

AGENDA
State Executive Council for Children's Services
June 11, 2026
9:30 AM

1604 Santa Rosa Road, 2nd Floor
Henrico, VA 23229

Note: This is an in-person meeting
To accommodate interested members of the public, the meeting will be viewable at:

Please join the meeting on your computer, tablet, or smartphone.

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9:30 Call to Order / Opening Remarks – Honorable Toni Blue
Deputy Secretary of Health and Human Resources

Action Item: Approval of Remote Participation per SEC Policy 2.1.3 and §2.2-3708.3, COV
(if necessary)

Action Item: Approval of the Agenda and Certification of Quorum

9:50 Member Introductions

10:00 Public Comment (Five-minute limit per speaker)

10:15 Excellence in CSA Recognition

10:30 Action Item: Approval of March 2026 Minutes

10:35 SEC Policy Review – SEC Policy 4.5.1 – Protected Funds

Action Item: Approve Revisions to SEC Policy 4.5.1 for initial 45-day public comment

10:50 SEC Policy Review – SEC Policy 4.6 – Denial of Funds

Action Item: Approve Revisions to SEC Policy 4.6 for initial 45-day public comment

11:05 State and Local Advisory Team (SLAT) Report – Mills Jones, SLAT Chair

11:15 OCS Executive Director's Report – Scott Reiner

- CSA Service Names Redesign Project
- Framework for Effective CSA Governance, Accountability, Flexibility, Program Integrity, and Effectiveness
- CSA Items in the Appropriation Act

11:35 Member Remarks / Updates

12:00 Closed Session – Personnel Matter

Closing Remarks and Adjourn – Honorable Toni Blue

Remaining 2026 Meetings

September 10
December 10

**STATE EXECUTIVE COUNCIL (SEC)
FOR CHILDREN'S SERVICES
1604 Santa Rosa Road
Richmond, VA 23229**

Meeting Minutes

Thursday, March 12, 2026

SEC Members Present:

Toni Blue, Deputy Secretary of Health and Human Resources for The Honorable Marvin Figueora,
Secretary of Health and Human Resources (**SEC Chair**)
Carl Ayers for Duke Storen, Commissioner, Virginia Department of Social Services (VDSS)
John Budesky, County Administrator, Hanover County
The Honorable Kevin Carroll, Member, Chesterfield County Board of Supervisors
Nedra Moncrief-Craig, Ph.D., Commissioner, Department for Aging and Rehabilitative Services (DARS)
Cheryl Gallon, Deputy of Programs and Operations for Steve Ford, Director, Department of Medical
Assistance Services (DMAS)
The Honorable Amelia Ross-Hammond, Member, Virginia Beach City Council
The Honorable Jacob Holmes, Mayor, City of Bristol
Samantha Hollins, Ph.D., for Jenna Conway, Superintendent of Public Instruction,
Virginia Department of Education (VDOE)
Mills Jones, Chair, State and Local Advisory Team (SLAT)
Sandra Karison for Karl Hade, Executive Secretary of the Supreme Court of Virginia
The Honorable Chad Logan, Judge, 26th Judicial District, Juvenile and Domestic Relations
District Court
Andrea McMahan for Bob Bermingham, Director, Department of Juvenile Justice (DJJ)
The Honorable Barbara Null, Member, James City County Board of Supervisors
Nancy Robbins, Parent Representative
Ron Spears, CEO, Elk Hill, Private Provider Representative
Carl Street, Jr., Vice President for Behavioral Health Services, Youth for Tomorrow
Alyssa Ward, Ph.D., Chief Deputy, for Daryl Washington, Commissioner, Virginia Department of
Behavioral Health and Developmental Services (DBHDS)

New Agency Directors/Commissioners accompanying designees:

Daryl Washington, Commissioner, Virginia Department of Behavioral Health and Developmental
Services (DBHDS)
Bob Bermingham, Director, Department of Juvenile Justice (DJJ)

Other Staff Present:

Stephanie Bacote, Audit Manager, OCS
Mary Bell, Program Consultant, OCS
Gezelle Glasgow, Administrative Manager, OCS
Scott Reiner, Executive Director, OCS

Kristi Schabo, Senior Policy and Planning Specialist, OCS
Susan Whyte, Assistant Attorney General

Members Absent:

Melvin Roy, Founder and CEO of Foster-U, Service Recipient Representative
The Honorable Schuyler VanValkenburg, Member, Senate of Virginia
Cameron Webb, MD, Commissioner, Virginia Department of Health (VDH)
Anahita Renner, Parent Representative

Call to Order/Opening Remarks

Deputy Secretary Toni Blue called the meeting to order at 9:31 a.m. A quorum was present.

Approval of Minutes

The December 11, 2025, meeting minutes were approved on a motion by Carl Street, Jr., seconded by Mills Jones.

SEC, CSA, and OCS Overview

Mr. Reiner, Executive Director, provided an overview of the roles and responsibilities of the State Executive Council (SEC), the Children’s Services Act (CSA), and the Office of Children’s Services (OCS). He noted that the SEC is responsible for collaborative programmatic and fiscal policy development, as well as administrative oversight, to ensure the efficient and effective delivery of child-centered, family-focused, and community-based services in the least restrictive, appropriate environment. He also highlighted the Council’s role in keeping the Governor and Cabinet Secretaries informed on related matters.

Member Introductions

Council members introduced themselves to fellow members, OCS staff, and members of the public. New members in attendance included Deputy Secretary Toni Blue, Chair of the Council; Dr. Nedra Moncrief-Craig, Commissioner of DARS; Cheryl Gallon, Deputy of Programs and Operations, Department of Medical Assistance Services designee, for Steve Ford, Director, DMAS; Bob Birmingham, Director of DJJ (represented by designee Andrea McMahan); Daryl Washington, Director of DBHDS (represented by designee Dr. Alyssa Ward); and Dr. Alyssa Ward, Chief Deputy Commissioner (designee for Commissioner Washington).

Public Comment

There was no public comment.

Excellence in CSA Recognition

As part of the SEC’s Strategic Plan, the SEC has developed a process to acknowledge areas of local excellence and best practices. The Excellence in CSA Award, established in March 2025, recognizes a local CSA program’s commitment to positively impacting the lives of children, youth, and families through collaboration, authentic engagement, and a system of care.

Deputy Secretary of Health and Human Resources and SEC Chair Toni Blue presented the SEC's March 2026 Excellence in CSA Award to the New Kent County/Charles City County CSA program on behalf of the Council.

Representatives from New Kent County and Charles City County in attendance included:

- DeDreama Harrod, Director of CSA, New Kent County/Charles City County
- Rodney Hathaway, New Kent County Administrator
- Andrea Gardner, CPMT Chairperson and Assistant Director of Finance, New Kent County
- John Moyer, Vice Chairman, New Kent County Board of Supervisors
- Dr. Suzan Denby, Director of Exceptional Education, Charles City County
- Suzanne Grable, Director of Social Services, New Kent County

SEC Policy Review

Policy 4.1.1 – Children in Need of Services (CHINS)

Kristi Schabo, OCS Senior Policy and Planning Specialist, reported that at the SEC's December 11, 2025 meeting, the Council approved draft Policy 4.1.1 for an additional 60-day public comment period, which closed on February 13, 2026, at 5:00 p.m. One public comment was received. Ms. Schabo requested approval of the final version of Policy 4.1.1, which includes revisions to Appendix A for clarity and consistency, and noted that the policy would be effective April 1, 2026.

Following discussion and on a properly seconded motion, the SEC approved the final version of Policy 4.1.1 without objection, effective April 1, 2026.

Policy 3.5 – Records Management

Ms. Schabo reported that at the SEC's December 11, 2025 meeting, the Council approved proposed revisions to Policy 3.5 for a 60-day public comment period, which closed on February 13, 2026, at 5:00 p.m. No public comments were received. She noted that, if approved, the policy would take effect on April 1, 2026.

Following discussion and on a properly seconded motion, the SEC approved the final version of Policy 3.5 without objection, effective April 1, 2026.

State and Local Advisory Team (SLAT) Report

- Mills Jones, Chair of the State and Local Advisory Team (SLAT), provided an overview of the team's purpose and ongoing work. He explained that SLAT advises the SEC on programmatic and fiscal policies, supports collaboration among state agencies and local partners, and provides guidance on training and technical assistance to improve the delivery of services for at-risk youth and their families. At the most recent meeting, Carrie Thompson, OCS Senior Research Associate, presented an overview of the FY 2025 CSA Service Gap Survey findings. The survey examines service gaps, barriers, and local efforts across the Commonwealth.

Workgroup Updates

- **Sponsored Residential Workgroup:**
 - Established at the request of the Virginia League of Social Service Executives.
 - Charged with reviewing funding methodologies, match rates, and overall service delivery practices.
 - The group has engaged in detailed data analysis to support equitable and sustainable practices.
 - Development of frequently asked questions (FAQs) is underway to provide additional clarity and guidance.
 - The group is also exploring the need for a comprehensive rate determination tool to improve consistency, transparency, and statewide decision-making.
- **Medicaid Redesign Workgroup:**
 - Continues to monitor alignment between CSA and Medicaid redesign efforts.
 - Discussions included a review of standardized CSA service names and identification of areas needing clearer definitions or updates.
 - Emphasis was placed on distinguishing between:
 - Clinical services, which Medicaid typically covers, and
 - Non-clinical, family-support services, where CSA provides the greatest value.

OCS Executive Director's Report

Mr. Reiner provided an update on recent OCS activities and welcomed new Executive Branch members to the SEC.

General Assembly and Budget Updates

- Mr. Reiner provided an overview of CSA-related activity during the General Assembly session, noting that legislative activity outside of the budget focused on supporting students with educational disabilities in public school settings.
- Legislation introduced by Delegate Carroll was amended into a VDOE-led workgroup to review the SISNA program and reduce reliance on CSA-funded private day placements. The bill was continued to the 2027 session.
- He noted that key decisions are currently tied to ongoing state budget negotiations.
- The introduced budget includes:
 - \$20 million for the current fiscal year to meet projected CSA needs, in addition to prior increases.
 - Proposed increases of \$25 million for FY2027 and \$34 million for FY2028.
- Proposed budget actions related to private special education include:
 - Training for school divisions on the use of CSA transitional funds,
 - A proposed 2.5% cap on private day school tuition growth,
 - A \$10 million House amendment to expand the SISNA program, and
 - Additional reporting requirements for OCS and VDOE.
- Mr. Reiner also discussed a proposed reduction in the state match rate for community-based services from an average of 83% to 71%, intended to balance state and local fiscal responsibility. This change would result in estimated reductions of \$10.7 million in FY2027 and \$11.8 million in FY2028.

