



# CSA TODAY

A NEWSLETTER OF THE OFFICE OF CHILDREN'S SERVICES

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## Director's Blog

*Scott Reiner, Executive Director*



We are deep into the “dog days of summer,” which refer to the hottest, most humid period of the season. According to my AI Overview, while the phrase is often associated with the panting of dogs in the heat, its origin is rooted in ancient astronomy. The ancient Greeks and Romans linked these hot days to the rising of the star [Sirius](#), also known as the Dog Star, alongside the sun.

So, if you learn nothing else from this article, you will have this one in your pocket when it's your turn on *Jeopardy*.

As CSA turns the corner from FY 2025 to FY 2026, two significant developments have taken place. Legislation to clarify the eligibility of a Child in Need of Services has taken effect, making changes to §2.2-5211 and 2.2-5212. The State Executive Council is in the process of receiving public comments and approving a revised policy that addresses the eligibility criteria and how to document them. In June, OCS held two webinars attended by over 500 stakeholders to learn more about this long-needed clean-up of the *Code of Virginia*. In the *Appropriation Act*, the division of the CSA pool fund into base and supplemental allocations was removed, and the time-consuming (some would say tedious and without value) process of requesting a supplement is now relegated to the dustbin of CSA history. We didn't really give the supplements a proper send-off, but feel free to have a moment of silence in their memory.

After our most recent New CSA Coordinator Academy and some trends in requests to attend, OCS is now developing a new, virtual CSA Academy for CPMT Chairs (and members) and those who provide day-to-day supervision of the CSA Coordinator/Program in their locality. We'll be selecting the most relevant content from the Academy Curriculum and deliver it in “bite-sized” chunks over several months. Stay tuned for more details. Fall will bring the resumption of our monthly Office Hours program and the eagerly awaited annual CSA Conference.

This edition of *CSA Today* contains important information about exciting initiatives both within the smaller CSA universe and from our partners. Please enjoy reading about these developments and resources. I look forward to seeing many of you soon.

