

**SELF ASSESSMENT WORKBOOK**

**FOR**

**LOCALLY ADMINISTERED CSA PROGRAMS**

The mission of the Children’s Services Act (CSA) is to create a collaborative system of services and funding that is child-centered, family-focused and community-based when addressing the strengths and needs of troubled and at-risk youth and their families.

The Office of Children’s Services (OCS) serves as the administrative entity to ensure implementation of the decisions of the State Executive Council (SEC) for Children’s Services for the CSA.

**Vision Statement**

OCS envisions CSA as a national model in providing effective and innovative systems of care statewide for at-risk youth and families.

We strive for CSA to be highly regarded as a leader in improving outcomes for children and their families by:

* facilitating the highest quality technical assistance and training to strengthen the capacity of communities to implement CSA;
* maintaining high standards for sound fiscal accountability and responsible use of taxpayer funds; and
* partnering with families and all CSA stakeholders to implement best practices and technology to continually improve the performance of CSA.

OCS strives to maintain an enthusiastic, creative and knowledgeable staff empowered to work with CSA stakeholders to sustain the highest quality system of care for Virginia’s youth and their families.

In accordance with the Code of Virginia (COV) [§ 2.2-2649](http://law.lis.virginia.gov/vacode/2.2-2649) Item B4, OCS is required to develop and provide for consistent oversight of CSA program administration and compliance with state policies and procedures. Likewise, COV[§ 2.2-5206](http://law.lis.virginia.gov/vacode/2.2-5206) Item 6 requires the local Community Policy and Management Team to establish quality assurance and accountability procedures for program utilization and funds management. This self-assessment workbook is designed to facilitate OCS and locally administered CSA program efforts to ensure that the objectives of the Children’s Services Act are achieved and the policies adopted by the SEC are implemented accordingly. The organization of the workbook is structured in a manner to allow local programs to assess and effect local best practices and control process for mitigating potential risks (sections I through IV), compliance (section V), and quality improvements (section VI). As such, the self-assessment workbook has been adopted in support of the OCS continuous quality improvement program, which includes program audits, technical assistance, and training.

Approved on this day, October 1, 2015, by:

\_**Signature Copy on File**\_\_\_\_\_\_\_

Scott Reiner, Interim Executive Director

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* Organizational Level Internal Control Assessment Survey
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**SECTION I: GOVERNANCE**

**ORGANIZATIONAL STRUCTURE WORKSHEET**

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| Organizational structure provides the structure to plan, execute, control, and monitor activities. A sound organizational structure defines key areas of authority and responsibility, while illustrating reporting lines. Assignment of authority and responsibility involves the degree to which individuals and teams are authorized and encouraged to use initiative to accomplish objectives and solve problems. It includes establishing reporting relationships, fixing authorization procedures, issuing policy that assigns appropriate personnel to each program, and allocating resources to do each job.  **Source:** [**http://www.doa.virginia.gov/Financial\_Reporting/ARMICS/ARMICS\_Standards.pdf**](http://www.doa.virginia.gov/Financial_Reporting/ARMICS/ARMICS_Standards.pdf) | | | | | |
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| **Task Description** | **Describe activity performed to validate/verify assessment criteria.**  **(May attach additional sheets , if needed)** | **Is there evidence to demonstrate achievement of criteria?**  **(May attach additional sheets, if needed)** | | | |
|  |  | Y | N | N/A | Comments |
| 1. Document and maintain a current organizational chart of the locally administered CSA structure. |  |  |  |  |  |
| 1. Maintain documentation which identifies locally administered CSA staff to include, but not limited to:  * CPMT Members * FAPT Members * MDT Members * CSA Coordinators * UM/UR Reviewer |  |  |  |  |  |
| 1. Maintain documentation which identifies the affiliations, dates of tenure, and roles (chair, fiscal agent, etc.) of locally administered CSA staff. |  |  |  |  |  |
| 1. Maintain documentation to describe the duties and responsibilities of key staff (i.e. CSA Coordinator, CPMT Chair, FAPT Chair, MDT Chair, Fiscal Agent, UM Reviewer) responsible for locally administered CSA programs |  |  |  |  |  |
| 1. Ensure that membership of the CPMT, FAPT, and MDT is balanced appropriately among the representatives required to serve on the team in accordance with [§ 2.2-5205](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+2.2-5205). |  |  |  |  |  |

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**SECTION I: GOVERNANCE**

**MANAGEMENT PHILOSOPHY WORKSHEET**

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| Management philosophy is the set of shared beliefs and attitudes characterizing how the agency handles everything it does, from developing and implementing strategy to day-to-day activities. This philosophy reflects the agency’s values, influencing its culture and operating style, and affects how well fiscal programs can implement, maintain, and enforce control. Management philosophy appears in policy statements, oral and written communications, and decision-making. Management reinforces the philosophy more with everyday actions than with its words.  **Source:** [**http://www.doa.virginia.gov/Financial\_Reporting/ARMICS/ARMICS\_Standards.pdf**](http://www.doa.virginia.gov/Financial_Reporting/ARMICS/ARMICS_Standards.pdf) | | | | | |
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| **Task Description** | **Describe activity performed to validate/verify assessment criteria.**  **(May attach additional sheets , if needed)** | **Is there evidence to demonstrate achievement of criteria?**  **(May attach additional sheets, if needed)** | | | |
| Y | N | N/A | Comments |
| 1. Document mission, vision, values, goals, and objectives of the local CSA program. |  |  |  |  |  |
| 1. Document a Code of Ethics applicable to local CSA program staff. As an alternative, ethics codes established by the local governing authority may be adopted. This should be published and/or reflected in the minutes of the CPMT. |  |  |  |  |  |
| 1. Verify and maintain completed conflict of /statement of economic interest forms for all applicable CPMT/FAPT members and local CSA staff. |  |  |  |  |  |
| 1. Ensure conflict of/statement of economic interest forms are filed by Jun 15th and Dec 15th for all applicable CPMT/FAPT members and local CSA staff. |  |  |  |  |  |
| 1. Verify and maintain statement of confidentiality signed by CPMT, FAPT, MDT and related parties. |  |  |  |  |  |
| 1. Establish, document, and retain schedule of CPMT, FAPT, and MDT meetings. |  |  |  |  |  |
| 1. Record and retain formal minutes of CPMT/FAPT/MDT administrative meetings. |  |  |  |  |  |
| 1. Document CPMT/FAPT/MDT joint meetings. |  |  |  |  |  |
| 1. Maintain a central repository of communications issued by the CPMT. |  |  |  |  |  |

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**SECTION I: GOVERNANCE**

**POLICIES AND PROCEDURES WORKSHEET**

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| Policies and procedures are control activities established and implemented to provide reasonable assurance that potential risk exposures are addressed and organizational objectives are effectively carried out. Control activities occur across an organization, at all levels, and in all functions. They include a range of activities such as approvals, authorizations, verifications, reconciliations, security over assets and data, and segregation of duties.  **Source:** [**http://www.doa.virginia.gov/Financial\_Reporting/ARMICS/ARMICS\_Standards.pdf**](http://www.doa.virginia.gov/Financial_Reporting/ARMICS/ARMICS_Standards.pdf) | | | | | |
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| Y | N | N/A | Comments |
| 1. Document policies/ procedures governing CPMT administrative activities (e.g., bylaws) |  |  |  |  |  |
| 1. Document local operating policies and procedures governing program and fiscal activities of the local CSA program (e.g., policy/ procedure manual). |  |  |  |  |  |
| 1. Establish a process /frequency for review of all policies and procedures. |  |  |  |  |  |
| 1. Maintain evidence that procedures are current and are reviewed in accordance with the established process. |  |  |  |  |  |
| 1. Ensure that locally established policies/ procedures are consistent with applicable statutes, laws, regulations, etc. |  |  |  |  |  |
| 1. Ensure that locally established policies and/ procedures are consistent with the CSA Policy Manual. |  |  |  |  |  |

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**SECTION I: GOVERNANCE**

**PROCESS NARRATIVE / FLOWCHART WORKSHEET**

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| Process flow analysis can be documented in narrative or diagram (a.k.a. flowchart) form to better understand interrelationships among process inputs, tasks, outputs, and responsibilities. In order to diagram the process, the entities and documents involved in the process must be identified. A flowchart shows step-by-step progression through a procedure or system using connecting lines and a set of conventional symbols. **Source:** [**http://www.doa.virginia.gov/Financial\_Reporting/ARMICS/ARMICS\_Standards.pdf**](http://www.doa.virginia.gov/Financial_Reporting/ARMICS/ARMICS_Standards.pdf) | | | | | | |
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| Y | N | N/A | Comments |
| 1. Prepare a narrative or flowchart describing the process for review of referrals to FAPT. | |  |  |  |  |  |
| 1. Prepare a narrative or flowchart describing the process for performing utilization management reviews. | |  |  |  |  |  |
| 1. Prepare a narrative or flowchart describing the process for purchasing and or contracting for services. | |  |  |  |  |  |
| 1. Prepare a narrative or flowchart for CPMT approval of funding of FAPT approved services. | |  |  |  |  |  |
| 1. Prepare a narrative or flowchart for processing payments for CSA approved services. | |  |  |  |  |  |
| 1. Prepare a narrative or flowchart to describe the process for requesting and monitoring of expenditures and related reimbursements. | |  |  |  |  |  |
| **Common Flowchart Symbols** |  | | | | | |

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**SECTION I: GOVERNANCE**

**MONITORING WORKSHEET**

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| “Monitoring” is the process of assessing the presence, functioning, and continuous improvement of internal control components. Monitoring is accomplished through ongoing management activities, separate evaluations, or both. Examples of monitoring activities include:  • Managers reviewing operating reports.  • Internal auditors, external auditors, and advisors regularly providing recommendations.  • Training seminars, planning sessions and other meetings giving feedback to management.  **Source:** [**http://www.doa.virginia.gov/Financial\_Reporting/ARMICS/ARMICS\_Standards.pdf**](http://www.doa.virginia.gov/Financial_Reporting/ARMICS/ARMICS_Standards.pdf) | | | | | |
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| **Task Description** | **Describe activity performed to validate/verify assessment criteria.**  **(May attach additional sheets , if needed)** | **Is there evidence to demonstrate achievement of criteria?**  **(May attach additional sheets, if needed)** | | | |
| Y | N | N/A | Comments |
| 1. Maintain documentation of local CSA staff participation in CSA related training seminars, planning sessions, and other meetings. |  |  |  |  |  |
| 1. Identify list of monitoring (operational and financial) reports furnished to the FAPT, MDT and/or CPMT along with scheduled due dates. |  |  |  |  |  |
| 1. Demonstrate that monitoring reports were published timely and reviewed by the CPMT. |  |  |  |  |  |
| 1. Maintain a central repository of reports issued by internal auditors, external auditor, and other advisory resources (e.g. DSS IV-E Reviews). |  |  |  |  |  |
| 1. Maintain a central repository of corrective action plans prepared and/or implemented in response to Task 4. |  |  |  |  |  |
| 1. Ensure that corrective action plans were implemented by the established due dates. |  |  |  |  |  |
| 1. Solicit and document feedback from local CSA program partners and stakeholders regarding the effectiveness of the program. |  |  |  |  |  |

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**SECTION I: GOVERNANCE**

**ORGANIZATIONAL LEVEL**

**INTERNAL CONTROL ENVIRONMENT ASSESSMENT SURVEY**

**Source:** [**http://www.doa.virginia.gov/Financial\_Reporting/ARMICS/ARMICS\_Standards.pdf**](http://www.doa.virginia.gov/Financial_Reporting/ARMICS/ARMICS_Standards.pdf)

