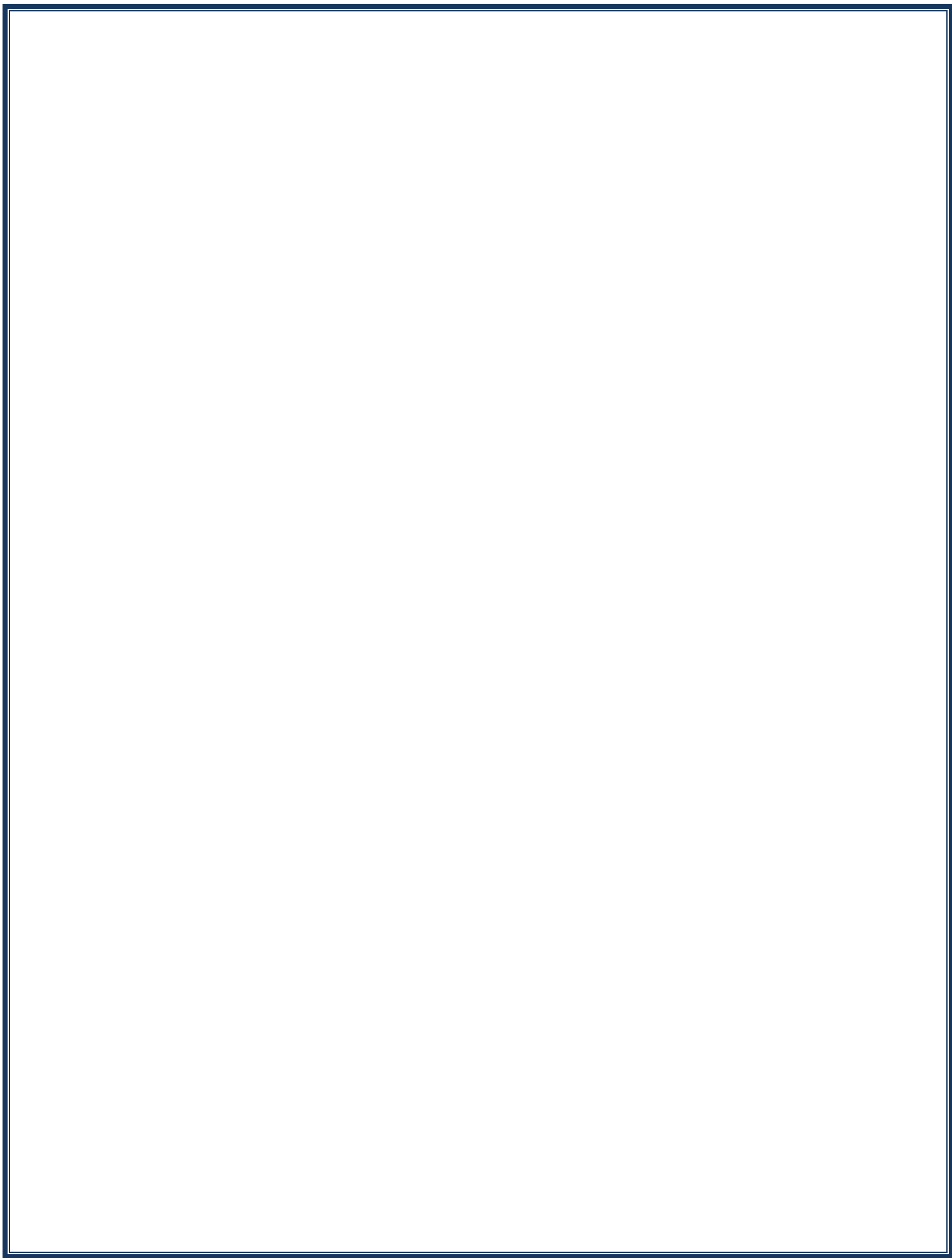


# **User Guide for the Children's Services Act (CSA User Guide)**



**Original Date of Issue: July 1, 2015**  
**Most Recent Update: October 1, 2025**



## CSA User Guide - Change Log

(Beginning with the November 2024 revised edition)

Revision Date	Chapter Number	Section Number	Section Name	Change
11/1/2024	3	3.3	Additional Resources	Updated links
11/1/2024	Preface	Preface	CSA User Guide Change Log	Added Change Log
11/1/2024	Table of Contents	Table of Contents	Table of Contents	Updated page headings and page numbers
11/1/2024	1-22	All Sections	Various	Edited for grammatical accuracy and clarity
11/1/2024	1-22	All Sections	Various	Updated broken links
11/1/2024	1	1	Introduction	Added common CSA acronyms
11/1/2024	3	3.3	Additional Resources	Removed Virginia Systems of Care Website link
11/1/2024	4	4.2.2.3	Data Collection and Reporting	Removed bullet regarding the submission of data to DBHDS
11/1/2024	4	4.4.4	Records Management	Updated Retention and Disposition Schedule GS-15, Social Services to the most recent version (March 2024)
11/1/2024	5	5.3.2.1	Foster Care Prevention	Added section on the VDSS Child Safety Program
11/1/2024	5	5.3.3.1.1	Services for a Child Based on CHINS Eligibility	Added language regarding the difference between CHINS-services and CHINS-supervision
11/1/2024	8	8.5	Additional Resources	Removal of this section (FAQ: Court Ordered Services and CSA)
11/1/2024	9	9.1	Schools and Special Education	Addition of code language regarding transition services (2.2-5211.B.2)
11/1/2024	9	9.3.1.1	Foster Care Maintenance	Addition of information regarding the use of relatives/fictive kin as foster homes
11/1/2024	9	9.3.7	Family First Prevention Services Act (FFPSA)	Addition of information on the suspension of the use of IV-E funding for QRTPs and where to find guidance information from VDSS on FFPSA
11/1/2024	9	9.4	Medicaid (DMAS)	Changed references to Magellan of Virginia to Acentra, the new BHSA for DMAS
11/1/2024	9	9.4.2	Local Medicaid Matching Funds	Reference to the new process outlined in Admin Memo #24-03 for checking Medicaid report discrepancies

11/1/2024	9	9.4.2	Local Medicaid Matching Funds	Removal of the reference to DMAS Form 600T
11/1/2024	11	11.1	Background: What is Intensive Care Coordination?	Reword the ICC introductory paragraph to include information on the High Fidelity Wraparound model
11/1/2024	11	11.2	The High Fidelity Wraparound Model	Revision of the current language to provide consistency with current HFW philosophy and practice
11/1/2024	11	11.4	The Provision of ICC with Other Case Management	Change the section title to “The Provision of ICC to Youth in Residential Placement and update the section content specific to the provision of ICC for youth in RTC
11/1/2024	17	17.0	CSA Administrative Funding	A new 5-step administrative funding process was added with corresponding screenshots
11/1/2024	19	19.0	Special Education Wraparound	New screenshots (2) were added to reflect the current LEDRS formatting
11/1/2024	20	20.0	Reports Available for Managing CSA	The reports' location on the CSA website was changed to the “Resources and CSA Financial Reporting” area
11/1/2024	20	20.2	CSA Pool Fund Expenditure Reports	The pool fund expenditure report names were updated with enhanced report descriptions
11/1/2024	20	20.3	CSA Performance Measures	Performance measures were updated to reflect the six currently available (screenshots were also updated)
11/1/2024	20	20.4	Service Gap Survey	The location of the service gap survey and screenshot were updated
11/1/2024	21	21.2	State Pool Fund Reimbursement Report	Screenshots were updated to reflect the current system formatting
11/1/2024	21	21.3	Local CSA Medicaid Review and Adjustments	Newly added section to describe the current process for generating the Medicaid report and requesting a CSA Medicaid FIPS change
11/1/2024	22	22.3	AMS-Update Rosters/New User Registration	Screenshots and process steps updated to reflect the current system
11/1/2024	22	22.5	Reset/Forgot Password	Process changed to reflect OKTA
10/01/2025	All	All	All	Grammatical, syntax, and hyperlink updates throughout
10/1/2025	1	1.0	Introduction	Removed statement regarding CSA’s name change in 2015.
10/01/2025	2	2.0	The Office of Children’s Services: Supporting	Content and hyperlink updates for accessibility

			Implementation of the CSA	
10/01/2025	3	3.3	Additional Resources	Updated links, added the National Technical Assistance Center for Children's Mental Health, Casey Family Programs, and VDBHDS. Relocated the National Wraparound Initiative and National Wraparound Implementation Center to the ICC/HFW section.
10/01/2025	5	5.3.3	Eligibility Based on Behavioral/Emotional Needs and CHINS	Updated language to reflect changes in §2.2-5212.A.4 to include youth who are found eligible as a Child In Need of Services (CHINS).
10/01/2025	5	5.3.2.3	Court Ordered Placements	Added a section specific to court-ordered placements.
10/01/2025	9	9.2.7	Services for Youth on Probation and Parole	Added information regarding DJJ's ability to access a variety of contracted services for youth on probation and parole.
10/01/2025	10	10.2	Non-duplication of Case Management Services	Removed ICC from the list of relevant case management services.
10/01/2025	10	10.4	Additional Daily Supervision of Children in Foster Care	Removed the reference to support from foster parents and payments to foster parents to allow for application to youth in Fostering Futures.
10/01/2025	12	12.3	CSA Continuous Quality Improvement (CQI)	Updated screen shots to represent the new CSA website.
10/01/2025	15	All	The CSA Service Fee Directory	Updated screen shots to represent the new CSA website.
10/01/2025	18	All	Supplemental State Allocations	Removed entire section to align with the removal of supplemental allocations in the Appropriation Act language (July 1, 2025).
10/01/2025	19	All	Special Education Wraparound	Renumbered to section 18.0
10/01/2025	20	All	Reports available for Managing CSA	Renumbered to section 19.0 and updated screen shots to represent the new CSA website.
10/01/2025	21	All	Required Local CSA Reporting	Renumbered to section 20.0 and updated screen shots to represent the new CSA website.
10/01/2025	21	21.2.1	The Report Preparer	Removed alternate step 8 to align with current practice related to the removal of the CSA supplemental process.
10/01/2025	22	All	The Account Management System	Renumbered to section 21.0 and updated screen shots to represent the new CSA website.



**Please Note:** The Table of Contents is hyperlinked to the specific sections. While your cursor hovers over any topic, press and hold the <Ctrl> key while your mouse clicks will take you directly to that section of the *User Guide*. Additionally, the document is searchable using the Find command under the Edit Menu option or the <Ctrl-F> combination.

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# 1.0 Introduction

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

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

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

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

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

**Some Notes on Terminology:**

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

**Common CSA Acronyms**

- **CANS** – Child and Adolescent Needs and Strengths Assessment
- **CHINS** – Child in Need of Services
- **COVLC** - Commonwealth of Virginia Learning Center
- **CPMT** – Community Policy and Management Team
- **CSA** – Children's Services Act
- **CSB** – Community Services Board
- **CSU** – Court Services Unit
- **DJJ** – Department of Juvenile Justice
- **DMAS** – Department of Medical Assistance Services
- **DSS** – Department of Social Services
- **FAPT** – Family Assessment and Planning Team
- **IACCT** – Independent Assessment, Certification, and Coordination Team
- **IEP** – Individualized Education Program
- **IFSP** – Individual and Family Services Plan
- **MDT** - Multi-Disciplinary Team
- **OCS** – Office of Children's Services
- **SEC** – State Executive Council
- **SLAT** – State and Local Advisory Team

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

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

OCS:

- Develops and implements a robust training plan that includes an annual statewide conference, on-site and virtual presentations, and distance learning opportunities (e.g., "online" courses through the Virginia Learning Center (COVLC). Non-state employees (or local agency employees not already enrolled by their agency in the COVLC) who are interested in taking courses through the COVLC may request an account by sending an email to [csa.office@csa.virginia.gov](mailto:csa.office@csa.virginia.gov) with the Subject Line: "Requesting a VCL Account." The email should include your full name, email address, and reason for the request.
- Provides customized on-site training and consultation to localities in response to specific needs. To request on-site training, please contact one of the OCS Program Consultants (you can find the listing on the CSA website) or (preferably) complete the online [Request for Technical Assistance form](#).
- Responds to specific questions from local and state CSA partners, parents, service providers, and others. Inquiries are accepted via phone, e-mail, or preferably through the [OCS Help Desk](#) feature of the CSA website. Using the OCS Help Desk will ensure a prompt response from the staff member who is best equipped to assist you.
- Maintains the CSA website ([www.csa.virginia.gov](http://www.csa.virginia.gov)), with various information regarding all aspects of CSA implementation.

The OCS staff strives to provide the highest-quality customer service to support your work. Please do not hesitate to contact us. Specific contact information for OCS staff is found by clicking the [Contact OCS](#) button in the [About](#) tab on the [CSA website](#).

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

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### 3.1 What is a System of Care?

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

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

On page 10, you will find a visual representation of Virginia's System of Care.

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

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

Across the Commonwealth, there is a shared belief that all children and families deserve access to a coordinated array of critical services to produce the best possible outcomes. Virginia's System of Care's shared vision, mission, and goals are the "glue" that binds CSA together. At its core, we hold that a child-centered, family-focused, and community-based system is our shared value and aspiration.



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

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

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

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

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

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

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

### **3.3 Additional Resources**

Below are some additional resources related to Systems of Care:

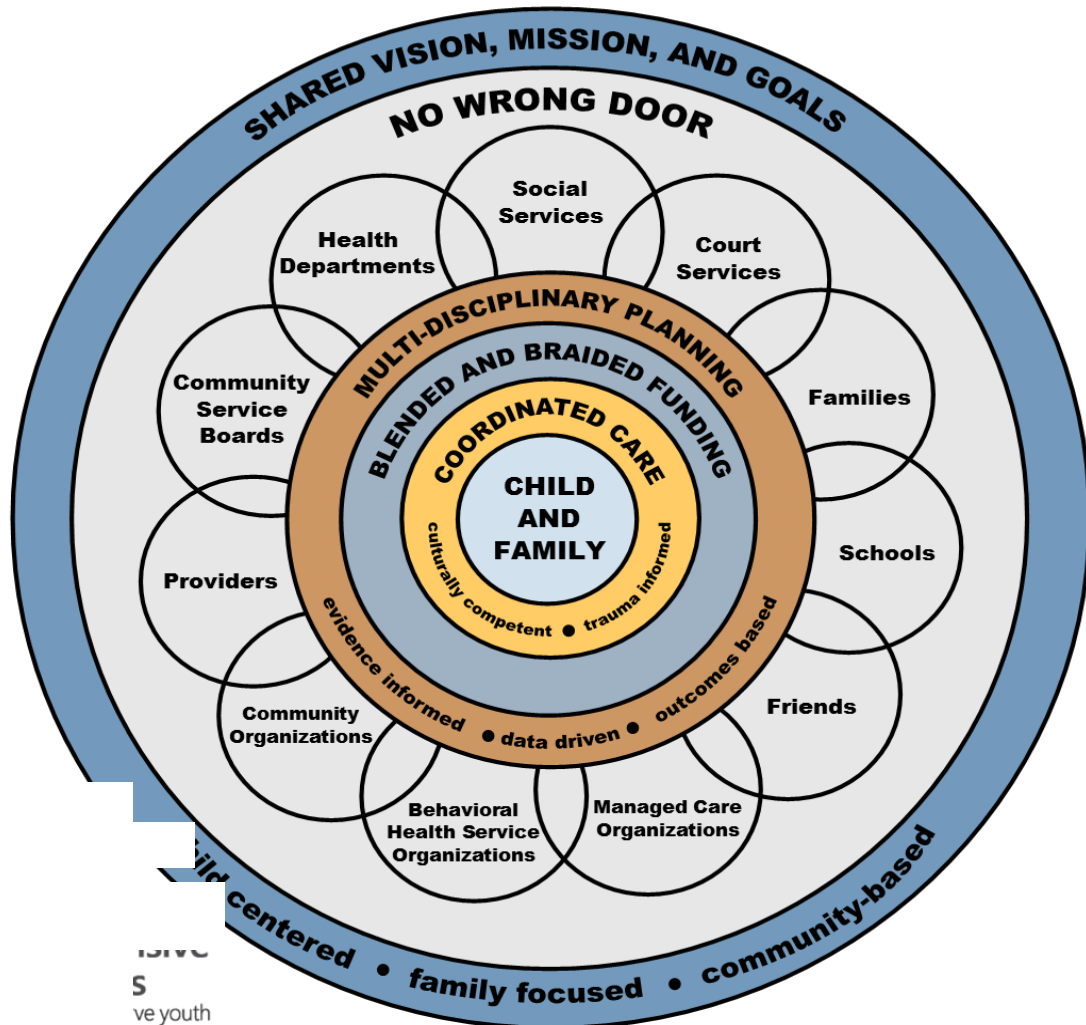
[\*Children's Bureau Child Welfare Information Gateway on Systems of Care\*](#)

[\*National Training and Technical Assistance Center for Child, Youth and Family Mental Health\*](#)

[\*Casey Family Programs\*](#)

[\*Virginia Department of Behavioral Health and Developmental Services\*](#)

## Virginia's Comprehensive System of Care



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

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

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

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

#### 4.2.1 Membership of the CPMT

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

Membership of the CPMT shall include:

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

Other members may include, but are not limited to:

- A local law enforcement official.
- A local government official.
- Representatives of other public agencies appointed by the local governing body.

Each CPMT should establish a Chair whose signature on CSA documents shall serve as the official, authorized signature for the CPMT and should also identify the person or agency responsible for signing placement agreements or contracts.

**Notes:**

- The CSA website has a resource document, [\*"Recruiting and Retaining Parent Members on Interagency Teams."\*](#)
- Localities seeking assistance identifying potential private provider representatives can contact the Virginia Coalition of Private Provider Associations (VCOPPA) by e-mail at [kids@vcoppa.org](mailto:kids@vcoppa.org) or (804) 643-2776.

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

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

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

- Planning and policy development
- Fiscal and programmatic management
- Data collection and reporting

### **4.2.2.1 Planning and Policy Development**

- Developing interagency policies and procedures to govern the provision of services.
- Developing interagency fiscal policies governing access to the state pool of funds, including immediate access to emergency services.

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

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

#### **4.2.2.2 Fiscal and Programmatic Management**

- Establishing quality assurance and accountability procedures for program utilization and funds management.
- Managing funds allocated from the state pool.
- Reviewing recommendations for, authorizing, and monitoring the expenditure of funds by each FAPT/MDT .
- Submitting grant proposals.
- Reviewing and analyzing management reports to evaluate outcomes and provider performance.
- Consulting on the development of the local plan and, at the discretion of the locality, administering funds under the Virginia Juvenile Community Crime Control Act (VJCCCA, [§16.1-309.3](#) if these funds are not managed by a Commission established under [§16.1-315](#).