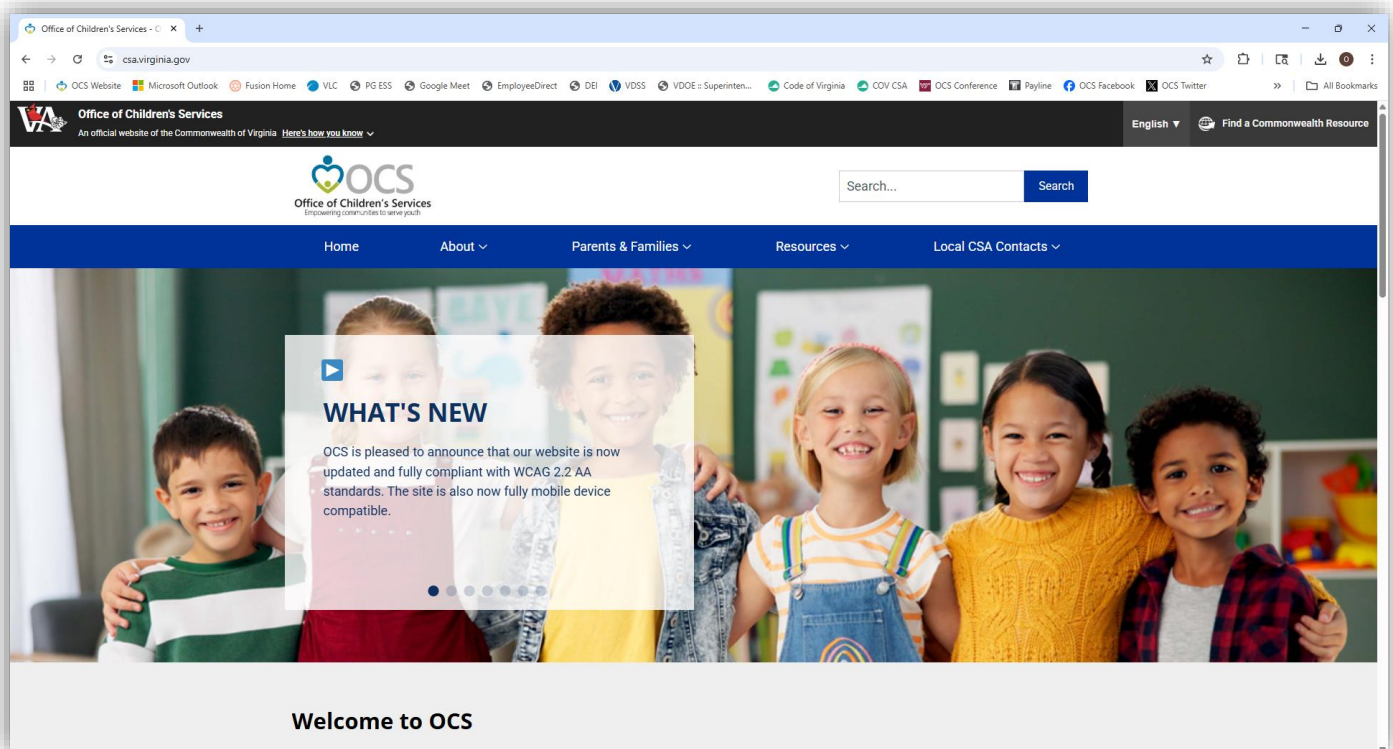
Until next time,

*Scott*



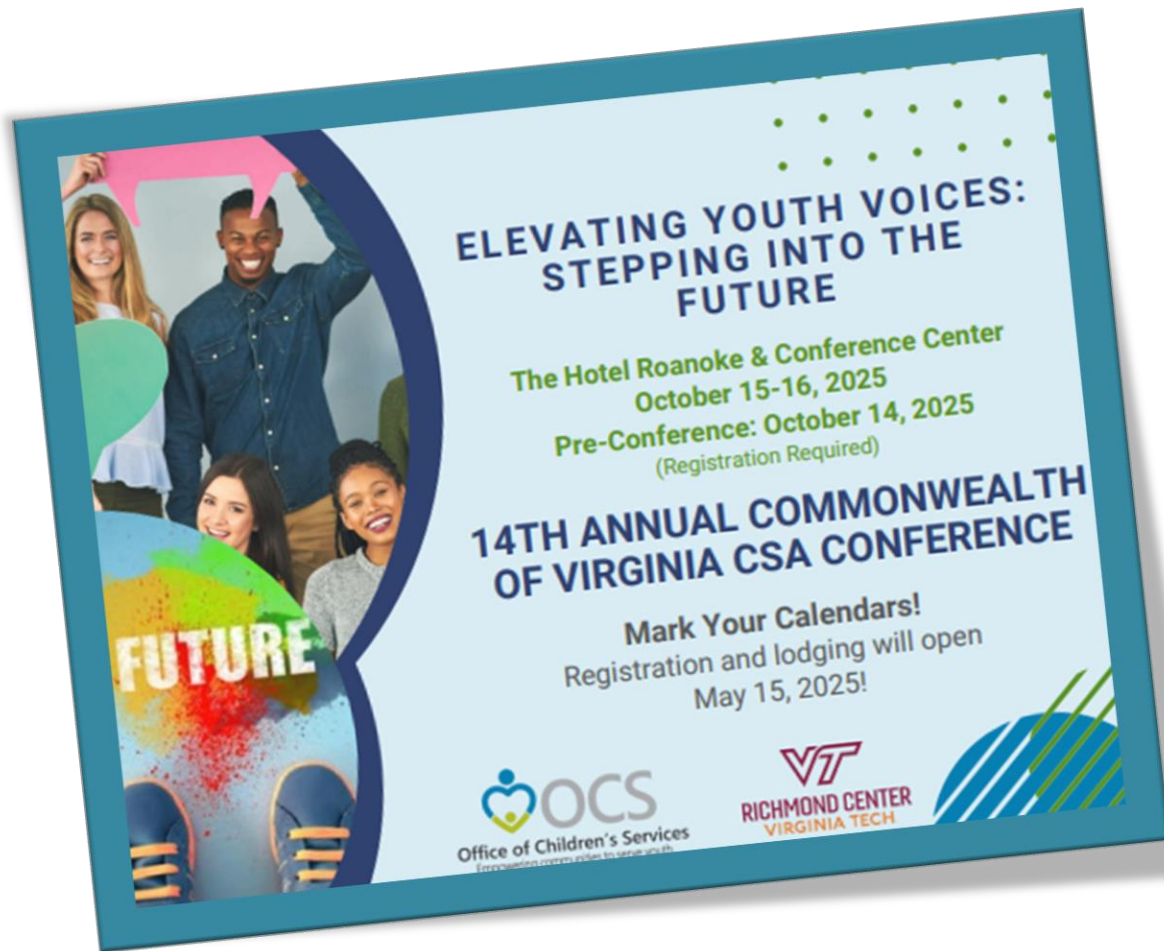
The Office of Children's Services (OCS) is thrilled to announce the launch of the newly redesigned CSA website! Thanks to the hard work and dedication of the ITHENA Team, OCS IT staff, and business users, we are proud to present this enhanced platform to you.

The revitalized site showcases a modern design, streamlined navigation, and an abundance of new content that we are sure you will find both valuable and engaging. Whether you are searching for a model form, reviewing the latest administrative memo, or simply exploring, there's something useful for everyone.



We encourage you to visit the website and experience the improvements firsthand. Your feedback is important to us, so don't hesitate to reach out to OCS at [csa.office@csa.virginia.gov](mailto:csa.office@csa.virginia.gov) with any comments or questions.

Thank you for being an essential part of the CSA community and for your unwavering support! And remember to share the news with your friends! 😊



Be a part of an inspiring journey at the **14th Annual Commonwealth of Virginia CSA Conference**, hosted at the beautiful Hotel Roanoke & Conference Center in Roanoke, Virginia. This year, we proudly highlight the vital contributions of our youth and young adults shaping the future of leadership in Virginia's System of Care. Don't miss this opportunity to connect, learn, and grow together. Please visit our website for registration details, lodging options, and more information about the conference.

We will host a joint pre-conference session for CSA Coordinators, CPMT members, and FAPT members on October 14<sup>th</sup> from 2 PM to 5 PM. This is a valuable opportunity for CSA Coordinators and team members to engage in collaborative training to enhance their skills and knowledge. Don't miss out on participating in meaningful discussions and learning from one another. Registration is essential to secure your spot for this impactful workshop. Be sure to select this workshop "add-on" during your registration process.



As we embark on this exciting journey into the future, we invite you to showcase your most stylish footwear throughout the conference event, including at the evening reception on October 15<sup>th</sup>. Let your shoes make a statement and show your unique flair! Don't forget to capture the moment with your friends—let's create unforgettable memories together! 😊

Discover valuable conference information—such as the agenda, breakout sessions, exhibitors, sponsors, and evaluations—at your fingertips with our user-friendly mobile app, *Guidebook*. This powerful tool is designed to elevate your experience and maximize your engagement during the event. You can choose from multiple breakout session tracks, including specialized sessions explicitly tailored for new CSA Coordinators, CPMT members, and FAPT members.

Remember, registration closes on October 16, 2025 – secure your spot today and help us pave the way for a brighter tomorrow!