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| **GLOSSARY OF INTERNAL CONTROL TERMS** | |
| **Best Practice** | “Best practice” is a frequently used business term with many definitions. For the purposes of these standards, these definitions help to provide an understanding of this term from multiple perspectives:   * The winning strategies, approaches, and processes that produce superior performance in an organization*. Source: www.portfoliostep.com/390.1TerminologyDefinitions.htm* * An activity or procedure that has produced outstanding results in another situation and could be adapted to improve effectiveness, efficiency, ecology, and/or innovativeness in another situation. *Source: www.ichnet.org/glossary.htm* * A way or method of accomplishing a business function or process that is considered to be superior to all other known methods. *Source: www.qaproject.org/methods/resglossary.html* * The term best practice generally refers to the best possible way of doing something; it is commonly used in the fields of business management, software engineering, and medicine, and increasingly in government. *Source: en.wikipedia.org/wiki* |
| **Control Activities** | Policies and procedures established and implemented to help ensure the risk responses are effectively carried out. Control activities occur throughout an organization, at all levels, and in all functions. They include:   * Authorization * Review and approval * Verification * Reconciliation * Physical security over assets * Segregation of duties * Education, training, and coaching * Performance planning and evaluation |
| **Control Deficiencies** | Ineffective processes that may adversely impact the program’s ability to achieve desired strategic, financial, operational, reporting, compliance, and stewardship objectives. |
| **Control Environment** | The agency’s “corporate culture,” showing how much the agency’s leaders value ethical behavior and internal control. Factors include:   * Values stated and promoted for integrity and ethical behavior * Direct and active involvement of the agency management team * Commitment to competence * Organizational structure * Assignment of authority and responsibility * Human resource standards * Internal control philosophy * Risk management philosophy * Oversight by the Cabinet Secretary * Oversight by the agency’s governing board or commission (when applicable) |

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| **GLOSSARY OF INTERNAL CONTROL TERMS** | |
| **Information and Communication** | Communicating relevant information in a timeframe to enable people to carry out their responsibilities. Effective communication occurs down, across, and up the agency.  An effective information and communication process ensures that all personnel receive a clear message from the agency head that internal control must be taken seriously. |
| **Inherent Risk** | The risk that one or more factors will prevent an objective from being accomplished, if the agency does not implement risk mitigation measures. |
| **Internal Control** | Ongoing process led by agency head to design and provide reasonable assurance that these types of objectives will be achieved:   * Effective and efficient operations * Reliable financial reporting * Compliance with applicable laws and regulations * Safeguarding of assets |
| **Internal Control Components** | * Control Environment * Risk Assessment * Control Activities * Information and Communication * Monitoring Activities |
| **Monitoring** | The process of assessing the presence and functioning of internal control components and making continuous improvements. Monitoring can be accomplished by routine management activities, separate evaluations, or both. |
| **Residual Risk** | The risk that remains after management responds to inherent risk. Once risk responses have been developed, management then considers residual risk. |
| **Responses to Risk** | The technique used to offset the impact of risk:  • Avoid risk  • Reduce risk  • Share risk  • Accept risk  A complete response to a given risk may include more than one technique. |
| **Risk** | A factor that could prevent an individual, group, or agency from accomplishing an objective as intended or planned. |
| **Risk Assessment** | Process of analyzing potential events and determining what impact they may have on achieving agency objectives. |

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| **ETHICS** | | | |
| **This Control is Implemented and Operating Effectively** | **Response** | | **Comments** |
| **Agree** | **Disagree** |
| 1. The program’s Code of Ethics (COE) and other policies regarding acceptable business practice, conflicts of interest, and expected standards of ethical and moral behavior are comprehensive, relevant, and address matters of significance. |  |  |  |
| 1. Employees fully and clearly understand what behavior is acceptable/unacceptable under the program’s COE and know what to do when they encounter improper behavior. |  |  |  |
| 1. The CPMT frequently and clearly communicates the importance of integrity and ethical behavior during meetings, one-on-one discussions, training, and periodic written statements of compliance from key stakeholders. |  |  |  |
| 1. The CPMT and FAPT/MDT demonstrate a commitment to integrity and ethical behavior by example in their day-to-day activities. |  |  |  |
| 1. Local CSA staff are generally inclined to do the “right thing” when faced with pressures to cut corners with regard to policies and procedures. |  |  |  |
| 1. The CPMT addresses and resolves violations of behavioral and ethical standards consistently, timely, and equitably in accordance with the provision of the program’s COE. |  |  |  |
| 1. The existence of the program’s COE and the consequences of its breach are an effective deterrent to unethical behavior. |  |  |  |
| 1. The CPMT strictly prohibits circumvention of established policies and procedures, except where specific guidance has been provided and demonstrates commitment to CSA principles. |  |  |  |
| 1. Performance targets are reasonable, realistic, and do not create undue pressure on achievement of short-term objectives. |  |  |  |
| 1. Ethics are woven into criteria used to evaluate local CSA individual or program performance. |  |  |  |
| 1. CPMT reacts appropriately when receiving unfavorable news from subordinates and divisions. |  |  |  |
| **Conclusions Reached and Actions Needed:** | | | |

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| **PROFESSIONAL AND TECHNICAL COMPETENCE** | | | | |
| **This Control is Implemented and Operating Effectively** | **Response** | | | **Comments** |
| **Agree** | | **Disagree** |
| 1. Job descriptions (and other documents that define key duties) are current, accurate, and understood. |  | |  |  |
| 1. There is a process in place to keep job descriptions current, accurate, and understood. |  | |  |  |
| 1. Job knowledge/skills requirements realistically match the CSA program and position’s needs. |  | |  |  |
| 1. The CPMT and FAPT/MDT has the specialized knowledge, experience, and training required to perform their duties and do not rely extensively on technical specialists or outside consultants. |  | |  |  |
| 1. Local CSA staff is properly trained and capable of performing the duties assigned. |  |  | |  |
| 1. Local CSA staff, partners, and stakeholders are committed to excellence in performing their jobs. |  |  | |  |
| 1. Individual performance targets focus on both the long and short-term; and address a broad spectrum of criteria (e.g. quality, productivity, leadership, teamwork, and self-development). |  |  | |  |
| **Conclusions Reached and Actions Needed:** | | | | |
| **ORGANIZATIONAL STRUCTURE** | | | | |
| **This Control is Implemented and Operating Effectively** | **Response** | | | **Comments** |
| **Agree** | **Disagree** | |
| 1. The organizational structure of the local CSA program is appropriate to carry out its mission and manage its activities. |  | |  |  |
| 1. The organizational structure of the local CSA program provides adequate supervisory and managerial oversight. |  | |  |  |
| 1. The current organizational structure facilitates the flow of information up, down and across program to all partners and stakeholders. |  | |  |  |
| 1. Reporting relationships provide the CPMT, FAPT, MDT, and CSA Coordinators with the information appropriate to their responsibility and authority. |  | |  |  |
| 1. CSA Coordinators, FAPT, and MDT members have ready access to the CPMT in addressing significant issues. |  | |  |  |
| 1. The CPMT periodically evaluates the organizational structure in light of changes in the scope, nature, or extent of operations. |  | |  |  |
| 1. The program has the appropriate number of people and resources allocated to key functions/activities. |  | |  |  |
| **Conclusions Reached and Actions Needed:** | | | | |

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| **ASSIGNMENT OF AUTHORITY AND RESPONSIBILITY** | | | |
| **This Control is Implemented and Operating Effectively** | **Response** | | **Comments** |
| **Agree** | **Disagree** |
| 1. The CPMT designates who is responsible for committing the local CSA program pool funds to financial or contractual obligations through a formal delegation of authority. |  |  |  |
| 1. Specific limits are established for certain types of transactions and delegations are clearly communicated and understood by local CSA program stakeholders. |  |  |  |
| 1. The CPMT accepts responsibility for information generated by the program and on reported results. |  |  |  |
| 1. The CPMT is appropriately empowered to correct problems and implement improvements. |  |  |  |
| 1. The current level of delegation of duties balances empowerment and “getting the job done” with CPMT involvement and authority. |  |  |  |
| **Conclusions Reached and Actions Needed:** | | | |
| **RISK ASSESSMENT** | | | |
| **This Control is Implemented and Operating Effectively** | **Response** | | **Comments** |
| **Agree** | **Disagree** |
| 1. Formal or informal process exists to inform the CPMT of events that may adversely affect the achievement of CSA objectives (i.e., “risk”). |  |  |  |
| 1. The process used to analyze risk in the local CSA program is clearly understood and includes estimating the significance of risk and assessing the likelihood of the risk event actually occurring. |  |  |  |
| 1. The process used to analyze risk in the local CSA program includes determining steps needed to mitigate risks. |  |  |  |
| 1. The CPMT assesses for impact on the local program if they take no action to respond to emerging risk to the achievement of CSA objectives. |  |  |  |
| 1. Once the CPMT has determined that the risk can be mitigated, the CPMT determines whether an implementation plan is needed. |  |  |  |
| 1. If an implementation plan is needed, the CPMT establishes the necessary procedures to ensure the plan is carried out. |  |  |  |
| **Conclusions Reached and Actions Needed:** | | | |

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| **CONTROL ACTIVITIES FOR FISCAL PROCESSES** | | | |
| **This Control is Implemented and Operating Effectively** | **Response** | | **Comments** |
| **Agree** | **Disagree** |
| 1. Appropriate policies and procedures have been developed and implemented for major CSA fiscal processes. |  |  |  |
| 1. Appropriate and timely actions are taken on exceptions to local CSA fiscal policies and procedures. |  |  |  |
| 1. Policies and procedures identify how fiscal processes are to be performed and monitored, and who is responsible for carrying them out. |  |  |  |
| 1. Fiscal control activities (approvals, authorizations, separation of duties, etc.) described in policy and procedure manuals are actually applied the way they are intended to be applied and clearly relate to designated risks. |  |  |  |
| 1. Fiscal controls are in place to provide reasonable assurance that CPMT decisions are properly carried out. |  |  |  |
| 1. CPMT personnel with appropriate responsibilities, organizational experience, and knowledge of the program’s affairs periodically review and document the functioning and overall effectiveness of fiscal controls. |  |  |  |
| 1. Appropriate criteria are established to evaluate fiscal controls. |  |  |  |
| 1. Fiscal responsibilities of the local administration of CSA have been assigned in a manner that precludes any individual from processing data transactions in their entirety or from maintaining records for transactions in which the individual participated. |  |  |  |
| 1. Effective fiscal procedures have been established for the routine verification of the accuracy of fiscal data when it is entered, processed, generated, distributed, or transferred. |  |  |  |
| 1. Individuals from different functions have appropriately segregated responsibility for control over assets and data and the processing of fiscal transactions. |  |  |  |
| 1. Effective contingency plans have been developed and documented to deal with service interruptions (delays to processing fiscal transactions) if they occur. |  |  |  |
| 1. Periodic tests of contingency and disaster recovery plans take place to make sure they are current, operational, and effective, to ensure fiscal processes can be resumed within a reasonable timeframe following a service disruption. |  |  |  |
| 1. Appropriate controls are built-in as new financial information systems are designed and integrated into the program. |  |  |  |
| **Conclusions Reached and Actions Needed:** | | | |

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| **INFORMATION** | | | |
| **This Control is Implemented and Operating Effectively** | **Response** | | **Comments** |
| **Agree** | **Disagree** |
| 1. Adequate data gathering mechanisms are in place to provide information to appropriate local CSA staff so that they can carry out their operating, reporting, and compliance responsibilities. |  |  |  |
| 1. Reports evaluating program outcomes generated or used by the FAPT/MDT/CPMT and other CSA stakeholders are adequate; contain sufficient and meaningful information. |  |  |  |
| 1. Mechanisms exist for identifying emerging information needs. |  |  |  |
| 1. An information technology (IT) plan has been developed that is linked to achieving the programs objectives. |  |  |  |
| 1. IT plans are modified as needed to support new objectives. |  |  |  |
| **Conclusions Reached and Actions Needed:** | | | |
| **COMMUNICATION** | | | |
| **This Control is Implemented and Operating Effectively** | **Response** | | **Comments** |
| **Agree** | **Disagree** |
| 1. Communication channels exist for CSA stakeholders to effectively communicate up, down, across, and within the program. |  |  |  |
| 1. Information/analytical reports are provided to the right people, with the right level of detail, at the right time. |  |  |  |
| 1. Mechanisms are in place to identify emerging technology needs, establish priorities, and provide feedback on system performance. |  |  |  |
| 1. A clear communication channel is available to report suspected improprieties. |  |  |  |
| 1. Persons who report suspected improprieties are provided feedback and are not subject to retaliation. |  |  |  |
| 1. Realistic mechanisms are in place for CSA stakeholders to provide recommendations for improvement. |  |  |  |
| 1. Changes with respect to statewide and local objectives and strategies are communicated timely and effectively to all effected CSA stakeholders. |  |  |  |
| 1. Outside parties understand the program’s ethical and behavioral standards and expectations regarding dealings with the program. |  |  |  |
| 1. The CPMT is receptive to comments by internal and external auditors regarding control deficiencies or suggestions for process improvement. Appropriate actions are taken and documented. |  |  |  |
| **Conclusions Reached and Actions Needed:** | | | |