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

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

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

- Reporting to the OCS on programmatic and fiscal operations and recommendations for system improvement, including but not limited to:
  - Collecting and providing uniform data to the OCS (this requirement is met by submission of the Local Expenditure and Data Reimbursement System (LEDRS) files according to the established schedule) .
  - Providing information on utilization of residential treatment facilities and length of stay in such facilities (this requirement is met by submission of the LEDRS data).
  - Providing client-specific information from the mandatory uniform assessment (this requirement is met by entering child-specific CANS assessment information into the [CANVaS website and database](#)).
  - Annually reporting to the OCS on the gaps in services necessary to keep children in the community, as well as barriers to the development of these services (OCS annually issues the instructions and timeframes for submission of the Service Gap Survey. Results of the Service Gap Survey are found on the [Service Gap Survey Report](#) on the Resources tab on the CSA website).
  - Providing other data that may be required by the Governor, General Assembly, or SEC.

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

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

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

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

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

## 4.3 Family Assessment and Planning Team (FAPT)

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

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

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



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

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

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

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

The following optional members may be appointed:

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

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

#### **Notes:**

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

### 4.3.2 Duties and Responsibilities of the FAPT

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

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

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

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

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

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

### 4.3.3 Alternatives to FAPT

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

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

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

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

## 4.4 Joint Requirements of the CPMT and FAPT

Some CSA provisions apply to both the CPMT and the FAPT.

### 4.4.1 Freedom from Liability and Conflict of Interest

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Finally, all information in CSA-specific files should be maintained securely and locked with appropriate access controls. Proper safeguards should be in place for electronic records.

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

Various sections of the COV and the Appropriation Act require that “using a secure electronic database,” the CPMT and FAPT shall provide the Office of Children’s Services with client-specific data. This includes information from the mandatory uniform assessment instrument and the Local Expenditure Data Set Reimbursement System (LEDRS). Local governments meet these

obligations when case managers complete the Child and Adolescent Needs and Strengths (CANS) assessment online in CANVaS. The CSA LEDRS files contain each youth's demographic, service, and financial data. All client-specific information shall remain confidential. Only non-identifying aggregated demographic, service, and expenditure information may be available to the public. Additionally, when communicating via e-mail, whenever any Personally Identifiable Information (PII) is included, such e-mail should be encrypted.

#### **4.4.4 Records Management**

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

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

A [minimum documentation inventory](#) assists local CPMTs and FAPTs in managing their records.

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

- Client referral form
- CSA eligibility determinations
- Parent co-pay assessments, notifications, payment agreements
- CANS assessments
- Individual Family Services Plan (IFSP)
- Child in Need of Services (CHINS) determinations
- Parental Agreements
- Certificate of Need (if prepared by FAPT)
- CPMT funding requests/authorizations
- Utilization review documentation (if performed by FAPT or purchased)

- Treatment plans and progress reports where required by local CSA vendor contracts and where CSA Pool Funds were used to purchase services
- Assessment reports prepared and or requested by FAPT for use in service planning, funded by CSA (e.g., psychological and clinical evaluations)

The Library of Virginia (LVA) manages all public agency records' retention (and destruction). Per guidance from the LVA, local CSA offices and representatives should refer to [\*Records Retention and Disposition Schedule GS-15, Social Services \(March 2024\)\*](#) for retention periods of locally held records related to the Children's Services Act and its requirements. The section about CSA is Comprehensive Services Records, Series Number 000174, on page 8 of 9. The retention period established for this records series is "Retain 3 years after last review then destroy in compliance with No. 8 on the schedule cover page."

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

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

## 4.5 Role of the Local CSA Coordinator

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

A local government may also choose where to "house" the office of the CSA Coordinator. The CSA Coordinator may be under the direct supervision of county or city government (housed in the City/County administrative offices) or be placed administratively in any of the CSA partner public agencies.

The Office of Children's Services has developed a [\*CSA Coordinator Model EWP Job Description\*](#), found in the "Core Competencies for CPMT and FAPT" section of the Resources area on the CSA

Website. It may assist local governments in understanding the role and responsibilities of CSA program staff, but it is not to be interpreted as a required format or template.

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



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

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

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

### 5.1 Determining CSA Eligibility

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

### 5.2 Age Range for CSA Eligibility

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

## 5.3 Statutory Framework for CSA Eligibility

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

### 5.3.1 Eligibility Based on Special Education Status

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

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

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

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

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

The funding for Wraparound Services for Students with Disabilities is a specific amount set aside within the overall CSA appropriation (in FY2025, this amount was \$2.2 million in state general funds). Effective beginning FY2019, localities are allocated an appropriation from these funds based on the average of their three prior years' utilization. Exceptions to this approach are possible by contacting the OCS Chief Financial Officer. Additional details regarding the annual appropriation of these funds are distributed via OCS administrative memos. [OCS Administrative Memos](#) can be found on the [Resources Tab](#) of the [CSA Website](#).

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

The CSA target population includes any child eligible for “foster care services” (as defined in [§63.2-905](#)) who is receiving services through the local department of social services (LDSS). Foster care services are defined broadly as the “full range of casework, treatment and community services, including but not limited to independent living services...” Foster care services are provided to abused or neglected children per [§63.2-100](#) or children in need of services per [§16.1-228](#) and their families, when one or more of the below services are needed.

- Services to prevent the need for foster care placement.
- Placement placed through a Non-Custodial Foster Care agreement between the LDSS agency or an agency, where the parents retain legal custody.
- Entrustment or commitment (custody) to the LDSS.
- Participation in the Kinship Guardianship Assistance program per [§63.2-1305](#) or the State-Funded Kinship Subsidy Program per [§63.2-1306](#).

#### 5.3.2.1 Foster Care Prevention

Foster care prevention services are defined as “casework, treatment and community services” to “prevent or eliminate” the need for foster care placement through the LDSS ([§63.2-905](#))

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

#### VDSS Parental Child Safety Program

Legislation passed by the 2024 General Assembly created the VDSS Parental Child Safety Program, effective July 1, 2024. The Program defines requirements for LDSS when working with children and families in diversionary or temporary placements with kinship caregivers when the safety of the family environment cannot be determined within five days of initiating LDSS involvement. These children are not in the custody of the LDSS but typically are “safety-planned” to a relative or fictive kin caregiver during a Child Protective Services (CPS) investigation or family assessment. These placements are voluntary and made by parents (not LDSS or the court) at the request of the LDSS to assist in ensuring the child is out of the risk environment while safety concerns are assessed and addressed.

If the child cannot be returned home in five days, the LDSS must open an In-Home Services Foster Care Prevention at the five-day mark for a 90-day timeframe. The LDSS is required to work with the parents/legal guardians on the issues that prompted the CPS report and support the temporary caregivers. If concerns are not satisfactorily resolved at the end of the 90-day time frame and the child cannot return home, the placement may be extended for another 90 days. After the second 90-day time frame, the decision must be made to return the child or seek court intervention.

Children and families receiving services through the Parental Child Safety Program are eligible and mandated for CSA services through the foster care prevention mandate once the DSS In-Home services case is opened. Temporary caregivers are eligible for maintenance payments through the VDSS Relative Maintenance Program, funded separately from CSA. This funding is available to relatives/fictive kin providing temporary care for children not in DSS custody/foster care placement. CSA does not pay maintenance for these placements; however, children and families are eligible for CSA-funded foster care prevention services. As with any CSA services, all statutory and policy requirements must be met, including the expectation that cases must be reviewed and services recommended by FAPT with funding approved by the CPMT. Likewise, as with any CSA-funded services, emergency services may be available through CSA per the local policy if reviewed and recommended by FAPT within the 14-day timeframe.

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

Non-Custodial Foster Care Agreements are a mechanism in which the LDSS provides case management to children placed outside the home for behavioral health treatment without the parent(s) or legal guardians being required to relinquish custody. Children placed through NCFCs are considered to be “in” foster care, and all foster care benefits as well as permanency and protection requirements apply. Court involvement is required. For more information regarding Non-Custodial Foster Care Agreements, see the [\*Virginia Department of Social Services Foster Care Manual\*](#) (Look under “Guidance Manuals”).

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

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

#### 5.3.2.4 Fostering Futures (See [§63.2-917 – §63.2-923 for the relevant statutes](#))

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

Also eligible for Fostering Futures are youth who are released from Department of Juvenile Justice (DJJ) commitment between the ages of 18-21 and who were in foster care in the custody of a Virginia LDSS immediately prior to DJJ commitment. ([COV § 63.2-919](#))

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

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

If the Fostering Futures youth remains in a foster home placement, the foster parent continues to receive maintenance payments (basic and enhanced, if determined appropriate by the VEMAT), and the youth is considered “in foster care.” However, the youth may also select another living arrangement and receive the basic maintenance payment directly. Youth served under *Fostering Futures* **may not** be placed or reside in group homes or residential treatment facilities. All youth in the Fostering Futures program are eligible and “sum-sufficient” for CSA if they are in an acceptable independent living setting and meeting the terms of their VCSSA as determined by the local DSS.

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

#### 5.3.2.5 Kinship Guardianship Assistance Programs (KinGap)

The General Assembly established the Virginia Kinship Guardianship Assistance Program (“KinGap”) with implementation effective July 1, 2018 ([§63.2-1305](#), [§63.2-100](#), and [§63.2-905](#)). The State-Funded Kinship Subsidy Program ([§63.2-1906](#)) was implemented in February 2022.

Both programs facilitate the placement of children with relatives (including “fictive kin” as defined in the Code of Virginia) and provide a way for relatives to access long-term support when caring for children in their extended family. LDSSs are encouraged to use the waiver foster home approval process to facilitate relative placements that may ultimately become KinGap homes. Once the child has been in the (DSS approved) “relative/fictive kin foster home” for a specified period, the relative/fictive kin caregiver may sign a KinGap Assistance Agreement with the LDSS, which will petition the court to transfer legal custody to the caregiver. **Once custody is transferred, the child is no longer in foster care, but the child and family are eligible for KinGap assistance until the child reaches age 18.** If the child is in the KinGap program, the funding source for maintenance (both basic and enhanced, if appropriate) continues to be title IV-E or CSA. Only basic maintenance may be paid if the child is served through the State-Funded Kinship Subsidy Program, and the funding source is always CSA.

Children eligible for KinGap qualify for all foster care services as defined in [§63.2-905](#), meaning they meet the criteria established in the Code of Virginia ([§2.2-5211](#) and [§2.2-5212](#)) as eligible and “sum-sufficient” for CSA. KinGap assistance includes the maintenance payment (if the child is not eligible for title IV-E) and the provision of services recommended by the FAPT and approved by the CPMT.

In some ways, KinGap is managed similarly to Adoption Assistance (e.g., the locality holding custody at the time of transfer to relative guardianship remains responsible for maintenance payments, and payment of non-recurring legal expenses is allowed). However, in KinGap, there is no provision for special services payments. KinGap children and families are referred to the FAPT in the locality of the family’s residence if services are needed. Provision of **services** is the responsibility of the residence locality; **maintenance** costs, whether IV-E or CSA, are the responsibility of the locality holding the Kinship Guardianship Assistance Agreement. Children in the Federal KinGap Program or the State-Funded Subsidy Program homes are eligible and sum-sufficient for services through CSA.

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

For more information about the KinGap Program and the State-Funded Subsidy Program, please see [Section 10 of the Virginia Department of Social Services Foster Care Manual](#). Additional information on the role of CSA in both Kinship programs may be found in the [Guidance](#) section on the [Resources Tab](#) of the [CSA Website](#).

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

Children/youth with significant emotional/behavioral needs and high-risk behaviors that require intervention and treatment are also included in the CSA target population. Additionally, a child/youth exhibiting such needs/behaviors may be determined to be a Child in Need of Services, a “CHINS.”

Legislation passed by the 2025 General Assembly created a new distinct CSA category of CHINS eligibility ([§2.2-5212 A.4.](#)) The Code of Virginia provides for the Juvenile and Domestic Relations (J&DR) Court ([§16.1-228](#)) or the Family Assessment and Planning Team (FAPT) to determine if a child meets the CHINS statutory definition, The J&DR Court may determine that a child meets the eligibility criteria in [COV §16.1-228](#) and enter a finding of a CHINS. When a court determines a child to be CHINS and orders either an out-of-home behavioral health treatment placement or community based services to prevent such a placement, the child meets CSA funding eligibility criteria under [§2.2-5212.A.4.](#)

State statute provides the authority for the FAPT to determine that a child is “in need of services” and requires either community-based services or a residential treatment program to meet the child’s behavioral health needs. Families of children and youth with severe emotional/behavioral problems seeking services are thus not required to petition the Court to establish CSA eligibility and obtain these services.

The FAPT must clearly document their determination that a child meets the statutory definition of a Child In Need of Services ” ([§16.1-228](#)), which can be done through the use of the *Documentation of CHINS Eligibility Form* (Appendix A of the Draft SEC Policy 4.1.1) or other means. At the time of publication of this edition of the *User Guide*, Policy 4.1.1 and supporting documents are progressing through the SEC’s Public Participation in Policy Making process and are considered to be in “draft” form, so are not yet posted on the state CSA website or in the [Policy Manual for the Children’s Services Act](#). Once the FAPT (or Court) determines and documents that the child’s “behavior, conduct or condition” meets the CHINS definition, the child’s eligibility for CSA is established.

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

As noted earlier, services to CHINS may be provided in the community to prevent a behavioral health treatment placement. A CSA Parental Agreement is not necessary for the provision of community-based services. As with all CSA services, CHINS community-based services to prevent an out-of-home treatment placement should be individualized to meet the child’s needs. Services, regardless of the funding source, should be documented on the child’s Individual and Family Services Plan (IFSP).



The Community Services Board (CSB), the Court Services Unit (CSU) and the local public-school division may provide case management and community-based services to prevent the placement of a child determined CHINS into an out of home residential treatment program.

When a child is determined to be a CHINS and requires placement outside of the home for treatment of behavioral/emotional needs, a formal agreement is needed with the parent(s) or legal guardians. “CSA Parental Agreements” are agreements between an agency designated by the CPMT, **other than the LDSS**, and the parent(s) or guardian who retains legal custody.

Although the agreement is between an agency designated by the CPMT (other than the LDSS) and the parent, the CPMT must also approve and sign the agreement as CSA is the funding source. A local public agency **may not** enter into a CSA Parental Agreement without the approval of the local CPMT. CPMTs may use the standard CSA Parental Agreement template. Additional information on CSA Parental Agreements is found in the Resources > Guidance > Child in Need of Services > Practice Guidance area of the CSA website. CSA Parental Agreements, unless ordered by the Court, are voluntary agreements.

When the FAPT has determined a child meets CHINS criteria **and** requires out-of-home placement **or** services to prevent the out-of-home placement, the child meets CSA funding eligibility criteria under [§2.2-5212.A.4](#) and sum-sufficient criteria for CSA funding under [§2.2-5211 B.4](#).

LDSS may not enter into CSA Parental Agreements ([VDSS Foster Care Manual Section 3.7.5.2](#)). If an LDSS enters into an Agreement with a parent or legal guardian where the parent or legal guardian retains custody, and their child is placed out of the home for residential behavioral health treatment, a Non-Custodial Foster Care Agreement must be used ([VDSS Foster Care Manual Section 3.7.5](#), [§63.2-905](#)).

LDSS may provide case management and community-based services to CHINS youth to prevent foster care placement, which is placement either through an entrustment, custody to LDSS or a Non-Custodial Foster Care Agreement. ([§63.2-905](#)).

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

A “child in need of services” (CHINS) disposition made by the Court should not be confused with a “child in need of supervision” (CHINSup) court determination. Children determined to be a “child in need of supervision” are not eligible for CSA solely on that disposition. The child may be eligible for CSA in another category (e.g., child in need of services).



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

#### **5.3.3.2 Court-Ordered Placements**

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

The CSA Parental Agreement template was developed and designed for families voluntarily seeking services for a child and did not need or want the court's intervention. Consequently, the wording in the Parental Agreement template is inconsistent with a court-ordered placement. If they choose to use the template for these agreements, the FAPT and CPMT may modify the language to reflect that the placement is court-ordered and not “voluntary.”

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

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

### 6.1 Establishment of the CSA State Pool

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

### 6.2 Local Matching Funds

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

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

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

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

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

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

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

The definition of sum-sufficient and non-sum-sufficient groups is based on the requirement that enough funding be provided to meet federal mandates for specific groups of children.

### 6.3.1 Sum-sufficient Funds

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

- Students with disabilities whose IEP requires placement in private special education programs, either private day or residential.
- Children and youth receiving foster care services as described in [§63.2-905](#).
- Children and youth determined to be a Child In Need of Services (CHINS) as defined in [§16.1-228](#)

The practical impact of the sum-sufficient requirement is that the state and the locality **must appropriate** the total funding for those children in these populations. Additional funding must be allocated if those costs exceed the amounts appropriated or allocated in the budgetary process.

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

CSA-eligible youth who do not fall into one of the sum-sufficient populations can receive services through non-sum-sufficient or “protected” funds. The local court service unit, the community services board, or families typically refer these children and youth. Local CSA programs are not required to appropriate funds and serve children and youth in the non-sum-sufficient population.

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

is found in the CSA Pool Expenditure Reports section of the CSA website which is accessed by logging into the [Account Management System](#). Using these protected funds includes a required local match established for all CSA funds.

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

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

A Frequently Asked Questions (FAQ) document on protected funds developed by OCS and the State and Local Advisory Team can be found in the [Funding and Financial Reporting](#) section of the [Guidance](#) are on the [Resources](#) tab.