Service Name Review Initiative

- Mr. Reiner provided an update on OCS efforts to review and refine standard CSA Service Names, noting that some existing categories are overly broad.
- OCS will work with local CSA Coordinators to clarify service definitions, establish standard units of service, outline provider qualifications, and provide guidance on typical rate ranges.

Medicaid Behavioral Health Redesign

- Mr. Reiner noted that this work aligns with ongoing Medicaid Behavioral Health Redesign efforts.
- OCS is actively engaged to ensure continued access to services for youth served through CSA and to minimize any unintended shift in service demand.
- Additional updates will be presented to the Council at a future meeting.

Member Remarks/Updates

Deputy Secretary Blue thanked all members of the SEC for their hard work and dedication in assisting children and families.

Members provided updates on upcoming trainings, initiatives, projects, and ongoing activities within their respective agencies and organizations. Members also highlighted their continued efforts to strengthen services and improve service delivery for children, youth, and families across the Commonwealth through both agency work and advocacy efforts.

Updates included the Virginia Department of Education's Commonwealth Listening Tour, *Speak Up for Virginia's Future*, as well as the upcoming Virginia Association of Independent Specialized Education Facilities (VAISEF) 2026 Spring Conference, *Transforming Challenges into Opportunities*, scheduled for April 22–24 at The Virginian Hotel in Lynchburg, Virginia.

Closing Remarks and Adjournment

There being no further business, the meeting adjourned at 11:17 a.m. The next meeting is scheduled for June 11, 2026.

State Executive Council (SEC) for Children’s Services

Notice of Intent to Develop/Revise Policy

Approved for Public Comment by the SEC: June 11, 2026

Public Comment Period Ends: July 30, 2026

Number and Name of Proposed/Revised Policy:

Policy 4.5.1 – Protected Funds

Basis and Purpose of the Proposed/Revised Policy:

Section [2.2-2648.D.3](#) of the Code of Virginia requires the State Executive Council to “provide for the establishment of interagency programmatic and fiscal policies developed by the Office of Children's Services, which support the purposes of the Children's Services Act (§ [2.2-5200](#) et seq.), through the promulgation of regulations by the participating state boards or by administrative action, as appropriate.”

The proposed changes to the existing policy 4.5.1 align the policy with the standard policy format adopted by the State Executive Council in September 2022 by adding sections 4.5.1.1 (Purpose), 4.5.1.2 (Authority), 4.5.1.3 (Definitions), 4.5.1.4(Protected Funds), and 4.5.1.5 (Policy Review), as well as footers to denote dates of Adoption, Effect, Revision, and page numbers.

Summary of the Proposed Policy:

Policy 4.5.1 provides guidance to local Children’s Services Act (CSA) programs about the allocation and utilization of CSA-protected funds.

Preliminary Fiscal Impact Analysis:

There is no anticipated fiscal impact of the revisions to this policy on either the Commonwealth or local governments as this population is currently being served through the CSA.

POLICY 4.5.1

PROTECTED FUNDS (~~ADOPTED 1994, REVISED 1995, 1996, 1997~~)

4.5.1.1 Purpose

To provide guidance to local Children's Services Act (CSA) programs about the allocation and utilization of CSA-protected funds.

4.5.1.2 Authority

- A. Section [2.2-2648.D.3](#) of the Code of Virginia requires the State Executive Council to "provide for the establishment of interagency programmatic and fiscal policies developed by the Office of Children's Services, which support the purposes of the Children's Services Act (§ [2.2-5200](#) et seq.), through the promulgation of regulations by the participating state boards or by administrative action, as appropriate."

4.5.1.3 Definitions

"CSA State Pool" is the state appropriation to reimburse localities for eligible expenditures under the Children's Services Act.

"Local Expenditure and Data Reimbursement System (LEDRS)" means the required electronic system for reporting state CSA reimbursements and for data collection by local governments.

"Mandated Population" means children and youth for whom sum-sufficient funding must be appropriated and for specified services as defined in [§2.2-5211](#).

"Non-Mandated Population" means children and youth who meet the CSA eligibility criteria outlined in [§2.2-5211](#), but do not fall into one of the mandated populations.

"Protected Funds" means a specific amount of funds that can be used to serve youth who fall into the "non-mandated population."

"Sum Sufficient Funds" as defined in [§2.2-5211.C](#) means that the "General Assembly and the governing body of each county and city shall annually appropriate such sums of money as shall be sufficient to (i) provide special education services and foster care services for children and youth identified in subdivisions B 1 through 4 and 6 and 7 and (ii) meet relevant federal mandates for the provision of these services."

4.5.1.4 *Protected Funds*

Each year, localities may protect a specific portion of the state pool to provide services to ~~targeted~~ non-mandated ~~and other eligible~~ populations. The amount that each locality is permitted to protect is determined by formula and is in no case less than \$10,000. Each locality will be notified of *the amount of its protection level protected funds* prior to the beginning of the fiscal year. *Expenditure of Protected funds is discretionary, and local CSA programs are not required to appropriate funds to serve children and youth in the non-sum-sufficient population utilizing protected funds.*

4.5.1.5 *Policy Review*

This policy will be subject to periodic review by the State Executive Council for Children's Services.

DRAFT

FY2025 CSA Protected Funds Allocations

FIPS	Locality	Protected_Amount	local_protected_amount	total_protected_amount
1	Accomack	\$ 38,655.00	\$ 11,756.00	\$ 50,411.00
3	Albemarle	\$ 121,311.00	\$ 98,217.00	\$ 219,528.00
5	Alleghany	\$ 42,892.00	\$ 10,218.00	\$ 53,110.00
7	Amelia	\$ 10,000.00	\$ 4,854.00	\$ 14,854.00
9	Amherst	\$ 85,122.00	\$ 31,836.00	\$ 116,958.00
11	Appomattox	\$ 10,902.00	\$ 3,908.00	\$ 14,810.00
13	Arlington	\$ 137,387.00	\$ 117,128.00	\$ 254,515.00
15	Augusta	\$ 39,871.00	\$ 19,656.00	\$ 59,527.00
17	Bath	\$ 10,000.00	\$ 7,476.00	\$ 17,476.00
19	Bedford County	\$ 47,313.00	\$ 21,366.00	\$ 68,679.00
21	Bland	\$ 10,000.00	\$ 2,673.00	\$ 12,673.00
23	Botetourt	\$ 17,263.00	\$ 9,719.00	\$ 26,982.00
25	Brunswick	\$ 16,926.00	\$ 5,460.00	\$ 22,386.00
27	Buchanan	\$ 34,381.00	\$ 15,854.00	\$ 50,235.00
29	Buckingham	\$ 15,461.00	\$ 3,921.00	\$ 19,382.00
31	Campbell	\$ 80,361.00	\$ 36,222.00	\$ 116,583.00
33	Caroline	\$ 19,958.00	\$ 9,866.00	\$ 29,824.00
35	Carroll	\$ 22,749.00	\$ 9,337.00	\$ 32,086.00
36	Charles City	\$ 10,000.00	\$ 4,558.00	\$ 14,558.00
37	Charlotte	\$ 33,202.00	\$ 9,387.00	\$ 42,589.00
41	Chesterfield	\$ 476,901.00	\$ 298,926.00	\$ 775,827.00
43	Clarke	\$ 10,000.00	\$ 9,220.00	\$ 19,220.00
45	Craig	\$ 10,000.00	\$ 4,086.00	\$ 14,086.00
47	Culpeper	\$ 40,025.00	\$ 24,190.00	\$ 64,215.00
49	Cumberland	\$ 84,607.00	\$ 36,955.00	\$ 121,562.00
51	Dickenson	\$ 23,751.00	\$ 10,384.00	\$ 34,135.00
53	Dinwiddie	\$ 63,456.00	\$ 32,081.00	\$ 95,537.00
57	Essex	\$ 10,000.00	\$ 6,268.00	\$ 16,268.00
61	Fauquier	\$ 92,484.00	\$ 78,277.00	\$ 170,761.00
63	Floyd	\$ 22,353.00	\$ 6,768.00	\$ 29,121.00
65	Fluvanna	\$ 26,170.00	\$ 16,115.00	\$ 42,285.00
67	Franklin County	\$ 140,887.00	\$ 55,608.00	\$ 196,495.00
69	Frederick	\$ 34,011.00	\$ 26,164.00	\$ 60,175.00
71	Giles	\$ 15,850.00	\$ 6,468.00	\$ 22,318.00
73	Gloucester	\$ 35,580.00	\$ 20,780.00	\$ 56,360.00
75	Goochland	\$ 10,000.00	\$ 9,497.00	\$ 19,497.00
77	Grayson	\$ 13,863.00	\$ 3,705.00	\$ 17,568.00
79	Greene	\$ 12,396.00	\$ 6,590.00	\$ 18,986.00
83	Halifax	\$ 38,098.00	\$ 11,606.00	\$ 49,704.00
85	Hanover	\$ 84,600.00	\$ 67,668.00	\$ 152,268.00
87	Henrico	\$ 429,722.00	\$ 258,384.00	\$ 688,106.00
89	Henry	\$ 50,707.00	\$ 19,583.00	\$ 70,290.00