**SECTION I: GOVERNANCE**

**ORGANIZATIONAL LEVEL**

**INTERNAL CONTROL ENVIRONMENT ASSESSMENT SURVEY**

**Source:** [**http://www.doa.virginia.gov/Financial\_Reporting/ARMICS/ARMICS\_Standards.pdf**](http://www.doa.virginia.gov/Financial_Reporting/ARMICS/ARMICS_Standards.pdf)

|  |  |  |  |
| --- | --- | --- | --- |
| **MONITORING** | | | |
| **This Control is Implemented and Operating Effectively** | **Response** | | **Comments** |
| **Agree** | **Disagree** |
| 1. The CPMT has established performance measures for processes and receives periodic reports of results against those measures. |  |  |  |
| 1. Individuals responsible for performance reports (operational and financial) are required to “sign off” on their accuracy and integrity and are held accountable if errors are discovered. |  |  |  |
| 1. Known departures from statutory compliance and/or CPMT adopted policies, procedures, or practices that should have prevented or detected problems are reassessed and modified as appropriate. |  |  |  |
| 1. Evaluations of the entire internal control system (includes policies/procedures/practices) are performed when there are major changes in operations. |  |  |  |
| 1. An appropriate level of documentation is developed to facilitate an understanding of how the system of internal control works (such as policy manuals, flowcharts, and implementation memorandums). |  |  |  |
| 1. Local CSA staff is provided with sufficient internal control and compliance training sessions and feedback opportunities. |  |  |  |
| 1. Internal control deficiencies are identified by on-going monitoring activities by the CPMT, including managerial activities and everyday supervision of CSA staff. |  |  |  |
| 1. Internal control deficiencies are identified during separate evaluations of the programs internal control system (i.e. internal/external audit). |  |  |  |
| 1. Internal control deficiencies are reported to the person directly responsible for the activity and to the CPMT. |  |  |  |
| 1. The CPMT ensures that the necessary follow-up actions are taken in response to reported control deficiencies. |  |  |  |
| 1. Specifications have been established for deficiencies that should be reported to state and local oversight bodies (e.g. local government leaders; Office of Children’s Services; State Executive Council [SEC]). |  |  |  |
| **Conclusions Reached and Actions Needed:** | | | |

**SECTION II: RISK MANAGMENT**

* Risk Assessment Worksheet
  + Identification of Risk Exposures
  + Likelihood and Impact of Risk Exposures
  + Risk Response Plans
* Risk Assessment Worksheet Supplement
* Fraud Risk Questionnaire

**SECTION II: RISK MANAGMENT**

**RISK ASSESSMENT WORKSHEET**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| “Risk Assessment” is the process of analyzing potential events and considering likelihood and impact to determine those events’ possible impact on achievement of objectives. Management must assess the risk of unexpected potential events and any expected events that could have a significant impact. Risk assessment is a continuous and repetitive interplay of actions occurring throughout an organization.  **Source:** [**http://www.doa.virginia.gov/Financial\_Reporting/ARMICS/ARMICS\_Standards.pdf**](http://www.doa.virginia.gov/Financial_Reporting/ARMICS/ARMICS_Standards.pdf) | | | | | |
|  | | | | | |
| **Task Description** | **Describe activity performed to validate/verify assessment criteria.**  **(May attach additional sheets , if needed)** | **Is there evidence to demonstrate achievement of criteria?**  **(May attach additional sheets, if needed)** | | | |
| Y | N | N/A | Comments |
| 1. Establish requirements for completing risk assessment process, to include but not limited to:    1. Responsible Party    2. Frequency    3. Communicating Results    4. Implementation of Risk Responses |  |  |  |  |  |
| 1. Perform and document a risk assessment of the locally administered CSA program. The Risk Assessment Worksheet Supplement or a reasonable facsimile may be used. |  |  |  |  |  |
| 1. Communicate results of the risk assessment to appropriate parties. |  |  |  |  |  |
| 1. Verify and document timely completion of the risk assessment and implementation plans, if applicable. |  |  |  |  |  |
| 1. Ensure that an assessment of fraud risk is completed. Select at least 3 individuals from the local CSA program staff to complete questionnaire   *Suggestion: vary selection from among the various stakeholder groups (CPMT, FAPT, MDT, CSA Coordinator, and Utilization Review.)* |  |  |  |  |  |

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| **Completed By:** |  | **Date:** | Click here to enter a date. |

**SECTION II: RISK MANAGMENT**

**RISK ASSESSMENT WORKSHEET SUPPLEMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **SEVERITY RANKINGS & RESPONSE ACTIONS** | | | |
| **Potential Risk Event/Exposure** | | **Likelihood** | **Impact** | **Risk Response** | **Implementation Plan**  **(Check box if plan is required. Required for all rated as high. Include as an attachment to this file).** |
| **Rate as follows:**  **High = 3**  **Moderate = 2**  **Low = 1** | | **Rate as follows**  **A = Avoid**  **R = Reduce**  **S = Share**  **X = Accept** |
|  | |  |  |  |  |
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|  | | | | | |
| **EXPLANATION OF KEY TERMS** | | | | | |
| **Likelihood** | **Defined as “the odds” that a given event will occur.** | | | | |
| **Impact** | **The measurement of the effect of the event in quantitative or qualitative terms.** | | | | |
| **Avoid** | **Ending those activities that give rise to risk (e.g. eliminating a service or function).** | | | | |
| **Reduce** | **Involves everyday management decisions, including imposing control activities (i.e. reviews, approvals, authorizations, inspections, reconciliations, routine activities).** | | | | |
| **Sharing** | **Transfers a portion of likelihood or impact to another party (e.g. outsourcing).** | | | | |
| **Acceptance** | **Taking no action in response to risk, within parameters dictated by established policy. All risk cannot be eliminated. Risk that remains after all possible risk responses have been taken is accepted and often referred to as residual risk.** | | | | |
| **Probability** | **High (requires action to avoid or reduce the risk)** | | | | |
| **Moderate (requires action; reduce the risk)** | | | | |
| **Low (requires no action; accept the risk)** | | | | |

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| **Prepared By:** |  | **Title:** | **Date:** | Click here to enter a date. |
| **Reviewed By:** |  | **Title:** | **Date:** | Click here to enter a date. |

**SECTION II: RISK MANAGMENT**

**FRAUD RISK QUESTIONNAIRE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** | **Title:** | | | | **Date:** |
| **QUESTIONS** | | **RESPONSE** | | **COMMENTS** | |
| **YES** | **No** |
| 1. Does the local CSA program have or adopted local government’s ethics policies and procedures? If yes, how is it communicated and how often? | |  |  |  | |
| 1. Do representatives of the local CSA program exhibit high ethical standards? | |  |  |  | |
| 1. Has the local CSA program established internal controls (e.g. policies/procedures, processes, practices, etc.) to prevent, deter, and detect inappropriate and/or fraudulent activity? If no, skip to question 6. | |  |  |  | |
| 1. Are the internal controls established adequately designed to mitigate fraud risk/exposures and operating as intended? | |  |  |  | |
| 1. What are the potential fraud risk/exposures for the local CSA program? | |  | |  | |
| 1. Are any CSA partner agencies particularly vulnerable to fraud? If yes, please explain. | |  |  |  | |
| 1. Is there a means for internal and/or external CSA stakeholders to report suspected fraud? If yes, explain. | |  |  |  | |
| 1. If an individual with ties to the local CSA program were aware of possible wrong-doing within the program, would the CPMT be informed? Please explain. | |  |  |  | |
| 1. If someone wanted to acquire data, equipment, cash instruments or manipulate local CSA records through improper and/or fraudulent means, how would it most likely be done and the key personnel to be involved? | |  |  |  | |
| 1. Are you aware of any instances of security breaches of sensitive data and physical assets (equipment/funds)? If yes, explain. | |  |  |  | |
| 1. Have you ever observed any unusual transactions/ activities that were recorded outside normal business hours? If yes, explain. | |  |  |  | |
| 1. Has anyone ever requested you to process an unusual or poorly documented transaction; something you that you suspected was improper. If yes, please explain. | |  |  |  | |
| 1. Are you aware of any allegations of suspected fraud or proven instances of fraud in the local CSA program? If yes, explain. | |  |  |  | |
| 1. Are you aware of anyone with ties to managing CSA who is living outside their means/lifestyle, may have money issues, demeanor or habits may have suddenly changed? | |  |  |  | |
| 1. If you were assigned to audit the organization, where would you spend your time/resources? | |  | |  | |
| 1. Have you personally perpetrated any fraud against CSA? If yes, explain. | |  |  |  | |

**SECTION III: INTERNAL CONTROL ASSESSMENT**

* Internal Control Worksheet
* Internal Control Questionnaire

**SECTION III: INTERNAL CONTROL**

**INTERNAL CONTROL WORKSHEET**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Internal Control is an ongoing process led by executive leadership designees to design and provide reasonable assurance that these types of objectives will be achieved:  • Effective and efficient operations,  • Reliable financial reporting,  • Compliance with applicable laws and regulations , and  • Safeguarding of assets and data.  No matter how well designed and operated, effective internal control provides only reasonable (not absolute) assurance. Achievement of objectives is always influenced by limitations inherent in all management processes, including:  • Faulty judgment or other human error,  • Collusion,  • Management override of controls, and  • Limitations disclosed by cost-versus-benefit analysis.  These limitations exist wherever internal controls exist, whether in the public, private, or not-for-profit sectors.  **Source:** [**http://www.doa.virginia.gov/Financial\_Reporting/ARMICS/ARMICS\_Standards.pdf**](http://www.doa.virginia.gov/Financial_Reporting/ARMICS/ARMICS_Standards.pdf) | | | | | |
|  | | | | | |
| **Task Description** | **Describe activity performed to validate/verify assessment criteria.**  **(May attach additional sheets , if needed)** | **Is there evidence to demonstrate achievement of criteria?**  **(May attach additional sheets, if needed)** | | | |
| Y | N | N/A | Comments |
| 1. Establish requirements for completing an internal control assessment, to include but not limited to:    1. Responsible Party    2. Frequency    3. Communicating Results    4. Quality Improvement Plan |  |  |  |  |  |
| 1. Complete the internal control questionnaire included in this workbook. |  |  |  |  |  |
| 1. Communicate results of the internal control assessment to appropriate parties and develop a quality improvement plan to address deficiencies identified. |  |  |  |  |  |
| 1. Verify and document timely completion of the internal control assessment and implementation of quality improvement plans, if applicable. |  |  |  |  |  |

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| **Completed By:** |  | **Date:** | Click here to enter a date. |

