



Office of Children's Services
Empowering communities to serve youth

Self-Assessment Workbook Workshop

CHILDREN'S SERVICES ACT (CSA) PROGRAM AUDITS

Workshop Agenda

- Introduction**
 - Purpose
 - Authority
 - Objectives

- General Information**
 - Frequently Asked Questions (FAQs)
 - Performing Assessments
 - Independent Validations

- Group Exercise**

- Summary**

Introduction: Purpose

The self-assessment workbook is designed to facilitate OCS and locally administered Children's Services Act (CSA) programs efforts to ensure that:

- the objectives of CSA are achieved, and**

- the decisions of the State Executive Council (SEC) are implemented accordingly.**

Introduction: Oversight and Responsibility

Oversight responsibility and authority of CSA programs are governed by legislative requirements and state policy to include:

- Code of Virginia – Children's Services Act

- Appropriations Act (Budget Bill)

- Agency Risk Management and Internal Control Standards (ARMICS) – Issued by Virginia, Department of Accounts

Introduction: Evaluation & Validation Objectives

The intended objective of the Self-Assessment workbook is to assess and promote:

- Internal Controls/Best Practices
- Compliance
- Quality Improvement

Important Note: The self-assessment workbook does not include local compliance requirements established that are uniquely specific to individual Community Policy and Management Teams (CPMT). However, localities are encouraged to assess compliance with local requirements when completing the Self-Assessment Workbook.

General Information: **FAQ #1**

**Who is responsible for
completing the self-
assessment workbook?**

Answer:

To promote Multidisciplinary collaboration and maximize limited available resources, all CSA stakeholders are encouraged to participate in the completion of the Self-Assessment Workbook.

Stakeholders include, but are not limited to:

- CPMT members
- CSA Coordinators
- FAPT members
- Fiscal Agents
- Local government representatives
- Utilization Management (UM)/Utilization Review (UR) staff



General Information: **FAQ #2**

When are you required to submit the completed workbook to OCS?

Answer: Part 1

Localities are required to submit the completed CSA Self-Assessment Workbook to OCS in accordance with the schedule established in the an audit plan, which is:

- Posted on the CSA website and updated annually.
<http://www.csa.virginia.gov/LocalGovernment>
(select Program Audits tab)
- Official notifications are sent by letter to CPMT Chairs and CSA Coordinators (at least 2 months in advance of the due date.
- Submission due dates are included in the notification letter.

Answer: Part 2

- The CPMT may exercise its discretion and voluntarily elect to complete the Self-Assessment Workbook.

- Local CSA programs are strongly encouraged to use the workbook to assess the local program during any period when an audit has not been scheduled.

Answer: Part 3

REPORTING TO OCS

- Localities that are scheduled for a self-assessment during the current audit cycle must report their conclusions in accordance with the instructions provided in section VII of the workbook and the official notification letter from OCS.

- Localities electing to voluntarily complete the workbook are not required to report their conclusions to OCS.

General Information: **FAQ #3**

**How do we use the workbook
to assess our program?**

ANSWER: Short Version

- Complete all sections
- Document areas of concerns
- Develop quality improvement plan (QIP)
(addresses areas of concern)
- Monitor implementation of QIP
- Report accomplishments to stakeholders

Upcoming slides will offer suggestions for performing the assessment.

Performing Assessments: Before You Start

Some things you should understand.....

Workbook sections I through IV are used to evaluate organizational governance/oversight and internal controls. Those sections are intended to assess organizational “best practice” not statutory compliance. In other words....

- Not required by Code of Virginia/CSA statutes.

- State policy, specifically agency risk management and internal control standards (ARMICS), may be applicable as best practice and/or to demonstrate compliance for accountability of the state portion of CSA funds.

Performing Assessments: Before You Start

Highly encourage a review of the ARMICS standards.

Accessible online at:

http://www.doa.virginia.gov/reference/ARMICS/ARMICS_Standards.pdf

Reinforces the importance of establishing and evaluating a system of internal controls.

Performing Assessments: Section I - Governance

This section is primarily composed of questions and tasks to evaluate program oversight and highlight/suggest internal control best practices. There are no right or wrong answers, but should rather generate discussion whether further action by the CPMT may be warranted. The topics addressed includes:

- Organizational Structure Worksheet
- Management Philosophy Worksheet
- Policies and Procedures Worksheet
- Process Narratives/Flowchart Worksheet
- Monitoring Worksheet
- Organizational Level Internal Control Assessment Survey

Section I: Governance

FAQ:

If the evaluation participants conclude that the local program does not meet the assessment criteria, are we required to perform the tasks described while completing or prior to submittal of the self-assessment workbook to OCS.