91 Highland	\$	10,000.00	\$	6,186.00	\$	16,186.00
93 Isle of Wight	\$	103,708.00	\$	58,666.00	\$	162,374.00
95 James City	\$	34,872.00	\$	28,336.00	\$	63,208.00
97 King & Queen	\$	23,021.00	\$	10,557.00	\$	33,578.00
99 King George	\$	14,422.00	\$	8,208.00	\$	22,630.00
101 King William	\$	24,574.00	\$	15,403.00	\$	39,977.00
103 Lancaster	\$	10,000.00	\$	7,828.00	\$	17,828.00
105 Lee	\$	44,098.00	\$	12,766.00	\$	56,864.00
107 Loudoun	\$	298,840.00	\$	271,901.00	\$	570,741.00
109 Louisa	\$	46,717.00	\$	36,721.00	\$	83,438.00
111 Lunenburg	\$	92,169.00	\$	18,851.00	\$	111,020.00
113 Madison	\$	17,437.00	\$	8,804.00	\$	26,241.00
115 Mathews	\$	10,000.00	\$	7,455.00	\$	17,455.00
117 Mecklenburg	\$	79,344.00	\$	23,513.00	\$	102,857.00
119 Middlesex	\$	10,000.00	\$	7,646.00	\$	17,646.00
121 Montgomery	\$	53,993.00	\$	21,353.00	\$	75,346.00
125 Nelson	\$	12,721.00	\$	5,801.00	\$	18,522.00
127 New Kent	\$	10,000.00	\$	7,634.00	\$	17,634.00
131 Northampton	\$	16,058.00	\$	3,942.00	\$	20,000.00
133 Northumberland	\$	26,805.00	\$	13,226.00	\$	40,031.00
135 Nottoway	\$	15,650.00	\$	5,747.00	\$	21,397.00
137 Orange	\$	28,277.00	\$	19,512.00	\$	47,789.00
139 Page	\$	85,046.00	\$	34,150.00	\$	119,196.00
141 Patrick	\$	14,002.00	\$	4,765.00	\$	18,767.00
143 Pittsylvania	\$	47,385.00	\$	14,597.00	\$	61,982.00
145 Powhatan	\$	15,674.00	\$	12,028.00	\$	27,702.00
147 Prince Edward	\$	16,569.00	\$	4,761.00	\$	21,330.00
149 Prince George	\$	20,374.00	\$	12,048.00	\$	32,422.00
153 Prince William	\$	779,745.00	\$	404,198.00	\$	1,183,943.00
155 Pulaski	\$	42,149.00	\$	17,409.00	\$	59,558.00
157 Rappahannock	\$	10,000.00	\$	7,238.00	\$	17,238.00
159 Richmond County	\$	10,000.00	\$	4,765.00	\$	14,765.00
161 Roanoke County	\$	125,436.00	\$	98,437.00	\$	223,873.00
163 Rockbridge	\$	29,110.00	\$	8,873.00	\$	37,983.00
165 Rockingham	\$	56,811.00	\$	29,857.00	\$	86,668.00
167 Russell	\$	31,345.00	\$	7,324.00	\$	38,669.00
169 Scott	\$	21,525.00	\$	9,917.00	\$	31,442.00
171 Shenandoah	\$	49,463.00	\$	26,833.00	\$	76,296.00
173 Smyth	\$	97,251.00	\$	29,659.00	\$	126,910.00
175 Southampton	\$	16,488.00	\$	7,867.00	\$	24,355.00
177 Spotsylvania	\$	45,762.00	\$	38,795.00	\$	84,557.00
179 Stafford	\$	55,493.00	\$	44,297.00	\$	99,790.00
181 Surry	\$	10,000.00	\$	6,609.00	\$	16,609.00
183 Sussex	\$	31,610.00	\$	9,911.00	\$	41,521.00

185 Tazewell	\$	59,097.00	\$	19,229.00	\$	78,326.00
187 Warren	\$	23,306.00	\$	14,608.00	\$	37,914.00
191 Washington	\$	36,352.00	\$	13,858.00	\$	50,210.00
193 Westmoreland	\$	15,606.00	\$	6,768.00	\$	22,374.00
195 Wise	\$	51,186.00	\$	19,464.00	\$	70,650.00
197 Wythe	\$	28,842.00	\$	10,711.00	\$	39,553.00
199 York	\$	41,320.00	\$	26,285.00	\$	67,605.00
510 Alexandria	\$	94,680.00	\$	107,153.00	\$	201,833.00
520 Bristol	\$	61,541.00	\$	21,031.00	\$	82,572.00
530 Buena Vista	\$	71,863.00	\$	21,818.00	\$	93,681.00
540 Charlottesville	\$	391,582.00	\$	173,308.00	\$	564,890.00
550 Chesapeake	\$	390,418.00	\$	230,772.00	\$	621,190.00
570 Colonial Heights	\$	14,520.00	\$	9,789.00	\$	24,309.00
580 Covington	\$	18,306.00	\$	6,089.00	\$	24,395.00
590 Danville	\$	198,162.00	\$	56,643.00	\$	254,805.00
620 Franklin City	\$	13,679.00	\$	8,068.00	\$	21,747.00
630 Fredericksburg	\$	42,729.00	\$	22,417.00	\$	65,146.00
640 Galax	\$	10,000.00	\$	4,590.00	\$	14,590.00
650 Hampton	\$	324,777.00	\$	154,457.00	\$	479,234.00
660 Harrisonburg	\$	21,137.00	\$	12,999.00	\$	34,136.00
670 Hopewell	\$	71,270.00	\$	25,921.00	\$	97,191.00
678 Lexington	\$	10,000.00	\$	4,930.00	\$	14,930.00
680 Lynchburg	\$	375,907.00	\$	141,586.00	\$	517,493.00
683 Manassas City	\$	139,978.00	\$	100,039.00	\$	240,017.00
685 Manassas Park	\$	10,000.00	\$	7,461.00	\$	17,461.00
690 Martinsville	\$	25,799.00	\$	12,828.00	\$	38,627.00
700 Newport News	\$	990,310.00	\$	379,982.00	\$	1,370,292.00
710 Norfolk	\$	1,097,638.00	\$	357,151.00	\$	1,454,789.00
720 Norton	\$	10,000.00	\$	4,824.00	\$	14,824.00
730 Petersburg	\$	114,304.00	\$	62,500.00	\$	176,804.00
735 Poquoson	\$	10,000.00	\$	3,864.00	\$	13,864.00
740 Portsmouth	\$	152,670.00	\$	53,780.00	\$	206,450.00
750 Radford	\$	10,000.00	\$	2,553.00	\$	12,553.00
760 Richmond City	\$	652,624.00	\$	381,809.00	\$	1,034,433.00
770 Roanoke City	\$	484,023.00	\$	214,625.00	\$	698,648.00
775 Salem	\$	22,237.00	\$	12,042.00	\$	34,279.00
790 Staunton	\$	102,927.00	\$	38,050.00	\$	140,977.00
800 Suffolk	\$	309,218.00	\$	99,368.00	\$	408,586.00
810 Virginia Beach	\$	1,073,425.00	\$	595,717.00	\$	1,669,142.00
820 Waynesboro	\$	44,282.00	\$	27,639.00	\$	71,921.00
830 Williamsburg	\$	10,000.00	\$	8,359.00	\$	18,359.00
840 Winchester	\$	20,162.00	\$	17,085.00	\$	37,247.00
1200 Greenville - Emporia	\$	64,731.00	\$	18,966.00	\$	83,697.00
1300 Fairfax - Falls Church	\$	1,630,458.00	\$	1,395,072.00	\$	3,025,530.00

\$ 14,464,225.00 \$ 7,783,337.00 \$ 22,247,562.00

FY2025 CSA Protected Funds Expenditures (State and Local Combined)

Fips	Locality	Congregate Care Placements	Community-Based Services	Net Total Expenditures
1	Accomack	\$0	\$0	\$0
3	Albemarle	\$0	\$20,944	\$20,944
5	Alleghany	\$0	\$0	\$0
7	Amelia	\$0	\$0	\$0
9	Amherst	\$0	\$25,194	\$25,194
11	Appomattox	\$0	\$9,183	\$9,183
13	Arlington	\$36,775	\$5,268	\$42,043
15	Augusta	\$0	\$0	\$0
17	Bath	\$0	\$0	\$0
19	Bedford County	\$0	\$30,007	\$30,007
21	Bland	\$0	\$1,860	\$1,860
23	Botetourt	\$0	\$0	\$0
25	Brunswick	\$0	\$0	\$0
27	Buchanan	\$0	\$0	\$0
29	Buckingham	\$0	\$0	\$0
31	Campbell	\$0	\$12,466	\$12,466
33	Caroline	\$0	\$11,638	\$11,638
35	Carroll	\$0	\$23,658	\$23,658
36	Charles City	\$0	\$0	\$0
37	Charlotte	\$0	\$0	\$0
41	Chesterfield	\$0	\$24,890	\$24,890
43	Clarke	\$0	\$213	\$213
45	Craig	\$0	\$0	\$0
47	Culpeper	\$0	\$3,744	\$3,744
49	Cumberland	\$0	\$21,268	\$21,268
51	Dickenson	\$0	\$0	\$0
53	Dinwiddie	\$0	\$38,487	\$38,487
57	Essex	\$0	\$9,980	\$9,980
61	Fauquier	\$0	\$0	\$0
63	Floyd	\$0	\$0	\$0
65	Fluvanna	\$0	\$32,324	\$32,324
67	Franklin County	\$0	\$43,423	\$43,423
69	Frederick	\$0	\$38,604	\$38,604
71	Giles	\$0	\$0	\$0
73	Gloucester	\$0	\$12,910	\$12,910
75	Goochland	\$0	\$0	\$0
77	Grayson	\$0	\$1,995	\$1,995
79	Greene	\$0	\$10,413	\$10,413
83	Halifax	\$0	\$0	\$0
85	Hanover	\$0	\$4,465	\$4,465
87	Henrico	\$0	\$528,939	\$528,939
89	Henry	-\$197	\$34,440	\$34,243
91	Highland	\$0	\$0	\$0

93 Isle of Wight	\$0	\$10,931	\$10,931
95 James City	\$0	\$0	\$0
97 King & Queen	\$0	\$1,856	\$1,856
99 King George	\$0	\$0	\$0
101 King William	\$0	\$19,488	\$19,488
103 Lancaster	\$0	\$0	\$0
105 Lee	\$0	\$0	\$0
107 Loudoun	\$0	\$234,331	\$234,331
109 Louisa	\$15,108	\$0	\$15,108
111 Lunenburg	\$0	\$0	\$0
113 Madison	\$0	\$0	\$0
115 Mathews	\$0	\$0	\$0
117 Mecklenburg	\$0	\$0	\$0
119 Middlesex	\$0	\$5,124	\$5,124
121 Montgomery	\$0	\$4,718	\$4,718
125 Nelson	\$0	\$8,400	\$8,400
127 New Kent	\$0	\$0	\$0
131 Northampton	\$0	\$0	\$0
133 Northumberland	\$0	\$0	\$0
135 Nottoway	\$0	\$0	\$0
137 Orange	\$0	\$26,024	\$26,024
139 Page	\$82,467	\$19,274	\$101,741
141 Patrick	\$0	\$0	\$0
143 Pittsylvania	\$0	\$26,758	\$26,758
145 Powhatan	\$0	\$0	\$0
147 Prince Edward	\$0	\$0	\$0
149 Prince George	\$0	\$0	\$0
153 Prince William	-\$20	\$587,796	\$587,776
155 Pulaski	\$0	\$0	\$0
157 Rappahannock	\$0	\$0	\$0
159 Richmond County	\$0	\$0	\$0
161 Roanoke County	\$0	\$60,701	\$60,701
163 Rockbridge	\$0	\$0	\$0
165 Rockingham	\$0	\$0	\$0
167 Russell	\$0	\$1,782	\$1,782
169 Scott	\$0	\$0	\$0
171 Shenandoah	\$0	\$9,943	\$9,943
173 Smyth	\$0	\$0	\$0
175 Southampton	\$0	\$0	\$0
177 Spotsylvania	\$0	\$28,252	\$28,252
179 Stafford	\$0	\$22,156	\$22,156
181 Surry	\$0	\$10,000	\$10,000
183 Sussex	\$0	\$11,760	\$11,760
185 Tazewell	\$0	\$33,301	\$33,301
187 Warren	\$0	\$3,195	\$3,195
191 Washington	\$0	\$0	\$0
193 Westmoreland	\$0	\$0	\$0