**SECTION III: INTERNAL CONTROL**

**INTERNAL CONTROL QUESTIONNAIRE**

**(Page 1 of 4)**

**Objective I: To determine the adequacy of risk management, control, and governance processes.**

|  |  |  |
| --- | --- | --- |
| **Questions** | **Answer**  Y/ N / N/A | **Comments** |
| 1. Are members of the CPMT appointed by the governing body of the local political subdivision? |  |  |
| 1. Are members of the FAPT/MDT appointed by the CPMT? |  |  |
| 1. Does your locality have more than one FAPT/MDT? If yes, how many? |  |  |
| 1. Is the fiscal agent a member of the CPMT and/or attends CPMT meetings regularly? |  |  |
| 1. Does the makeup of CPMT, FAPT, and MDT membership meet the minimum statutory requirements? |  |  |
| 1. Are appointed CPMT members authorized to make policy and funding decisions for their agencies? |  |  |
| 1. Are FAPT/MDT members appointed who have authority to access services within their respective agencies? |  |  |
| 1. Do any CPMT, FAPT, and MDT members participate as members for other localities? If yes, please provide specifics. |  |  |
| 1. Are parent representatives and private providers that serve on CPMT, MDT or FAPT required to complete State and Local Government Conflict of Interest Act forms? |  |  |
| 1. Are CPMT, FAPT, and/or MDT members required to abstain from decision-making involving individual cases in which they have either a personal or fiduciary interest? |  |  |
| 1. Does the CPMT coordinate long-range community-wide planning in the development of resources and services? |  |  |
| 1. Is a financial audit of the local CSA program performed annually? By whom? |  |  |
| 1. Does the CPMT monitor appropriate use of CSA funds? Please describe process. |  |  |
| 1. Is there a procedure for addressing noted deficiencies? Please describe process. |  |  |
| 1. How often does the CPMT meet? |  |  |
| 1. Are formal minutes of the CPMT, FAPT, and or MDT meetings recorded and retained? |  |  |

|  |
| --- |
| **Conclusions Reached and Actions Needed:** |

**SECTION III: INTERNAL CONTROL**

**INTERNAL CONTROL QUESTIONNAIRE**

**(Page 2 of 4)**

**Objective II: To determine the degree of accomplishment of established CSA goals and objectives.**

|  |  |  |
| --- | --- | --- |
| **Questions** | **Answer**  **Y/ N/ N/A** | **Comments** |
| 1. Does the local CSA program/unit have clearly defined goals and objectives and are they documented? |  |  |
| 1. Are the goals and objectives that have been established consistent with the legislative intent of the Children’s Services Act and the Appropriation Act? |  |  |
| 1. Do the results of operations appear to be consistent with the stated goals and objectives? |  |  |
| 1. Does CPMT periodically appraise the program for cost effectiveness? |  |  |
| 1. Are the results of evaluations of the accomplishment of goals and objectives, as well as the appraisals of the effectiveness of the local CSA program, communicated to stakeholders? List how and frequency of communications. |  |  |

|  |
| --- |
| **Conclusions Reached and Actions Needed:** |

**Objective III: To determine the compliance with policies plans, procedures, laws, regulations, etc.**

|  |  |  |
| --- | --- | --- |
| **Questions** | **Answer**  **Y/ N/ N/A** | **Comments** |
| 1. Are policies, plans, procedures, laws and regulations applicable to the local CSA program readily available to CPMT, MDT and FAPT Members? |  |  |
| 1. Are the policies and procedures in use by the local CSA program reasonably well written and do they facilitate work performance? |  |  |
| 1. Is there evidence that local CSA procedures are updated in a timely fashion as changes are made? |  |  |
| 1. Is there a procedure in effect to ensure that new CPMT, MDT and FAPT members, CSA Coordinators, local service agencies, and private provider, employees responsible for coordinating CSA services and funding receive training in these policies, etc.? |  |  |

|  |
| --- |
| **Conclusions Reached and Actions Needed:** |

**SECTION III: INTERNAL CONTROL**

**INTERNAL CONTROL QUESTIONNAIRE**

**(Page 3 of 4)**

**Objective IV: To determine the reliability and integrity of information**

|  |  |  |
| --- | --- | --- |
| **Questions** | **Answer**  Y/N/ N/A | **Comments** |
| 1. Are individual service plans and financial transactions required to be authorized by appropriate FAPT, MDT and CPMT designees? |  |  |
| 1. Are authorizations by appropriate FAPT, MDT, and CPMT designees evidenced in writing? |  |  |
| 1. Are there measures in place to help ensure that services plan s and financial documents are complete, accurate, and processed timely? |  |  |
| 1. Are there measures in place to ensure that eligible CSA referrals are processed? |  |  |
| 1. Are there measures in place to prevent duplicate processing of transactions? |  |  |
| 1. Are there reconciliation procedures in place where appropriate (e.g. inventory of case files; fund balance reconciliations)? |  |  |
| 1. Have records management and records retention requirements been established and documented for the program? |  |  |
| 1. Is there a process in place to get feedback on the reliability and integrity of information collected in eligibility determinations, service planning, progress monitoring? |  |  |
| 1. Does this process appear to be adequate as designed? |  |  |
| 1. Is there evidence that management performs this control and initiates corrective action when necessary? |  |  |
| 1. Does the turnover rate of CPMT; FAPT; MDT members and CSA Coordinators appear to be reasonable? |  |  |
| 1. Is training for CPMT/FAPT/MDT members and CSA Coordinators/employees adequate? |  |  |
| 1. Do CSA Coordinators have a backup in the event of an extended absence or vacancy? |  |  |
| 1. Is there a system of rotation for CPMT/FAPT/MDT members? |  |  |
| 1. Is the program operating pretty much the same now as a year ago or have there been substantial changes? |  |  |
| **Conclusions Reached and Actions Needed:** | | |

**SECTION III: INTERNAL CONTROL**

**INTERNAL CONTROL QUESTIONNAIRE**

**(Page 4 of 4)**

**Objective V: To determine if assets and/or data are properly safeguarded.**

|  |  |  |
| --- | --- | --- |
| **Questions** | **Answer**  Y/N/ N/A | **Comments** |
| 1. Do controls (security of and accountability) over cash (if any) and valuable documents appear to be adequate? |  |  |
| 1. Are sensitive records physically secured from easy access by unauthorized personnel (e.g. secured file cabinets)? |  |  |
| 1. Are sensitive records that are stored electronically secured from easy access by unauthorized personnel (e.g. password protected; encrypted flash drives; etc.)? |  |  |
| 1. Is there a process established for back-up and recovery of data? |  |  |
| 1. Is the principle of least privilege applied in granting access of secure data (based on specific needs of user; not everyone has full access)? |  |  |
| 1. Is staff required to participate in information security awareness training? |  |  |
| **Conclusions Reached and Actions Needed:** | | |

**Objective VI: To determine if the entity’s operations are being conducted in the most economical and efficient manner possible**.

|  |  |  |
| --- | --- | --- |
| **Questions** | **Answer**  Y/N/ N/A | **Comments** |
| 1. Are lines of authority and responsibility of the CPMT, FAPT, MDT and CSA Coordinator clearly drawn? |  |  |
| 1. Are plans to accomplish the goals and objectives of the program tied to the formal budget/pool fund allocations? |  |  |
| 1. Are CSA pool fund expenditure reimbursements and budget performance reviewed periodically? By whom? |  |  |
| 1. Do employees not perform redundant or unnecessary steps? |  |  |
| 1. Does the processing flow of documents appear to be efficient and timely and designed to minimize processing steps? |  |  |
| 1. Is all work that is performed meaningful and purposeful? |  |  |
| **Conclusions Reached and Actions Needed:** | | |

**SECTION IV: Training**

* Training Worksheet

**SECTION IV: TRAINING**

**TRAINING WORKSHEET**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Competence reflects the knowledge, skills, and abilities needed to meet objectives. Providing continuing training and education can reward expected performance and behavior. It is essential that employees are groomed to tackle new challenges as programs become more complex. Education, training and coaching reduce the risk of error and inefficiency in operations by ensuring that personnel have the proper education and training to perform their duties effectively. Education and training programs should be periodically reviewed and updated to conform to any changes in the program environment or fiscal processing procedures. **Source:** [**http://www.doa.virginia.gov/Financial\_Reporting/ARMICS/ARMICS\_Standards.pdf**](http://www.doa.virginia.gov/Financial_Reporting/ARMICS/ARMICS_Standards.pdf) | | | | | |
|  | | | | | |
| **Task Description** | **Describe activity performed to validate/verify assessment criteria.**  **(May attach additional sheets , if needed)** | **Is there evidence to demonstrate achievement of criteria?**  **(May attach additional sheets, if needed)** | | | |
| Y | N | N/A | Comments |
| 1. Determine whether a training plan has been established for local CSA program staff. |  |  |  |  |  |
| 1. Maintain documentation of local CSA program staff participation in CSA related training events. |  |  |  |  |  |
| 1. Determine whether the local CSA program has established a frequency and/or venue for educating applicable stakeholders (i.e. parents, community partners, private providers, judges, etc.) on local CPMT approved CSA policies, procedures, resources and services. |  |  |  |  |  |
| 1. Maintain documentation to demonstrate education of CSA stakeholders in the community. Examples could include: participant lists, meeting agendas, meeting minutes, course outlines/syllabus, etc. |  |  |  |  |  |
| 1. Ensure that training plans/ programs are updated periodically. |  |  |  |  |  |

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| **Completed By:** |  | **Date:** | Click here to enter a date. |

**SECTION V: COMPLIANCE**

* Compliance Assessment Worksheet
  + Compliance Supplemental Worksheets – Program Activities
    - CPMT Management
    - FAPT/MDT Management
    - Family Engagement
    - Utilization Management/Utilization Review (UM/UR)
    - Intensive Care Coordination (ICC)
    - Treatment Foster Care (TFC)
    - Community-Based Behavioral Health Services
    - Special Education (SPED)
    - Records Management
    - Data Security
  + Compliance Supplemental Worksheets – Fiscal Activities
    - Pool Fund Eligibility
    - Budget/Expenditure Monitoring
    - “Carve-out” of Allocation
    - Contracting/Purchasing
    - Parental Contributions
    - Expenditure Processing
    - Pool Fund Reimbursements
    - Supplemental Requests
* Local CPMT Compliance Assessment Worksheet

**SECTION V: COMPLIANCE**

**COMPLIANCE ASSESSMENT WORKSHEET**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The purpose of the Children’s Services Act is to: "1. Ensure that services and funding are consistent with the Commonwealth's policies of preserving families and providing appropriate services in the least restrictive environment, while protecting the welfare of children and maintaining the safety of the public." Code of Virginia §2.2-2648 states that the Council shall “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](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+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](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+2.2-5211);" | | | | | |
|  | | | | | |
| **Task Description** | **Describe activity performed to validate/verify assessment criteria.**  **(May attach additional sheets , if needed)** | **Is there evidence to demonstrate achievement of criteria?**  **(May attach additional sheets, if needed)** | | | |
| Y | N | N/A | Comments |
| **PROGRAM ACTIVITIES** |  | | | | |
| 1. Review program activities of the most recent 12 months to assess compliance with federal, state, and local laws, policies, and procedures that govern CSA services. |  |  |  |  |  |
| 1. Document the assessment using the Compliance Supplemental Worksheet- Program Activities or a reasonable facsimile. |  |  |  |  |  |
| 1. Itemize deficiencies and the corresponding plan of action. |  |  |  |  |  |
| 1. Document CPMT discussion of deficiencies and plan of action. |  |  |  |  |  |
| **FISCAL ACTIVITIES** |  | | | | |
| 1. Review fiscal activities of the most recent 12 months to assess compliance with federal, state, and local laws, policies, and procedures governing CSA pool fund expenditures. |  |  |  |  |  |
| 1. Document the assessment using the Compliance Supplemental Worksheet- Fiscal Activities or a reasonable facsimile. |  |  |  |  |  |
| 1. Itemize deficiencies and the corresponding plan of action. |  |  |  |  |  |
| 1. Document CPMT discussion of deficiencies and plan of action. |  |  |  |  |  |

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| --- | --- | --- | --- |
| **Completed By:** |  | **Date:** | Click here to enter a date. |