## 6.4 Assessing Parental Contributions for CSA Services

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

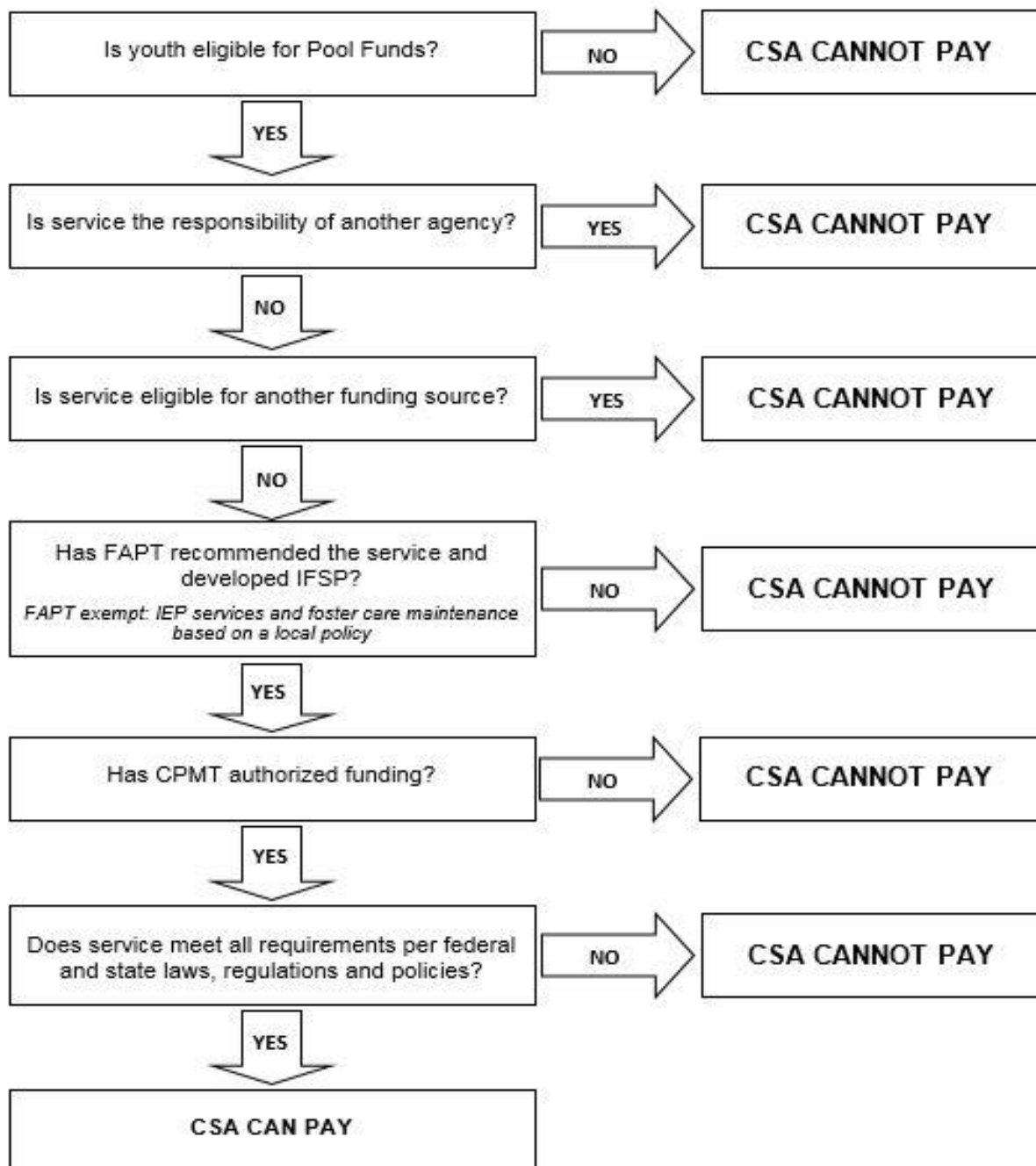
The Appropriation Act specifies that the CPMT shall enter into formal agreements with parents or legal guardians and that the Office of Children’s Services shall be a party to any such agreement.

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

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

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

**CSA CAN PAY?**

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

The Code of Virginia and policies of the State Executive Council establish eligibility for state pool funds. The eligibility section ([Section 5.3](#)) of the *User Guide* covers this topic.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



## 7.5 Has the CPMT Authorized the Funding?

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

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

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

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

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

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

## 7.7 Additional Resources

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

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

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### 8.1 Overview: Service Planning through the FAPT

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

#### 8.1.1 Referral Policies

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

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

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

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

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

## 8.2 Assessment

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

### 8.2.1 Mandatory Uniform Assessment Instrument

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

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

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

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

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

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

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

### **8.2.2 CANS Certification**

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

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

### 8.2.3 CANVaS

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

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

Each case manager who administers the CANS shall have established a CANVaS account. Before the account is activated, users must electronically agree to the terms of the online User Agreement. Users must read the online Agreement carefully to understand and accept their responsibilities.

All data entered into CANVaS are confidential, and child and family-specific data may not be released without proper authorization. Only "non-identifying" and non-child-specific data may be published in aggregate form.

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

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

### 8.2.4 Other Assessments

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

## 8.3 Service Planning

The FAPT (or an alternative multidisciplinary team) is a valuable resource to children and families. CSA service planning may include services from multiple sources (including those

provided at no cost through natural supports or available community resources) and those funded by the CSA state pool. Service planning discussions need not be restricted to those children and families eligible for CSA state pool funding. Planning should include, but not be limited to, determining CSA eligibility. With limited exceptions, all services funded through the CSA must be included in a service plan (IFSP) developed by the FAPT.

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

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

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

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

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

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

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

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

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

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

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

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

## 8.4 Case Management

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

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

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

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

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

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



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

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

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

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

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

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

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

## 9.0 CSA and Partner Agencies

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

### 9.1 Schools and Special Education

In establishing the state pool of funds under the Children's Services Act, "Children and youth placed for purposes of special education in approved private school education programs, previously funded through private tuition assistance" ([§2.2-5211.B.1](#)), "Children and youth with disabilities placed by local social services agencies ... in private residential facilities or across jurisdictional lines in private, special education day schools ..." ([§2.2-5211.B.2](#)), and children and youth previously placed...in approved private school educational programs for at least six months who will receive transitional services in a public school setting" ([§2.2-5211.B.6](#)) are identified as populations to be served through the CSA. In [§2.2-5211.C](#), these children and youth receive "sum-sufficient" funding to "meet relevant federal mandates for the provision of these services."

The relevant federal mandate is the Individuals with Disabilities Education Act (IDEA) of 2004. Information on IDEA can be found on the [U.S. Department of Education's website](#) and information specific to Virginia can be found on the [Virginia Department of Education's website](#).

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

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

The CPMT must ensure that no local policies or procedures interfere with the provisions and protections afforded to students with disabilities under federal and state laws and regulations. CPMTs must authorize funding for private day and residential IEP services based on the IEP itself, and all special education and related services as specified on the IEP (except for transportation) and in the case of a residential IEP placement, all costs associated with the residential placement including room and board, utilizing Medicaid as a primary funding source when applicable. The CPMT is responsible for establishing policies and procedures to ensure access to funds for students with IEPs that specify placement in private educational programs.

Providing a child's IEP services may not be delayed for any reason, including CPMT funding approval.

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

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

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

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

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

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

Per [8VAC20-81-150](#), all children placed in a private residential placement through CSA eligible for special education shall have an IEP. The local school division that is part of the CSA Team that placed the child shall be responsible for that IEP.

For a non-educational placement of a student with a disability, the CSA team's school division will revise the IEP to reflect the non-educational placement. The IEP will indicate that the student is in a residential placement for non-educational reasons and will address the student's

educational needs while in that setting. The revised IEP for a non-educational placement is not considered the “source” of the residential placement.

The school division is responsible for ensuring that special education and related services (typically referred to as FAPE or Free and Appropriate Public Education) are provided per the IEP while the student is in the non-educational placement. The school division is not responsible for the residential placement/services, special education least restrictive environment requirements, or the student’s general education costs, as the placement was for non-educational reasons.

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

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

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

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

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

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

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

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

Each year, a specific level of funding is made available to each locality to provide such Wraparound services. To be eligible for these services, the child must have an educational disability, as evidenced by a current IEP. The services must be provided in the home or community and cannot be provided during the typical educational day in the public-school setting.

Accessing these funds requires all the typical CSA processes (e.g., FAPT recommendation/CPMT approval of the placement, completion of the IFSP).

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

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

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

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

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

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

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

### 9.1.7 Confidentiality of Educational Records

The federal law known as the Family Educational Rights and Privacy Act (FERPA) gives parents authority over their child's educational records, including access by participants at meetings (including FAPT and CPMT) where their child's education record is discussed. Schools must secure parental consent whenever any non-school employee is to review the child's confidential educational record. Without parental consent, the schools cannot share information with others, including CSA entities. Without parental consent for the minimal release of student records to the local CSA Program, eligibility for CSA funding cannot be established, and responsibility for funding educational services specified in the student's IEP rests with the local educational authority (LEA). See [OCS Administrative Memo #23-10](#) for details on this issue.

### 9.1.8 Additional Resources

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

## 9.2 Juvenile Justice (Court Service Units)

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

### 9.2.1 Eligibility for State Pool Funds

#### Eligibility for State Pool Funds

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

## 9.2.7 Services for Youth on Probation and Parole

DJJ court service unit staff have access to a variety of contracted services, including assessments and evaluations, individual therapy, family therapy, substance abuse treatment, therapy for youth with sexualized behaviors, and life skills coaching. These services are accessed through DJJ's contracted regional service coordinator. CSA teams should check with their CSU partners to determine what services are locally available.

## 9.3 Local Departments of Social Services (LDSS)

### 9.3.1 Funding for Children in Foster Care

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

#### 9.3.1.1 Foster Care Maintenance

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

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

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

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

To encourage placement of foster children with relatives, VDSS created a waiver process for relatives and fictive kin to become approved foster parents. Specific approval requirements (e.g., training) may be waived for up to six months after the child is placed in the home. In these instances, CSA may pay maintenance if:

- The LDSS completes the waiver form and sends it to the Regional Permanency Consultant,
- “Soft” background checks (state police name search and agency Central Registry search) are done before or at the time of placement,
- All adults in the relative foster home submit fingerprints through FieldPrint® within 3 days of the child’s placement (if not already submitted).

If these steps are taken in a timely manner, CSA may pay maintenance beginning the date the child is placed in the home. If the fingerprints are not submitted within 3 days of placement, maintenance may start as of the date the last adult in the home submits their fingerprints.

When the FBI fingerprint results and the Office of Background Investigations (OBI) Central Registry check are received by the LDSS, the agency determines if the home may be approved and, if so, issues a Certificate of Approval. If the child in the home is determined to be IV-E eligible, title IV-E will begin paying maintenance as of the first of the month.

If the home is not fully approved at the end of the six-month period, neither IV-E nor CSA may continue payment.

Permanent placement with relatives/fictive kin may occur when custody transfers to the caregiver. Children and families may be eligible for either Virginia’s Kinship Guardianship Program (Federal KinGap) or the State-Funded Subsidy Program, which provides a supported option for children placed with relatives who meet the requirements of each program. Children in either type of KinGap arrangement are eligible and mandated for CSA under COV [§63.2-905](#), [§63.2-1305](#), and [§63.2-1306](#) for maintenance and services. For more information about these programs, please see [Section 5.3.2.6](#).

### **9.3.1.2 Funding for Foster Care Maintenance**

Maintenance for children in foster care may be funded through either federal title IV-E funds or CSA state pool funds. All children in foster care must be assessed for eligibility for title IV-E by

the local department of social services. The local DSS charges a child's maintenance costs to title IV-E if eligible. State pool funds pay all maintenance costs if a child is not eligible for title IV-E. The definition of maintenance is consistent across funding sources. It includes all expenses such as payment to foster parents (basic and enhanced), the supplemental clothing allowance, travel for the child to visit with family or relatives, childcare costs as allowed by title IV-E (e.g., if the foster parents are employed), and transportation for school as decided by the foster child's Best Interests Determination.

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

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

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

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

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

If a child is determined to be eligible for title IV-E maintenance but loses eligibility (or temporarily loses title IV-E "reimbursability") during the time the child is in foster care, CSA cannot "automatically" pay those costs. The local DSS may be responsible for the maintenance cost of a child's care. Examples are a child whose annual court review is not held on time or a court order that does not have the judge's signature confirming "reasonable efforts" made towards a permanency goal. Eligibility for CSA funding in the event of losing title IV-E eligibility should be reviewed individually to consider the specific factors involved.

### 9.3.2 Services for Children in Foster Care

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

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

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

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

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

Not all children placed into foster care meet the eligibility criteria under title IV-E (as determined by the local department of social services). However, CSA requires that CSA-funded foster care maintenance and services “follow” the relevant title IV-E requirements to ensure

that ALL children in foster care, not just those who are title IV-E eligible, are protected. No distinction is made in the protections provided to children in foster care simply because of title IV-E eligibility. Consequently, title IV-E protections also apply to children determined ineligible for title IV-E and whose maintenance and services costs are reimbursed by CSA.

### 9.3.4 Foster Care Prevention

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

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

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

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

### 9.3.5 Types of Foster Care Placements

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

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

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

directed and results-oriented, and emphasizes permanency planning for the child in care.

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

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

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

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

### 9.3.6 Adoption Assistance (AA)

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

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

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

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

- Indicate that psychiatric residential treatment services are the least restrictive and most effective to meet the child's needs and
- Recommend services and supports to transition the child back home.

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

For purposes of CSA eligibility, adopted children do not "automatically" meet eligibility criteria related to a child in foster care or receiving foster care services. The FAPT's review and determination in adoption assistance cases do not make it a "CSA placement." The required FAPT review is only for assessment and case planning unless the child is determined to meet an



established CSA eligibility category. Adoption assistance funding is 100% state/federal with no local match. Although the local DSS (of origin) is expected to enter the Adoption Assistance Agreement with the family and manage the ongoing administrative processes, only state/federal adoption funds are used.

Adoptive families may move and reside in a locality different than the one that holds the original Adoption Assistance Agreement. The LDSS does not transfer adoption assistance cases – they remain with the locality of origin. If a residential placement is considered for an adoptive child, the FAPT in the locality of residence is responsible for the review and determination. The locality of origin holding the Adoption Assistance agreement is responsible for paying the negotiated adoption assistance costs associated with the placement. As Medicaid is usually available for room and board and treatment costs, the adoptive parents may request an Addendum to their Adoption Assistance Agreement for payment of educational expenses. Note: If the child has an Individualized Education Program (IEP) that requires a private educational placement, CSA is responsible for the educational costs. Staff in the two localities must communicate with one another and the adoptive family. The locality of origin should participate in the FAPT meeting in the locality of residence.

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

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

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

Information about foster care prevention evidence-based services approved for FFPSA IV-E reimbursement in Virginia, providers who offer these services, and service areas may be found at the Center for Evidence-based Partnerships (CEP-VA) website (<https://www.cep-va.org/>)

OCS Administrative Memo #21-11 and the accompanying document [Guidance for Local Children's Services Act \(CSA\) Programs on the Virginia Department of Social Services \(VDSS\)](#)

[Implementation of In-Home Services and the Family First Prevention Services Act \(FFPSA\), including further details about these In Home foster care prevention services, including how the LDSS establishes a child's eligibility for FFPSA services.](#)

While creating new service options for the prevention of foster care, FFPSA concurrently disincentivizes the placement of children in foster care in congregate care placements, such as psychiatric residential treatment facilities (PRTFs), therapeutic group homes (TGHs), and children's residential facilities (CRFs). FFPSA restricts using federal child welfare funds (i.e., title IV-E) to support such placements and implements requirements to raise the quality of care provided in these settings. To be considered a "Qualified Residential Treatment Program" (QRTP) by VDSS to access IV-E funding, residential providers must meet these requirements.

However, beginning in April 2023, VDSS suspended using the QRTP status, meaning title IV-E can no longer be accessed for foster children in residential programs. No category of maintenance payments, including, but not limited to, room, board, supervision, and the supplemental clothing allowance, may be reimbursed by IV-E in a residential facility, even if the child is IV-E eligible.

Medicaid is the appropriate primary funding source for foster children placed in a PRTF and covers room, board, supervision, and treatment costs. CSA is the funding source for the educational expenses of a foster child in a PRTF. Foster children placed in PRTFs remain eligible for the supplemental clothing allowance that CSA pays.

For foster children placed in TGHs, CSA is the primary funding source and covers placement costs except for Medicaid treatment and education. If the child is placed in a CRF (a non-treatment group home), CSA pays all costs except education. Children placed in TGHs or CRFs are expected to attend public school unless their IEP requires private day school.

## 9.4 Medicaid (DMAS)

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

[Section 7.0](#) of the *User Guide* ("Can CSA Pay?") specifies, whenever a child/family is or can be enrolled in Medicaid and, Medicaid covers the specific service. Enrollment in and utilization of

Medicaid is expected and is a requirement for CSA. The Appropriation Act specifies that state pool funds shall not be spent for any service funded through Medicaid for Medicaid-eligible children except when Medicaid-funded services are unavailable or inappropriate for meeting the child's needs. Families cannot be required to utilize Medicaid funding for services specified on an IEP, but they can be encouraged to do so.

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

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

A Medicaid-enrolled provider must provide Medicaid services. A designated managed care organization (MCO) coordinates certain Medicaid behavioral health services, or this is done by the behavioral health services administrator (BHSA), presently, Acentra. The BHSA-managed services include residential treatment (PRTF or TGH) and Treatment Foster Care Case Management. These services require preauthorization by the BHSA. If the youth is not enrolled in an MCO and is in Fee-for-Service Medicaid, all behavioral health services (including therapeutic day treatment and intensive in-home therapy) are authorized by Acentra.

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

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

### 9.4.1 Medicaid and Residential Placements - IACCT

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

### 9.4.2 Local Medicaid Matching Funds

The Appropriation Act requires that local CSA programs provide matching funds for certain Medicaid-funded services offered to youth served through the CSA. The services are therapeutic group homes, psychiatric residential treatment facilities, and treatment foster care case management. Based on information provided by DMAS, OCS “collects” this local share by reducing state reimbursements to localities. OCS posts the details of these collections to the secure local Fiscal Agent and CSA Coordinator areas of the CSA website. Local CSA programs are encouraged to monitor these local Medicaid deductions through the website, ensure their accuracy, and report discrepancies according to the instructions provided in OCS Administrative Memo #24-03.

Local CSA programs provide information on children in residential treatment to the BHSA using the [DMAS-600 Form](#).

## 10.0 Consistency of CSA Practices with Other Regulations

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

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

### 10.1 Medical Necessity for Specific Clinical Services

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

The opportunity to request an [\*exception\*](#) to this policy is provided. [\*Guidelines for the Implementation of the Use of State Pool Funds for Community-Based Behavioral Health Services Policy\*](#) are available.

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

## 10.2 Non-duplication of Case Management Services

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

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

The relevant case management services include:

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

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

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

## 10.4 Additional Daily Supervision of Children in Foster Care

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

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

## 10.5 Denial of CSA Funds

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

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

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

The SEC policies refer to the specific programs and services that require licensure or certification, as described below.

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

## 11.0 Intensive Care Coordination

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

Intensive Care Coordination (ICC) is a service provided to a youth and their family designed to maintain the youth in or transition to a family-based or community-based setting. ICC serves youth and families with complex, challenging behavioral health issues who typically represent the upper 10 – 20% of a "severity" pyramid. The service of ICC is characterized by facilitation and coordination that extends beyond the case management activities of the public child-serving system.