195 Wise	\$0	\$36,000	\$36,000
197 Wythe	\$0	\$0	\$0
199 York	\$0	\$0	\$0
510 Alexandria	\$0	\$128,707	\$128,707
520 Bristol	\$0	\$0	\$0
530 Buena Vista	\$0	\$0	\$0
540 Charlottesville	\$0	\$191,906	\$191,906
550 Chesapeake	\$0	\$179,093	\$179,093
570 Colonial Heights	\$0	\$0	\$0
580 Covington	\$0	\$0	\$0
590 Danville	\$0	\$0	\$0
620 Franklin City	\$0	\$0	\$0
630 Fredericksburg	\$0	\$15,787	\$15,787
640 Galax	\$0	\$5,446	\$5,446
650 Hampton	\$0	\$280,854	\$280,854
660 Harrisonburg	\$0	\$0	\$0
670 Hopewell	\$0	\$0	\$0
678 Lexington	\$0	\$0	\$0
680 Lynchburg	\$0	\$11,961	\$11,961
683 Manassas City	\$7,920	\$204	\$8,124
685 Manassas Park	\$0	\$0	\$0
690 Martinsville	\$0	\$0	\$0
700 Newport News	\$0	\$354,886	\$354,886
710 Norfolk	-\$37	-\$1	-\$38
720 Norton	\$0	\$0	\$0
730 Petersburg	\$0	\$54,840	\$54,840
735 Poquoson	\$0	\$0	\$0
740 Portsmouth	\$0	\$0	\$0
750 Radford	\$0	\$0	\$0
760 Richmond City	\$0	\$0	\$0
770 Roanoke City	\$0	\$101,345	\$101,345
775 Salem	\$0	\$26,258	\$26,258
790 Staunton	\$0	\$2,789	\$2,789
800 Suffolk	\$0	\$44,571	\$44,571
810 Virginia Beach	\$0	\$0	\$0
820 Waynesboro	\$0	\$1,875	\$1,875
830 Williamsburg	\$0	\$0	\$0
840 Winchester	\$0	\$6,319	\$6,319
1200 Greenville - Emporia	\$0	\$0	\$0
1300 Fairfax - Falls Church	\$57,153	\$962,430	\$1,019,583
Total	\$199,169	\$4,477,371	\$4,676,540



Frequently Asked Questions (FAQ) “Protected” State Pool Funding

Original Date: September 1, 2020

Reviewed and Updated: January 2023

Acronyms used in this FAQ

CHINS	Child in Need of Services
CPMT	Community Policy and Management Team
COV	Code of Virginia
CSB	Community Services Board
CSU	Court Service Unit
DJJ	Department of Juvenile Justice
FAPT	Family Assessment and Planning Team
IEP	Individualized Education Program
LEDRS	Local Expenditure, Data, and Reimbursement System
OCS	Office of Children’s Services
SEC	State Executive Council for Children’s Services
SLAT	State and Local Advisory Team for the CSA

Terminology

In the CSA, the terms “mandated” and “non-mandated” are used historically to refer to eligible populations of children and funding streams. Typically, “mandated” has meant children eligible for sum sufficient funding as defined in the Code of Virginia §2.2-5211 and the funding to provide services to those children. The language states explicitly: “The General Assembly and the governing body of each county and city shall appropriate such sums as shall be sufficient to (i) provide special education and foster care services for children and youth identified in subdivisions B 1, B 2, B 3 and B 6 and (ii) meet relevant federal mandates for the provision of these services.” Hence, the origin of the term “mandated.”

“Non-mandated” has referred to children (and funding for those children) who, while statutorily eligible for CSA, do not meet the definition for sum sufficient funding as found in subdivisions B 4 and B5 of COV §2.2-5211.

COV §2.2-5212 provides additional definitions of the population of children and families eligible for CSA State Pool funded services (whether sum sufficient or non-sum sufficient).

For clarity and conformity with terminology found in the Code and the policies of the State Executive Council for Children’s Services (SEC), the term “sum sufficient” will be used in this

document (and in other CSA-related sources) to describe the funding stream and population of children who shall receive sum sufficient CSA state pool funding (previously referred to as “mandated”). The term “*non-sum sufficient*” will be used to describe the (formerly labeled) “non-mandated” population of children and youth eligible for the CSA. The word “Protected” describes the CSA state pool funds available to the “non-sum sufficient” population.

In its 2019 work on this issue, the State and Local Advisory Team for the CSA (SLAT) suggested that the terms “mandated” and “non-mandated” be “phased out” to improve access of all eligible children and families to CSA state pool-funded services. The terminology described here reflects that recommendation.

Questions & Answers

1. What are CSA “Protected” funds?

“Protected” funds are a component of a locality’s CSA annual pool allocations. They are available to serve CSA-eligible children and youth not eligible for sum sufficient CSA funding. That is, they are non-sum sufficient. “Protected funds” were initially established by SEC policy in 1994, just one year after the implementation of the CSA. This action was due to the concerns of various stakeholders that no CSA State Pool funds would be utilized to serve CSA-eligible but non-sum sufficient children.

The specific language of SEC Policy 4.5.1 (Protected Funds) is:

“Each year, localities may protect a specific amount of the total state pool for providing services to the targeted non-mandated and other populations. The amount each locality is permitted to protect is determined by a formula¹ and is, in no case, less than \$10,000. Each locality is notified of its level of protected funds before the beginning of each fiscal year.”

Presently the total amount of state funds in the protected amount of the annual CSA state pool appropriation is \$14,464,225. Amounts for State Fiscal Year 2022 vary from \$10,000 to \$1,630,458. The average amount is \$111,263 and the median is \$34,196.

2. Why are there two different funding categories, sum sufficient and “Protected” for providing services to children eligible for CSA?

When the CSA was established, four child-serving state agencies contributed (redirected) funds to the “state pool” from existing funding streams. Each of these seven funding streams had a specific purpose. For example, the Virginia Department of Education (VDOE) contributed funds known as “private tuition assistance,” designated to serve students with disabilities who required a private day or residential setting to meet their educational needs.

The Code of Virginia establishes that children who would have been eligible for any of the original seven funding streams placed in the CSA state pool are *eligible* for CSA (COV §2.2-5211).

¹ The formula (last revised by the SEC in 1997) was based on a percentage of the locality’s total state pool allocation. The total Protected amount (\$14.5 million) and each locality’s amount has not been changed since 1997.

Eligibility was also extended to include children with significant emotional/behavioral needs who meet specific criteria (COV 2.2-5212 A. 1 and 2).²

COV §2.2-5211 establishes how **funding** for the various eligible populations is appropriated and, as described in the opening section of this FAQ, defines the specific populations to receive sum sufficient funding. These include children with an Individualized Education Program (IEP) that requires placement for special education purposes in approved private school educational programs, children receiving transitional education services as defined in §2.2-5212 and children receiving foster care services as defined in COV §63.2-905.

The sum sufficient language does not apply to children meeting any other CSA eligibility criteria, including those children with emotional/behavioral needs, referred to CSA by a court service unit, community services board, or a parent/legal guardian. Funding for the provision of services to this non-sum sufficient group of children is at the discretion of the local CSA program.

3. How did this distinction in eligibility result in the creation of Protected funds?

Because of concern that the sufficient sum requirement for foster care and special education services would exhaust the local CSA allocation, the decision was made to set aside a portion of the allocation that was “protected” to use only for those children and youth who were non-sum sufficient.

4. Who is eligible for services with Protected funds?

Children and youth who are eligible for CSA by having emotional/behavioral needs which meet the criteria described in COV §2.2-5212 A. and B., such as multiagency involvement or imminent risk of residential placement.

5. What types of services may be purchased with Protected funds?

CSA funds are not limited to specific types or “lists” of services, supports, or interventions. Whether sum sufficient or protected, CSA funds may be used to purchase any service recommended by the Family Assessment and Planning Team (FAPT) and approved by the Community Policy and Management Team (CPMT) if all CSA requirements are followed.

Services purchased with Protected funds are typically provided in the community but may be utilized for out-of-home placement. Please note that many children in need of

residential treatment for emotional/behavioral needs will meet the criteria for a Child in Need of Services (CHINS) and are eligible for sum sufficient funding. (See Footnote 2)

6. How is the amount of Protected funding determined for my locality?

A formula determines the amount of Protected funds. See Question 1 and Footnote 1 for more detail. The CSA LEDRS system will only allow a locality to utilize the Protected funds allocated, nothing above the allocation.

² Following the issuance of a 2006 Opinion from the Attorney General of Virginia, eligibility to CSA sum sufficient funds was extended (by SEC Policy 4.1.1) to children meeting the definition of a Child in Need of Services (CHINS) and determined by FAPT to require “foster care services” as defined in COV §63.2-905.

7. How do I know how much my locality receives in Protected funds?

Locality allocations, including the amount of Protected funds, are on the OCS website (www.csa.virginia.gov). To see your locality's Protected amount, select "Statewide

Statistics" then "Pool Fund Expenditure Reports." Under "Locality Reports," select "Allocation for non-sum sufficient youth (Protection Amount)" to see a list of all localities and amounts for the current fiscal year.

8. Is a local match required for the use of Protected funds?

Yes, the same local CSA match is required for sum sufficient and Protected funds. As with sum sufficient funds, the base local match rate is adjusted depending on the type of services the child and family are receiving (e.g., community-based, residential).

9. Do the same CSA requirements for using sum sufficient funds (e.g., FAPT recommendation, CPMT approval) apply to Protected funds?

Yes, the CSA process to access and use Protected funds is the same as for sum sufficient funding.

10. If a locality does not use its Protected amount to support services for non-sum sufficient populations, may that amount be used to serve their sum sufficient populations?