## The Golden Rule –

*"Do unto others as you would have them do unto you."*

*Submitted by: Annette E. Larkin, Program Auditor*

Your parents, grandparents, teachers, or the Sunday morning pulpit likely introduced you to the '**Golden Rule**'... *"Do unto others as you would have them do unto you."*<sup>i</sup> As children, we were taught to be kind to one another, show empathy for someone less fortunate than ourselves, and respect our elders and people in authority. Essentially, our parents and others instilled the moral compass we carry throughout our lives. In professional settings, this moral compass is often referred to as ethics. Ethics is defined as *"A set of moral principles: a theory or system of moral values."*<sup>ii</sup>

The '**Golden Rule**' principles are the foundation of an organization's adopted code of ethics. This is essential to CSA, especially with Family Assessment and Planning Teams (FAPTs), Individualized Educational Plan (IEP) teams, and/or other multi-disciplinary teams (MDT) meeting with families when they are most vulnerable. A formal code of ethics provides a framework for ethical decision-making, establishing norms for acceptable behaviors for stakeholders while carrying out their job duties and responsibilities. The framework benefits local CSA programs by fostering an environment of trust amongst stakeholders and families. As a best practice, the Community Policy Management Team (CPMT) should consider adopting a Code of Ethics.

Elements of a Code of Ethics may include statements addressing Integrity, Teamwork, Objectivity, Competency, and Confidentiality.<sup>iii</sup> Each aspect is instrumental to CSA's vision to create a collaborative, child-centered, family-focused system of care that effectively meets the needs of youth and their families in the Commonwealth. Applying the 'Golden Rule' is exponentially necessary to realize this vision. Let me explain....

1. **Integrity.** Conduct your work honestly and consistently (do the right thing when no one is watching). Establishing standards of conduct, conflict-of-interest, and acceptable gift policies sets the tone for impartiality, transparency, and trust between public officials, service providers, eligible families, and the community.
2. **Teamwork.** Collaborate with your stakeholders and families. Set ground rules for CPMT, FAPT, and other multidisciplinary meetings, including treating everyone in attendance with dignity and respect. Guidance is available on the CSA website under the [Resources](#) tab.
3. **Objectivity.** Approach your duties and responsibilities without bias. We listen and we don't judge. Elevating family voice and choice is a part of the system of care model adopted by the State Executive Council that, under state law, encourages families to participate in treatment team meetings (see §2.2-5208). Create a safe environment for families to voice their needs without fear of intimidation. Direct case managers, CSA Coordinators, the FAPT, and CPMT to hear the families' concerns without preconceived judgment based on racial and/or cultural stereotypes, or socioeconomic status.
4. **Competency.** Case managers, FAPT, and CPMT members act as subject matter experts and share

*(continued on Page 5)*



their knowledge so that all interested parties are aware of the services and/or funding resources within their respective agencies. Thus, ensuring everyone at the table is equally equipped to comprehend and engage in planning/funding discussions. All CSA stakeholders commit to developing and/or enhancing their professional expertise and CSA knowledge. Topical training resources related to CSA can be accessed through the [Virginia Learning Center \(VLC\)](#), Annual Statewide CSA Conference, New CSA Coordinator Academy, and locally coordinated training events.

5. **Confidentiality.** Protecting the entrusted personal information of families served in your community from unauthorized use or disclosure is everyone's responsibility. Acquire and confirm written consent before disclosing sensitive information in any setting (public or private). Securely transmit and store all client records containing personally identifiable information (paper or electronic) to prevent unauthorized access or destruction.

In short, adopt a code of ethics and practice the '**Golden Rule**'. After all, practice makes perfect. Through practice, you will build trust amongst stakeholders, improve stakeholder relationships and morale, mitigate the risk of noncompliance, and enhance the professional reputation of the local CSA program.

Please get in touch with any Program Audit staff if you find this article helpful and would like more information on this topic. Contact information is available on the [CSA website](#). Also, check the OCS newsletter, *CSA Today*, for future articles.

<sup>i</sup> Matthew 7:12

<sup>ii</sup> Merriam-Webster Dictionary

<sup>iii</sup> <https://www.investopedia.com/terms/c/code-of-ethics.asp#toc-what-is-an-example-of-a-code-of-ethics>



**SPONSORED**



**RESIDENTIAL**

The Virginia Department of Social Services (VDSS) has released the "Sponsored Residential Providers Quick Guide," a resource for Local DSS (LDSS) staff and local CSA partners. With an increase in requests for Sponsored Residential (SR) services for high-acuity youth, we recognize this is new for many localities.

While youth in SR settings live in a community setting, these placements are classified as a residential level of care, affecting CSA match rates. It's important to note that Medicaid does not cover this service, but funding is available through the ID/DD Waiver.

Remember, Sponsored Residential is not a permanency option for youth in foster care. If your Family Assessment and Planning Team (FAPT) recommends a placement and

your Community Policy and Management Team (CPMT) approves it, please follow your local Utilization Review (UR) process. Continuous evaluation and intentional discharge planning are essential for these placements.

The resource document will be available on VDSS's Fusion page soon. Questions from CSA partners can be directed to [Anna Antell](#). Together, we can effectively support our youth!



Exciting NEWS!

## ***Anthem Healthkeepers Plus Chosen as Virginia's Foster Care Specialty Plan***

*Submitted by: Anthem Healthkeepers Plus Foster Care Specialty Plan*

**Anthem**   
HealthKeepers Plus  
Offered by HealthKeepers, Inc.  
Virginia's Foster Care Specialty Plan

We're thrilled to announce that **Anthem HealthKeepers Plus** has been chosen to manage Virginia's statewide Foster Care Specialty Plan (FCSP) under the Cardinal Care Managed Care Contract. As of July 1st, our plan is serving over 16,500 youth involved in foster care, former foster care, and adoption assistance across the state.