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

Following [§2.2-5206.16](#), [§2.2-2648](#), and the Appropriation Act, all localities must develop a local policy on ICC that meets the needs of children and families.

### 11.2 The High Fidelity Wraparound Model

High Fidelity Wraparound is an evidenced-based planning process holistically addressing a youth's and family's behavioral and social needs to develop self-efficacy. In Virginia, HFW is the process by which the ICC service is delivered. The HFW model is grounded in 10 principles and follows a "structured" series of four phases with associated activities and documentation. HFW is coordinated by a facilitator (the Intensive Care Coordinator) who helps the family to develop their team and guides this team through the 12-18 month planning process. The team consists of system partners, treatment providers, and others significant to the family (natural supports). Through monthly planning meetings, this team works together to help the family achieve their vision by developing specific, measurable plans to meet the prioritized needs of the family. This includes the development of a Crisis Prevention Plan.

HFW is a team-based planning process. The facilitator (Intensive Care Coordinator) is the "keeper of fidelity" and ensures the framework is honored. In HFW, all decisions and planning occur within the team, and all concerns and needs come to the team for planning. HFW relies on the strengths and knowledge of each team member and focuses on transitioning these skills



to the family and their natural supports (self-efficacy). A specific theory of change drives HFW as the foundation for how the process is carried out and why the process works. The Theory of Change centers around increasing youth and family self-efficacy by prioritizing youth and family needs, developing natural supports, and integrating planning.

HFW provides the family with voice and ownership; the youth and family drive the process, sharing their voice and choice as it relates to their needs and plan, and eventually, the youth and family will lead the meetings. By ensuring the youth and family have ownership of the planning process and integrating the work of those serving and connected to the youth and family, national evidence demonstrates decreased lengths of stay, reduced costs, and sustained connection to community-based resources for HFW.

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

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

### **11.4 The Provision of ICC to Youth in Residential Placement**

CSA allows for a three-month pre-discharge period for concurrent provision of ICC while a youth is in Residential Placement. During the overlap period, the ICC can begin engagement activities and develop a High Fidelity Wrap (HFW) Plan related to discharge planning and other HFW Team-identified needs.

### **11.5 Additional Resources**

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

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

## 12.0 Utilization Review and Continuous Quality Improvement

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

### 12.1 Utilization Review

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

UR is required for all services purchased through CSA. There is local flexibility in how and who conducts UR; local UR policy and procedures should dictate local UR operations. The [Utilization Review Guidelines](#) provide an overview of UR best practices and include a suggested schedule for review (based on service type) and resource documents to assist in local implementation. A [Model UR Form](#) as well as [questions to guide the local UR process](#) can be found in the [Guidance Section](#) located on the [Resources Tab](#) area under [Utilization Review](#) on the [CSA website](#).

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

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

The [Interagency Agreement for State-Sponsored UR](#), the [Checklist](#) for case submissions, the [Discharge Form](#), and the [Initial and Subsequent Utilization Review Forms](#) used by OCS can be found in the [Guidance Section](#) located on the [Resources Tab](#) area under [Utilization Review](#) on the [CSA website](#).

## 12.3 CSA Continuous Quality Improvement (CQI)

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

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

The Data and Outcomes Dashboard (CQI) can be accessed from the Applications section on the homepage of the CSA website.



CSA CQI tools and instructions on how to use them are available on the [Data and Outcomes Dashboard](#) Section of the [CSA website](#).

Requests for onsite CSA CQI training can be made by submitting a request on the [Request for Technical Assistance](#) area on the [About](#) tab of the [CSA website](#).

## 13.0 Audit Engagement

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

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

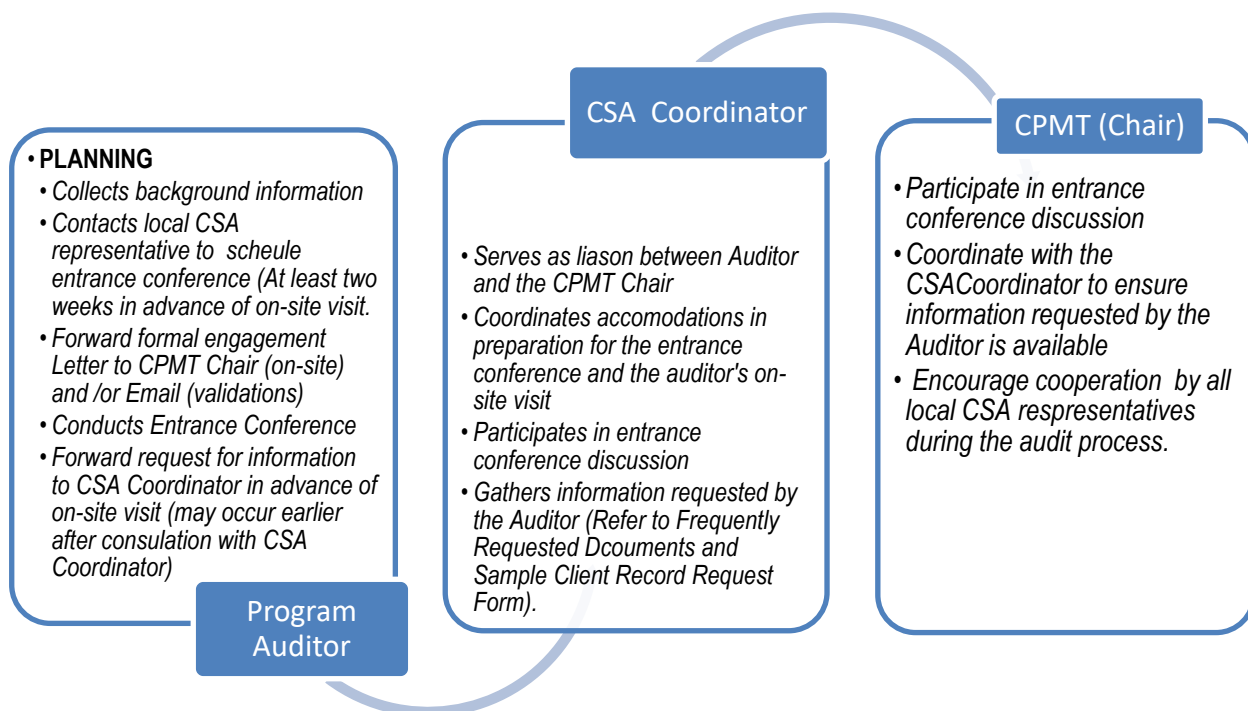
The following subsections describe the activities implemented in each phase and what to expect during an audit. Immediately following each subsection is a flowchart of each phase of the audit process. A list of frequently requested documents and a sample Client Record Request Form are provided at the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

### 13.1 Phase I: Planning

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

particularly likely for audits requiring significant travel, and video/teleconferencing is impossible.

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



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

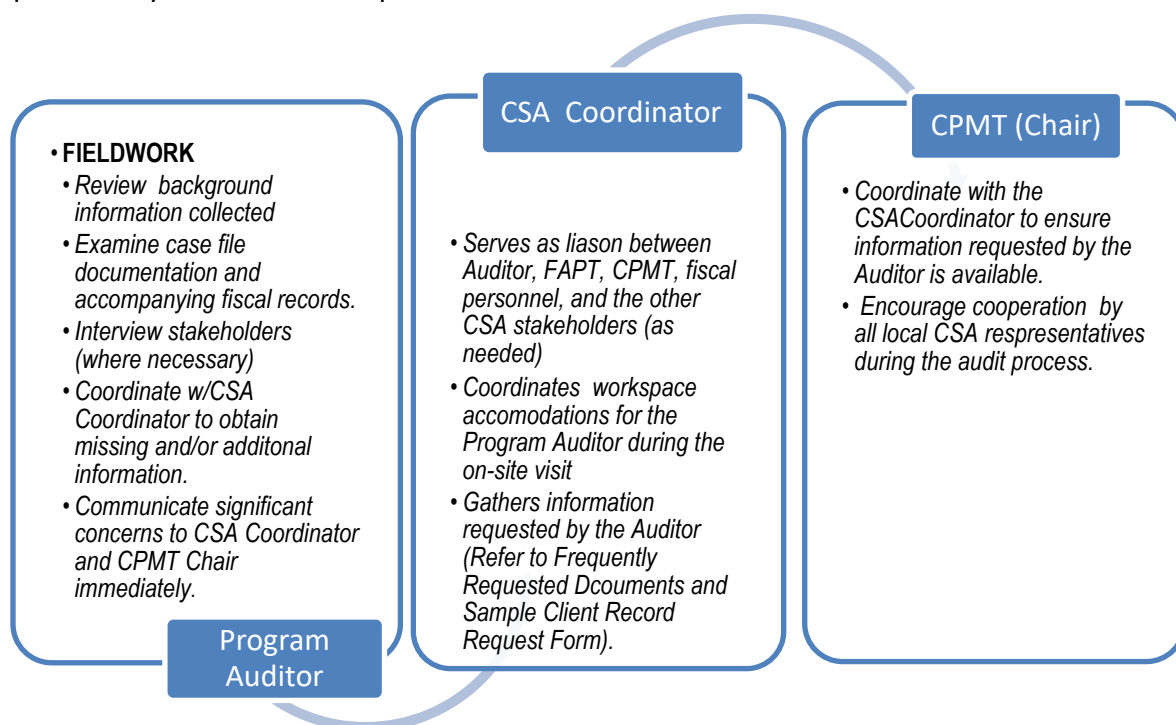
All CPMT members and other interested parties deemed appropriate by local government administrators and/or the CPMT Chair are encouraged to attend. The auditor will begin by communicating the audit period, anticipated duration of the audit, scope, objectives etc. The Auditor will describe the various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

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

## 13.2 Phase II: Fieldwork

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

- Review policies, plans, procedures, guidelines, directives, laws, rules, regulations, publications, etc.
- Conduct interviews with CSA stakeholders as deemed necessary (i.e., CPMT, FAPT, CSA Coordinators, Fiscal Agent, Case Managers, etc.).
- Create a flowchart or narrative of operational and fiscal processes to evaluate operations' strengths, weaknesses, effectiveness, and efficiency.
- Examine/inspect records to assess whether files are complete, information is accurate and reliable, and appropriate authorizations/signatures (if required).
- Perform analytical procedures to evaluate the financial/operational impact of processes/activities that may result from ineffective, inefficient, or inappropriate use of CSA resources. and
- Communicate preliminary observations to obtain additional information necessary for further evaluation. Local CSA programs are given two weeks after receiving the preliminary observations to provide additional information for reconsideration.



*What to expect during on-site fieldwork:*

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

*Case File Reviews:* The auditor selects a sample of client case files for review (usually not less than 5 cases). The list of selected cases will be shared with the CSA Coordinator before the onsite visit. Case files are reviewed for minimum required documentation (refer to CSA Policy 3.5 Records Management and accompanying CSA Documentation Inventory). Specific documents, such as Individual/Family Service Plans (IFSP) and expenditure records, are reviewed to ensure compliance with CSA statutes, policies, and procedures, and to evaluate whether the system of internal controls governing operations is working as intended.

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

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

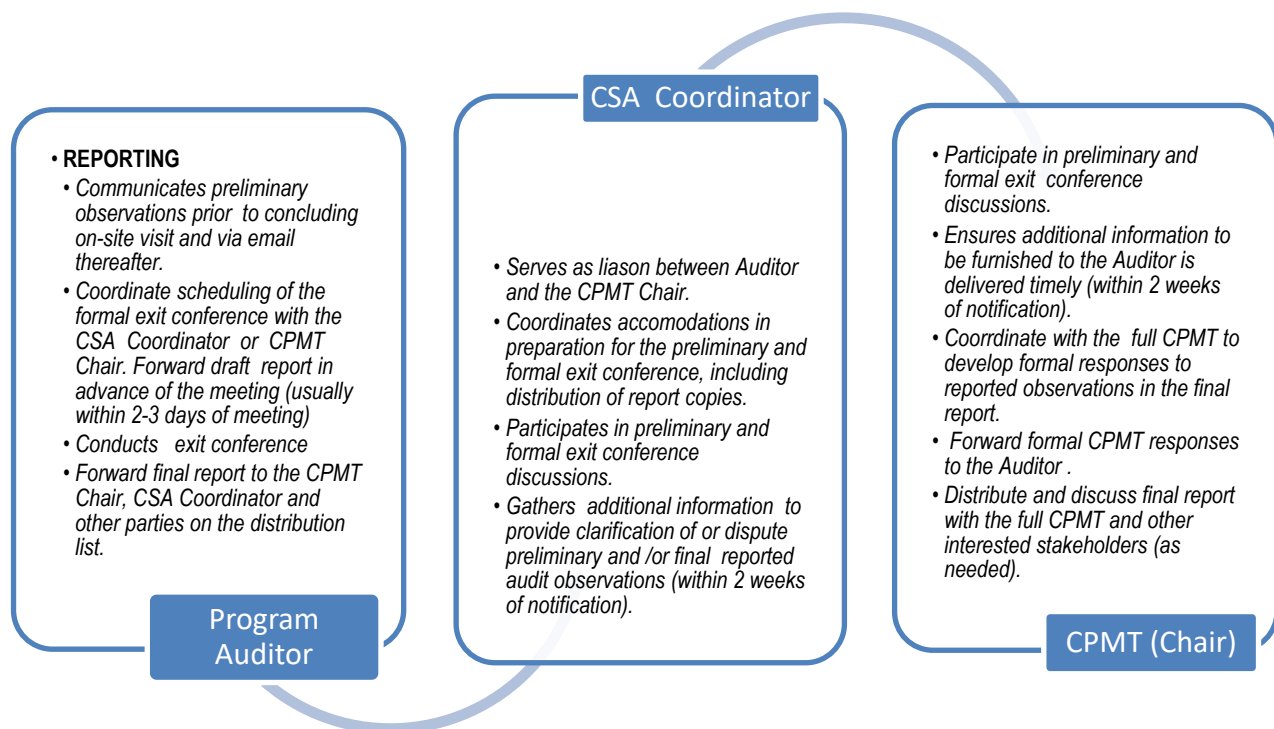
The OCS standard audit policy is to discuss each audit observation with the appropriate level CSA representatives, which OCS refers to as preliminary audit observations. Client participation is solicited to:

- Resolve misinterpretations, inconsistencies, or factual errors in the initial data provided.
- Resolve disputed concerns regarding the validity of any preliminary audit observations.
- Aid in developing recommendations to address valid audit observations.

The auditor will schedule an exit conference debriefing to present the audit conclusions to the CPMT. Where feasible, the debriefing may be conducted in person or through video or

teleconference technologies. Before the scheduled debriefing, a copy of the draft report is provided to the CPMT Chair and CSA Coordinator for review and distribution to other attendees to ensure that there will be no surprises during the debrief or in the final audit report.

Before the final audit report is distributed, audit clients are encouraged to provide written comments to be included in the final report. The timeframe to submit formal responses to audit observations is typically within two (2) weeks of concluding the exit conference or no later than one (1) week following the first CPMT meeting that occurs after the exit conference. The Auditor and CPMT must confirm agreement on the due date to receive client comments during the exit conference debriefing. The final report is distributed to the OCS Executive Director, local government administrator/manager, CPMT Chair, local CSA Fiscal agent, and CSA Coordinator. Final reports may be published on the CSA website.



**What to expect regarding audit reporting:**

**Exit Conference Debriefing:** All CPMT members and other interested parties deemed appropriate by local government administrators and the CPMT Chair are encouraged to attend. The auditor will present the draft report, and participants may ask questions or provide additional clarification. The auditor will request formal comments to be included in the final report and negotiate a date for receipt of those comments (two (2) weeks from the date of the exit conference debriefing but no later than one (1) week following the first CPMT meeting that occurs after the exit conference). Participants are advised of the timetable for



submitting the quality improvement plan to OCS the process for follow-up on the implementation of quality improvement tasks, and administrative action referral procedures as outlined in CSA Policy 4.7 Response to Audit Findings with Regard to the Children's Services Act. The exit conference debriefing typically lasts no longer than an hour.

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

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

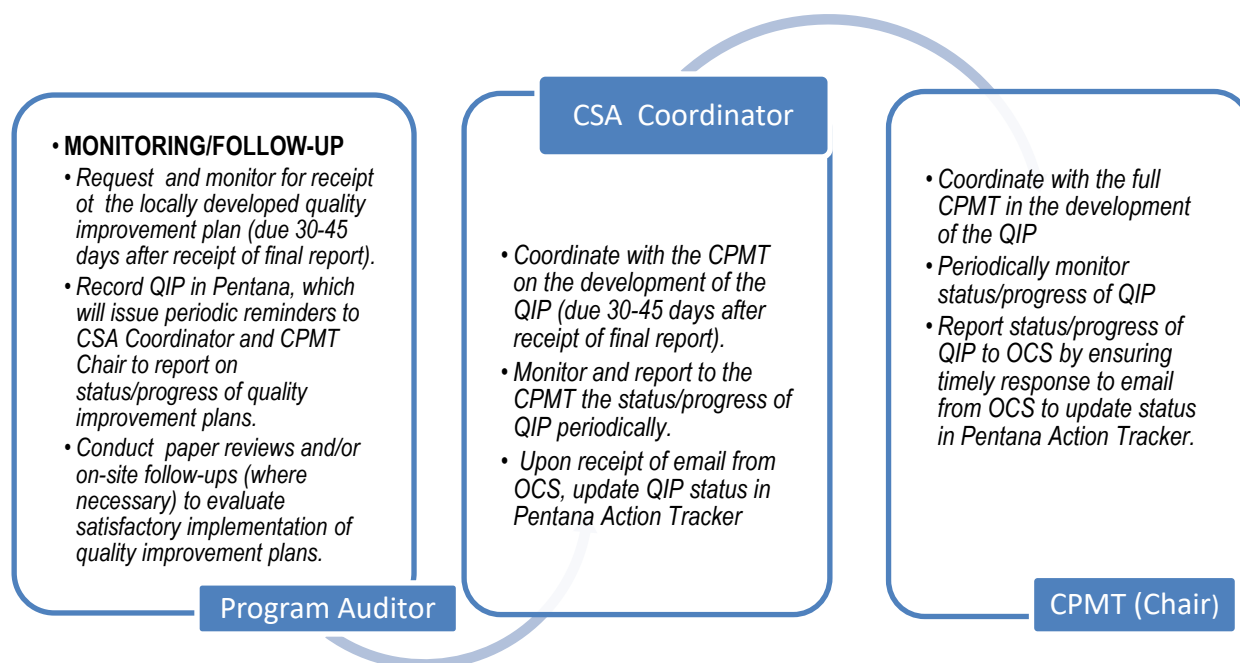
## 13.4 Phase IV: Follow-up

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

- Description of the task to be completed.
- The person responsible for ensuring the task is completed.
- Anticipated implementation or completion date.