Yes. A locality may choose to utilize its entire CSA State Pool funding allocation (including the Protected allocation) to serve sum sufficient populations. The Protected amount is not required to be used for non-sum sufficient children and families.

11. Some localities do not expend their Protected funds on the non-sum sufficient population. Why would a locality make this choice??

There are various reasons, including finances, why a locality may opt not to use its Protected funds to serve non-sum sufficient children and families. Local governments are required to provide local matching funds for sum-sufficient services for children and youth receiving foster care and private special education services. Most fully utilize or exceed the funds they have budgeted to support the local CSA program. Any local match requirements for the non-sum sufficient funding represent additional but not legally required expenditures. As sum sufficient costs are essentially "uncapped," a locality may hesitate to commit local funds to match the Protected amount for services for non-sum sufficient youth. The local governing body may not be willing to appropriate additional local matching funds as the services are not legally required, that is, mandated.

Another reason for failing to use Protected funds is that over the years, other funding streams or mechanisms have emerged or been identified as appropriate to serve non-sum sufficient youth. Examples include the Mental Health Initiative funds administered by the local Community Services Boards, the Virginia Juvenile Community Crime Control Act (VJCCC), and funding for evidence-based services through the Department of Juvenile Justice (DJJ) and the Department of Social Services.

In 2007, the SEC adopted a policy allowing a child with significant behavioral/emotional needs to be determined as a "child in need of services" (Footnote 2). This policy resulted in some children previously in a non-sum sufficient eligibility category to be in the sum sufficient population by

the local FAPT using the CHINS Checklist. Children who meet the criteria in the CHINS Checklist are eligible for sum sufficient funding under the definition of “foster care services” found in COV §63.2-905. Either community-based services or out-of-home placement for mental health treatment may be funded while the parent retains legal custody.

In 2009, the Appropriation Act began requiring the utilization of Medicaid funds before CSA funds if a Medicaid-funded service is available and appropriate for the child. This is another source of funding that may be used to meet the needs of non-sum sufficient youth who are Medicaid members.

Finally, some localities voice that the amount of available Protected funding is negligible for their community. The available funding would only be enough to pay for minimal services resulting in the need to locate another funding source to complete service provision for a child and family.

12. Must a locality obligate or expend its entire Protected amount before requesting supplemental CSA funding for its sum sufficient populations?

No. Supplemental reimbursements allow local governments to request additional funds from OCS to meet the sum sufficient requirements for children receiving special education and foster care services. A local government is not required to obligate or expend its Protected funds before requesting supplemental CSA State Pool funding.

13. Can a locality still request a state match for the Protected amount if the local government has expended its local match for its sum sufficient allocation and supplemental requests?

Yes, the state match is available even if the local government has exceeded its state allocation for sum sufficient services. The local government must, of course, allocate additional local matching funds.

14. If the CPMT authorizes the expenditure of Protected funding, how is reimbursement claimed on the Pool Fund Expenditure Report?

Requesting reimbursement requires using the appropriate coding in the LEDRS reimbursement submission. Use Primary Mandate Type (PMT) #11 (“Non-mandated”), Expenditure Code “1d” for residential services, and Expenditure Code “3” for community-based services. Utilize the appropriate Service Placement Type (SPT) and Service Name for any service for which reimbursement is requested.

15. Are CSA administrative funds the same as Protected funds?

CSA administrative funds are a separate source of funds to assist local governments in implementing the local CSA. Administrative funds are used to support CSA Coordinator salaries or for typical overhead costs such as office space, supplies, training, and staff travel. These funds are not child-specific and cannot be utilized to provide direct services to children and families. Each local CPMT determines how they will use administrative funds.

State Executive Council (SEC) for Children’s Services

Notice of Intent to Develop/Revise Policy

Approved for Public Comment by the SEC: June 11, 2026

Public Comment Period Ends: July 30, 2026

Number and Name of Proposed/Revised Policy:

Policy 4.6 – Denial of Funds

Basis and Purpose of the Proposed/Revised Policy:

Section [2.2-2648.D.3](#) of the Code of Virginia requires the State Executive Council to “provide for the establishment of interagency programmatic and fiscal policies developed by the Office of Children's Services, which support the purposes of the Children's Services Act (§ [2.2-5200](#) et seq.), through the promulgation of regulations by the participating state boards or by administrative action, as appropriate.”

Section [2.2-2648.D.20](#) of the Code of Virginia requires the State Executive Council to “Deny state funding to a locality, in accordance with subdivision 19, where the CPMT fails to provide services that comply with the Children's Services Act (§ [2.2-5200](#) et seq.), any other state law or policy, or any federal law pertaining to the provision of any service funded in accordance with § [2.2-5211](#).”

[Item 268 \(section B.e\) of the Virginia Appropriation Act](#) states that “The Office of Children's Services, per the policy of the State Executive Council, shall deny state pool funding to any locality not in compliance with federal and state requirements pertaining to the provision of special education and foster care services funded in accordance with § [2.2-5211](#), Code of Virginia.”

Section [37.2-405](#) of the Code of Virginia (Behavioral Health and Developmental Services) requires that:

- A. “No provider shall establish, conduct, maintain, or operate or continue to operate in the Commonwealth any service, without being licensed under this article, except where the provider is exempt from licensing.

- B. No license issued under this article shall be assignable or transferable.
- C. No person shall be admitted, placed, treated, maintained, housed, or otherwise kept, voluntarily or involuntarily, by any provider required to be licensed by subsection A, unless and until the provider is licensed by the Commissioner.”

Section [16.1-309.9.A](#) of the Code of Virginia requires the State Board of Juvenile Justice to “... develop, promulgate and approve standards for the development, implementation, operation and evaluation of the range of community-based programs, services and facilities authorized by this article. The State Board shall also approve minimum standards for the construction and equipment of detention homes or other facilities and for food, clothing, medical attention, and supervision of juveniles to be housed in these facilities and programs.” Additionally, [§16.1-309.9.B](#) states that the State Board of Juvenile Justice may “...prohibit, by its order, the placement of juveniles in any place of residence which does not comply with the minimum standards. It may limit the number of juveniles to be detained or housed in a detention home or other facility and may designate some other place of detention or housing for juveniles who would otherwise be held therein.”

Section [63.2-217](#) of the Code of Virginia authorize the State Board of Social Services to “...adopt such regulations, not in conflict with this title, as may be necessary or desirable to carry out the purpose of this title.” These licensing regulations and standards Additionally, [§63.2-1734](#) directs that the State Board of Social Services “...shall adopt regulations for the activities, services, and facilities to be employed by persons and agencies required to be licensed under this subtitle, which shall be designed to ensure that such activities, services, and facilities are conducive to the welfare of the children under the custody or control of such persons or agencies.” [§63.2-1701.B](#) directs that “Every person who constitutes, or who operates or maintains, an assisted living facility, adult day center, or child welfare agency shall obtain the appropriate license from the Commissioner, which may be renewed. “ Furthermore, [§63.2-1737](#) directs that the State Board of Social Services “shall adopt regulations establishing the Department as the single licensing agency for the regulation of children's residential facilities, including group homes, which provide social services programs, with the exception of educational programs licensed by the

Department of Education and facilities regulated by the Department of Juvenile Justice.”

Section [22.1-289.046](#) of the Code of Virginia require that the Virginia State Board of Education to “...adopt regulations for the activities, services, and facilities to be employed by persons and agencies required to be licensed under this chapter, which shall be designed to ensure that such activities, services, and facilities are conducive to the welfare of the children under the control of such persons or agencies.” Additionally, [§22.1-323.A](#) directs that “No person shall open, operate, or conduct any school for students with disabilities in the Commonwealth without a license to operate such school issued by the Board. A license shall be issued for a school if it is in compliance with the regulations of the Board issued pursuant to this chapter, any fee for such license has been paid, and its facilities are approved by the Board after an inspection by the Department.” Furthermore, [§2.2-5211](#) requires that CSA funds for private special education services “shall only be expended on private educational programs that are licensed by the Board of Education or an equivalent out-of-state licensing agency.”

The proposed changes to the existing policy 4.6 align the policy with the standard policy format adopted by the State Executive Council in September 2022 by adding sections 4.6.1 (Purpose), 4.6.2 (Authority), 4.6.3 (Definitions), 4.6.4 (Denial of CSA State Matching Funds), 4.6.5 (Investigating Suspected or Determined Non-Compliance by a Local CSA Program), and 4.6.6 (Policy Review), as well as footers to denote dates of adoption, effect, revision, and page numbers.

Summary of the Proposed Policy:

Policy 4.6 provides guidance to local Children’s Services Act (CSA) programs about the denial of CSA state matching funds

Preliminary Fiscal Impact Analysis:

There is no anticipated fiscal impact of the revisions to this policy on either the Commonwealth or local governments as this population is currently being served through the CSA.

POLICY 4.6

DENIAL OF FUNDS

4.6.1 Purpose

To provide guidance to local Children's Services Act (CSA) programs about the denial of CSA state matching funds.

4.6.2 Authority

- A. Section [2.2-2648.D.3](#) of the Code of Virginia requires the State Executive Council to "provide for the establishment of interagency programmatic and fiscal policies developed by the Office of Children's Services, which support the purposes of the Children's Services Act (§ [2.2-5200](#) et seq.), through the promulgation of regulations by the participating state boards or by administrative action, as appropriate."
- B. Section [2.2-2648.D.20](#) of the Code of Virginia requires the State Executive Council to "Deny state funding to a locality, in accordance with subdivision 19, where the CPMT fails to provide services that comply with the Children's Services Act (§ [2.2-5200](#) et seq.), any other state law or policy, or any federal law pertaining to the provision of any service funded in accordance with § [2.2-5211](#)."
- C. [Item 268, B. 1. e. of the Virginia Appropriation Act](#) states that "The Office of Children's Services, per the policy of the State Executive Council, shall deny state pool funding to any locality not in compliance with federal and state requirements pertaining to the provision of special education and foster care services funded in accordance with § [2.2-5211](#), Code of Virginia."
- D. Section [37.2-405](#) of the Code of Virginia (Behavioral Health and Developmental Services) requires that:
 - A. "No provider shall establish, conduct, maintain, or operate or continue to operate in the Commonwealth any service, without being licensed under this article, except where the provider is exempt from licensing.
 - B. No license issued under this article shall be assignable or transferable.
 - C. No person shall be admitted, placed, treated, maintained, housed, or otherwise kept, voluntarily or involuntarily, by any provider required to be licensed by subsection A, unless and until the provider is licensed by the Commissioner."