### **Phased Regional Rollout:**

- **July 1st:** Tidewater and Central regions
- **August 1st:** Northern Virginia, Southwest/Roanoke, and Western regions

Our mission is clear: Partner with DMAS, VDSS, and key stakeholders to enhance the safety, permanency, and well-being of youth through comprehensive support for all families linked to foster care, including adoptive and kinship families.

## **Why The Foster Care Specialty Plan?**



We're proud of our trauma-informed care team and specialized local care management teams, who are committed to addressing the distinct needs of children and young adults in the foster care system. Our goal is to ensure timely access to coordinated health services that improve outcomes and support the transition to adulthood through educational, employment, and reunification opportunities. All foster care, former foster, and adoption assistance members will have a dedicated care manager to support them in navigating the health care system and coordinating care.

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Our regionally based, dedicated FCSP Team is comprised of individuals with extensive clinical knowledge, as well as experience working with children and young adults connected to the child welfare system. In addition to clinical and non-clinical supports, we have many team members with lived experience in foster care, as foster parents, prior DSS workers, and individuals who have adopted from foster care. We are also proud to have a dedicated Foster Care Medical Director who is double board-certified and a member of the American Academy of Child & Adolescent Psychiatry. We have dedicated specialty support teams devoted to supporting our youth and families, such as Transition Aged Youth Liaisons, Judicial Liaison, Family Preservation and Post Adoption Specialists, and Employment and Education Specialists.

#### Anthem Virginia Foster Care Specialty Team



Members of our growing Foster Care Specialty Team at our recent Comfort Cases event

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### Foster Care Specialty Plan Exclusive Value-Added Benefits



\*Chromebooks can be considered for transition age youth younger than 17 when not available through the school system with the support of their Care Manager.

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**Need Assistance?** Contact our dedicated Anthem Foster Care Specialty Support Line at (833) 838-2605 for help with care management and to access additional exclusive value-added benefits.

For more information, visit our websites:

- [Anthem Foster Care Specialty Plan](#)
- [Anthem Provider Portal](#)

Additional resources include our Anthem Transportation Vendor at (877) 892-3988 and our National Call Center at (800) 901-0020.



# Finding Localities with Access to Your Program's Service Gaps

Carrie Thompson, OCS Research Associate Senior

Between March and May of this year, CSA programs submitted responses to the CSA Service Gap Survey. This annual survey asks localities to identify the top critical service gaps for the youth served by their programs. The full report will be available on the website later this month, but in the meantime, this article will preview some of the results and outline ways that data on the CSA website can be used to apply its findings.

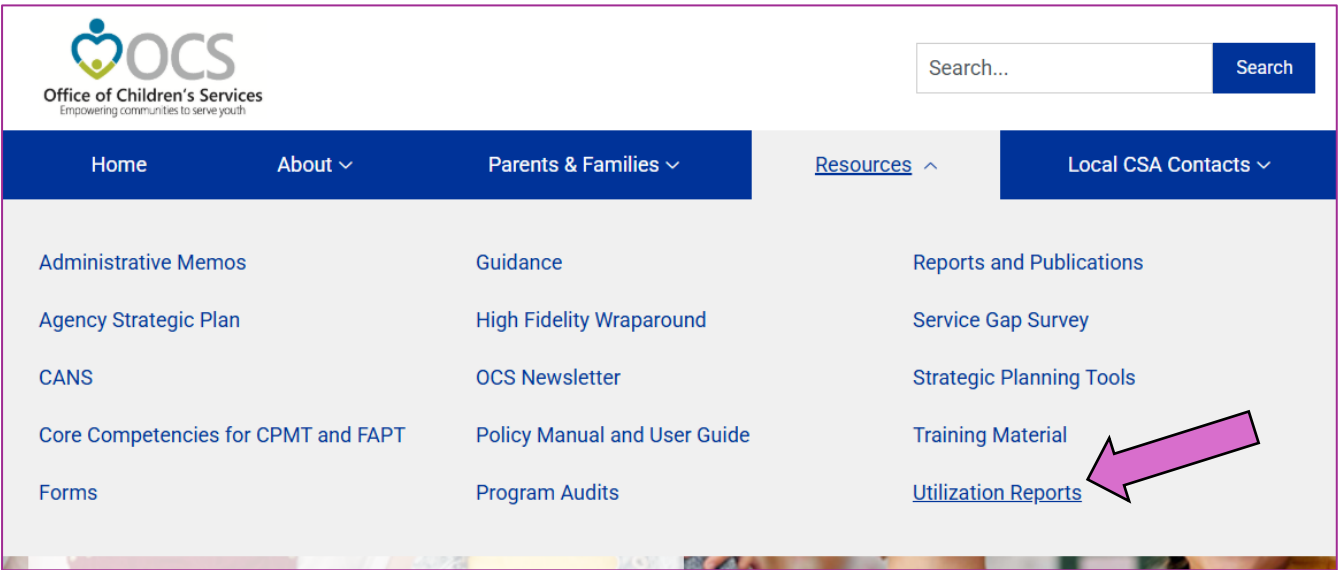
Below are examples of services that were often selected by CSA programs for FY2025 as critical service gaps. The Data and Outcomes Dashboard (CQI) and Utilization Reports on the CSA website can help you find localities near you that may have access to services absent in your city or county. These reports can also help determine if services are not being used at all in your area of the state, providing data to support regional planning.

## Frequently Selected Service Gaps

Based on responses from 103 localities, some significant critical service gaps for FY2025 were Applied Behavioral Analysis (ABA), Crisis Intervention/Stabilization, and Family Foster Care Homes. Thirty-eight responding localities (37%) identified Family Foster Care Homes as a critical gap, 44 (43%) identified ABA, and 41 (40%) identified Crisis Intervention/Stabilization services.