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| **Compliance Supplemental Worksheets – Program Activities: CPMT MANAGEMENT** | | | | | | |
| **Note: This document lists only the compliance criteria established at the State level. Local CPMTs are encouraged to include in this process a review of compliance with the locally established policies and procedures for administering local CSA programs.** | | | | | | |
| **PROCEDURE** | Determine level of compliance by locally administered Community Policy and Management Teams (CPMT) with CSA laws, statutes, policies and procedures established by the State Executive Council (SEC). | | | | | |
|  | | | | | | |
| **Reference** | **Description** | **Compliance Status** | | | | |
| **Full** | **Partial** | | | **Non** |
| **COV** [**§ 2.2-5206**](http://law.lis.virginia.gov/vacode/2.2-5206)  **CSA Policy Manual, Section 3.1** | The Community Policy and Management Team shall manage the cooperative effort in each community to better serve the needs of troubled and at-risk youths and their families and to maximize the use of state and community resources. Every such team shall: |  | |  |  | |
| * 1. Develop interagency policies and procedures to govern the provision of services to children and families in its community; |  | |  |  | |
| * 1. Develop interagency fiscal policies governing access to the state pool of funds by the eligible populations including immediate access to funds for emergency services and shelter care; |  | |  |  | |
| * 1. Establish policies to assess the ability of parents or legal guardians to contribute financially to the cost of services to be provided and, when not specifically prohibited by federal or state law or regulation, provide for appropriate parental or legal guardian financial contribution, utilizing a standard sliding fee scale based upon ability to pay; |  | |  |  | |
| * 1. Coordinate long-range, community-wide planning that ensures the development of resources and services needed by children and families in its community including consultation on the development of a community-based system of services established under [§ 16.1-309.3](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+16.1-309.3); |  | |  |  | |
| * 1. Establish policies governing referrals and reviews of children and families to the family assessment and planning teams or a collaborative, multidisciplinary team process approved by the Council and a process to review the teams' recommendations and requests for funding; |  | |  |  | |
| 1. Establish quality assurance and accountability procedures for program utilization and funds management; |  | |  |  | |
| 1. Establish procedures for obtaining bids on the development of new services; |  | |  |  | |
| 1. Authorize and monitor the expenditure of funds by each family assessment and planning team or a collaborative, multidisciplinary team process approved by the Council; |  | |  |  | |
| 1. Manage funds in the interagency budget allocated to the community from the state pool of funds, the trust fund, and any other source |  | |  |  | |
| 1. Submit grant proposals that benefit its community to the state trust fund and enter into contracts for the provision or operation of services upon approval of the participating governing bodies; |  | |  |  | |

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| **Compliance Supplemental Worksheets – Program Activities: CPMT MANAGEMENT** | | | | | | |
| **Note: This document lists only the compliance criteria established at the State level. Local CPMTs are encouraged to include in this process a review of compliance with the locally established policies and procedures for administering local CSA programs.** | | | | | | |
| **PROCEDURE** | Determine level of compliance by locally administered Community Policy and Management Teams (CPMT) with CSA laws, statutes, policies and procedures established by the State Executive Council (SEC). | | | | | |
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| **Reference** | **Description** | **Compliance Status** | | | | |
| **Full** | **Partial** | | | **Non** |
| **COV** [**§ 2.2-5206**](http://law.lis.virginia.gov/vacode/2.2-5206)  **CSA Policy Manual, Section 3.1** | 1. Serve as its community's liaison to the Office of Children’s Services for At-Risk Youth and Families, reporting on its programmatic and fiscal operations and on its recommendations for improving the service system, including consideration of realignment of geographical boundaries for providing human services; |  | |  |  | |
| 1. Collect and provide uniform data to the Council as requested by the Office of Children’s Services for At-Risk Youth and Families in accordance with subdivision D 16 of [§ 2.2-2648](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+2.2-2648); |  | |  |  | |
| 1. Review and analyze data in management reports provided by the Office of Children’s Services for At-Risk Youth and Families in accordance with subdivision D 18 of [§ 2.2-2648](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+2.2-2648) to help evaluate child and family outcomes and public and private provider performance in the provision of services to children and families through the Children’s Services Act program.   Every team shall also review local and statewide data provided in the management reports on the number of children served, children placed out of state, demographics, types of services provided, duration of services, service expenditures, child and family outcomes, and performance measures  Additionally, teams shall track the utilization and performance of residential placements using data and management reports to develop and implement strategies for returning children placed outside of the Commonwealth, preventing placements, and reducing lengths of stay in residential programs for children who can appropriately and effectively be served in their home, relatives homes, family-like setting, or their community;" |  | |  |  | |
| 1. "Administer funds pursuant to [§ 16.1-309.3](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+16.1-309.3);" |  | |  |  | |
| 1. "Have authority, upon approval of the participating governing bodies, to enter into a contract with another community policy and management team to purchase coordination services provided that funds described as the state pool of funds under § 2.2-5211 are not used;" |  | |  |  | |

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| **Compliance Supplemental Worksheets – Program Activities: CPMT MANAGEMENT** | | | | | | |
| **Note: This document lists only the compliance criteria established at the State level. Local CPMTs are encouraged to include in this process a review of compliance with the locally established policies and procedures for administering local CSA programs.** | | | | | | |
| **PROCEDURE** | Determine level of compliance by locally administered Community Policy and Management Teams (CPMT) with CSA laws, statutes, policies and procedures established by the State Executive Council (SEC). | | | | | |
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| **Reference** | **Description** | **Compliance Status** | | | | |
| **Full** | **Partial** | | | **Non** |
| **COV** [**§ 2.2-5206**](http://law.lis.virginia.gov/vacode/2.2-5206)  **CSA Policy Manual, Section 3.1** | 1. Submit to the Department of Behavioral Health & Developmental Services information on children under the age of 14 and adolescents aged 14 through 17 for whom an admission to an acute care psychiatric or residential treatment facility licensed pursuant to Article 2 (§ 37.2-403 et seq.) of Chapter 4 of Title 37.2, exclusive of group homes, was sought but unable to be obtained by reporting entities. Such information shall be gathered from the family assessment and planning team or participating community agencies authorized in [§2.2-5207](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+2.2-5207). Information to be submitted shall include:    1. The child or adolescents date of birth;    2. Date admission was attempted; and    3. Reason the patient could not be admitted into the hospital or facility. |  | |  |  | |
| 1. Establish policies for providing intensive care coordination services for children who are at-risk of entering, or are placed in, residential care through the Children’s Services Act program, consistent with guidelines developed pursuant to subdivision D 22 of [§ 2.2-2648](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+2.2-2648)." [COV § 2.2-5206](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+2.2-5206) |  | |  |  | |
| 1. Establish policies and procedures for appeals by youth and their families of decisions made by local Family Assessment and Planning Teams regarding services to be provided to the youth and family pursuant to an individual family services plan developed by the local Family Assessment and Planning Team. Such policies and procedures shall not apply to appeals made pursuant to § [63.2-915](http://law.lis.virginia.gov/vacode/63.2-915/) or in accordance with the Individuals with Disabilities Education Act or federal or state laws or regulations governing the provision of medical assistance pursuant to Title XIX of the Social Security Act. |  | |  |  | |

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| **Compliance Supplemental Worksheets – Program Activities: FAPT/MDT MANAGMENT** | | | | |
| **Note: This document lists only the compliance criteria established at the State level. Local CPMTs are encouraged to include in this process a review of compliance with the locally established policies and procedures for administering local CSA programs.** | | | | |
| **PROCEDURE** | Select a representative sample of all FAPT/MDT referrals processed in the most recent 12 months, documenting the sample selection methodology. Review the file documentation for evidence of compliance with CSA statutes, policies, and procedures as listed below. Attach a list of the FAPT/MDT referrals selected for review. Document an explanation for any observations of partial or non-compliance. | | | |
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| **Reference** | **Description** | **Compliance Status** | | |
| **Full** | **Partial** | **Non** |
| **COV** [**§ 2.2-5210**](http://law.lis.virginia.gov/vacode/2.2-5210)  **CSA Policy Manual, Section 3.2** | 1. Proceedings held to consider the appropriate provision of services and funding for a particular child, family or both who have been referred to FAPT/MDT shall be confidential and not open to the public, unless the child and family who are the subjects of the proceeding request, in writing, that it be open. All information about specific children and families obtained by the team members in the discharge of their responsibilities to the team shall be confidential. |  |  |  |
| **COV** [**§ 2.2-5209**](http://law.lis.virginia.gov/vacode/2.2-5209)  **CSA Policy Manual, Section 3.2** | 1. All youth and families for which CSA-funded treatment services are requested are to be assessed by the family assessment and planning team or an approved collaborative, multidisciplinary team process and shall consider the criteria set out in subdivisions A 1 and A 2 of § [2.2-5212](http://law.lis.virginia.gov/vacode/2.2-5212/). Except for cases involving only the payment of foster care maintenance that shall be at the discretion of the local community policy and management team, cases for which service plans are developed outside of this family assessment and planning team process or approved collaborative, multidisciplinary team process shall not be eligible for state pool funds. |  |  |  |
| 1. Nothing in this section shall prohibit the use of state pool funds for emergency placements, provided the youth are subsequently assessed by the family assessment and planning team or an approved collaborative, multidisciplinary team process within 14 days of admission and the emergency placement is approved at the time of placement. |  |  |  |
| **COV** [**§ 2.2-5207**](http://law.lis.virginia.gov/vacode/2.2-5207)  **CSA Policy Manual, Section 3.2** | 1. Persons serving on the team who are parent representatives or who represent private organizations or associations of providers for children's or family services shall abstain from decision-making involving individual cases or agencies in which they have either a personal interest, as defined in § [2.2-3101](http://law.lis.virginia.gov/vacode/2.2-3101/) of the State and Local Government Conflict of Interests Act, or a fiduciary interest. |  |  |  |

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| **Compliance Supplemental Worksheets – Program Activities: FAPT/MDT MANAGMENT** | | | | |
| **Note: This document lists only the compliance criteria established at the State level. Local CPMTs are encouraged to include in this process a review of compliance with the locally established policies and procedures for administering local CSA programs.** | | | | |
| **PROCEDURE** | Select a representative sample of all of FAPT/MDT referrals processed in the most recent 12 months, documenting the sample selection methodology. Review the file documentation for evidence of compliance with CSA statutes, policies, and procedures as listed below. Attach a list of the FAPT/MDT referrals selected for review. Document an explanation for any observations of partial or non-compliance. | | | |
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| **Reference** | **Description** | **Compliance Status** | | |
| **Full** | **Partial** | **Non** |
| **COV** [**§ 2.2-5208**](http://law.lis.virginia.gov/vacode/2.2-5208)  **CSA Policy Manual, Section 3.2** | The family assessment and planning team, in accordance with § [2.2-2648](http://law.lis.virginia.gov/vacode/2.2-2648/), shall assess the strengths and needs of troubled youths and families who are approved for referral to the team and identify and determine the complement of services required to meet these unique needs. FAPT/MDT Team, in accordance with policies developed by the CPMT shall: |  | | |
| 1. Review referrals of youth and families to the team. |  |  |  |
| 1. Provide for family participation in all aspects of assessment, planning, and implementation of services. |  |  |  |
| 1. Provide for the participation of foster parents in the assessment, planning and implementation of services when a child has a program goal of permanent foster care or is in a long-term foster care placement. The case manager shall notify the foster parents of a troubled youth of the time and place of all assessment and planning meetings related to such youth. Such foster parents shall be given the opportunity to speak at the meeting or submit written testimony if the foster parents are unable to attend.  The opinions of the foster parents shall be considered by FAPT/MDT in its deliberations. |  |  |  |
| 1. Develop an individual family services plan (IFSP) for youths and families reviewed by the Team that provides for appropriate and cost-effective services; |  |  |  |
| 1. Identify children who are at risk of entering, or are placed in, residential care through the CSA program who can be appropriately and effectively served in their homes, relatives' homes, family-like settings, and communities. For each child entering or in residential care, in accordance with the policies of the CPMT developed pursuant to subdivision 17 of [§ 2.2-5206](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+2.2-5206), the FAPT or approved alternative MDT, in collaboration with the family, shall (i) identify the strengths and needs of the child and his family through conducting or reviewing comprehensive assessments, including but not limited to information gathered through the mandatory uniform assessment instrument… |  |  |  |