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

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



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

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

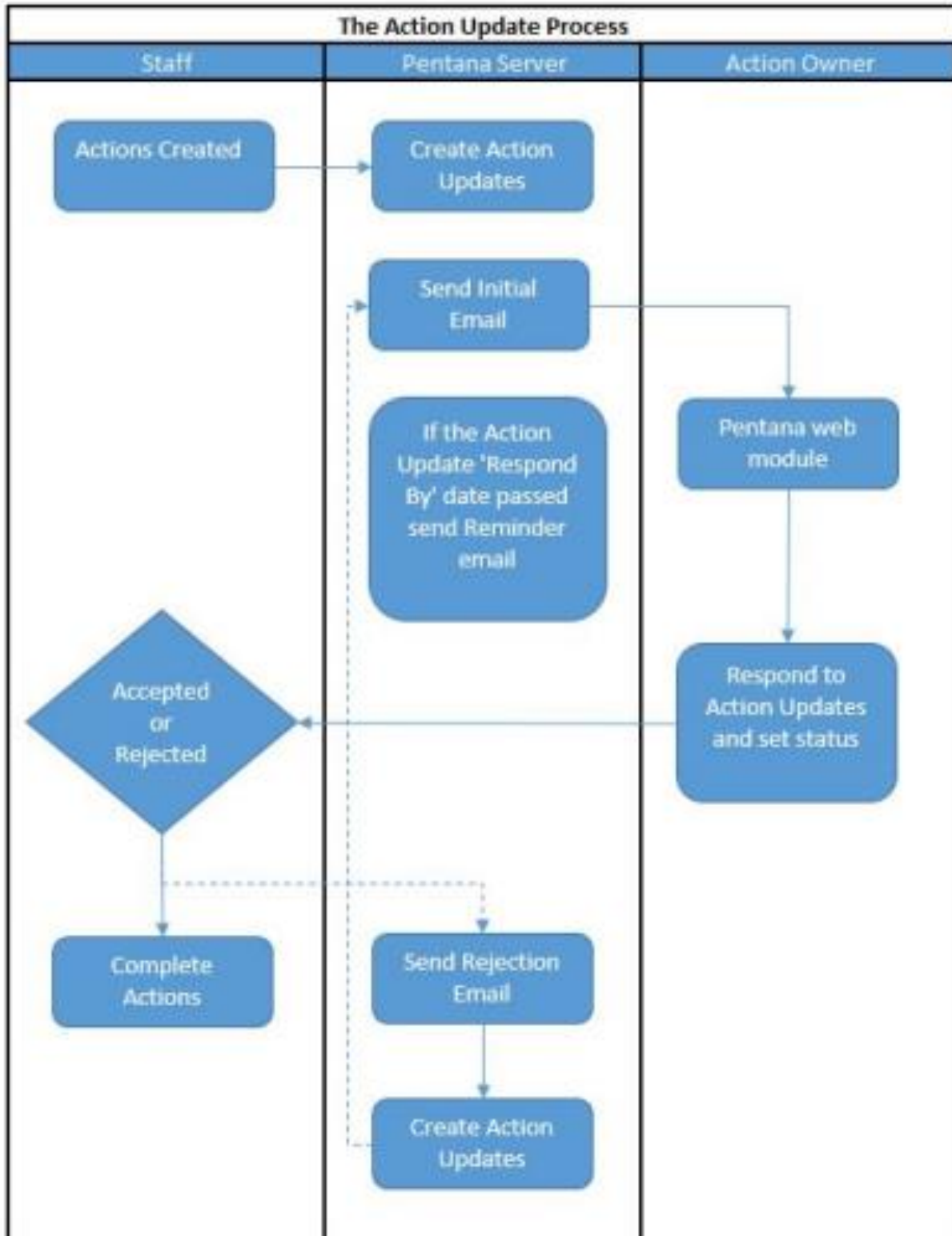
#### Tips for Monitoring/Follow-up on the Status of Quality Improvement Plan Task

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



### Action Update Work Flow

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



## 13.5 Frequently Requested Documents During Audits

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

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

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

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

AUDIT PHASE	DOCUMENT DESCRIPTION
	<ul style="list-style-type: none"> <li>• Listing of due process/appeals requested/decided</li> <li>• Reconciliation of CSA Fund balances</li> <li>• Local government general ledger reports for CSA line items</li> <li>• Annual Gap Survey</li> <li>• Vendor/Provider Listing and associated contracts</li> <li>• Records Retention Destruction Schedules</li> </ul> <hr/> <p>Specific to CSA Client Case File Reviews<sup>8</sup>: <i>(see the sample Client Document Request Form in the diagram below)</i></p> <ul style="list-style-type: none"> <li>• Client referral packet (if applicable)/demographic data</li> <li>• Consent to exchange information</li> <li>• Child Adolescent Strength and Needs (CANS) assessment</li> <li>• IFSP/ IEP/ Foster Care Plans (if applicable)</li> <li>• Assessment Tools – Title IV-E Eligibility, VEMAT, IACCT, Copay, etc. (if applicable)</li> <li>• Child in Need of Services (CHINS) Determination (if applicable)</li> <li>• Certificate of Need (if applicable)</li> <li>• Vendor placement agreement and rate sheets (if applicable)</li> <li>• Vendor treatment plans and progress reports</li> <li>• Utilization review reports</li> <li>• Request for CPMT funding authorization (if applicable)</li> <li>• Client payment history (i.e., Thomas Bros., Harmony, Local System)</li> <li>• Purchase orders/invoices / DSS Case Actions w/receipts (if applicable)</li> </ul>
Reporting	<ul style="list-style-type: none"> <li>• Local response to reported preliminary audit observations</li> <li>• CPMT formal comments for the final report</li> <li>• Completed Audit Client Survey</li> </ul>

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

AUDIT PHASE	DOCUMENT DESCRIPTION
Follow-up/ Monitoring	<ul style="list-style-type: none"><li>• Quality Improvement Plan</li><li>• Quality Improvement Plan updates and related source documents</li></ul>



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

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

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

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

### 13.5.1 Document Submission Timelines



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

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



Key points to keep in mind about the document submissions:

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

### 13.5.2 Remote Audit Process

#### PLANNING & COORDINATION

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

#### FIELDWORK

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

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

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

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

## REPORTING

Communications with audit clients will occur by email and tele/videoconference. The auditor may verbally present preliminary audit observations to the CPMT Chair and CSA Coordinator by telephone, with a follow-up summary by email that includes a list of additional documentation that may be required to complete the evaluation. Where feasible, exit conference presentations to discuss the audit results shall be via videoconference. Meetings will be scheduled with the CPMT Chair, Fiscal Agent, and CSA Coordinator unless otherwise requested by the audit client. The CPMT Chair will share results (i.e., draft report) with the full CPMT. The auditor will request formal comments to be included in the final report and negotiate a date for receipt of those comments (two (2) weeks from the date of the exit conference debriefing but no later than one (1) week following the first CPMT meeting that occurs after the exit conference. Final reports will be distributed by email.

## QUALITY IMPROVEMENT PLANS (QIP)

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

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

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

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

## 14.0 Service Definitions

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

The current approved list of CSA service names and their definitions can be found on the [\*Funding and Financial Reporting\*](#) section of the [Guidance](#) area on the [Resources](#) tab .

## 15.0 The CSA Service Fee Directory

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

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

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

- Provider Name
- Service Code
- Characteristics

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

## Service Fee Directory Search

Home > Service Fee Directory > Guidelines > Search

**Service Fee Directory (SFD)**  
[SFD Search Overview](#)  
[SFD Provider Access](#)  
[SFD - Registered Email Report](#)  
[SFD Search Guidelines](#)  
[SFD Search](#)  
[SFD Help](#)

**Service Provider Name:**

**Service Code & Category:**

**Available Characteristics:**  

Aggressive/Assaultive Behavior  
Autism Disorder  
Behavior/Conduct Disorder  
Delinquent/Court Involvement

Please hold CTRL key to select multiple items  
Maximum 3 Characteristics are allowed

Provider ID	Service Provider Name	Website	Ad
1006	First Home Care - Tidewater (ABS LINCS VA,INC)	www.firsthomecare.com	Tan
1032	St. Joseph's Villa	www.NeverStopBelieving.org	Ma
1069	Presbyterian Children's Home of the Highlands, Inc.	pchh.org	Del
1070	Jackson - FEILD HOMES	www.jacksonfeild.org	Kec
1161	HopeTree Family Services - Foster Care-Salem	www.hopetreefs.org	Ho

5 10 20

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1 2 3 4 5 ... 27

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

## Service Fee Directory Search – Provider Details

[Home](#) > [Service Fee Directory](#) > [Guidelines](#) > [Search](#) > [Provider Details](#)

**Service Fee Directory (SFD)**

[SFD Search Overview](#)

[SFD Provider Access](#)

[SFD - Registered Email Report](#)

[SFD Search Guidelines](#)

**SFD Search**

[SFD Help](#)

[← Return to Search](#)

### Provider Details

**Provider ID:** 1032

**Service Provider Name:** St. Joseph's Villa

**City, State:** Richmond, VA

**Website:** [www.NeverStopBelieving.org](http://www.NeverStopBelieving.org)

**Admissions Contact Name:** Matthew Sheerin

**Admissions Contact Email:** [msheerin@sjvmail.net](mailto:msheerin@sjvmail.net)

**Admissions Contact Phone:** 804-553-3241

[View Detailed Provider Information](#)

### Services Offered:

[Export](#)

Service Category C...	Service Category	Service Description
AT	Aftercare/Transitional Services	<a href="#">Work Readiness Training</a>
AT	Aftercare/Transitional Services	<a href="#">Career Readiness &amp; Life Skills Tr</a>
AT	Aftercare/Transitional Services	<a href="#">Situational Assessment (4 hours</a>
CT	Counseling/Therapy/Mental Health Services	<a href="#">Family Psychotherapy, 60 minute</a>
CT	Counseling/Therapy/Mental Health Services	<a href="#">Group Psychotherapy Session</a>

[5](#) [10](#) [20](#)

Page 1 of 9 (43 items)
 

1

[2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [9](#)

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

## 16.0 CSA Vendor Contracts

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### 16.1 General Issues

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

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

Local procurement procedures established by the locality should be followed when developing contracts. The locality's attorney should also review the contract.

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

### 16.2 Competitive Bidding and Negotiations

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



## 17.0 CSA Administrative Funding

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

The submission of the request for administrative funds is initiated and processed through the automated CSA Local Government Reporting System. *After August 1<sup>st</sup> of each fiscal year*, the State Fiscal Agent will process a single payment to the fiscal agent of the Community Policy and Management Team for the state's share of the administrative allocation. The local government should *use the following process to* submit the administrative plan to the state fiscal agent ~~by~~ *no later than* June 15th of the fiscal year to ensure payment.

1. CSA Fiscal Agent: After August 1, on the CSA website, click on the Fiscal Agent module after logging into Local Government Reporting. (A courtesy e-mail from the Office of Children's Services will be generated on or about August 1, reminding local CSA stakeholders that their annual Administrative Funds are now available)
2. Under the OCS Admin Plan section, click the "Approve & Submit" button as indicated in the following screenshot.

CSA Fiscal Agent Section - [Return Home](#) [Logout](#)

**OCS Submission**

Pool Reporting  
No Report(s) for approval.

OCS Admin Plan

**Approve & Submit**

**WRAP Section**

[Fiscal Year - 2024](#)

[Fiscal Year - 2025](#)

**Reports**

[SEFA Reporting -](#) [Administrative Plan-](#)

[Transaction History -](#) [Pool Reimbursements History -](#)


[Supplement Request History-](#) [WRAP Request Report -](#)

[LEDRS Upload Details](#)

**Medicaid**

[Medicaid Report](#) [Medicaid Child-Locality Transfer](#)

3. Review and then click on the check box for “I Acknowledge the above statement” and then
4. Click the “Approve & Submit button,” as indicated.


[Home](#)
[About](#)
[Parents & Families](#)
[Resources](#)
[CSA Financial Reporting](#)
[Contacts](#)

[OCS Admin Plan-](#)
[Return Section](#)
[Return Home](#)

OFFICE OF CHILDREN'S SERVICES  
ADMINISTRATIVE BUDGET PLAN  
FY 2025

DATE	7/31/2024
LOCALITY/CPMT	

LOCAL MATCH RATE	29.10 %
STATE SHARE	\$13,405.00
LOCAL SHARE	\$5,502.00
TOTAL ADMINISTRATIVE ALLOCATION	\$18,907.00

By approving these CSA Administrative Funds, I certify that they will be budgeted and utilized for allowable expenditures including Personnel, Non-Personnel and Equipment costs for the operation of the \_\_\_\_\_ CSA Program for FY 2025.

I understand that the Department of Education as fiscal agent for the Children's Services Act will make payment of the state's share of this budget allocation according to my locality match rate for the pool funds under the Children's Services Act.

☐ I acknowledge the above statement

FISCAL AGENT	
DATE FISCAL AGENT APPROVED	
DOE	
DATE DOE APPROVED	

Approve & Submit

5. Once these steps are complete, the administrative funds will be processed for payment via electronic fund transfer by the CSA Fiscal Agent, the Virginia Department of Education. Payments for the current fiscal year will be initiated in October.

## 18.0 Special Education Wraparound

---

The Appropriate Act sets aside \$2.2 million from the state pool to serve students with educational disabilities in community-based (non-school) settings, per policy 4.1.3 of the SEC.

Students are eligible under the special education mandate.

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

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

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

The screenshot displays the 'OCS Submission' interface. At the top is a blue header bar with the text 'OCS Submission'. Below this, the interface is divided into three main sections. The first section, 'Pool Reporting', is highlighted with a light green header and contains a blue button labeled 'Upload LEDRS'. The second section, 'Supplement Section', also has a light green header and contains a blue button labeled 'FY25 - Request New Supplement'. The third section, 'WRAP Section', has a light green header and contains a blue button labeled 'Request New Wrap'. Above the 'Request New Wrap' button is a blue bar with the text 'Fiscal Year - 2025'.

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



## 19.0 Reports Available for Managing CSA

---

There are numerous reports available in the Resources and CSA financial reporting areas on the CSA website that are useful in managing local CSA activities. These include an annual [CSA Performance Measures/Outcome Indicators Report](#); [CSA Utilization Reports](#), which describe statewide and locality-level information on expenditures, assessments, service types, mandate types, length of stay, and other demographic data from the CSA LEDRS System; and CSA Pool Fund Expenditure Reports located inside the Local Government Reporting system addresses various financial areas. The information in these reports can be helpful for utilization management and program quality improvement activities.

### 19.1 CSA Utilization Reports

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

### 19.2 CSA Pool Fund Expenditure Reports

The [CSA Pool Fund Expenditure Reports](#) help track and analyze CSA allocations and expenditures. Numerous statewide and locality-specific reports allow comparisons across multiple fiscal years. These reports include:

- **Pool Fund Distribution History**
  - This report shows a detailed breakdown of the monthly CSA reimbursement for each locality for the current and prior fiscal years. Shows amounts reimbursed and payment dates. It also includes amounts deducted for Medicaid local share and any audit-based recoveries.
- **Pool Transaction History**
  - This report shows each locality's current and prior year monthly reimbursement activity. This includes a record of all LEDRS reimbursement filings, state and local pool fund balances (including Special Education Wraparound and Protected funds), and the status of CSA Administrative funds submissions.
- **Pool Daily History Comparison**
  - This report provides four fiscal years of financial information by Expenditure Description. For the active fiscal year selected, the information displays the active fiscal year and its three prior fiscal years' financial expenditures, by

category, submitted to LEDRS as of the same run date each year. If any year other than an active fiscal year is selected, the report reflects the fiscal year selected and its three prior fiscal years as of the end of the CSA fiscal year.

- **Approved Pool Totals Reports**

- This report shows the expenditures by category and reflects the total expenditure minus any refunds to reflect a net expenditure. The report also shows the state's share and the locality's share of the net expenditure by category and a total at the bottom. This report can be viewed by that which has been approved by the Report Preparer (RP), Local Fiscal Agent (FA), and Department of Education (DOE).

- **Net Expenditure Report**

- This report shows, for an active fiscal year selected, the total net expenditures by locality and pool fund expenditure category, which have been submitted to LEDRS at the time the report is requested. If the fiscal year selected is not an active fiscal year at the date of a report request, then the report shows the net expenditures reported in LEDRS by locality and pool fund expenditure category as of the end of the CSA fiscal year.

- **Effective Match Rate Report**

- This report provides a summary of each locality's pool expenditures and the corresponding effective match rate based on that locality's utilization of the three different match rates [Base Rate Services, Community Rate Services (50% less than Base Rate), and Residential Rate Services (125% of Base Rate)], as of the date of report creation, for the chosen "Report Fiscal Year". Additionally, the user can compare the corresponding effective match rate between the "Report Fiscal Year" and a "Compare Fiscal Year" as of the report creation date.

- **Refund Report**

- This report reflects refund information submitted to LEDRS by localities and the reported refund categories.

- **Local Medicaid Billings by Month**

- This report provides detailed monthly Medicaid costs for each locality for the current and prior fiscal years.

## 19.3 CSA Performance Measures

[CSA Performance Measures](#) include six performance measures. These performance measures are:

- the percentage of youth who decreased their score on the Child Behavioral and Emotional Needs School Domain of the Child and Adolescent Needs and Strengths

(CANS) (the mandatory CSA assessment instrument) from a baseline assessment to the most recent re-assessment.

- the percentage of youth who decreased their score on the School Domain of the CANS from a baseline assessment to the most recent re-assessment.
- the percentage of youth who had a reduced score on the Strengths Domain of the CANS from a baseline assessment to the most recent re-assessment (indicates improvement).
- the percentage of youth receiving Community-Based Services (CBS) of all youth receiving CSA-funded services.
- the percentage of foster children in foster care who are in family-based placements; and
- the percentage of children who exit from foster care to a permanent living arrangement.

Individual locality performance on these measures is available in the [Data & Outcomes Dashboard \(CQI\)](#) under the Applications section of the website's home page. Navigate to the Outcomes section of the dashboard to find annually reported performance organized by CSA (Community-Based Services measure), CANS (measures for the three domains), and Foster Care (family-based placement and permanency measures).