## Which Localities are Accessing Services Around Me?

To see whether your neighboring jurisdictions are using specific services, visit the Service Name section of the Demographic menu of the Data Dashboard, or navigate to the Utilization Reports (image below) and select the “Locality – Service Name” report. Both resources display results for one locality at a time. You can choose multiple localities with the Utilization Reports, but results will be totaled, not reported for each locality.



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## Utilization Reports

**Disclaimer:** Data is as submitted by locality, not verified by OCS.

Statewide & Locality reports on expenditures, assessments, service types, mandate types, length of stay, and other demographic information.  
[User Guide to producing Utilization Reports](#)

Report Type: Locality - Service Name

Fiscal Year: 2025

Report Filter 1: All  
Accomack (001)  
Albemarle (003)  
Alleghany (005)

YTD: ☒ Yes ☐ No

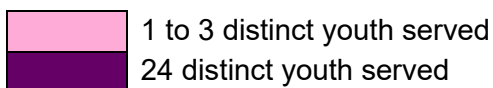
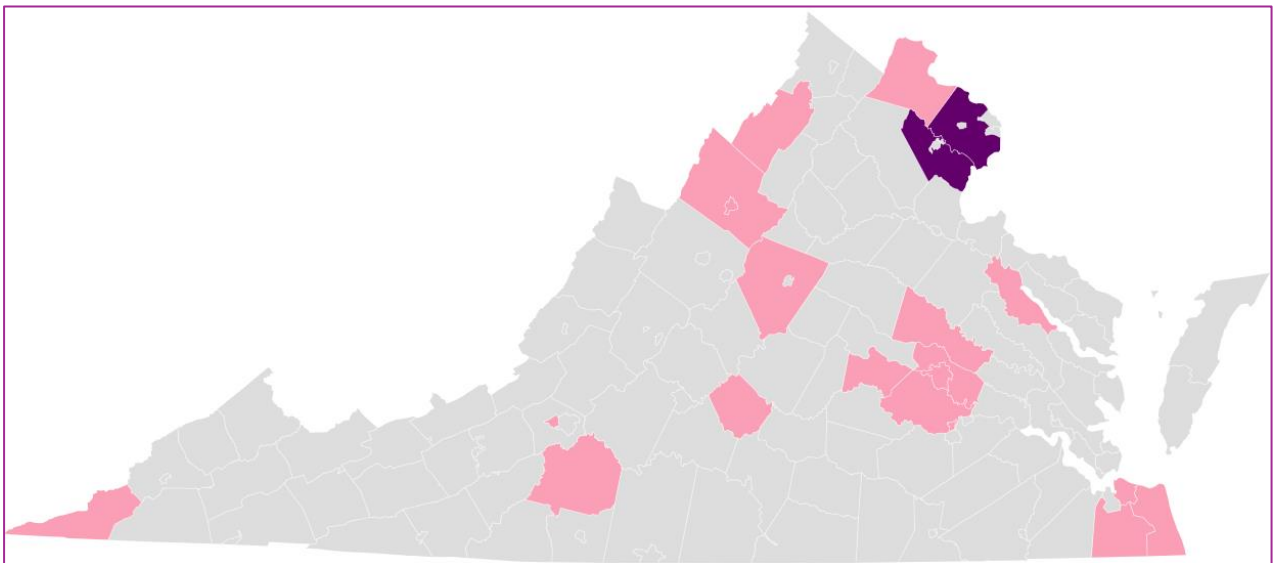
Report Filter 2: All  
SVC 1 - Acute Psychiatric Hospitalization  
SVC 2 - Applied Behavior Analysis  
SVC 3 - Assessment/Evaluation

View Report

Print PDF Excel Export

1. Select your fiscal year and locality from the filters, holding down the CTRL button to select multiple localities.
2. Select the service name(s) for the services you want information on.
3. Click the View Report button to produce results; you may export the results to PDF or Excel using the buttons underneath. If LEDRS files were submitted with expenditures, they will be shown in a table after clicking View Report.

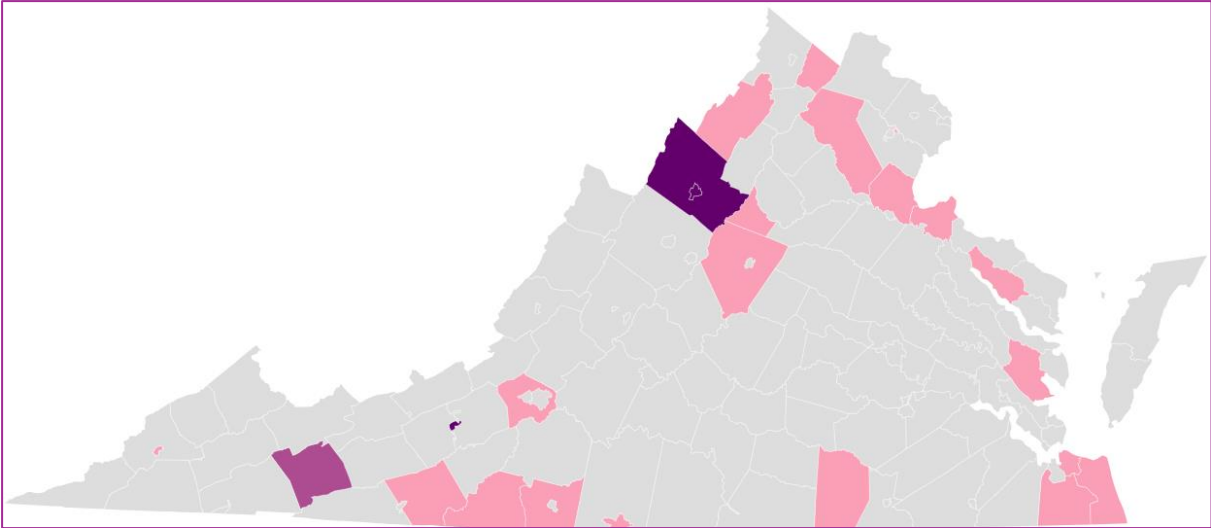
### Localities Reporting ABA (Service Name 2) Expenditures in FY 2025



Where is your program relative to the localities reporting expenditures for Applied Behavioral Analysis services? Is access a distance issue, an absence issue, or a capacity (existing providers) issue? How can the agencies that sit on your CPMT influence or address these issues?