- E. Section [16.1-309.9. A.](#) of the Code of Virginia requires the State Board of Juvenile Justice to “... develop, promulgate and approve standards for the development, implementation, operation and evaluation of the range of community-based programs, services and facilities authorized by this article. The State Board shall also approve minimum standards for the construction and equipment of detention homes or other facilities and for food, clothing, medical attention, and supervision of juveniles to be housed in these facilities and programs.” Additionally, [§16.1-309.9.B](#) states that the State Board of Juvenile Justice may “...prohibit, by its order, the placement of juveniles in any place of residence which does not comply with the minimum standards. It may limit the number of juveniles to be detained or housed in a detention home or other facility and may designate some other place of detention or housing for juveniles who would otherwise be held therein.”
- F. Section [63.2-217](#) of the Code of Virginia authorizes the State Board of Social Services to “...adopt such regulations, not in conflict with this title, as may be necessary or desirable to carry out the purpose of this title.” Additionally, [§63.2-1734](#) directs that the State Board of Social Services “...shall adopt regulations for the activities, services, and facilities to be employed by persons and agencies required to be licensed under this subtitle, which shall be designed to ensure that such activities, services, and facilities are conducive to the welfare of the children under the custody or control of such persons or agencies.” [§63.2-1701.B](#) directs that “Every person who constitutes, or who operates or maintains, an assisted living facility, adult day center, or child welfare agency shall obtain the appropriate license from the Commissioner, which may be renewed.” Furthermore, [§63.2-1737](#) directs that the State Board of Social Services “shall adopt regulations establishing the Department as the single licensing agency for the regulation of children's residential facilities, including group homes, which provide social services programs, with the exception of educational programs licensed by the Department of Education and facilities regulated by the Department of Juvenile Justice.”
- G. Section [22.1-289.046](#) of the Code of Virginia requires the Virginia State Board of Education to “...adopt regulations for the activities, services, and facilities to be employed by persons and agencies required to be licensed under this chapter, which shall be designed to ensure that such activities, services, and facilities are conducive to the welfare of the children under the control of such persons or agencies.” Additionally, [§22.1-323.A.](#) directs that “No person shall open, operate, or conduct any school for students with disabilities in the Commonwealth without a license to operate such school issued by the Board. A license shall be issued for a school if it is in compliance with the regulations of the Board issued pursuant to this chapter, any fee for such license has been paid, and its facilities are approved by the Board after an inspection by the Department.” Furthermore, [§2.2-5211](#) requires that CSA funds for private special education services “shall only be expended on private educational programs that are licensed by the Board of Education or an equivalent out-of-state licensing agency.”

4.6.3 Definitions

“Community Policy and Management Team (CPMT)” is the entity that develops, implements, and monitors the CSA local program through policy development, quality assurance, and oversight of functions.

“CSA State Matching Funds” is the state share of the financial contributions provided by localities through the Children’s Services Act, as determined by the established state and local CSA state match rates.

“Local Expenditure and Data Reimbursement System (LEDRS)” is the required electronic system for reporting state CSA reimbursements and for data collection by local governments.

“Family Assessment and Planning Team (FAPT)” implements the CSA by recommending services for children and families. The team considers every child and family's strengths and challenges to address their specific needs as best they can. Families are included in all FAPT assessments, service planning, and decision-making.

“Multidisciplinary Team (MDT)” is an alternative to a “standard” FAPT that provides an option to local CSA programs to provide review and recommendations for an identified group or type of cases, and can complete all of the statutory duties of a standard FAPT, including recommending services for authorization by the CPMT.

“Office of Children's Services (OCS)” serves as the administrative entity of the executive branch of state government and the SEC to ensure that the decisions and policies of the Council are implemented in accordance with the powers and duties granted by statute in the Code of Virginia.

“Participating Agencies,” for the purpose of this policy, refers to any state or local child-serving agencies represented in the CSA system of care. These include, but are not limited to, the Department of Social Services, the Department of Education, the Department of Behavioral Health and Developmental Services, the Department of Medical Assistance Services, the Department of Juvenile Justice, local court services units, local school divisions, local departments of social services, and community services boards or behavioral health authorities.

4.6.4 Denial of CSA State Matching Funds

All of the requirements specific to the CSA are outlined in the Code of Virginia and the Appropriation Act. The statutory requirements and authority of the Council ([§2.2-2648](#)), the State and Local Advisory Team ([§2.2-5202](#)), the OCS ([§2.2-2649](#)), the local Community Policy and Management Team ([§2.2-5206](#)), and the local Family Assessment and Planning Team ([§2.2-5208](#)) are described. Additional requirements are found in the CSA ([§2.2-5200 et. seq.](#)), the Appropriation Act and Council policy. Violations of any state or federal law or policy may result in denial of funds.

~~Denials of CSA state matching funds are based on a locality's failure to comply with, or violations of, statutory requirements and/or policy, whether they are specific to the CSA or are those promulgated by the participating agencies.~~

- A. ~~Denials of CSA state matching funds are based on a locality's failure to comply with, or violations of, statutory, regulatory, and/or policy requirements, whether they are specific to the CSA or are promulgated by the participating agencies.~~
- B. Any service ~~which~~ *that* requires licensure can only be rendered by a provider licensed to provide that service in Virginia ~~or, for private special education services, by the Board of Education or an equivalent out-of-state licensing agency. State law requiring licensure of providers may be found at §37.2-405. (NOTE: This citation is specific to services licensed by the Virginia Department of Behavioral Health and Developmental Services. §16.1-309.9 authorizes the Department of Juvenile Justice to regulate community-based facilities and services; §§ 63.2-217, 63.2-1732, 63.2-1733, 63.2-1734 authorize the State Board of Social Services and Child Day Care Council to regulate facilities and agencies serving adults and children; §22.1-323 authorizes the Board of Education to license private schools for students with disabilities.)~~
- C. Any state or local agency, or CPMT, that has cause to believe that the statutory requirements of CSA, including those relating to licensure, are not being met ~~for CSA-funded services by a locality~~ shall contact the Executive Director of the OCS. State agencies are responsible for notifying the OCS when a provider *licensed by that agency* loses its license or is subject to an adverse licensure action, even if that provider is not currently billing for CSA-funded services. OCS will make reasonable efforts to notify localities of such actions.
- D. Copies of *annual local Single Audit and Annual Comprehensive Financial Reports*, which include a review of CSA funding, must be provided to the OCS within three business days from presentation to the local governing body. If the local audit determines that services provided that affect CSA, for example, Title IV-E, were inappropriate, the locality must inform the OCS.

4.6.5 Investigating Suspected Non-Compliance

~~Steps A-F outline the procedures followed to investigate suspected or determined non-compliance by a locality.~~

- A. The OCS will investigate the issue ~~complaint~~ by reviewing available data, including but not limited to documentation submitted *with the report* ~~by the complainant~~, CSA ~~data set~~

LEDRS Data and CSA state matching funds reimbursed to the locality ~~fiscal pool fund reporting reimbursement~~, local financial and program records, including CPMT and FAPT/MDT minutes, *relevant licensure data bases*, other information supplied by the locality and interviewing appropriate individuals, if necessary. The OCS may consult with the Office of the Attorney General and any other parties it deems appropriate.

- B. State and local agencies, including ~~the one those~~ reporting ~~the alleged potential inappropriate use of funds violations~~, shall supply any necessary and/or requested supporting documentation relevant to the ~~allegation situation~~.
- C. If the OCS is unable to determine the validity of the report or determines there was no violation, the incident is closed with notification to the reporting ~~state~~ agency and the CPMT in question.
- D. If the OCS suspects non-compliance but has not yet made *such* a determination, ~~of such~~, the OCS shall communicate with the chief administrative officer of the locality and the CPMT Chair, as appropriate, to resolve the issue.
- E. If the OCS determines that a violation of state law or policy, or any federal law pertaining to the provision of any service funded in accordance with [§2.2-5211](#) has occurred, the OCS will notify the chief administrative officer of the local government and the CPMT chair within five (5) business days. The OCS will request *that* the locality immediately discontinue ~~that practice~~ *the identified service*, and the locality should notify any affected providers *and service recipients*. The OCS will also describe ~~the~~ any *additional* actions it intends to take, if any. Such actions may include, but ~~is~~ *are* not limited to, a corrective action plan developed in consultation with the locality and/or denial of state funding. Failure of the OCS to meet the *five-day* timeline does not ~~preclude~~ *prevent* the OCS from denying funds or recovering payments.
- F. If another state *or local* agency learns during the course of its work (routine reviews, audits, complaint investigations, etc.) of a violation of state law affecting the provision of services under the CSA, the agency shall contact the *Executive Director of the OCS*. They shall ~~and~~ explain what agency policy or federal or state law is involved, how the other agency believes the violation has occurred, and the impact of, or relationship to, the CSA.
- G. If the OCS becomes aware of a violation of another agency's laws, policies, or requirements that affects the provision of services funded by the CSA, the Executive Director (or designee) will contact the ~~appropriate staff person at the~~ other agency. The OCS will provide any supporting documentation requested by the other agency.

- H. The OCS may review payments and conduct audits for a period of time, three years before or after the date of the alleged noncompliance (not to exceed a total of three years), regardless of the date of discovery of the alleged noncompliance.
- I. Should the OCS discover noncompliance, the OCS may request that the Auditor of Public Accounts (APA) or the Office of the Inspector General (OSIG) determine whether to ~~pursue~~ request an independent audit or investigation of a locality. This policy should not be construed to put any limitations on the APA, OSIG, or other parties that have responsibilities regarding the use of Commonwealth's or federal funds and their investigation of the use of those funds.

~~This policy takes effect July 1, 2011. Pursuant to [§2.2-2648](#), the OCS may deny funding to local governments not in compliance with the provisions of the CSA and federal and state law.~~

4.6.6 Policy Review

This policy will be subject to periodic review by the State Executive Council for Children's Services.

STANDARDIZED SERVICE NAMES CSA Purchased Services

Purpose of document: This document provides the definitions of service categories for use by localities in reporting to receive state reimbursement for expenditures under the Children's Services Act.

Acute Psychiatric Hospitalization³

Inpatient services are generally short-term and in response to an emergent psychiatric condition. The individual experiences mental health dysfunction requiring immediate clinical attention. The objective is to prevent the worsening of a psychiatric illness and prevent injury to the recipient or others.

Applied Behavior Analysis⁶

ABA is the design, implementation, and evaluation of environmental modifications to produce socially significant improvements in human behavior. ABA includes direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA uses changes in environmental events, including antecedent stimuli and consequences, to produce practical and significant changes in behavior. This category should not be used when the student is receiving ABA as a component of a private day special education program or public school special education transition services described in another service name.