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| **Compliance Supplemental Worksheets – Program Activities: FAPT/MDT MANAGMENT** | | | | |
| **Note: This document lists only the compliance criteria established at the State level. Local CPMTs are encouraged to include in this process a review of compliance with the locally established policies and procedures for administering local CSA programs.** | | | | |
| **PROCEDURE** | Select a representative sample of all FAPT/MDT referrals processed in the most recent 12 months, documenting the sample selection methodology. Review the file documentation for evidence of compliance with CSA statutes, policies, and procedures as listed below. Attach a list of the FAPT/MDT referrals selected for review. Document an explanation for any observations of partial or non-compliance. | | | |
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| **Reference** | **Description** | **Compliance Status** | | |
| **Full** | **Partial** | **Non** |
| **COV** [**§ 2.2-5208**](http://law.lis.virginia.gov/vacode/2.2-5208)  **CSA Policy Manual, Section 3.2** | … (ii) identify specific services and supports necessary to meet the identified needs of the child and his family building upon the identified strengths, (iii) implement a plan for returning the youth to his home, relative’s home, family-like setting, or community at the earliest appropriate time that addresses his needs, including identification of public or private community-based services to support the youth and his family during transition to community-based care, and (iv) provide regular monitoring and utilization review of the services and residential placement for the child to determine whether the services and placement continue to provide the most appropriate and effective services for the child and his family. |  |  |  |
| 1. Where parental or legal guardian financial contribution is not specifically prohibited by federal or state law or regulation, or has not been ordered by the court or by the DCSE, assess the ability of parents or legal guardians, utilizing a standard sliding fee scale, based upon ability to pay, to contribute financially to the cost of services to be provided and provide for appropriate financial contribution from parents or legal guardians in the IFSP. |  |  |  |
| 1. Refer the youth and family to community agencies and resources in accordance with the individual family services plan. |  |  |  |
| 1. Recommend to the community policy and management team expenditures from the local allocation of the state pool of funds; and |  |  |  |
| 1. Designate a person who is responsible for monitoring and reporting, as appropriate, on the progress being made in fulfilling the individual family services plan developed for each youth and family, such reports to be made to the team or the responsible local agencies. |  |  |  |

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| **Compliance Supplemental Worksheets – Program Activities: FAPT/MDT MANAGMENT** | | | | |
| **Note: This document lists only the compliance criteria established at the State level. Local CPMTs are encouraged to include in this process a review of compliance with the locally established policies and procedures for administering local CSA programs.** | | | | |
| **PROCEDURE** | Select a representative sample all FAPT/MDT referrals processed in the most recent 12 months, documenting the sample selection methodology. Review the file documentation for evidence of compliance with CSA statutes, policies, and procedures as listed below. Attach a list of the FAPT/MDT referrals selected for review. Document an explanation for any observations of partial or non-compliance. | | | |
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| **Reference** | **Description** | **Compliance Status** | | |
| **Full** | **Partial** | **Non** |
| **CSA Policy Manual, Section 3.6** | 1. The Child and Adolescent Needs and Strength Assessment (CANS) shall be the mandatory uniform assessment instrument for children and youth receiving services funded through the state pool. Use of the CANS shall be effective July 1, 2009. |  |  |  |
| **COV** [**§ 2.2-5211**](http://law.lis.virginia.gov/vacode/2.2-5211) **Item C** | 1. Pursuant to [§2.2-5200](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+2.2-5200), Code of Virginia, Community Policy and Management Teams shall seek to ensure that services and funding are consistent with the Commonwealth’s policies of preserving families and providing appropriate services in the least restrictive environment, while protecting the welfare of children and maintaining the safety of the public. |  |  |  |
| **COV** [**§ 2.2-5211**](http://law.lis.virginia.gov/vacode/2.2-5211) **Item E** | 1. For court referrals to FAPT/MDT, the FAPT/MDT making the assessment shall make a report of the case or forward a copy of the individual family services plan to the court within 30 days of the court’s written referral to the CPMT. |  |  |  |
| 1. If, prior to a final disposition by the court, the court is requested to consider a level of service not identified or recommended in the report submitted by the family assessment and planning team, the court shall request the community policy and management team to submit a second report characterizing comparable levels of service to the requested level of service. |  |  |  |
| 1. Services ordered pursuant to a disposition rendered by the court pursuant to this section shall qualify for funding as appropriated under this section. |  |  |  |
| **COV** [**§ 2.2-5211.1**](http://law.lis.virginia.gov/vacode/2.2-5211.1)  **CSA Policy Manual, Section 4.4.1** | 1. In the event that any group home or other residential facility in which CSA children reside has its licensure status lowered to provisional as a result of multiple health and safety or human rights violations, all children placed through CSA in such facility shall be assessed as to whether it is in the best interests of each child placed to be removed from the facility and placed in a fully licensed facility and no additional CSA placements shall be made in the provisionally licensed facility until and unless the violations and deficiencies relating to health and safety or human rights that caused the designation as provisional shall be completely remedied and full licensure status restored. |  |  |  |

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| **Compliance Supplemental Worksheets – Program Activities: FAPT/MDT MANAGMENT** | | | | |
| **Note: This document lists only the compliance criteria established at the State level. Local CPMTs are encouraged to include in this process a review of compliance with the locally established policies and procedures for administering local CSA programs.** | | | | |
| **PROCEDURE** | Select a representative sample of all FAPT/MDT referrals processed in the most recent 12 months, documenting the sample selection methodology. Review the file documentation for evidence of compliance with CSA statutes, policies, and procedures as listed below. Attach a list of the FAPT/MDT referrals selected for review. Document an explanation for any observations of partial or non-compliance. | | | |
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| **Reference** | **Description** | **Compliance Status** | | |
| **Full** | **Partial** | **Non** |
| **COV** [**§ 2.2-5211.1**](http://law.lis.virginia.gov/vacode/2.2-5211.1)  **CSA Policy Manual, Section 4.4.1** | 1. Prior to the placement of a child across jurisdictional lines, the family assessment and planning teams shall (i) explore all appropriate community services for the child, (ii) document that no appropriate placement is available in the locality, and (iii) report the rationale for the placement decision to the community policy and management team. |  |  |  |
| 1. CPMT, FAPT, MDT or other local entities responsible for CSA placements shall notify the receiving school division whenever a child is placed across jurisdictional lines and identify any children with disabilities and foster care children to facilitate compliance with expedited enrollment and special education requirements. |  |  |  |

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| **Compliance Supplemental Worksheets – Program Activities:**  **FAMILY ENGAGEMENT PLANNING** | | | | |
| **Note: This document lists only the compliance criteria established at the State level. Local CPMTs are encouraged to include in this process a review of compliance with the locally established policies and procedures for administering local CSA programs.** | | | | |
| **PROCEDURE** | Determine whether a family engagement policy and procedure has been established by the CPMT. Review the established policy and procedure to verify existence of the required elements. Links to family engagement policy and related guidance are included for reference. Document an explanation for any observations of partial or non-compliance and include as an attachment to this document. | | | |
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| **Reference** | **Description** | **Compliance Status** | | |
| **Full** | **Partial** | **Non** |
| **COV** [**§ 2.2-5208**](http://law.lis.virginia.gov/vacode/2.2-5208)  **CSA Policy Manual, Section 3.3** | 1. CPMTs are responsible for developing policies and procedures, including those that govern any FAPT and/or authorized MDT within their jurisdiction, to provide for family participation in all aspects of assessment, planning and implementation of [CSA] services. |  |  |  |
| 1. Family members whose participation must be provided for through CPMT policies and practices include those who are impacted by or involved in the delivery of such services. Efforts must be made to include: (see full list in the policy manual). |  |  |  |
| 1. CPMTs must have written policies for FAPT/MDT agencies that outline the processes that will insure the best chance of family involvement. |  |  |  |
| 1. The CPMT is responsible for providing policies for FAPTs/MDTs that insure consistent, efficient, and effective CSA services to children and their families. Redundant or duplicative processes must be streamlined across child-serving agencies to promote family engagement but CPMT policy also must describe how they align and integrate with those of the CPMT’s member agencies. |  |  |  |
| 1. Family involvement and participation are most effective when the process is guided and driven by the youth and family; when the youth and family identify strengths and needs to be addressed; when the agencies involved are represented by staff who know, are known by, and are accepted by the youth and family; and when the youth and family participate in all aspects of assessment, planning and implementation of services. COV § 2.2-5207 provides a process for and encourages the formation of child- and family-specific teams through a locality’s FAPT and/or MDT processes. |  |  |  |

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| **Compliance Supplemental Worksheets – Program Activities:**  **FAMILY ENGAGEMENT PLANNING** | | | | |
| **Note: This document lists only the compliance criteria established at the State level. Local CPMTs are encouraged to include in this process a review of compliance with the locally established policies and procedures for administering local CSA programs.** | | | | |
| **PROCEDURE** | Determine whether a family engagement policy and procedure has been established by the CPMT. Review the established policy and procedure to verify existence of the required elements. Links to family engagement policy and related guidance are included for reference. Document an explanation for any observations of partial or non-compliance and include as an attachment to this document. | | | |
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| **Reference** | **Description** | **Compliance Status** | | |
| **Full** | **Partial** | **Non** |
| **COV** [**§ 2.2-5208**](http://law.lis.virginia.gov/vacode/2.2-5208)  **CSA Policy Manual, Section 3.3** | 1. CPMTs are responsible for instituting policies and practices that inform, prepare, and support family members for their participation in CSA, throughout the duration of their CSA services. This should be accomplished through communication and interaction methods that are appropriate to the family’s cultural and linguistic needs and preferences*,* including providing written material to family members to understand their rights and responsibilities with respect to CSA services; and if they are fully informed about and prepared to participate in the assessment, planning and service delivery process in their locality. |  |  |  |
| **COV** [**§ 2.2-5208**](http://law.lis.virginia.gov/vacode/2.2-5208)  **CSA Policy Manual, Section 3.3** | 1. The SEC has authority to review and approve request from CPMTs to establish MDTs. The SEC will approve all MDT requests that comply with the following requirements:    1. Policies governing the MDT must be in writing; made available for review by the SEC and OCS.    2. The policies must specify how the MDT’s practices and procedures align and integrate with those of the CPMT’s member agencies, and include assurances that the membership of the MDT is family driven. Documented family team processes adopted by any CPMT member agency (or agencies) can be included by reference in the CPMT MDT policy to satisfy this requirement    3. The policies must explicitly authorize and set out a process through which funding approval requests will be submitted directly from the MDT to the CPMT.   *Note: CPMTs that adopt MDT policies complying with these requirements may implement them with full authority under 2.2-5201 and 2.2-5209, provided that they notify OCS of their intent to do so and make their policies available for OCS review.* |  |  |  |