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



**Reports and Publications**

Home > Resources > Reports and Publications

**Reports and Publications**

Archives

**2024 Office of Children's Services Reports to the General Assembly:**

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

**General Reports**

- [CSA Five-Year Outcome Report FY2018-FY2022](#)
- [CSA Local Resource Survey Report FY2024](#)
- [CSA Performance Measures / Outcome Indicators Report – FY2024 \(Statewide Data Report\)](#)
- [CSA Time to Service Survey FY2023](#)
- [Utilization of Private Day Special Education Placements, 2022-2023 School Year](#)
- [RD94 – Annual Report on the Outcome Data Measuring Student Progress for Students with Disabilities Enrolled in Special Education Private Day Schools](#)

Archives

## 19.4 Service Gap Survey

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

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

The current and prior year’s survey results are under the [Resources -> Service Gap Survey](#)

## Service Gap Survey

Home > Resources > Service Gap Survey

**Service Gap Survey**

**Service Gap Survey Overview**

Service Gap Survey Dashboard

- [FY 2024 CSA Service Gap Survey](#)
- [FY 2023 CSA Service Gap Survey](#)
- [FY 2022 CSA Service Gap Survey](#)
- [FY 2021 CSA Service Gap Survey](#)
- [FY 2019 CSA Service Gap Survey](#)

## 20.0 Required Local CSA Reporting

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

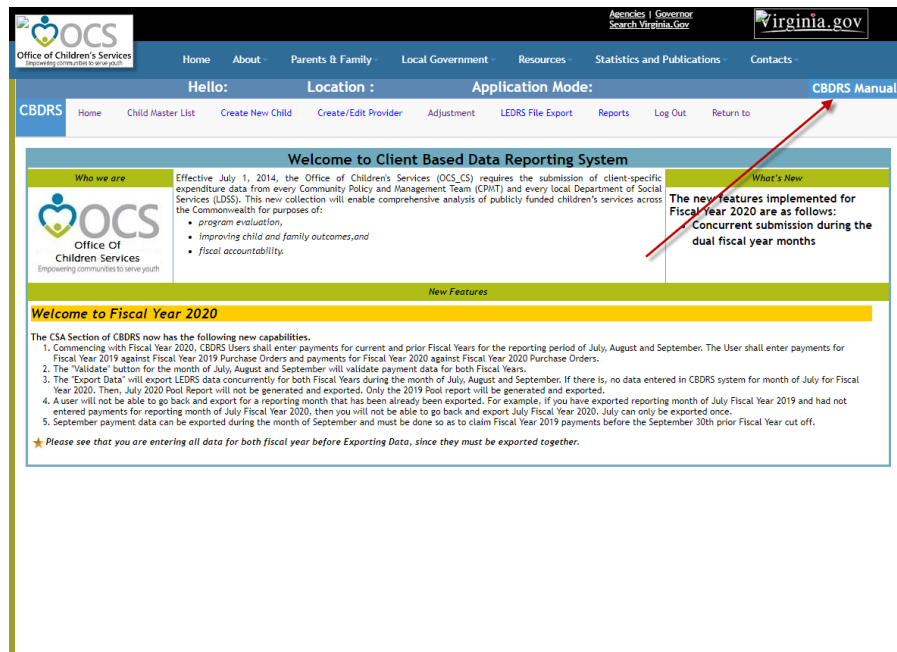
LEDRS is the system that integrates the required reporting for state CSA reimbursement and data collection. The LEDRS file shall be submitted no more than monthly and no less than quarterly. Payments to the locality for State Pool fund expenditures will only be approved and issued following the submission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

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

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

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

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



### 20.1.2 Non-Data Entry File Uploads

This is the submission method (for most localities that do not employ the Child Based Data Reporting System) is uploading the LEDRS file.

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

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

## 20.2 State Pool Fund Reimbursement Report

The Pool Fund Reimbursement Process has three stages.

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

## 20.2.1 The Report Preparer

### Step 1:

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

**Office of Children's Services**

Search...

Home About Parents & Families Resources Local CSA Contacts

**WHAT'S NEW**

Congratulations to the Bedford County CSA program for receiving the Excellence in CSA recognition from the OSC at its June meeting.

**Welcome to OCS**

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

In the 2024 fiscal year, CSA served almost 16,000 children and families in the 133 cities and counties in the Commonwealth. With a combined state and local budget of over \$540 million, CSA is a major contributor to supporting the system of care in Virginia. We are proud partners with state agencies, local government, public and private service providers, and parents and families in improving lives and communities. Thank you for visiting the CSA website.

— Scott Reiner, Executive Director

**FY 2025**  
(as of 01/30/2025)  
**15,030**  
Children Served  
**\$503,417,537**  
Total Expenditures

**Quick Links**

- Information for Families
- Administrative Memo
- FCSA Request
- Governance

**What is the CSA?**

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

**CSA Administration**

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

**Applications**

- Local Government Reporting
- OCS Helpdesk
- CANS 2.0
- CANS Training
- Virginia Learning Center (VLC)
- Data and Outcomes Dashboard (DO)
- Account Management System
- Service Fee Directory (SFD)
- Training Calendar
- Public Policy Comments Forum

**VISION**

A collaborative, child-centered, family-focused, community-based system of care.

**MISSION**

Empowering Communities to Serve Youth

**VALUES**

- Support a system of care
- Child-centered and family focused



**Step 2:**

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

Office of Children's Services  
An official website of the Commonwealth of Virginia [Here's how you know](#) ▾

English ▾ [Find a Commonwealth Resource](#)

**Local Government Reporting**


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

**NOTICE AND WARNING**  
This computer system is the property of the Commonwealth of Virginia and is intended for authorized users only. By accessing and using this system, you are consenting to system monitoring for law enforcements and other purposes. Unauthorized use of this computer system may subject you to State or Federal criminal prosecution and penalties.

[Click here to proceed](#)

[Create New Account](#)

**OKTA Account Help**





 **COV Users; the Reset Button will also reset your COV password for:**


- Windows login
- Outlook
- Cardinal
- OCS Applications etc.


[Reset OKTA/COV Account](#)


[Unlock OKTA/COV Account](#)

[Help](#)

© 2025 – Office of Children's Services [Internet Privacy Policy](#) [Translation Disclaimer](#) [View CSA Expenditures](#)    

Connecting to  OCS  
Sign in with your account to access Local Government  
Reporting/AMS - OCS





Verify with your phone


Send a code via SMS to


Carrier messaging charges may apply


[Receive a code via SMS](#)

[Receive a voice call instead](#)

[Back to sign in](#)

Connecting to  OCS  
Sign in with your account to access Local Government  
Reporting/AMS - OCS





Verify with your phone

A code was sent to . Enter the  
code below to verify.

Carrier messaging charges may apply

Enter Code

[Verify](#)

[Back to sign in](#)

**Step 4:**

Click on the Report Preparer section





**Step 5:**

Click on the Upload LEDRS button

---

CSA Preparer Section -

[Return Home](#) [Logout](#)


OCS Submission

Pool Reporting

Upload LEDRS

WRAP Section

Fiscal Year - 2025

 Request New Wrap

Reports

LEDRS Upload Details

Transaction History-

Pool Reimbursement History-

Supplement Request History-

Child Details

WRAP Request Report -

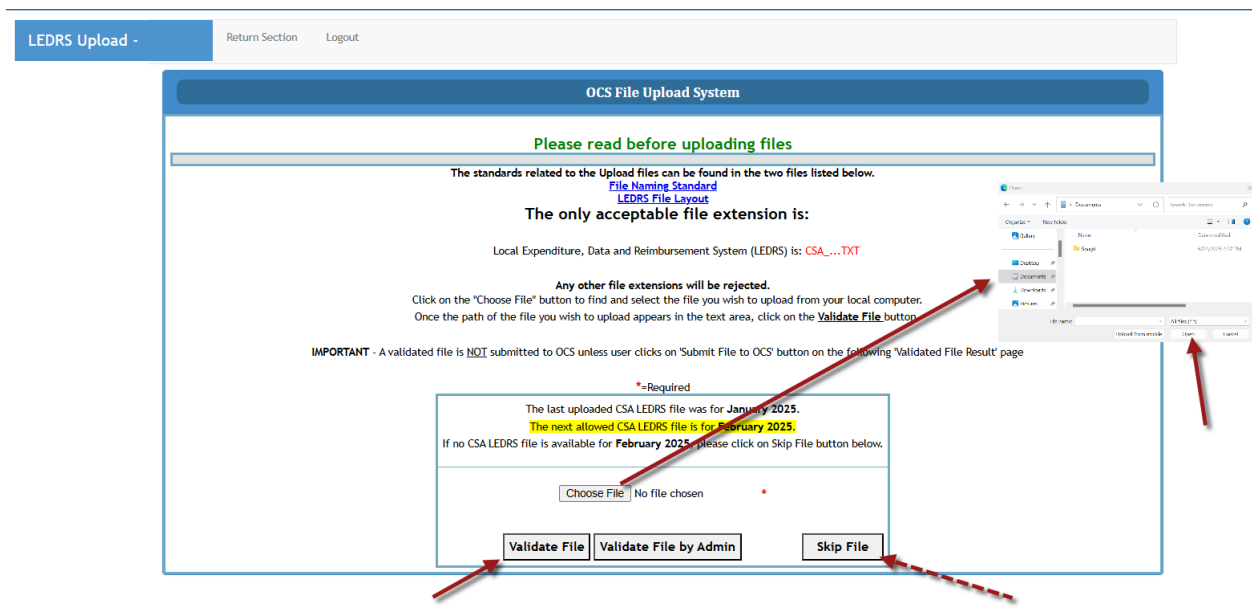
Child List

LEDRS Search Report


**Step 6:**

The OCS File Upload System webpage is displayed on the screen.

1. Click on the Skip File button when there is no file for the month that is specified in yellow highlight.
2. To upload a file, click on the Choose File button
3. In the pop-up window, change to the required directory and select the LEDRS file to be uploaded
4. Click Open button
5. Click on the Validate File button



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



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LEDRS Upload -

[Back To Preparer Section](#)
[Exit](#)

**Upload Unsuccessful!**  
The LEDRS file has the following errors. Please rectify these errors and resubmit the file.


File Upload Result for FIPS

Print this Report

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

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



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**LEDRS Upload** Back To Preparer Section   Exit

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

**Results of LEDRS File validated on 8/2/2018**

FIPS: \_\_\_\_\_

#Rows in the File (CSA): 206

Payment/Adjustment date range within the File: 7/24/2018 - 7/31/2018

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

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

EXPENDITURE CATEGORY DESCRIPTION	LOCAL MATCH RATE (a)	GROSS EXPENDITURE THIS PERIOD (b)	EXPENDITURE REFUNDS THIS PERIOD (c)	NET TOTAL EXPENDITURES (b minus c) (d)	LOCAL MATCH (a x d) (e)	STATE MATCH (d-e) (f)
<b>1. CONGREGATE CARE / MANDATED AND NON-MANDATED RESIDENTIAL SERVICES</b>						
1a. Foster Care - IV-E children in Licensed Residential Congregate Care; pool expenditures for costs not covered by IV-E (i.e., non room-and-board)	0.5764	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1b. Foster Care - all others in Licensed Residential Congregate Care	0.5764	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1c. Residential Congregate Care-CSA Parental Agreements ; DSS Noncustodial Agreements	0.5764	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1d. Non-Mandated Services/Residential/Congregate	0.5764	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1e. Educational Services - Congregate Care	0.4611	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>2. OTHER MANDATED SERVICES</b>						
2a. Treatment Foster Care - IV-E	0.4611	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2a.1 Treatment Foster Care	0.4611	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2a.2 Treatment Foster Care - CSA Parental Agreements ; DSS Noncustodial Agreements	0.4611	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2c. Family Foster Care - IV-E ; Community Based Services	0.2306	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2e. Family Foster Care - Children receiving maintenance and basic activities payments; independent living stipend/arrangements	0.4611	\$3,067.00	\$0.00	\$3,067.00	\$1,414.19	\$1,652.81
2f. Community - Based Services	0.2306	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2f.1 Community Transition Services - Direct Family Services to Transition from Residential to Community	0.2306	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2g. Special Education Private Day Placement	0.4611	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2h. Wrap-Around Services for Students With Disabilities	0.4611	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2i. Psychiatric Hospitals/Crisis Stabilization Units	0.4611	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3. Non-Mandated Services/Community-Based	0.2306	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>4 Grand Totals: (Sum of categories 1 through 3)</b>		\$3,067.00	\$0.00	\$3,067.00	\$1,414.19	\$1,652.81

**PART 2 - EXPENDITURE REFUND DESCRIPTION**

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

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

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

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

EXPENDITURE CATEGORY DESCRIPTION	LOCAL MATCH RATE (a)	GROSS EXPENDITURE THIS PERIOD (b)	EXPENDITURE REFUNDS THIS PERIOD (c)	NET TOTAL EXPENDITURES (b minus c) (d)	LOCAL MATCH (a x d) (e)	STATE MATCH (d-e) (f)
<b>1. CONGREGATE CARE / MANDATED AND NON-MANDATED RESIDENTIAL SERVICES</b>						
1a. Foster Care - IV-E children in Licensed Residential Congregate Care; pool expenditures for costs not covered by IV-E (i.e., non room-and-board)	0.5764	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1b. Foster Care - all others in Licensed Residential Congregate Care	0.5764	\$0.00	\$358.84	(\$358.84)	(\$206.84)	(\$152.00)
1c. Residential Congregate Care-CSA Parental Agreements ; DSS Noncustodial Agreements	0.5764	\$10,175.00	\$0.00	\$10,175.00	\$5,864.87	\$4,310.13
1d. Non-Mandated Services/Residential/Congregate	0.5764	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1e. Educational Services - Congregate Care	0.4611	\$18,184.80	\$0.00	\$18,184.80	\$8,385.01	\$9,799.79
<b>2. OTHER MANDATED SERVICES</b>						
2a. Treatment Foster Care - IV-E	0.4611	\$22,017.17	\$0.00	\$22,017.17	\$10,152.12	\$11,865.05
2a.1 Treatment Foster Care	0.4611	\$107,952.47	\$816.05	\$107,136.42	\$49,400.60	\$57,735.82
2a.2 Treatment Foster Care - CSA Parental Agreements ; DSS Noncustodial Agreements	0.4611	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2c. Family Foster Care - IV-E ; Community Based Services	0.2306	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2e. Family Foster Care - Children receiving maintenance and basic activities payments; independent living stipend/arrangements	0.4611	\$443.27	\$1,631.99	(\$1,188.72)	(\$548.12)	(\$640.60)
2f. Community - Based Services	0.2306	\$17,390.61	\$101.92	\$17,288.69	\$3,986.77	\$13,301.92
2f.1 Community Transition Services - Direct Family Services to Transition from Residential to Community	0.2306	\$1,180.63	\$0.00	\$1,180.63	\$272.25	\$908.38
2g. Special Education Private Day Placement	0.4611	\$92,501.00	\$0.00	\$92,501.00	\$42,652.21	\$49,848.79
2h. Wrap-Around Services for Students With Disabilities	0.4611	\$2,885.00	\$0.00	\$2,885.00	\$1,330.27	\$1,554.73
2i. Psychiatric Hospitals/Crisis Stabilization Units	0.4611	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3. Non-Mandated Services/Community-Based	0.2306	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>4 Grand Totals: (Sum of categories 1 through 3)</b>		\$272,729.95	\$2,908.80	\$269,821.15	\$121,289.16	\$148,531.99

**PART 2 - EXPENDITURE REFUND DESCRIPTION**

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

EXPENDITURE REFUND DESCRIPTION	CODE	AMOUNT
Vendor Refunds and Payment Cancellations	010	\$0.00
Parental Co-Payments	020	\$91.00
Payments made on behalf of the child (ex: SSA, SSI, VA benefits, ...)	030	\$751.12
Child Support Collections through DCSE	040	\$482.68
Pool prior-reported expenditures re-claimed under IV-E	050	\$1,584.00
Other:	090	\$0.00
<b>Refund Total:</b>		\$2,908.80

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**Step 7:**

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

The screenshot displays the 'CSA Preparer Section' interface. At the top, there is a navigation bar with 'Return Home' and 'Logout' links. The main content area is divided into two primary sections: 'OCS Submission' and 'Reports'.

**OCS Submission Section:**

- Pool Reporting:** A green box containing the text: "Please Approve/Decline the Pool Report generated by LEDRS submission. Once approved report will be available for FA." Below this text is a green button labeled "FY25-43920-Confirm Report". A red arrow points to this button.
- WRAP Section:** A green box containing a blue bar labeled "Fiscal Year - 2025" and a blue button labeled "Request New Wrap" with a document icon.


**Reports Section:**

- A grid of buttons: "LEDRS Upload Details", "Transaction History", "Pool Reimbursement History", "Supplement Request History", "Child Details", "WRAP Request Report", "Child List", and "LEDRS Search Report".

**Step 8:**

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

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



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**PREPARER'S POOL REIMBURSEMENT REPORT REVIEW**  
Payment/Adjustment Date From: 7/1/2018 To: 7/31/2018

Please review the report. If the information is correct then click the Approve button, if not click Delete button.  
(The delete function will remove the uploaded file. You will be able to upload a new corrected file.)

CSA POOL REIMBURSEMENT REQUEST REPORT

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

DATE:8/2/2018

FOR PERIOD ENDING:7/31/2018

LOCALITY:

REPORT ID:

PART I: EXPENDITURE DESCRIPTION

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

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

FOR STATE USE ONLY:

TOTAL COST REPORTED:

\$

LOCAL SHARE:

\$

APPROVED STATE SHARE:

\$

MEDICAID ADJUSTMENT:

\$ [ ]

STATE PAYMENT:

\$

STATE FISCAL AGENT \_\_\_\_\_

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

PART II: EXPENDITURE REFUND SOURCES

THESE EXPENDITURE REFUNDS ARE BEING REPORTED IN FISCAL YEAR 19

DATE: 8/1/2018

FOR PERIOD ENDING: 7/31/2018

LOCALITY: Rockbridge - FIPS: 163

REPORT ID: 29804

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

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

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

Approve

Delete


114

**Step 9:**

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

The screenshot displays the 'CSA Fiscal Agent Section' interface. At the top, there is a navigation bar with 'Return Home' and 'Logout' links. The main content area is divided into three sections: 'OCS Submission', 'Reports', and 'Medicaid'. The 'OCS Submission' section contains a 'Pool Reporting' box with the instruction 'Please Approve/Decline the Pool Report(s)'. Inside this box, there are three buttons: 'FY25-43643-Approve Report', 'FY25-43798-Approve Report', and 'FY25-43932-Approve Report'. A red arrow points to the 'FY25-43643-Approve Report' button. Below the 'Pool Reporting' box is a 'WRAP Section' with a 'Fiscal Year - 2025' dropdown. The 'Reports' section contains buttons for 'SEFA Reporting', 'Administrative Plan', 'Transaction History', 'Pool Reimbursements History', 'Supplement Request History', 'WRAP Request Report', and 'LEDRS Upload Details'. The 'Medicaid' section contains buttons for 'Medicaid Report' and 'Medicaid Child-Locality Transfer'.

