DSS and the CSB are involved with a child recommended for an Assessment and Diagnostic (A&D) program? Noncustodial Foster Care Agreement or CSA Parental Agreement? DSS is offering ongoing services, but there are no abuse and neglect concerns. The CSB is the lead case manager and is addressing the child's mental health concerns.

If there are no abuse and neglect issues and the DSS closes the case prior to or at the time of placement, a CSA Parental Agreement may be used with the CSB as the case manager.

However, if the DSS keeps their case open, then the DSS has placement and care responsibility, requiring the employment of a Noncustodial Foster Care Agreement.



Got Questions?

Get answers by using the OCS Technical Assistance Help Desk. OCS staff will receive and respond to your questions, with the goal of same-day responses.

The OCS Technical Assistance Help Desk is found on the CSA website under *Contacts* -> *Technical Assistance* or by clicking [here](#).



Would you like to be contributor to CSA Today?

If you have information you would like to share with CSA colleagues around the state, please follow the guidelines for submission located [HERE...](#)