ANSWER:

No. The CPMT may elect to exercise its discretion to do so, but it is not required. If the CPMT elects not to complete the tasks described in the assessment criteria, the CPMT should consider whether to document a quality improvement plan to address observed concerns.

Performing Assessments: Section II – Risk Management

This section is primarily composed of questions and tasks to evaluate the CPMT's risk management practices, particularly identification of potential risk concerns and management's (CPMT) response to those concerns. There are no right or wrong answers, but should rather generate discussion whether further action by the CPMT may be warranted. The topics addressed includes:

- Risk Assessment Worksheet

- Risk Assessment Worksheet Supplement

- Fraud Risk Questionnaire

Section II: Risk Management

FAQ:

How do we identify and document our risk?

ANSWER:

To some degree you may have already, through informal collaborative discussions and activities. Examples include community needs assessments coordinated with the Annual Gap Survey and/or Promoting Safe and Stable Families (PSSF) Grant Plans.

While the Annual Gap Survey and PSSF Grant Plans are useful tools to initiate discussion, localities are strongly encouraged to document risks identified and management (CPMT) response using the Risk Assessment Worksheet found in the Self-Assessment Workbook or another resource that captures similar information.

The next slide provides an illustration of common risk categories that can also be used to generate discussion.

POTENTIAL RISK CATEGORIES

CATEGORY	EXPLANATION	Example
Technical or IT	Associated with operation of applications or programs including computers or peripheral security devices.	Data breach, equipment failures, outdated technology hardware/ software, etc.
Operational	How infrastructure relates to business operations and protection of assets; strategic planning and organizational objectives	Workplace hazards, threat/loss of office to conduct business, human resource allocations, staff competencies, etc.; impediments to achievement of organizational goals/objectives
Financial	Encompass events that will have a financial impact on the program.	Insufficient funds, fraud, theft, financial reporting errors, etc.
External	Those events that impact the program, but occur outside of it's control.	Availability of service providers, judicial decisions, natural disasters, etc.
Compliance	Failure to comply with mandated Federal and State laws, regulations, policies, and procedures.	Children's Services Act (CSA) Free and Appropriate Public Education Act (FAPE).
Reputational	Activities that may result in negative publicity for the program	Actions that do not support the mission of the program, events that are perceived negatively by stakeholders (i.e. conflicts of interest violations), etc.

Performing Assessments: Section III – Internal Control Assessment

This section is primarily composed of questions and tasks to evaluate the local CSA program's system of internal controls. Internal controls are practices, policies, and procedures for assuring the achievement of an organization's objectives, operational effectiveness and efficiency, reliable financial reporting, and compliance with laws, regulations, and policies. There are no right or wrong answers, but should rather generate discussion whether further action by the CPMT may be warranted. The topics addressed includes:

- Internal Control Worksheet

- Internal Control Questionnaire

Section III: Internal Control Assessment

FAQ: How do we determine the reliability and integrity of information?

ANSWER: The answers to objective IV of the questionnaire should assist in that process. The basis of the conclusion is whether the CPMT solicits feedback from internal and external stakeholders regarding the quality and accuracy of the information reported by the local program, and what actions the CPMT takes when the process is not working as intended.

Performing Assessments: Section IV - Training

This section is primarily composed of questions and tasks to evaluate the CPMT's efforts to ensure stakeholders tasked with implementing CSA are competent, qualified, and knowledgeable of CSA requirements and related resources (federal, state, local, and community). There are no right or wrong answers, but should rather generate discussion whether further action by the CPMT may be warranted.

While OCS offers some CSA related training, localities are encouraged to provide training pertaining to practices, policies, and procedures that are locality specific.