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| **Compliance Supplemental Worksheets Program Activities:**  **UTILIZATION MANAGEMENT AND UTILIZATION REVIEW** | | | | |
| **Note: This document lists only the compliance criteria established at the State level. Local CPMTs are encouraged to include in this process a review of compliance with the locally established policies and procedures for administering local CSA programs.** | | | | |
| **PROCEDURE** | Determine whether a utilization management/utilization review (UM/UR) policy and procedure has been established by the CPMT. Review the established policy and procedure to verify existence of the required elements. Links to UM/UR policy are included for reference. Select a representative sample of all of active CSA files, documenting the sample selection methodology, and verify compliance with the approved UM/UR plan. Document an explanation for any observations of partial or non-compliance and include as an attachment to this document. | | | |
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| **Reference** | **Description** | **Compliance Status** | | |
| **Full** | **Partial** | **Non** |
| **COV** [**§ 2.2-2648**](http://law.lis.virginia.gov/vacode/2.2-2648) **Item D.15**  **COV** [**§ 2.2-5206**](http://law.lis.virginia.gov/vacode/2.2-5206) **Item 13**  **COV** [**§ 2.2-5208**](http://law.lis.virginia.gov/vacode/2.2-5208) **Item 8**  [**CSA FY15-16 Appropriations Act, Chapter 665**](http://www.csa.virginia.gov/html/pdf/CSAAppropActFY15-16Chapter%20665.pdf) **Item B.3** | 1. Each locality receiving funds for activities under the Children’s Services Act shall have a locally determined utilization management plan following the guidelines or use of a process approved by the Council for utilization management, covering all CSA funded services; [COV § 2.2-2648 D.15](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+2.2-2648) |  |  |  |
| 1. The CPMT shall… Review and analyze data in management reports provided by OCS in accordance with subdivision D 18 of [§ 2.2-2648](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+2.2-2648) to help evaluate child and family outcomes and public and private provider performance in the provision of services to children and families through the Children’s Services Act program. |  |  |  |
| 1. Every team shall also review local and statewide data provided in the management reports on the number of children served, children placed out of state, demographics, types of services provided, duration of services, service expenditures, child and family outcomes, and performance measures. |  |  |  |
| 1. Additionally, teams shall track the utilization and performance of residential placements using data and management reports to develop and implement strategies for returning children placed outside of the Commonwealth, preventing placements, and reducing lengths of stay in residential programs for children who can appropriately and effectively be served in their home, relative's homes, family-like setting, or their community;" [COV § 2.2-5206 (13)](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+2.2-5206) |  |  |  |
| 1. "Each locality receiving funds for activities under the Children’s Services Act (CSA) shall have a utilization management process, including a uniform assessment, approved by the State Executive Council, covering all CSA services." |  |  |  |

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| **Compliance Supplemental Worksheets – Program Activities: INTENSIVE CARE COORDINATION** | | | | |
| **Note: This document lists only the compliance criteria established at the State level. Local CPMTs are encouraged to include in this process a review of compliance with the locally established policies and procedures for administering local CSA programs.** | | | | |
| **PROCEDURE** | Determine whether an intensive care coordination (ICC) policy and procedure has been established by the CPMT. Review the established policy and procedure to verify existence of the required elements. Select a representative sample of all ICC referrals occurring in the most recent 12 months, document the sample selection methodology, and verify compliance. Links to ICC policy and related guidance are included for reference. Document an explanation for any observations of partial or non-compliance and include as an attachment to this document. | | | |
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| **Reference** | **Description** | **Compliance Status** | | |
| **Full** | **Partial** | **Non** |
| **COV** [**§ 2.2-2648**](http://law.lis.virginia.gov/vacode/2.2-2648) **Item D.22**  **COV** [**§ 2.2-5206**](http://law.lis.virginia.gov/vacode/2.2-5206) **Item 17**  [**CSA FY15-16 Appropriations Act, Chapter 665**](http://www.csa.virginia.gov/html/pdf/CSAAppropActFY15-16Chapter%20665.pdf) **Item C.2.d**  **CSA Policy Manual, Section 6.1** | 1. At the direction of the State Executive Council, local Community Policy and Management Teams (CPMTs) and Community Services Boards (CSBs) shall work collaboratively in their service areas to develop a local plan for intensive care coordination (ICC) services that best meets the needs of the children and families.  If there is more than one CPMT in the CSB's service area, the CPMTs and the CSB may work together as a region to develop a plan for ICC services.  Local CPMTs and CSBs shall also work together to determine the most appropriate and cost-effective provider of ICC services for children in their community who are placed in, or at-risk of being placed in, residential care through the Children’s Services Act for At-Risk Youth and Families program, in accordance with guidelines developed by the State Executive Council.” [CSA FY15-16 Appropriations Act, Chapter 665](http://www.csa.virginia.gov/html/pdf/CSAAppropActFY15-16Chapter%20665.pdf) |  |  |  |
| 1. The Community Policy and Management Team shall… Establish policies for providing intensive care coordination services for children who are at risk of entering, or are placed in, residential care through the Children’s Services Act program, consistent with guidelines developed pursuant to subdivision D 22 of [§ 2.2-2648](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+2.2-2648)." [COV § 2.2-5206.17](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+2.2-5206) |  |  |  |
| **CSA Policy Manual, Section 6.1** | 1. **Population to be Served by ICC**    1. Youth shall be identified for ICC by the FAPT. Eligible youth shall include: 2. Youth placed in out-of-home care 3. Youth at risk of placement in out-of-home care.   *Note: ICC cannot be provided to individuals receiving other reimbursed case management including Treatment Foster Care Case Management, Mental Health Case Management, Substance Abuse Case Management, or case management provided through Medicaid waivers.* |  |  |  |

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| **Compliance Supplemental Worksheets – Program Activities: INTENSIVE CARE COORDINATION** | | | | |
| **Note: This document lists only the compliance criteria established at the State level. Local CPMTs are encouraged to include in this process a review of compliance with the locally established policies and procedures for administering local CSA programs.** | | | | |
| **PROCEDURE** | Determine whether an intensive care coordination (ICC) policy and procedure has been established by the CPMT. Review the established policy and procedure to verify existence of the required elements. Select a representative sample of ICC referrals occurring in the most recent 12 months, document the sample selection methodology, and verify compliance. Links to ICC policy and related guidance are included for reference. Document an explanation for any observations of partial or non-compliance and include as an attachment to this document. | | | |
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| **Reference** | **Description** | **Compliance Status** | | |
| **Full** | **Partial** | **Non** |
| **CSA Policy Manual, Section 6.1** | 1. Providers of ICC shall meet the following staffing requirements:    1. **Employ at least one supervisory/management staff who has documentation establishing completion of annual training in the national model of “High Fidelity Wraparound” as required for supervisors and management/ administrators (such documentation shall be maintained in the individual’s personnel file.**    2. **Employ at least one staff member who has documentation establishing completion of annual training in the national model of “High Fidelity Wraparound” as required for practitioners (i.e., Intensive Care Coordinators). Such documentation shall be maintained in the individual’s personnel file.**    3. **ICC shall be provided by Intensive Care Coordinators who possess a Bachelor’s degree with at least two years of direct, clinical experiences providing children’s mental health services to children with a mental health diagnosis.**    4. **Intensive Care Coordinators shall complete training in the national model of “High Fidelity Wraparound” as required for practitioners.**    5. **Intensive Care Coordinators shall participate in ongoing coaching activities.**    6. **Supervisors of ICC shall possess a Master’s degree in social work, counseling, psychology, sociology, special education, human, childe, or family development, cognitive or behavioral sciences, marriage and family therapy, art or music therapy with at least four years of direct, clinical experience in providing children’s mental health services to children with a mental health diagnosis.** |  |  |  |

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| **Compliance Supplemental Worksheets – Program Activities: INTENSIVE CARE COORDINATION** | | | | |
| **Note: This document lists only the compliance criteria established at the State level. Local CPMTs are encouraged to include in this process a review of compliance with the locally established policies and procedures for administering local CSA programs.** | | | | |
| **PROCEDURE** | Determine whether an intensive care coordination (ICC) policy and procedure has been established by the CPMT. Review the established policy and procedure to verify existence of the required elements. Select a representative sample of all ICC referrals occurring in the most recent 12 months, document the sample selection methodology, and verify compliance. Links to ICC policy and related guidance are included for reference. Document an explanation for any observations of partial or non-compliance and include as an attachment to this document. | | | |
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| **Reference** | **Description** | **Compliance Status** | | |
| **Full** | **Partial** | **Non** |
| **CSA Policy Manual, Section 6.1** | 1. Providers of ICC shall meet the following staffing requirements (continued): 2. **Supervisors shall either be licensed mental health professionals (as that term is defined in 12 VAC35-1015-20) or a documented Resident or Supervisee of the Virginia Board of Counseling, Psychology, or Social Work with specific clinical duties at a specific location pre-approved in writing by the applicable Board.** 3. **Supervisors of ICC shall complete training in the national model of “High Fidelity Wraparound” as required for supervisors and management/ administrators.** 4. **Shall ensure supervisions of all Intensive Care Coordinators to include clinical supervision at least once per week. All supervision must be documented to include the date, begin time, end time, topics discussed, and signature and credentials of the supervisor.** 5. **Training in the national model of “High Fidelity Wraparound” shall be required for all Intensive Care Coordinators and Supervisors including participation in annual refresher training.** |  |  |  |

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| **Compliance Supplemental Worksheets – Program Activities: TREATMENT FOSTER CARE** | | | | |
| **Note: This document lists only the compliance criteria established at the State level. Local CPMTs are encouraged to include in this process a review of compliance with the locally established policies and procedures for administering local CSA programs.** | | | | |
| **PROCEDURE** | Review the established policy and procedure to verify compliance with the required elements. Select a representative sample of client referrals occurring in the most recent 12 months, document the sample selection methodology, and verify compliance. Links to Treatment Foster Care policy are included for reference. Document an explanation for any observations of partial or non-compliance and include as an attachment to this document. | | | |
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| **Reference** | **Description** | **Compliance Status** | | |
| **Full** | **Partial** | **Non** |
| **CSA Policy Manual, Section 6.2** | Effective July 1, 2015, when purchasing foster care services through a licensed child placing agency, Community Policy and Management Teams shall ensure that levels of foster care services are appropriately matched to the individual needs of a child or youth in accordance with the SEC approved “[Guidelines for Determining Levels of Care for Foster Care Placement with LCPA-Revised May 2015](http://www.csa.virginia.gov/html/pdf/TFC%20Guidelines%20Revised%20May%201%202015.pdf).” |  |  |  |

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| **Compliance Supplemental Worksheets – Program Activities:**  **COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES** | | | | |
| **Note: This document lists only the compliance criteria established at the State level. Local CPMTs are encouraged to include in this process a review of compliance with the locally established policies and procedures for administering local CSA programs.** | | | | |
| **PROCEDURE** | Review the established policy to verify local compliance with the required elements. Select a representative sample of client referrals occurring in the most recent 12 months, document the sample selection methodology, and verify compliance. Links to community based behavioral health services policy are included for reference. Document an explanation for any observations of partial or non-compliance and include as an attachment to this document. | | | |
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| **Reference** | **Description** | **Compliance Status** | | |
| **Full** | **Partial** | **Non** |
| **CSA Policy Manual, Section 6.** | The term “community-based behavioral health services” shall apply and refer to the following DMAS-regulated services: Intensive In-Home, Therapeutic Day Treatment, and Mental Health Support Services. |  | | |
| **CSA Policy Manual, Section 6.3** | 1. For Medicaid eligible children and youth: State Pool Funds shall not be used to purchase community-based behavioral health services for a Medicaid eligible client. Children and youth in crisis shall be referred to emergency services. It is not the intent of this policy to prevent the use of Pool Funds to purchase non-behavioral health services necessary to meet the social, educational, or safety needs of Medicaid eligible children, youth, and families. |  |  |  |
| 1. For children and youth not eligible for Medicaid: For children and youth for whom community-based behavioral health services will be purchased with Pool Funds, the FAPT shall maintain documentation that the child or youth meets the criteria established by DMAS regulations for the specific community-based behavioral health service to be provided. This documentation shall include the signature and written approval of a licensed mental health professional. The licensed mental health professional shall state his/her credentials on such signed written approval and shall not be a supervisor of or the provider of the service for which approval is given. |  |  |  |
| 1. State Pool Funds may be used to purchase an independent clinical assessment conducted in accordance with DMAS requirements for such assessment. |  |  |  |