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Localities Reporting Crisis Intervention/Stabilization (Service Names 5 & 6)  
Expenditures in FY 2025



- 1 to 2 distinct youth served
- 5 distinct youth served
- 11 to 18 distinct youth served

Where is your program relative to the localities reporting expenditures for Crisis Intervention/Stabilization services? Is access a distance issue, an absence issue, or a capacity (existing providers) issue? How can the agencies that sit on your CPMT influence or address these issues?

To determine family foster care utilization, first, you want to see how many youth are in foster care for each locality. The “SPT-MT by all Localities” Utilization Report provides a table with all localities and their service volume and spending based on the SPT and MT filters selected by the user. For the map below, Primary Mandate Types 3, 6, 7, and 8 were chosen for the number of youth that might access family foster care homes, with “All” SPTs selected to produce this total. Next, the same PMTs were chosen in Report Filter 2, and SPT 8 (Family Foster Care Maintenance and Activities) was selected from Report Filter 1.

Disclaimer: Data is as submitted by locality, not verified by OCS.

Statewide & Locality reports on expenditures, assessments, service types, mandate types, length of stay, and other demographic information. [User Guide to producing Utilization Reports](#)

Report Type: SPT-MT by all Localities

Fiscal Year: 2025

YTD: ☒ Yes ☐ No

Report Filter 1:

SPT 5-Wrap-Around Services for Students with Disabilities

SPT 6-Special Education Private Day Placement

SPT 8-Family Foster Care Maintenance & Activities

SPT 10-Treatment Foster Care

SPT 11-Independent Living Services

Report Filter 2:

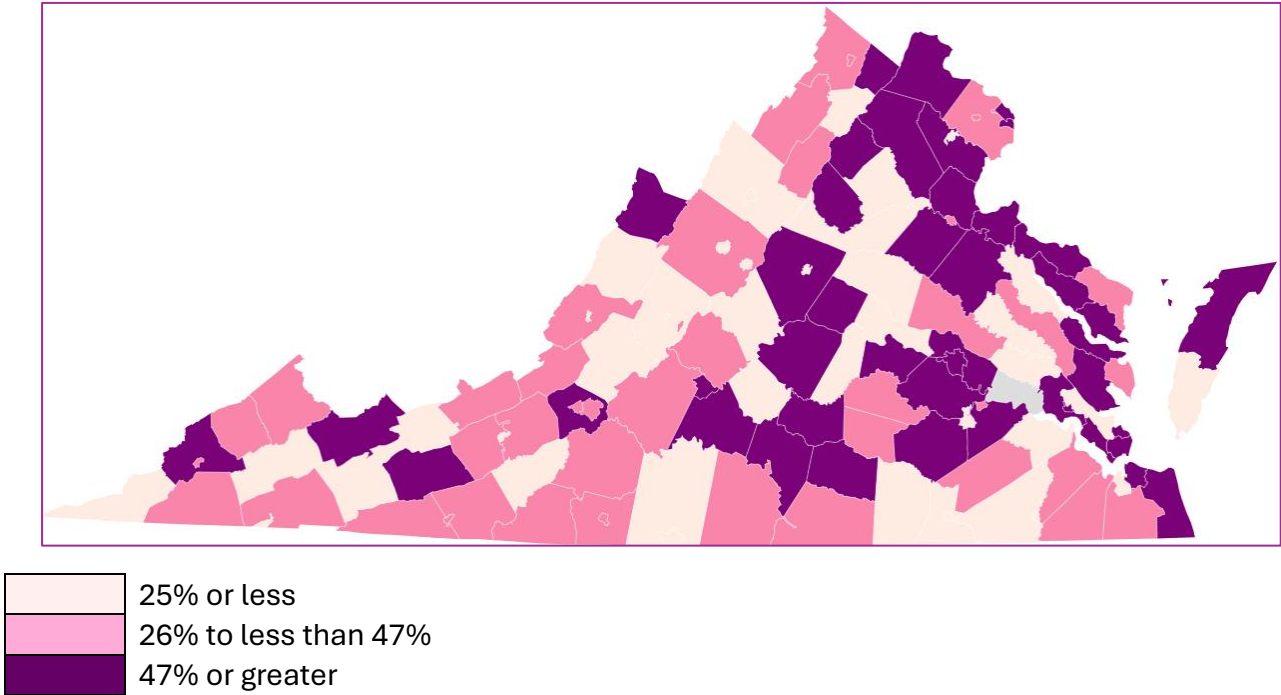
MT 3 - DSS Entrustment/Custody – Abuse/Neglect

MT 4 - Child in Need of Services (CHINS) – Commercial Sexual Exploitation

MT 5 - Child in Need of Services (CHINS) – CSA I

MT 6 - DSS Entrustment/Custody – Court Order

Percentage of Youth in DSS Custody Foster Care (PMT 3,6,7,8) Served in Family Foster Care Placements in FY 2025 (SPT 8)



The statewide percentage for FY 2025 (as of the end of July 2025) was 43.8%. What this means is that, on average, a little under half of the youth served by CSA (in Primary Mandate Types 3, 6, 7, or 8) in FY2025 had access to family foster care placements. Particularly high percentages of family foster care utilization for some localities may suggest better access to these placements. Networking to learn about the recruitment and retention practices for family foster care homes, among CSA programs with high utilization, could assist your locality with its efforts.