Section IV: Training

Resources made available through OCS:

- Annual CSA Conference**

- CSA Coordinators Academy
(for new CSA Coordinators)**

- CSA Knowledge Center (On-line Learning Center)**

- OCS Webinars**

- OCS Training Calendar
(for training events sponsored by partnering organizations)**

Performing Assessments: Section V - Compliance

This section is composed of compliance criteria established by the Code of Virginia, Children's Services Act (statutory) and policies adopted by the State Executive Council (SEC). It offers a great opportunity to build upon your locally established quality assurance and accountability processes and procedures. In this section, the local program should carefully examine local practices, policies, and procedures, and activities to determine the current status of achieving the compliance criteria: met (i.e. full), in progress (i.e. partial w/explanation), or non-compliance. It is also important to note that the activities in this section are mostly at the operations/transaction level, whereas Sections I through IV focused primarily on management's oversight responsibility. Activities in this section include:

- Compliance Assessment Worksheet
- Compliance Assessment Supplemental Worksheets
- Local CPMT Compliance Assessment Worksheet

Section V: Compliance

FAQ 1:

The workbook instructions references selecting a sample of client case files to test compliance. How many client files should we include in the sample?

ANSWER:

The CPMT should decide that number, based on a reasonable representation of the total number of clients served during the period selected for review. For example, it would not be reasonable and/or prudent to select sample size of five (5) when your program has served 300 clients during the service period.

Section V: Compliance

FAQ 2: How do we select the sample to be reviewed?

ANSWER: Ideally the sample should be randomly selected and includes a representation of the diversity of clients served (i.e. residential, special education, treatment foster care, intensive care coordination, etc.).

TOOLS: These resource tools may assist you with identifying your client populations and random selections: CSA Data Set, Harmony or Thomas Brothers applications, locally managed client lists, and Microsoft Excel Random Number Generator.

Section V: Compliance

FAQ 3:

Several areas in the compliance section of the workbook instructions include a sample selection. May we use the same sample or do we have to select a different sample for each review area?

ANSWER:

Absolutely, you may use the same sample selection for each compliance area tested. However, the number of cases reviewed should be representative of that review area. Note: The same sample may also be used to assess local compliance.

EXAMPLE:

If your initial sample selection included only one special education (SPED) file and your total SPED client population is 100, you should consider expanding your sample size for that specific service area.

Section V: Compliance

❑ FAQ 4:

When should you check the status boxes for full, partial, or non compliance?

❑ ANSWER:

Full: You should check the status box full when your review of the area determines that there were no errors detected and/or if your program did not engage in a transaction during the period of review that applies to that specific the criteria.

Partial: You should check the status box partial when your review of the area determines that you can evidence that you are in the a process of meeting the criteria though not yet complete and/or if you determine a minimal number of errors detected relative to your sample size that meet the assessment criteria (e.g. two errors out of 30 transactions tested).

Non: You should check the status box non when your review of the area determines that you have transactions that meet the criteria and you cannot demonstrate compliance accordingly and/or if you have a significant number of errors detected relative to your sample size that meet the assessment criteria (e.g. Ten errors out of 30 transactions tested).

Section V: Compliance

FAQ 5:

What documentation do I need to retain?

ANSWER:

You must retain documentation of the manner in which your sample was selected, to include: source of the data, total population used for selection, sample size selected, and methodology (random, judgmental, statistical, etc.).

You must retain a list of the client files that were selected and reviewed, noting who performed the review. This may be recorded on the same document you used to evidence your sample methodology.

You must retain a summary of the results of your review. This may be recorded on the same document you used to evidence your sample methodology and/or listing of client files reviewed.

Performing Assessments: Section VI – Quality Improvement

In this section, the CPMT is encourage to develop and document a plan to address areas of concern that were observed during the self-assessment process. The quality improvement plan should incorporate tasks to be implemented, anticipated date of completion, and person(s) responsible for monitoring status of quality improvement plans. The quality improvement planning process complements to compliance monitoring and thus offers a great opportunity to build upon your locally established quality assurance and accountability processes and procedures. The workbook includes a template that you can use to document and monitor the process.

Quality Improvement Plan Worksheet

Quality Improvement Plan Worksheet Supplement

Section VI: Quality Improvement

FAQ 1: Do we have to use a separate worksheet for each internal control weakness (see workbook sections I through IV) or non-compliance (see workbook section V) observation identified?

ANSWER: Ideally, yes. We encourage you to utilize the worksheet, because it provides a consistent structure for which to monitor implementation of your quality improvement. Using separate worksheets allows the CPMT to strategically distribute task and monitoring responsibilities, ensuring targeted focus and reporting is given to specific task assigned.

Note: Use of the supplemental worksheet is not required. Local programs may elect to use a reasonable facsimile as long as the following elements are present: task, responsible party, implementation date, and signature of CPMT Chair.