Assessment/Evaluation^{3,6}

Service is conducted by a qualified professional utilizing a tool or series of tools to provide a comprehensive review to make recommendations, provide diagnosis, identify strengths and needs and risk levels, and describe the severity of the symptoms.

Brief Strategic Family Therapy

BSFT uses a structured family systems approach to treat families with children or adolescents (6 to 17 years) who display or are at risk for developing problem behaviors, including substance abuse, conduct problems, and delinquency. BSFT counselors must participate in four training phases and are expected to have the training and/or experience with basic clinical skills common to many behavioral interventions and family systems theory. BSFT is listed as a Well-supported evidence-based intervention in the federal FFPSA Clearinghouse.

Case Support

Service may be purchased from a public child-serving agency and includes basic case oversight for a child not otherwise open to a public child-serving agency, for whom a case manager is not available through the routine scope of work of a public child-serving agency, and for whom the worker's activities are not funded outside of the State Pool. Services may include administration of the CANS, collection and summary of relevant history and assessment data, and representation of such information to the FAPT; with the FAPT, development of an IFSP; liaison between the family, service providers, and the FAPT.

Crisis Intervention³

Crisis intervention services are mental health care services available 24 hours a day, seven days per week, assisting individuals experiencing acute mental health dysfunction requiring immediate clinical attention. The objectives are to prevent the worsening of a condition, prevent injury to the individual or others, and provide treatment in the least restrictive setting.

Crisis Stabilization³

Crisis Stabilization services are direct mental health care services to non-hospitalized individuals experiencing an acute crisis of a psychiatric nature that may jeopardize their current community living situation. The goals are to avert hospitalization or re-hospitalization; provide normative environments with a high assurance of safety and security for crisis intervention; stabilize individuals in psychiatric crisis; and mobilize the resources of the community support system, family members, and others for ongoing maintenance, rehabilitation, and recovery.

Family Partnership Facilitation (LDSS)

Service provided by a facilitator specifically trained to conduct Family Partnership Meetings for a local department of social services. The meeting is a relationship-focused approach that provides a structure for decision-making that empowers both the family and the community in the decision-making process. It extends partnership messages to caregivers, providers, and neighborhood stakeholders.

Family Support Services

A broad array of services targeted to assist, support, and/or training in various community settings to build natural supports and functional skills empowering individuals and families towards autonomy, attaining and sustaining community placement, preserving the family structure, and assisting parents in effectively meeting the needs of their children in a safe, positive and healthy manner. The services may include but are not limited to skill-building (parenting skills, fiscal management, coping skills, communication, interpersonal skills, supervised visitation, babysitting, non-foster care/maintenance daycare, etc.) and behavioral interventions.

Functional Family Therapy (FFT)

A short-term, community- and evidence-based intervention for youth ages 11-18 with various emotional and behavioral problems. FFT must be delivered by trained and certified practitioners who meet national FFT standards. FFT is listed as a Well-supported evidence-based intervention in the federal FFPSA Clearinghouse.

Independent Living Services

Services are specifically designed to help adolescents transition to living independently as an adult. Includes training in daily living skills, case management, and vocational and job training.

Independent Living Stipend²

Payment of a monthly fixed amount made to youth in foster care, ages 16 - 17, who are in independent living arrangements for costs of housing, food, etc. Title IV-E funds may not be accessed for this stipend.

Individualized Support Services

Support and other structured services provided to strengthen individual skills and/or provide environmental support for individuals with behavioral/mental health problems. Services are based on the needs of the individual and include training and assistance. These services typically do not involve overnight care by the provider; however, due to the flexible nature of these services, overnight care may be provided on an occasional basis. Service includes "Supportive In-home Services" licensed by the Department of Behavioral Health and Developmental Services.

Intensive Care Coordination/High Fidelity Wraparound

As defined by State Executive Council policy, a service provided by Intensive Care Coordinators for children at risk of entering or being placed in residential care. ICC providers must be trained in the High Fidelity Wraparound care coordination model and receive weekly clinical supervision. The purpose of the service is to safely and effectively maintain the child in or transition/return the child home, to a relative's home, family-like setting, or community at the earliest appropriate time that addresses the child's needs. Services must be distinguished as above and extend beyond the regular case management services provided within the normal scope of responsibilities for the public child-serving agencies. Services and activities include identifying the strengths and needs of the child and his family through conducting comprehensive family-centered assessments; developing plans in the event of crises, identifying specific formal services and informal supports necessary to meet the identified needs of the child and his family, building upon the identified strengths; implementing, regular monitoring of and making adjustments to the plan to determine whether the services and placement continue to provide the most appropriate and effective services for the child and his family. ICC Using High Fidelity Wraparound is listed as a Promising evidence-based intervention in the federal FFPSA Clearinghouse.

Intensive Care Coordination Family Support Partner

A family support partner is part of the High Fidelity Wraparound (HFW) team that offers various levels of support for families based on the family's needs and HFW plan. The support partner works closely with the HFW Facilitator to support positive outcomes for the family.

Intensive In-Home Services³

IIH services for Children/Adolescents under age 21 are intensive, time-limited interventions provided typically but not solely in the residence of a child at risk of out-of-home placement or who is transitioning to home from out-of-home placement due to documented documentation of clinical needs of the child. These services provide crisis treatment, individual and family counseling, communication skills (e.g., counseling to assist the child and his parents in understanding and practicing appropriate problem solving, anger management, interpersonal interaction, etc.), and coordination with other required services. Service also includes 24-hour emergency response.

Maintenance – Basic²

Payments made on behalf of a child in foster care to cover the cost of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance for a child, and reasonable travel for the child to visit with family or other caretakers and to remain in their previous school placement.

Maintenance – Clothing Supplement²

As determined and scheduled by VDSS, payments for clothing outside of basic maintenance for children in foster care.

Maintenance – Child Care Assistance

Provides daily supervision during the foster parents' working hours when the child is not in school, facilitates the foster parent's attendance at activities beyond the scope of "ordinary parental duties," and is provided in a licensed daycare facility or home.

Maintenance – Enhanced²

A monthly amount paid to a foster parent over and above the basic foster care maintenance payment. Payments are based on the child's needs for additional supervision and support by the foster parent as identified by the VEMAT.

Maintenance – Independent Living²

Payments made to youth in foster care who are in independent living situations for the cost of housing, food, etc. May include independent living situations licensed by VDSS as an LCPA.

Maintenance – Basic KinGap

A monthly amount paid to a KinGap provider for a child placed through the Federal Kinship Guardianship or the State-Funded Subsidy Program for costs such as food, clothing, shelter, daily supervision, school supplies, and a child's personal incidentals. This service name is used only after custody of the child transfers from the local department of social services to the KinGap caregiver.

Maintenance – Enhanced KinGap

A monthly amount paid to a KinGap for a child placed through the Federal Kinship Guardianship Program over and above the basic foster care maintenance payment. Payments are based on the child's needs for additional supervision and support by the foster parent as identified by the VEMAT. This service name is used only after custody of the child transfers from the local department of social services to the KinGap caregiver.

Maintenance – Transportation²

According to Title IV-E and Fostering Connections regulations, payments to support a child/youth in foster care. Includes visits to family (parents, relatives, and siblings) and transportation of a child to a non-resident/non-zone school following a "best interest determination." Costs may include purchased contracted services, the cost of the child's bus/plane tickets, or mileage (at the state rate) for a driver to transport the child.

Material Support

Payment for items or services for families when such assistance is not otherwise available and is necessary to prevent out-of-home placement or assist with reunification. Payments may include support with housing and utility costs.

Mental Health Case Management³

Mental health case management is defined as a service to assist individuals with behavioral/mental health problems who reside in a community setting in gaining access to needed medical, social, educational, and other services. Case management does not include the provision of direct treatment or habilitation services.

Mental Health Skills Building³

A service for individuals with significant psychiatric functional limitations designed to train individuals in functional skills and appropriate behavior related to the individual's health and safety, activities of daily living, and use of community resources; assistance with medication management; and monitoring health, nutrition, and physical condition. These services enable individuals with significant mental illness to achieve and maintain community stability and independence in the most appropriate, least restrictive environment.

Mentoring

Services in which children are matched appropriately with screened and trained adults for one-on-one relationships. Services include meetings and activities regularly intended to meet, in part, the child's need for involvement with a caring and supportive adult who provides a positive role model.

Motivational Interviewing (MI)

An evidence-based, outpatient counseling approach designed to promote behavior change. It is often combined with other counseling approaches. MI practitioners should have received specific training in the practice, and MI may be employed with youth and adults. MI is listed as a Well-supported evidence-based intervention in the federal FFPSA Clearinghouse.

Multisystemic Therapy (MST)

A short-term, community- and evidence-based intervention for youth ages 11-17 with various emotional and behavioral problems at risk of out-of-home placement and other serious adverse outcomes. MST must be delivered by a team of trained and certified practitioners who meet national MST standards. MST is listed as a Well-supported evidence-based intervention in the federal FFPSA Clearinghouse.

Other

A uniquely designed service, or one not otherwise named and defined, that will ensure the safety and well-being of a child at risk of or in an out-of-home placement, support family preservation, or enhance reunification efforts.

Outpatient Services^{3,6}

Treatment is provided to individuals on an hourly schedule, on an individual, group, or family basis, and usually in a clinic or similar facility or another location (including the home). Outpatient services may include counseling, dialectical behavioral therapy, psychotherapy, behavior management, laboratory and other ancillary services, medical services, and medication services.

Parent-Child Interaction Therapy (PCIT)

An evidence-based outpatient parent training model focused on youth ages 2 – 7 designed to reduce problematic externalizing behaviors by increasing positive parenting behaviors and improving the quality of the parent-child relationship. PCIT is generally conducted in weekly sessions in the office of the therapist. PCIT must be delivered by master's-level trained practitioners who have specialized training and meet national PCIT standards. PCIT is listed as a Well-supported evidence-based intervention in the federal FFPSA Clearinghouse.

Private Day School⁴

Special education services are identified through an IEP in which the "least restrictive environment" is a private day school. Services are provided in a licensed, privately owned school for students determined to have a disability as defined by the *Regulations Governing Special Education Programs for Children with Disabilities in Virginia*. Reflecting the legislative directive to establish a standardized rate structure for this service, there are 19 specific sub-codes to reflect the service tier and location of the private day program. These sub-codes are seen in Appendix A of the document.