Look for the annual CSA service gap report in the coming month on the CSA website. Thank you for your efforts to inform your decision-making processes with program data. If your CPMT ever has questions about the data resources available on the website or other technical assistance inquiries, please reach out to OCS!



BACK TO SCHOOL





In May 2025, OCS held the annual New CSA Coordinator Academy at the Virginia Tech Center in Richmond with 28 participants from 23 distinct localities (**Albermarle, Amelia, Buchanan, Buckingham, Clarke, Fluvanna, Grayson, Halifax, Hanover, Harrisonburg/Rockingham, King George, King and Queen, Lancaster, Northumberland, Orange, Portsmouth, Prince Edward, Prince William, Radford, Shenandoah, Smyth, Spotsylvania, and Warren**).

The 2025 cohort participated energetically in the three-day event, asking thoughtful questions of all presenters and connecting with each other. The Academy covered essential topics such as: CSA History, FAPT and CPMT Roles and Responsibilities, CSA Eligibility, CANS, CHINS/Parental Agreements, Service Planning and UR, CQI, CSA Finance and IT, Special Education, and Audit.

Thank you to all the OCS staff for your presentations at the event; the sharing of your CSA expertise was appreciated by all! A special thank you to Marsha Mucha, our Administrative Manager, who works each year behind the scenes to ensure all the essential details, such as lodging, meals, and materials, are ready to go.

Thank you to Cristy Corbin for your wisdom on the role of Parent Representatives in CSA, and the role of family



voice in the CSA process. We greatly appreciate the perspective of seasoned CSA Coordinators, Amanda Long (Culpeper County), DeDreama Harrod (New Kent and Charles City Counties), and Rachel Schulhof (Winchester City), who served as our CSA Coordinator panel, sharing tips, tricks, and lessons learned. This event was truly a team effort!

We enjoyed spending time together in person and look forward to again hosting the Academy in 2026. See you at the CSA Conference in October!!





# CSA

## Administrative Memos



OCS uses [Administrative Memos](#) to share vital information to the CSA community and stakeholders. These memos not only announce key organizational updates, policy changes, but also outline new procedures that are essential for our collective success. We strongly encourage you to share these memos with your community partners to keep them informed of critical changes that impact CSA implementation. Together we can foster a more engaged and informed network!

Here are the latest memos:

[#25-07: CSA Local Allocation and Supplement Process for FY 2026](#)

[#25-08: Strategic Planning Resources](#)

[#25-09 Code of Virginia & Updated Eligibility for CHINS](#)



### September is Kinship Awareness Month!

This month is an important opportunity to acknowledge and appreciate the significant contributions that relatives and close family friends make in caring for children when they cannot reside with their parents. By promoting kinship care, we can help keep children connected to their families, communities, and cultural heritage.

We encourage you to join VDSS in uplifting and supporting the Kin First culture in Virginia. Participate in the various events planned for Kinship Care Awareness Month and discover how we can all contribute to the well-being of children in our community. You can find a list of events on the [Fusion](#) page.





### **Bedford County Children's Services Act**

The SEC and the CSA community proudly celebrated Bedford County CSA as the recipient of the **Excellence in CSA Award** during the June 12th SEC meeting. This award honors local CSA programs that exemplify best practices and innovation in enhancing their systems of care. As a beacon of hope and support for its citizens and neighboring communities, Bedford CSA stands as a testament to the power of commitment in transforming lives and creating a lasting impact.



Here are some highlights of their remarkable program:

- Bedford CSA has forged a strategic partnership with neighboring localities and various private providers to establish the James River Community Collaborative (JRCC), which delivers exceptional training during its annual conference.
- They serve as a vital force within the Bedford Area Resource Council (BARC), an inspiring coalition of non-profit and for-profit organizations, government agencies, and community-minded citizens united in their mission to enhance their community. BARC powerfully addresses community needs through intentional collaboration, the sharing of innovative ideas and valuable information, and the identification of critical resources to eliminate service duplication.
- A multidisciplinary team (MDT) was established to conduct bi-monthly reviews of residential placements. Their proactive approach ensured that placements met the unique needs of children, fostering stability and improving outcomes. Since FY2020, they have experienced a remarkable decline in residential placements, showcasing the Bedford CSA community's successful shift toward community-based services.
- In partnership with the Safe and Sound Taskforce, the team is dedicated to serving high-acuity youth in foster care. Through their transformative efforts, a young person who has faced numerous placements across several states and multiple denials for residential placements is now flourishing in a secure, sponsored residential placement.



***Congratulations, Bedford CSA!***





The **OCS Office Hours** program is designed to foster meaningful connections between the OCS staff and individuals working within the CSA system of care through recurring virtual meetings. These interactive sessions provide an opportunity for participants to ask questions about the CSA program and to receive information about significant changes or updates that may affect CSA implementation.



To enhance the experience, OCS will continue to offer sessions focused on specific CSA topics or themes. There will be several "All Hands on Deck" sessions where all OCS staff will be available to answer questions related to various CSA program areas, including CSA policy, finance, CANS, legislative updates, and audits. Additionally, OCS will host special extended sessions with public agency partners to share information about their agency's purpose and resources, and to address questions regarding their alignment with CSA.

Sessions will take place on the third or fourth Fridays between September and May, lasting for one hour from 9:00 AM to 10:00 AM, with no sessions scheduled in November and December. Special sessions will last for 90 minutes, from 9:00 AM to 10:30 AM. Participants are encouraged to submit their questions in advance to Mary Bell ([mary.bell@csa.virginia.gov](mailto:mary.bell@csa.virginia.gov)).