Section VI: Quality Improvement

Other Considerations.....

- A quality improvement plan (QIP) is required to be submitted to OCS for non-compliance issues and internal control weaknesses that may lead to non-compliance.
- An actionable plan must identify reasonable timeframes to implement quality improvement; formal plans may be used as a “punch list” to encourage timely resolution of noted deficiencies.
- Plans submitted to OCS must identify parties responsible for ensuring implementation.
- The QIP should provide a mechanism for follow-up by OCS staff for independent validation of self-assessment conclusions and local CSA staff to ensure satisfactory resolution of identified compliance and internal control weaknesses.

Performing Assessments: Section VII - Certification

The certification section of the workbook is important because it serves to report the acknowledgement and conclusion by the CPMT of the overall assessment of the local CSA program. The OCS Program Audit Activity will independently validate the conclusion documented by the CPMT Chair on the Statement of Acknowledgement and Certification. The independent validation steps are discussed later. Contents of this section includes:

CERTIFICATION WORKSHEET

STATEMENT OF ACKNOWLEDGEMENT & CERTIFICATION

Section VII: Certification

- Certification acknowledgement must be signed by the CPMT Chair.
- An explanation should be provided when certifying that the self-assessment was not completed in accordance with the scheduled audit cycle.
- Non-compliance with the statutory requirements of the CSA are significant, as they represent non-compliance with the laws of the Commonwealth of Virginia. If your local evaluation includes a determination of non-compliance with a legislative requirement (Code of Virginia, Appropriation Act, etc.), the certification acknowledgement should indicate that there was a significant non-compliance observation.
- For internal control evaluations, a significant weaknesses in internal controls is a deficiency, or combination of deficiencies, such that there is a reasonable possibility that material noncompliance with a compliance requirement will not be prevented, or detected and corrected, on a timely basis. For example, instances where management decisions may override/circumvent approved policies and procedures.

Section VII: Certification

❑ FAQ 1: What documents must be included when submitting the Self-Assessment Workbook to OCS?

❑ ANSWER: Documentation required to be submitted includes the worksheet pages, quality improvement plans, and the certification statement signed by the CPMT.

Documentation used to support the conclusions reached in the Self-Assessment Workbook is not required to be submitted to OCS with the workbook, but should be retained and available upon request for audit purposes.

Section VII: Certification

- ❑ FAQ 2:** What format do you prefer for submitting the Self-Assessment Workbook to OCS (U. S. postal mail, email, or fax)?

- ❑ ANSWER:** There is no preference. If you elect to email the Self-Assessment Workbook, please forward the signed certification page via U. S. postal mail.

Independent Validation Process

Once OCS receives the completed Self-Assessment Workbook, the Program Audit staff will review the responses and any supplemental information provided. At a future date, they will contact the CPMT Chair and CSA Coordinator to schedule an onsite visit to discuss/clarify responses and review selected client cases. Key steps in the validation process include:

- Program Auditor selects a sample from the case files previously reviewed by the CPMT in the assessment process; no less than three.
- Program Auditor advises the CPMT Chair and CSA Coordinator of observations inconsistent with conclusions reported by the CPMT. Results may be communicated verbally initially, then followed by written correspondence.
- The CPMT Chair is provided an opportunity to provide additional information and/or notify the auditor of any objections to reported observations.
- The Program Auditor prepares and distributes the final report. The CPMT is afforded the opportunity to include a response prior to issuance of the final report.
- If applicable, OCS may request that the locality submits a quality improvement plan to address any observations in the final report within 30 days of receipt of final report.



<https://www.youtube.com/watch?v=ru0K8uYEZWw>

GROUP EXERCISE



For the remainder of the workshop, we will use case studies to demonstrate how the self-assessment workbook can be used to evaluate local programs.

Case Studies

Abridged version of the actual workbook

An overview of all workbook sections will be discussed

Participants are encouraged to ask questions



Workshop Summary

- All CSA stakeholders are encouraged to participate in the completion of the self assessment workbook.

- CPMTs are encouraged to use the workbook at their discretion to assess the local program during periods when an audit has not been scheduled.

- Quality improvement plans are required for all non-compliance issues and internal control weaknesses that lead to non-compliance.

- OCS Program Auditor will coordinate validation of reported results with CPMT Chair and CSA Coordinator.

QUESTIONS OR COMMENTS...CONTACT:

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