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



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### POOL REIMBURSEMENT REQUEST REPORT

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

Please review the report. If the information is correct then click the Approve button, if not click Delete button.  
(The delete function will remove the uploaded file. The Report Preparer will be able to upload a new corrected file.)

CSA POOL REIMBURSEMENT REQUEST REPORT

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

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

**PART I: EXPENDITURE DESCRIPTION**

EXPENDITURE DESCRIPTION	LOCAL MATCH RATE (a)	GROSS TOTAL EXPENDITURES THIS PERIOD (b)	EXPENDITURE REFUNDS THIS PERIOD (c)	NET TOTAL EXPENDITURES (b minus c) (d)	LOCAL MATCH (a x d) (e)	STATE MATCH (d-e) (f)
<b>1. MANDATED SERVICES/ RESIDENTIAL</b>						
1a. Foster Care - IV-E children in Licensed Residential Congregate Care; pool expenditures for costs not covered by IV-E (i.e., non room-and-board)	0.6636	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1b. Foster Care - all others in Licensed Residential Congregate Care	0.6636	\$25,368.00	\$0.00	\$25,368.00	\$16,834.20	\$8,533.80
1c. Residential Congregate Care- CSA Parental Agreements ; DSS Noncustodial Agreements	0.6636	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1d. Non-Mandated Services/Residential/Congregate	0.6636	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1e. Educational Services - Congregate Care	0.5309	\$25,421.08	\$12.50	\$25,408.58	\$13,489.42	\$11,919.16
<b>2. MANDATED SERVICES/ NON-RESIDENTIAL</b>						
2a. Treatment Foster Care - IV-E	0.5309	\$81,032.91	\$198.31	\$80,834.60	\$42,915.09	\$37,919.51
2a.1 Treatment Foster Cares	0.5309	\$143,389.84	\$2,837.04	\$140,552.80	\$74,619.48	\$65,933.32
2a.2 Treatment Foster Care - CSA Parental Agreements ; DSS Noncustodial Agreements	0.5309	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2b. Specialized Foster Care - IV-E ; Community Based Services	0.5309	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2b.1 Specialized Foster Care	0.5309	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2c. Family Foster Care - IV-E ; Community Based Services	0.2655	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2d. Family Foster Care Maintenance only	0.5309	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2e. Family Foster Care - Children receiving maintenance and basic activities payments; independent living stipend/arrangements	0.5309	\$26,463.32	(\$2,422.22)	\$29,085.54	\$15,441.51	\$13,644.03
2f. Community - Based Services	0.2655	\$82,595.19	\$390.70	\$82,204.49	\$21,825.29	\$60,379.20
2f1. Community Transition Services - Direct Family Services to Transition from Residential to Community	0.2655	\$250.00	\$0.00	\$250.00	\$66.38	\$183.63
2g. Special Education Private Day Placement	0.5309	\$631,130.37	\$0.00	\$631,130.37	\$335,067.11	\$296,063.26
2h. Wrap-Around Services for Students With Disabilities	0.5309	\$1,064.40	\$0.00	\$1,064.40	\$565.09	\$499.31
2i. Psychiatric Hospitals/Crisis Stabilization Units	0.5309	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3. NON-MANDATED SERVICES / RESIDENTIAL	0.2655	\$1,733.00	\$0.00	\$1,733.00	\$460.11	\$1,272.89
5. GRAND TOTAL: (sum of categories 1 through 4)	0.5309	\$1,018,448.11	\$816.33	\$1,017,631.78	\$521,283.69	\$496,348.09

Current Match Rate 0.5309

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

FOR STATE USE ONLY:

TOTAL COST REPORTED: \$

LOCAL SHARE: \$

APPROVED STATE SHARE: \$

MEDICAID ADJUSTMENT: \$ [ ]

STATE PAYMENT: \$

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

**PART II: EXPENDITURE REFUND SOURCES**

THESE EXPENDITURE REFUNDS ARE BEING REPORTED IN FISCAL YEAR 18

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

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

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

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

Approve

Delete

116

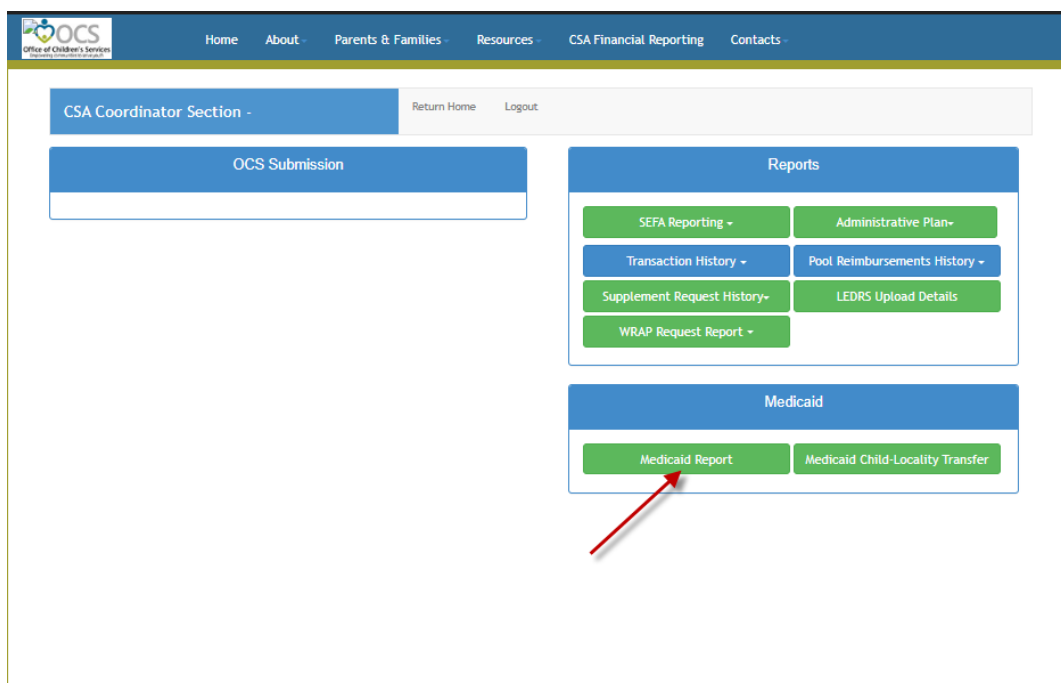


## 20.3 Local CSA Medicaid Review and Adjustments

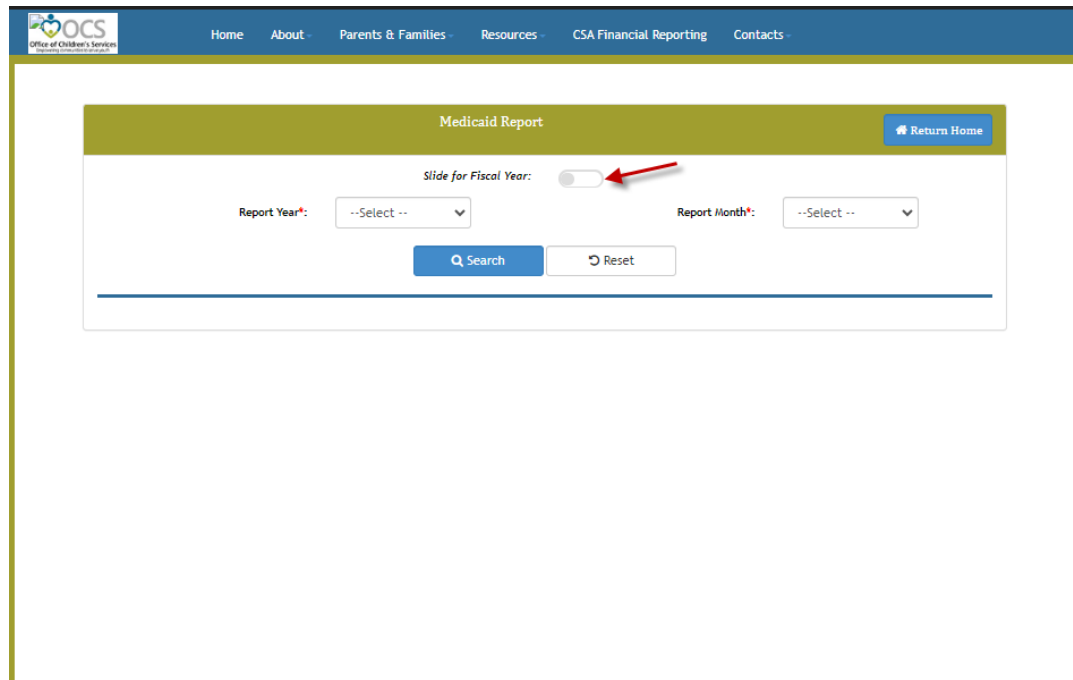
The Office of Children's Services collects from localities, via offsets to state pool reimbursements, the required local match for specific Medicaid services (Psychiatric Residential Treatment, Therapeutic Group Homes, and Treatment Foster Care Case management). The Department of Medical Assistance Services (DMAS) provides claims information to OCS monthly. OCS publishes this information for verification by the localities. Verification is the mechanism to ensure that Medicaid match is correctly assigned to the locality in which children are receiving the designated services.

### 20.3.1 Generating the Locality Medicaid Report

Local CSA Coordinators and/or Fiscal Agents should review the Medicaid report every month in the Local Government Reporting area of the CSA system.

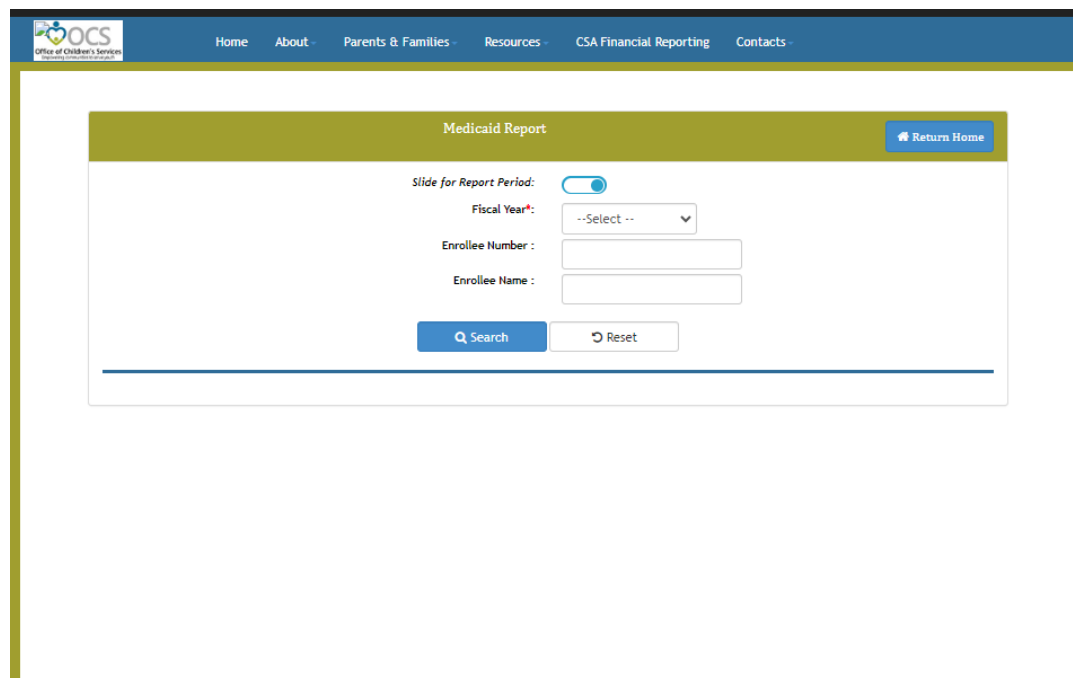


After login, the Medicaid report is available on the CSA Coordinator or Fiscal Agent main screen. It can be downloaded for the whole Fiscal Year or a selected Calendar Year / Calendar month.



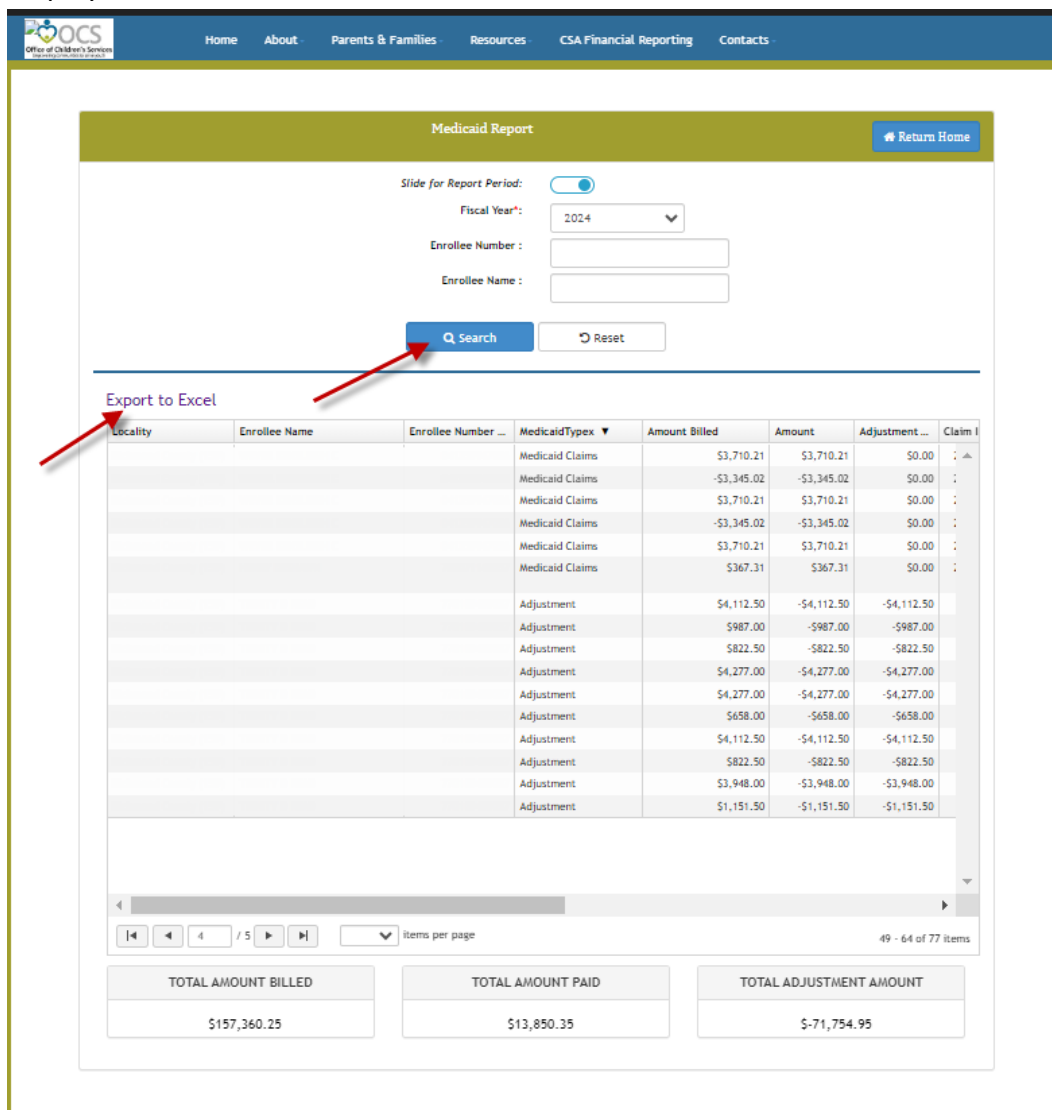
The screenshot shows the "Medicaid Report" form. At the top, there is a navigation bar with links: Home, About, Parents & Families, Resources, CSA Financial Reporting, and Contacts. The form title "Medicaid Report" is centered, with a "Return Home" button on the right. Below the title, the "Slide for Fiscal Year:" toggle switch is disabled (greyed out), indicated by a red arrow. To the left of the toggle is the "Report Year\*" dropdown menu, currently showing "--Select --". To the right of the toggle is the "Report Month\*" dropdown menu, also showing "--Select --". Below these fields are two buttons: "Search" and "Reset".

1. For the whole fiscal year report, click on the Fiscal Year Slider
2. The following screen is displayed:



The screenshot shows the "Medicaid Report" form after the "Slide for Report Period:" toggle switch has been enabled (turned blue). The "Fiscal Year\*" dropdown menu remains at "--Select --". Below it, there are two new input fields: "Enrollee Number:" and "Enrollee Name:". The "Search" and "Reset" buttons are still present at the bottom of the form.