Private Foster Care Support, Supervision and Administration¹

Services provided by a Licensed Child Placing Agency (LCPA) include, but are not limited to: recruiting, training, assessing and retaining foster parents for the LCPA; making placement arrangements; purchasing/ensuring 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 child and LCPA foster family; developing and writing reports for FAPT; attending and presenting at FAPT meetings; administering LCPA foster parent payments; identifying adoption placements; assessment of adoption placements; and arranging adoption placements. The provision of services will vary for each child based on that child's specific needs and the identified level of care. Services are provided at a treatment and non-treatment level defined in CSA guidance.

Private Residential School^{4,3}

Residential education services are provided to students with disabilities who are placed into a residential program through an IEP. The "least restrictive environment" is identified as a private residential school. Includes all services specified in the IEP as necessary to provide special education and related services, including non-medical care and room and board.

Public School Special Education Transitional Services

Transitional services delivered in a public school setting, specified on a student's Individualized Education Program (IEP), to facilitate and support students returning to public school after at least six months in a private day special education program. Transitional services include one-on-one aides, speech and/or occupational therapy, counseling, applied behavior analysis, and specially designed instruction delivered directly to the student. These services may be provided for no more than 12 months.

Residential Education³

A component of the total daily cost for placement in a licensed psychiatric residential treatment facility (PRTF). These education services are provided in a licensed, privately owned and operated psychiatric residential treatment facility to a child/youth with or without an individualized education program (IEP) placed for non-educational reasons.

Residential Room and Board^{1,3,5}

A component of the total daily cost for placement in a licensed congregate-care facility (PRTF, therapeutic group home (TGH), or Children's Residential Facility (CRF)). Residential Room and Board costs include room, meals and snacks, and personal care items.

Residential Case Management^{3,1,5}

A component of the total daily cost for placement in a licensed congregate care facility. Activities include maintaining records, making calls, sending e-mails, compiling monthly reports, scheduling meetings, discharge planning, etc.

Residential Daily Supervision^{3,1,5}

A component of the total daily cost of a placement in a licensed congregate care facility. Activity includes around-the-clock supervision.

Residential Supplemental Therapies³

A component of the total daily cost for placement in a licensed psychiatric residential treatment facility. Activity includes a minimum of 21 group interventions (outside of the 3-5 group therapies led by a licensed clinician). The 21 interventions are goal-based, with clear documentation/notes regarding the goal addressed, the intervention used, the resident's response/input, and a follow-up plan.

Residential Medical Counseling³

A component of the total daily cost for placement in a licensed psychiatric residential treatment facility. Activities include around-the-clock nursing and medical care through on-campus nurses and on-campus/on-call physicians. Activities also include the doctor and nurse at every treatment planning meeting for the resident.

Respite

Short-term care, supervision, and support to youth providing relief to the primary caregiver while supporting the youth's and family/guardian's emotional and physical well-being. This service includes respite services licensed by the Department of Behavioral Health and Developmental Services.

Special Education Related Services

Services identified within an IEP to youth placed in private education schools. Services include but are not limited to occupational therapy, physical therapy, speech therapy, and applied behavior analysis. This category should not be used when the student is receiving public school special education transition services described in another service name.

Sponsored Residential Home Services³

A short-term residential treatment service in a private home supervised by a licensed provider. Providers arrange for, manage, and provide programmatic, financial, and services support to sponsors providing care or treatment for individuals placed in the sponsors' homes.

Substance Abuse Case Management³

Substance Abuse case management assists children, adults, and their families with accessing needed medical, psychiatric, substance abuse, social, educational, vocational services, and other supports essential to meeting basic needs. If an individual has co-occurring mental health and substance abuse disorders, the case manager shall include activities to address mental health and substance use disorders. Only one type of case management may be billed concurrently.

Transportation

Transportation to support attainment of the goals in a child's service plan, either through contracted services or mileage payment. Service enables a child or family member to attend counseling, parenting classes, court, visitation with family members, or other appointments.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

A counseling approach for children and adolescents addressing various symptoms associated with exposure to trauma. The intervention also supports caregivers in implementing positive parenting skills and positive interactions with the child/adolescent. Although this may vary, TF-CBT is typically delivered over 12 – 16 weeks in an office setting. TF-CBT is provided by licensed mental health professionals who have received specific TF-CBT training and certification.

Therapeutic Day Treatment for Children and Adolescents³

Covered services are a combination of psychotherapeutic interventions combined with medication, education, and mental health treatment offered in programs of two or more hours per day with groups of children and adolescents.

Treatment Foster Care Case Management¹

A component of treatment foster care through which a case manager provides treatment planning, monitors the treatment plan, and links the child to other community resources as necessary to address the special identified needs of the child. TFC-CM focuses on a continuity of services that is goal-directed and results-oriented. The provision of services will vary for each child based on that child's specific needs and the identified level of care.

Utilization Review

Activities that provide oversight of purchased services. Activities of UR include a review of IFSPs, services delivered by providers, a child or youth's progress toward goals, and the provision of recommendations for service planning and revision of service plans/goals.

¹ Licensed by the Virginia Department of Social Services

² Defined per title IV-E

³ Licensed by the Virginia Department of Behavioral Health and Developmental Services

⁴ Licensed by the Virginia Department of Education

⁵ Licensed by the Virginia Department of Juvenile Justice

⁶ Individual practitioners licensed by the Virginia Department of Health Professions

Publication Version Control: This chart contains a history of this publication's revisions.

Version	Date	Comments
Original	June 2014	Original, Effective July 1, 2015
Revision 1	January 2015	Technical Edits, Effective July 1, 2015
Revision 2	July 2016	Technical Edits, Effective July 1, 2016
Revision 3	February 2020	Additional Services Added, Effective July 1, 2020
Revision 4	March 2021	Additional Services Added, Technical Edits Effective July 1, 2021
Revision 5	June 2022	Additional Services Added, Technical Edits Effective July 1, 2022
Revision 6	June 2023	Technical Edits, Effective July 1, 2023
Revision 7	January 2024	Technical Edits, Effective January 1, 2024

Appendix A: Private Day Special Education Sub-Codes

Private Day School – Tier 1 (Northern Virginia)
Private Day School – Tier 2 (Northern Virginia)
Private Day School – Tier 3 (Northern Virginia)
Private Day School – Tier 4 (Northern Virginia)
Private Day School – Tier 5 (Northern Virginia)
Private Day School – Tier 6 (Northern Virginia)
Private Day School – Tier 7 (Northern Virginia)
Private Day School – Tier 8 (Northern Virginia)
Private Day School – Tier 9 (Northern Virginia)

Private Day School – Tier 1
Private Day School – Tier 2
Private Day School – Tier 3
Private Day School – Tier 4
Private Day School – Tier 5
Private Day School – Tier 6
Private Day School – Tier 7
Private Day School – Tier 8
Private Day School – Tier 9

Private Day School – Out-of-state

1 **Improving the Children's Services Act**

A Framework for Governance, Accountability, Flexibility, and Effectiveness

2 **Foundations: State-supervised, Locally administered**

- The Code provides high levels of local flexibility and decision-making authority.
- This calls for effective oversight (governance, accountability, transparency, and program integrity) at both the state and local levels.
- Program effectiveness (positive outcomes) should be a guiding principle: "Is anyone getting better?"

3 **Foundations: Where are We Now?**

- Program growth and budgetary pressures amplify the need for heightened oversight at both the state and local levels

4 **A Framework for Growth**

- An opportunity for all CSA stakeholders to reflect on program structure and operations to maximize results.
 - Improve outcomes for children and families within a context of responsible use of funds
 - Maintain high levels of flexibility, balanced with rigorous program integrity
 - Optimize the time, energy, and resources of all local agency staff involved in the process
 - Provide accountability and transparency to local governments and taxpayers

5 **Effective Governance: The Big Picture**

- Governance is the system of rules, processes, and structures used to direct and control an organization or state.
- It ensures accountability, transparency, and strategic direction, often distinguishing between high-level policy making ("steering") and operational execution.
- Effective governance balances stakeholder interests, manages risks, and maintains equity and ethical standards.
- The CPMT is the key governance body for CSA at the local level

6 **Five Pillars**

- I. Program Integrity
- II. Accountability
- III. Effectiveness
- IV. Flexibility
- V. Best Practices in Service Planning and Delivery

7 **Ask yourself:**

- What can your local CSA program (CPMT, FAPT, and CSA staff) do, in coordination with partner agencies and providers, to create and maintain successful governance of CSA?
- How are the pillars of accountability, integrity, effectiveness, and flexibility implemented in your local program?
- Does your CPMT fully understand its authority and responsibilities?
- Does the CPMT maintain the status quo or feel empowered to look at how these responsibilities are carried out?
-

8 Checks and Balances

Some checks and balances for informed decision-making:

- Are you using an array of providers, as appropriate?
- Are rates reasonable given the requirements of the services (e.g., licensure)?
- Are the services clearly defined?
- What licenses/credentials/specialized training does the provider have?
- Are there EBPs that might better/more effectively meet needs? How is your locality promoting/using them?

Introduced Budget HB29/SB29

1

1

OCS
Office of Children's Services
Empowering communities to succeed

HB 29 Proposed Budget Actions (Non-Technical, GF)

	FY2026
Increase State Pool Appropriation (Item 268)	\$ 441,017,921
	\$ 461,749,101

- This 4.7% increase is in addition to a 6.3% increase for FY2026 in Chapter 725, reflecting DPB's forecast for FY2026.


2

2

Introduced Budget HB30/SB30

3

3




HB 30 Proposed Budget – Item 271

	FY2027	FY2028
State Pool Appropriation (GF)	\$ 475,111,038	\$ 509,630,376
Medicaid and SSBG (NGF)	\$ 69,307,018	\$ 69,307,018
Total	\$ 544,418,057	\$ 578,937,394

- The amounts reflect the DPB forecast for a 9.7% increase (GF) in FY2027 and an additional 7.2% increase (GF) in FY2028.
- The NGF increase (20.2% from FY2026) reflects the DPB forecast for increased Medicaid expenditures for selected children's behavioral health services.

4



HB 30 Proposed Budget Actions

Item 271. U. The rate of reimbursement to localities for private day educational services shall not increase more than 2.5 percent over the rates for such services provided the previous year.

- Estimated savings are \$3.4 million (FY2027) and \$3.7 million (FY2028).

Item 271. X. The state match for community-based services shall be reduced uniformly to reflect an average state match of 71 percent.

- Estimated savings are \$10.8 million (FY2027) and \$11.8 million (FY2028).

5