To connect to a session, use this [link](#) to join the *GoToMeeting* virtual platform. You can also dial in using your phone.

Access Code: 847-692-341


United States: +1 (872) 240-3311

Be on the lookout for email notifications about the upcoming virtual sessions.

We look forward to learning and connecting with you!

### OFFICE HOURS SCHEDULE

9/19/2025	OCS
10/24/2025	DMAS
1/16/2025	CANS
2/20/2025	VDSS
3/20/2025	FINANCE
4/17/2025	AUDIT
5/15/2025	OCS



*See you there!*





**August 27, 2025**  
8:30 AM – 5:00 PM

[Register now!](#)

Virginia Central Region CSA Training & Resource Day



**CENTRAL VIRGINIA  
PARTNERSHIP ON YOUTH**

**09.12.2025**

[www.cvpv.org](http://www.cvpv.org)

### 10<sup>th</sup> Annual Kinship Symposium

September 25, 2025  
9:30 AM – 1:30 PM

Come connect with caregivers, practitioners, and experts to discuss best practices, discover new tools, and engage with kinship families.

[Tickets](#) are now available!

### 2025 NATIONAL FAMILY ENGAGEMENT SUMMIT

**October 29-31, 2025**

Join Successful Innovations, Inc. and the IFEF to celebrate the 10th anniversary of the National Family Engagement Summit! Connect with educators, administrators, and family engagement leaders through workshops and keynotes to enhance your community work.

[Registration](#) is now open!







# TA Question of the Quarter



**What is the role of CSA and a Family Assessment and Planning Team (FAPT) when a family receiving adoption assistance (AA) wishes to place their adopted child into residential behavioral health treatment?**

Virginia Department of Social Services (VDSS) policy requires that a multi-disciplinary FAPT review be held in the locality of the family's residence when a parent requests placement of a child for whom they are receiving adoption assistance into residential treatment. (VDSS Adoption Manual Section 4.4.5) The purpose of this courtesy FAPT is to determine if the child's behavioral/emotional needs require placement into a psychiatric residential treatment facility (PRTF) or if the child's needs can be met in the community.

If FAPT determines the PRTF residential level of care is needed, the family may request an addendum to their Adoption Assistance Agreement to cover placement costs not funded by the parent's insurance or Medicaid. However, if FAPT determines that the child may be served in the community, and does not need the residential level of treatment, adoption assistance funds cannot be accessed for residential placement.

**Note:** Adoption assistance is not available for group home placements.

Children receiving adoption assistance are often eligible for Medicaid\* and if placed in a PRTF, the only uncovered cost will be education. **If the adopted child has a private day IEP, CSA is responsible for the educational costs.** Otherwise, the family may request the Addendum to their Agreement to pay educational costs of the placement in a PRTF. A VDSS adoption negotiator will review the request and either approve or deny.

When conducting the courtesy review for residential placement, the FAPT may also determine the child's CSA eligibility in an existing category or document the child's eligibility as a CHINS. As adoption assistance is a potential funding stream, families should be asked to submit the Addendum for educational costs. Likewise, if the family has health insurance other than Medicaid, it must be accessed.

VDSS guidance (VDSS Adoption Manual 4.4.5) states (if adoption assistance funds are utilized), "After FAPT makes its recommendations, the FAPT no longer needs to provide additional assessments, conduct utilization reviews, or make service recommendations, unless required by CSA law and policies, or the LDSS and FAPT agree such actions will be beneficial for the child." Even when adoption assistance and Medicaid cover all costs associated with the placement, FAPT offers a multi-disciplinary coordinated approach to serving the child and family, not solely residential treatment. Discharge planning is essential to provide for a successful return home.

As there are several potential funding sources (Medicaid, Adoption Assistance, CSA, private health insurance), FAPT must carefully consider what is best for all involved. There are times when adoption assistance is not available, or its availability cannot be determined quickly, and the child's needs require placement as soon as possible. If FAPT has determined the child CSA eligible as a CHINS, and that the child requires the PRTF level of placement, then an agency (other than LDSS) may be designated by the CPMT to provide case management for a CSA Parental Agreement.

Whatever decisions are made, all parties and there may be quite a few, (FAPT members, parents, local adoption workers, adoption negotiator, provider(s) and CPMT members) must receive the same information and communicate clearly the expectations and plans including how funding will be managed. There may be two DSS agencies involved if the Adoption Assistance Agreement is held by a locality different than the parents' residence locality.

*\*If the child does not have Medicaid, after 30 days in the PRTF the child's Medicaid eligibility may be re-determined as a "unit of one." Most children do not have income which exceeds the standard so become Medicaid-eligible. **However, parents are responsible for applying for Medicaid as they have legal custody.***

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### Additional Information:

There is no local Medicaid match if Medicaid and adoption assistance cover all the costs associated with a child's placement in a PRTF. If Medicaid is paying room, board, supervision and treatment, and AA the educational costs, the Department of Medical Assistance Services (DMAS) does not consider the placement to be a "CSA" placement. The DMAS 600 must be marked as "non-CSA" so the Medicaid local match will not be assessed. However, if CSA is paying for any part of the placement (e.g., case support for a CSA Parental Agreement), it is considered a "CSA case and the local Medicaid match is assessed.

Adoption assistance does not pay for placements in group homes. If the decision is made that the most appropriate placement is a group home, CSA will be responsible if the child is determined CHINS and placed through a CSA Parental Agreement. If the child does not have Medicaid, parents are expected to apply to cover the treatment costs in the group home. Unless the child has an IEP requiring private educational placement, arrangements must be made by the parents for the child to attend public school in the locality of placement.



### 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](#).

### Would you like to be a 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](#).