- After selecting the Fiscal Year and Search button is clicked, the following screen is displayed:



**Medicaid Report** [Return Home](#)

Slide for Report Period: ☒ Fiscal Year: 2024

Enrollee Number:

Enrollee Name:

[Search](#) [Reset](#)

[Export to Excel](#)

Locality	Enrollee Name	Enrollee Number	MedicaidType	Amount Billed	Amount	Adjustment	Claim ID
			Medicaid Claims	\$3,710.21	\$3,710.21	\$0.00	
			Medicaid Claims	-\$3,345.02	-\$3,345.02	\$0.00	
			Medicaid Claims	\$3,710.21	\$3,710.21	\$0.00	
			Medicaid Claims	-\$3,345.02	-\$3,345.02	\$0.00	
			Medicaid Claims	\$3,710.21	\$3,710.21	\$0.00	
			Medicaid Claims	\$367.31	\$367.31	\$0.00	
			Adjustment	\$4,112.50	-\$4,112.50	-\$4,112.50	
			Adjustment	\$987.00	-\$987.00	-\$987.00	
			Adjustment	\$822.50	-\$822.50	-\$822.50	
			Adjustment	\$4,277.00	-\$4,277.00	-\$4,277.00	
			Adjustment	\$4,277.00	-\$4,277.00	-\$4,277.00	
			Adjustment	\$658.00	-\$658.00	-\$658.00	
			Adjustment	\$4,112.50	-\$4,112.50	-\$4,112.50	
			Adjustment	\$822.50	-\$822.50	-\$822.50	
			Adjustment	\$3,948.00	-\$3,948.00	-\$3,948.00	
			Adjustment	\$1,151.50	-\$1,151.50	-\$1,151.50	

49 - 64 of 77 items

**TOTAL AMOUNT BILLED**  
\$157,360.25

**TOTAL AMOUNT PAID**  
\$13,850.35

**TOTAL ADJUSTMENT AMOUNT**  
\$-71,754.95

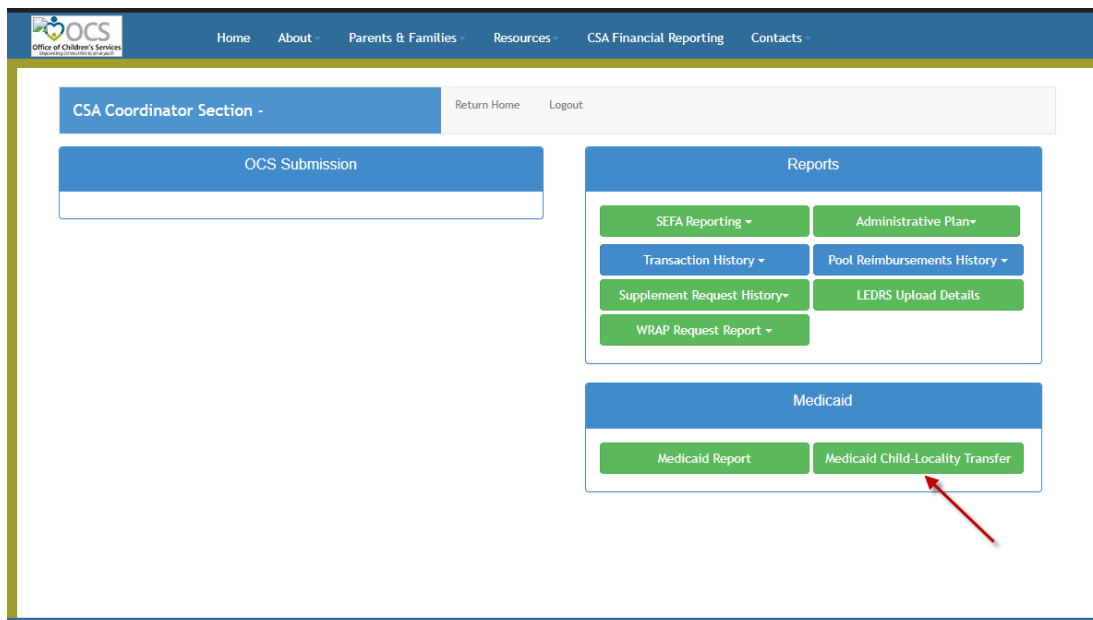
- The screen also allows export of the result to Excel
- A search can also be done by Medicaid Enrollee Number or Enrollee Name for a Fiscal Year

### 20.3.2 Requesting a CSA Medicaid FIPS Change

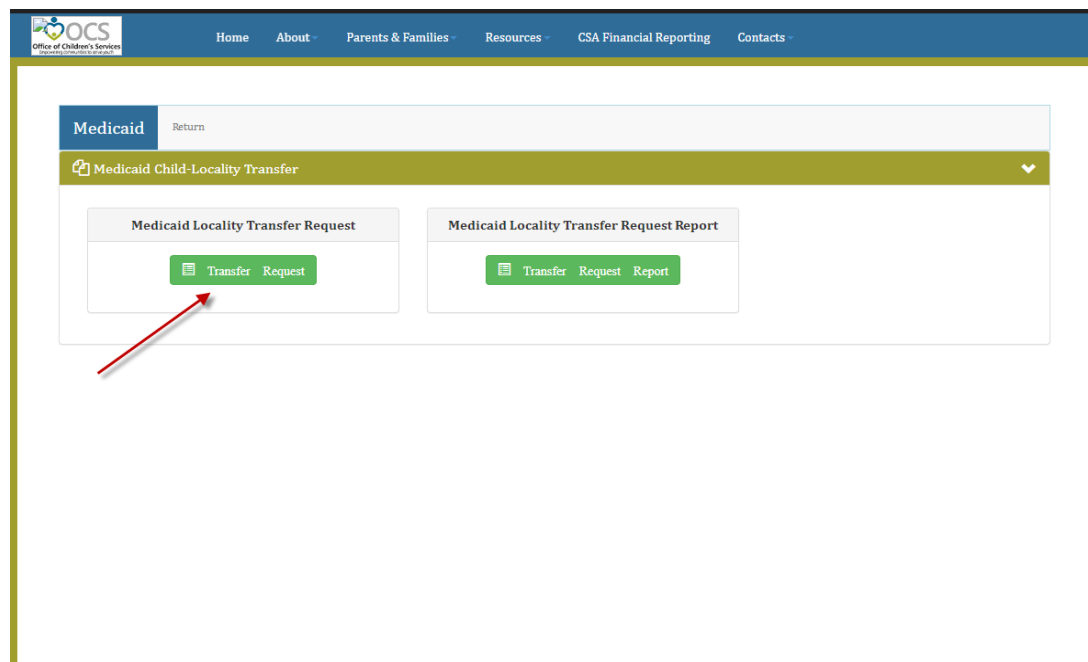
For payments beginning with FY2024, if errors are identified (i.e., a youth being incorrectly assigned to a locality), this error can be reported through the CSA system as follows:

- On the CSA website, after logging in to Local Government Reporting, click on the CSA Coordinator or Fiscal Agent module

2. Under the Medicaid section, click the “Medicaid Child Locality Transfer” button as indicated in the following screenshot:



3. Next, click on the “Transfer Request” button as shown



4. Select the Report Year and Month and click the “Search” button.

Transfer Request - CSA Jurisdiction for Medicaid [Return Home](#)

Report Year\*: 2023 Report Month\*: August

[Search](#) [Reset](#)

REPORTYEAR	REPORT/MONTH	FIPS	ENROLLEE_NUMBER	ENROLLEE_NAME ▲	MEDICAID ENROLLEE CHANGE ...
2023	8	1300	350:	Child 1	<a href="#">Request</a>
2023	8	1300	353:	Child 2	<a href="#">Request</a>
2023	8	1300	354:	Child 3	<a href="#">Request</a>
2023	8	1300	352:	Child 4	<a href="#">Request</a>
2023	8	1300	356:	Child 5	<a href="#">Request</a>
2023	8	1300	356:	Child 6	<a href="#">Request</a>
2023	8	1300	351:	Child 7	<a href="#">Request</a>
2023	8	1300	107:	Child 8	<a href="#">Request</a>
2023	8	1300	976:	Child 9	<a href="#">Request</a>
2023	8	1300	351:	Child 10	<a href="#">Request</a>
2023	8	1300	059:	Child 11	<a href="#">Request</a>

1 - 16 of 34 items

5. Next, click the “Request” button for the child for whom the locality change needs to be requested. Enter the details for the Transfer of CSA jurisdiction. If the correct locality is unknown, scroll to the bottom of the screen and select “Locality Not Known.” Fill in all the mandatory fields and click the “Submit” button. In the tabular section, all payments for the child in the system after the reporting month will be flagged for the change request.

10.193.21.208 says

Submit a Medicaid Child Locality-Transfer Request for ENROLLEE Number 356889020015 with ENROLLEE Name BABY GIRL WYNDER-GARCIA to transfer to Locality Arlington (013)  
The number of payments made in Report Year 2023; Report Month 8 is 2.

This Report Period might have additional payments associated with this child's ENROLLEE Number listed under a different ENROLLEE Name. After submitting this request please search with this ENROLLEE Number again to ensure transfer request is made.

OK Cancel

I certify the following:

This youth is no longer affiliated with Fairfax - Falls Church(1300) is now affiliated with Arlington (013)

\*Transfer reason: Child moved from locality

\*Comment: This child has moved

\*Close/Move/Change Date: 08/31/2023

\*Authorized CSA User Acknowledgment: ☒

Request Submitted By: Preetha Agrawal

Request Date: 5/8/2024

MEDICAID REPORT ID	REPORTYEAR ...	REPORT/MONT...	ENROLLEE_NAME	ENROLLEE_NUMBER	PROVIDER_NUMBER	PPROVIDER_SERVICE_LOCAT
716439	2023	8	Child 5	3561	1619059789	NORTHERN VIRGINIA FAMILY
719970	2023	9	Child 5	3561	1619059789	NORTHERN VIRGINIA FAMILY

1 - 2 of 2 items

Submit Cancel

## 6. After submission, the confirmation screen appears:

tes -... eVA Buyer Portal VITA - Cellular : You... LGR-Auto QA TempQA UAT

10.193.21.208 says  
Transfer request submitted Successfully.  
OK

you know

OCS  
Office of Children's Services

Home About

Transfer of CSA Jurisdiction for Medicaid Funded

I certify the following:

This youth is no longer affiliated with Fairfax - Falls Church(1300) is now affiliated with Arlington (013)

\*Transfer reason: Child moved from locality

\*Comment: This child has moved

\*Close/Move/Change Date: 08/31/2023

\*Authorized CSA User Acknowledgment: ☐

Request Submitted By: Preetna Agrawal

Request Date: 5/8/2024

**This process might take some time. Please do not hit refresh or back button or close this window.**

Please Wait...

MEDICAID REPORT ID	REPORTYEAR ...	REPORT/MONT...	ENROLLEE_NAME	ENROLLEE_NUMBER	PROVIDER_NUMBER	PPROVIDER_SERVICE_LOCAT
716439	2023	8	BABY	3561	1619059789	NORTHERN VIRGINIA FAMILY
719970	2023	9	BABY	3561	1619059789	NORTHERN VIRGINIA FAMILY

1 - 2 of 2 items

Submit Cancel

7. The main screen changes as shown below:

Transfer Request - CSA Jurisdiction for Medicaid

Report Year\*: --Select --

Report Month\*: --Select --

Search Reset

REPORTYEAR	REPORT/MONTH	FIPS	ENROLLEE_NUMBER	ENROLLEE_NAME ▲	MEDICAID ENROLLEE CHANGE ...
2023	8	1300	350	Child 1	Request
2023	8	1300	353	Child 2	Request
2023	8	1300	354	Child 3	Request
2023	8	1300	352	Child 4	Request
2023	8	1300	356	Child 5	Request Submitted
2023	8	1300	356	Child 6	Request
2023	8	1300	351	Child 7	Request
2023	8	1300	107	Child 8	Request
2023	8	1300	976	Child 9	Request
2023	8	1300	351	Child 10	Request
2023	8	1300	059	Child 11	Request

1 / 3 Items per page 1 - 16 of 34 items

8. The changes and corresponding credits/debits to the involved CSA localities will be made in the next reporting period. They will be seen in the adjustments to the monthly Medicaid report.

**Please note that changes can only be made for local Medicaid share for FY2024 and after. Adjustments for FY2023 and earlier can no longer be made.**



## 21.0 The Account Management System (AMS)

---

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

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

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

### 21.1 Keeping the AMS Up to Date

The locality CSA Coordinator is responsible for keeping these rosters current and accurate.

Any individual can request to add/delete/change the directories. These changes go through an approval flow in the Account Management System (AMS), where the data resides.

### 21.2 AMS – Search Roster

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

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

Home > Local CSA Contacts > Search Rosters

**Local Government Contacts**

[Search Rosters](#)

Account Management/  
Update Rosters/New User  
Registration

Account Management  
System Manual

Report a Problem:

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

**Locality: \***

**Role:**

[Search](#) [Cancel](#)

## 21.3 AMS – Update Rosters/New User Registration

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

Click on the “*Click here to proceed*” button.

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

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

### 21.3.1 Creating a New User Account

There are two ways to create a new User account:

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

The screenshot displays the Office of Children's Services website. At the top, the header includes the Virginia state logo, the text "Office of Children's Services", and a link "Here's how you know". A language selector shows "English" and a search bar contains "Find a Commonwealth Resource". Below the header is a blue banner for "Local Government Reporting". The main content area features the Office of Children's Services logo (a stylized heart with a person inside) and the text "Office of Children's Services Empowering communities to serve youth". To the right is the Virginia state seal. A "NOTICE AND WARNING" box states: "This computer system is the property of the Commonwealth of Virginia and is intended for authorized users only. By accessing and using this system, you are consenting to system monitoring for law enforcement and other purposes. Unauthorized use of this computer system may subject you to State or Federal criminal prosecution and penalties." Below the notice are two buttons: "Click here to proceed" and "Create New Account". A red arrow points to the "Create New Account" button. Below this is a section titled "OKTA Account Help" with a warning icon and text: "COV Users; the Reset Button will also reset your COV password for: Windows login, Outlook, Cardinal, OCS Applications etc." To the right of this text are three buttons: "Reset OKTA/COV Account" (yellow), "Unlock OKTA/COV Account" (blue), and "Help" (purple). The footer contains the copyright notice "© 2025 - Office of Children's Services", links for "Internet Privacy Policy" and "Translation Disclaimer", a "View CSA Expenditures" button, and social media icons for email, Facebook, Twitter, and YouTube.

### 21.3.1.1 Using the Create New Account Button

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

**Account Management System**

Create New User

Prefix:
First Name:\*
Middle Name:
Last Name:\*
Suffix:

Locality:\*
--Select Locality--
▼

Agency:\*

Position:

Phone:\*

Eat:

Fax:

Email:\*

Confirm Email:\*

Address Line 1:\*

Address Line 2:

P.O.Box#:


City:\*

State:\*
Virginia
▼

Zip Code:\*

Zip Eat:

Role:\*
None selected ▼



Refresh  
Input symbols

Register


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[Internet Privacy Policy](#)
[Translation Disclaimer](#)








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

The Local Approver must log into the AMS system and approve the new User.

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

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

The screenshot shows the 'Account Management System' interface. At the top, there is a header with the Virginia state logo and navigation links. Below this is a sub-header with tabs: 'My Approvals', 'Register User' (highlighted with a red arrow), 'Edit Profile', and 'Edit/Update Users'. The main content area is titled 'Create New User' and contains a form with the following fields:

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

Below the form fields is a CAPTCHA image showing the text 'LSKJQ'. Underneath the CAPTCHA are links for 'Refresh' and 'Input symbols'. At the bottom of the form is a blue 'Register' button.

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

The Local Approver must log into the AMS system and approve the new User.

## 21.4 AMS – Local Approver Screen

### 21.4.1 My Approvals tab

Local Approvers (CSA Coordinator and CPMT Chair) have the My Approvals tab, which displays a list of users in their “approval basket.” To Approve or Reject a request, the Local Approver clicks on the preview icon in the far right column. A popup screen to Approve or Reject the User is displayed.

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

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

**Account Management System -**

**User Details**

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

Locality/Agency	Name	T
!	Kimberly Beck	N

Approval Request Date: 7/1/2022 11:02:07 AM  
 Email: kimberlyb@newhavenrtc.com

**Approve** **Reject**

**Close**

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

### 21.4.2 Register User Tab

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

This tab allows users to register new Users from their locality. After entering the new User's details, click the Register button at the bottom of the screen. Depending on the Role requested, an approval notification is sent to the Locality's CPMT Chair or CSA Coordinator.

An Agency of the Commonwealth of Virginia

Select Language Virginia.gov Find an Agency

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

Account Management System - Return Home Logout

My Approvals Register User Edit Profile Edit/Update Users

Create New User

Name:\*

Locality:\*

Agency:\*

Position:

Phone:\*

Ext:

Fax:

Email:\*

Address Line 1:\*

Address Line 2:

P.O.Box#:

City:\*

State:\*

Zip Code:\*

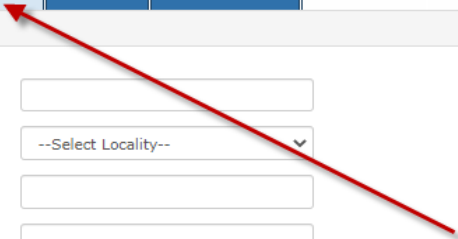
Zip Ext:

Role:\*

Refresh

Input symbols

Register



### 21.4.3 Edit Profile Tab

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

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

The screenshot displays the 'Account Management System - Edit Profile' interface. The top navigation bar includes links for Home, About, Parents & Families, Local Government, Resources, Statistics and Publications, and Contacts. The main content area features a tabbed interface with 'My Approvals', 'Register User', 'Edit Profile', and 'Edit/Update Users'. The 'Edit Profile' tab is active, showing a form for user details. A red arrow points to the 'Edit Profile' tab, and another red arrow points to the 'Update' button at the bottom of the form.

**Account Management System -** Logout

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

Edit profile

Name: \* Preetha Agrawal

Locality: \* OCS State Office - 200

Agency: \* 8016

Position: 3

Phone: \*

Ext: \*

Fax: \*

Email: \* preetha.agrawal@csa.virginia.gov

Address Line 1: \* 1604 Santa Rosa Rd.

Address Line 2: \*

P.O.Box#: \*

City: \* Richmond

State: \* Virginia

Zip Code: \* 23229

Zip Ext: \*

Role: \* CSA Coordinator

Update Cancel



## 21.4.4 Edit/Update Users Tab

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

Account Management System - Logout

My Approvals Register User Edit Profile Edit/Update Users

Edit / Update Existing Users

Agency/Locality/System: Albemarle - 3 Role: -- Select Role --

Name

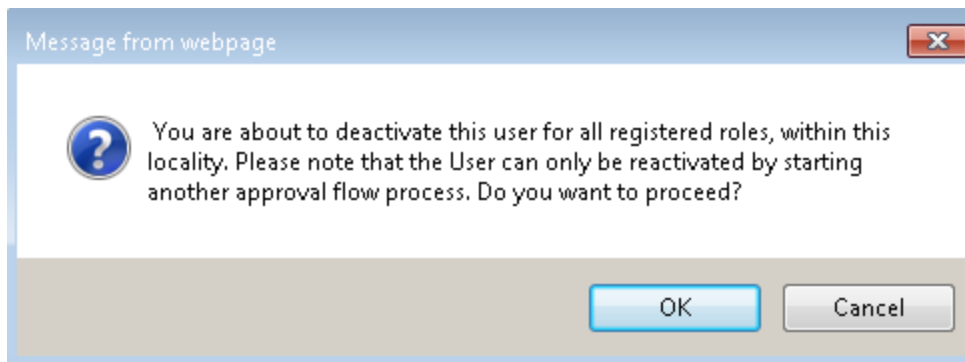
☐ Show deleted/deactivated users

Export Search Reset

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

< 1 > »

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



## 21.5 Reset / Forgot Password

If you are a registered user and cannot remember your password, click on “Reset/Forget Password.” OKTA is used to reset passwords.

## 21.6 CSA System Password Requirements

The following are the user password management responsibilities, which are intended to conform to Commonwealth IT security standards and mitigate the risks of unwanted access to our system.

### *Expired Passwords and Password Resets:*

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

### *Strong Passwords:*

All Users will utilize a strong password that:

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

*Users of OCS information systems:*

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

*Lost, Stolen, or Compromised Passwords:*

- Users must immediately change their password if compromised.

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