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| **Compliance Supplemental Worksheets – Program Activities: SPECIAL EDUCATION (SPED)** | | | | |
| **Note: This document lists only the compliance criteria established at the State level. Local CPMTs are encouraged to include in this process a review of compliance with the locally established policies and procedures for administering local CSA programs.** | | | | |
| **PROCEDURE** | Select a representative sample of all FAPT/MDT referrals made by local school divisions occurring in the most recent 12 months; document the sample selection methodology; and verify compliance. Links to SPED policy and related guidance are included for reference. Document an explanation for any observations of partial or non-compliance and include as an attachment to this document. | | | |
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| **Reference** | **Description** | **Compliance Status** | | |
| **Full** | **Partial** | **Non** |
| **COV** [**§ 2.2-5211**](http://law.lis.virginia.gov/vacode/2.2-5211) | 1. The target population shall be the following:    1. Children and youth placed for purposes of special education in approved private school educational programs previously funded by the Department of Education through private tuition assistance.    2. Children and youth with disabilities placed by local social services agencies or the Department of Juvenile Justice in private residential facilities across jurisdictional lines in private, special education day schools, if the individualized education program (IEP) indicates such school is the appropriate placement while living in foster homes or child-caring facilities, previously funded by the Department of Education through the Interagency Assistance Fund for Non-educational Placements of Handicapped Children. |  |  |  |
| **COV** [**§ 2.2-5211**](http://law.lis.virginia.gov/vacode/2.2-5211) **Item D**  **CSA Policy Manual, Section 4.1.3** | 1. Further, in any instance that an individual 18 through 21 years of age, inclusive, who is eligible for funding from the state pool and is properly defined as a school-aged child with disabilities pursuant to [§ 22.1-213](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+22.1-213) is placed by a local social service agency that has custody across jurisdictional lines in a group home in the Commonwealth and the individual’s IEP, as prepared by the placing jurisdiction, indicates that a private day school placement is the appropriate educational program for such individual, the financial and legal responsibility for the individual’s special education services and IEP shall remain, in compliance with the provisions of federal law, Article 2 (§ 22.1-213) of Chapter 13 of Title 22.1, and the Board of Education regulations, the responsibility of the placing jurisdiction until the individual reaches the age of 21, inclusive, or is no longer eligible for special education services.  The financial and legal responsibility for such special education services shall remain with the placing jurisdiction, unless the placing jurisdiction has transitioned all appropriate services with the individual." [COV § 2.2-5211 D.](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+2.2-5211) |  |  |  |

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| **Compliance Supplemental Worksheets – Program Activities: SPECIAL EDUCATION (SPED)** | | | | |
| **Note: This document lists only the compliance criteria established at the State level. Local CPMTs are encouraged to include in this process a review of compliance with the locally established policies and procedures for administering local CSA programs.** | | | | |
| **PROCEDURE** | Select a representative sample of all FAPT/MDT referrals made by local school divisions occurring in the most recent 12 months; document the sample selection methodology; and verify compliance. Links to SPED policy and related guidance are included for reference. Document an explanation for any observations of partial or non-compliance and include as an attachment to this document. | | | |
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| **Reference** | **Description** | **Compliance Status** | | |
| **Full** | **Partial** | **Non** |
| **CSA Policy Manual, Section 4.1.3** | 1. The special education mandate cited in §2.2-5211 B1 may be utilized to fund non-residential services in the home and community for a student with a disability when the needs associated with his/her disability extend beyond the school setting and threaten the student’s ability to be maintained in the home, community, or school setting. |  |  |  |

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| **Compliance Supplemental Worksheets – Program Activities: RECORDS MANAGEMENT** | | | | |
| **Note: This document lists only the compliance criteria established at the State level. Local CPMTs are encouraged to include in this process a review of compliance with the locally established policies and procedures for administering local CSA programs.** | | | | |
| **PROCEDURE** | 1. Determine whether a records management policy and procedure has been established by the CPMT. Review the established policy and procedure to verify existence of the required elements. Links to records management policy are included for reference. 2. Review records retention files for documentation of completed destruction schedules. 3. Select a representative sample of client case files and assess compliance with stated requirements. 4. Document an explanation for any observations of partial or non-compliance and include as an attachment to this document. | | | |
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| **Reference** | **Description** | **Compliance Status** | | |
| **Full** | **Partial** | **Non** |
| **COV** [**§ 2.2-2648**](http://law.lis.virginia.gov/vacode/2.2-2648)  **COV** [**§ 2.2-5210**](http://law.lis.virginia.gov/vacode/2.2-5210) | 1. All public agencies that have served a family or treated a child referred to FAPT/MDT shall cooperate with this team.  The agency that refers a youth and family to the team shall be responsible for obtaining the consent required to share agency client information with the team.  After obtaining the proper consent, all agencies shall promptly deliver, upon request and without charge, such records of services, treatment or education of the family or child as are necessary for a full and informed assessment by the team. |  |  |  |
| 1. Proceedings held to consider the appropriate provision of services and funding for a particular child or family or both who have been referred to the Family Assessment and Planning Team/Multi-Disciplinary Team and whose case is being assessed by this team or reviewed by the Community Management and Planning Team shall be confidential and not open to the public, unless the child and family who are the subjects of the proceeding request, in writing, that it be open. All information about specific children and families obtained by the team members in the discharge of their responsibilities to the team shall be confidential. |  |  |  |
| 1. Utilizing a secure electronic database, the CPMT and the FAPT/MDT shall provide the Office of Children’s Services with client-specific information from the mandatory uniform assessment and information in accordance with subdivision D 11 of § [2.2-2648](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+2.2-2648). |  |  |  |

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| **Compliance Supplemental Worksheets – Program Activities: RECORDS MANAGEMENT** | | | | |
| **Note: This document lists only the compliance criteria established at the State level. Local CPMTs are encouraged to include in this process a review of compliance with the locally established policies and procedures for administering local CSA programs.** | | | | |
| **PROCEDURE** | 1. Determine whether a records management policy and procedure has been established by the CPMT. Review the established policy and procedure to verify existence of the required elements. Links to records management policy are included for reference. 2. Review records retention files for documentation of completed destruction schedules (if applicable). 3. Select a representative sample of client case files and assess compliance with stated requirements. 4. Document an explanation for any observations of partial or non-compliance and include as an attachment to this document. | | | |
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| **Reference** | **Description** | **Compliance Status** | | |
| **Full** | **Partial** | **Non** |
| **CSA Policy Manual, Section 3.5** | 1. Each CPMT shall ensure collection of child specific documentation to demonstrate compliance with the CSA. Such documentation shall include, at minimum, the following:    1. Case Manager designation    2. Parent consent to release information    3. Assessment data, including completed CANS    4. Parental co-payment assessed    5. Service Plan    6. Desired outcomes and time frames    7. Identification of services    8. FAPT or MDT recommendations    9. Parent/Guardian participation and consent to service plan    10. CPMT authorization    11. Signed vendor contract    12. Vendor treatment plan(s)    13. Vendor progress report(s)    14. Utilization review data    15. Updated Service Plan(s) |  |  |  |

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| **Compliance Supplemental Worksheets – Program Activities: DATA SECURITY** | | | | |
| **Note: This document lists only the compliance criteria established at the State level. Local CPMTs are encouraged to include in this process a review of compliance with the locally established policies and procedures for administering local CSA programs.** | | | | |
| **PROCEDURE** | 1. Determine whether the CPMT has established and/or adopted data security policies and procedures to ensure confidentiality of sensitive CSA information. 2. Select a sample of CANVaS users and Pool Fund Report Preparers. Review data security activities for verification that policies/procedures/practices are working as intended. 3. Document an explanation for any observations of partial or non-compliance and include as an attachment to this document. | | | |
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| **Reference** | **Description** | **Compliance Status** | | |
| **Full** | **Partial** | **Non** |
| **COV** [**§ 2.2-2648**](http://law.lis.virginia.gov/vacode/2.2-2648)  **COV** [**§ 2.2-2649**](http://law.lis.virginia.gov/vacode/2.2-2649) **Item B.12**  [**CSA FY15-16 Appropriations Act, Chapter 665**](http://www.csa.virginia.gov/html/pdf/CSAAppropActFY15-16Chapter%20665.pdf) **Item B3** | 1. All client-specific information shall remain confidential and only non-identifying aggregate demographic, service, and expenditure information shall be made available to the public;" [COV§2.2-2648](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+2.2-2648) D.16 |  |  |  |
| 1. Utilizing a secure electronic site, each locality shall also provide information as required by the Office of Children’s Services to include, but not be limited to case specific information, expenditures, number of youth served in specific CSA activities, length of stay for residents in core licensed residential facilities, and proportion of youth placed in treatment settings suggested by the uniform assessment instrument." [**CSA FY15-16 Appropriations Act, Chapter 665**](http://www.csa.virginia.gov/html/pdf/CSAAppropActFY15-16Chapter%20665.pdf) |  |  |  |
| [**Policies and Procedures for Access to CANVaS (updated November 2013)**](http://www.csa.virginia.gov/html/Policies_and_Procedures_for_Access_and_Use_of_CANVaS_Version_4_October_2013.pdf) | **Information entered into CANVaS is confidential.** Individuals who have access to CANVaS must realize the importance of maintaining the confidentiality of the information and ensure that it is not shared with anyone who is not authorized. |  | | |
| 1. All users of CANVaS, no matter what role or level of access, must sign a Users’ agreement. The Users’ agreement will be authorized by a case manager’s supervisor and the Designated Super User/Report Administrator (DSU/RA) or the Office of Children’s Services, depending on the role of the user. |  |  |  |
| 1. Access requires verification of certification from the [www.CANSTraining.com](http://www.CANSTraining.com) website. |  |  |  |
| 1. If a case manager leaves employment, the account must be deactivated. The agency supervisor must contact either the RCR CANVaS Help Desk directly or DSU/RA who will contact the Help Desk to de-activate the account. |  |  |  |
| 1. It is recommended that DSU/RAs periodically check the listing of case managers to ensure the accounts of those who have left employment have been de-activated. |  |  |  |

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| **Compliance Supplemental Worksheets – Program Activities: DATA SECURITY** | | | | |
| **Note: This document lists only the compliance criteria established at the State level. Local CPMTs are encouraged to include in this process a review of compliance with the locally established policies and procedures for administering local CSA programs.** | | | | |
| **PROCEDURE** | 1. Determine whether the CPMT has established and/or adopted data security policies and procedures to ensure confidentiality of sensitive CSA information. 2. Select a sample of CANVaS users and Pool Fund Report Preparers. Review data security activities for verification that policies/procedures/practices are working as intended. 3. Document an explanation for any observations of partial or non-compliance and include as an attachment to this document. | | | |
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| **Reference** | **Description** | **Compliance Status** | | |
| **Full** | **Partial** | **Non** |
| [**Policies and Procedures for Access to CANVaS (updated November 2013)**](http://www.csa.virginia.gov/html/Policies_and_Procedures_for_Access_and_Use_of_CANVaS_Version_4_October_2013.pdf) | 1. DSUs will be identified by each locality to serve as RAs. RAs will authorize case manager access to CANVaS and will have access to the locality’s CANVaS data. DSU/RAs must have been trained and certified by Dr. John Lyons. |  |  |  |
| 1. Requests to become the DSU/RA or RA for a locality must be sent to the OCS. Each designated individual must read and sign the Users’ agreement, have their supervisor sign, and fax or mail the form to OCS for confirmation. |  |  |  |
| 1. When an individual will no longer serve as a DSU/RA, he/she must notify OCS and the RCR CANVaS Help Desk to remove his/her name from the authorized DSU/RA or RA list. |  |  |  |
| 1. DSU/RAs must verify that the case manager is currently certified on use of the CANS. [www.CANSTraining.com](http://www.CANSTraining.com) |  |  |  |
| 1. DSU/RAs should keep a copy of the case manager agreements they have authorized. It may be helpful to create a listing of names, certification dates and e-mail addresses. |  |  |  |
| 1. Certification on the use of the Virginia Child and Adolescent Needs and Strengths (CANS) assessment must be renewed annually. The CANVaS online system will not permit a user whose CANS certification has expired to enter assessments. |  |  |  |

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| **Compliance Supplemental Worksheets – Fiscal Activities: POOL FUND ELIGIBILITY** | | | | |
| **Note: This document lists only the compliance criteria established at the State level. Local CPMTs are encouraged to include in this process a review of compliance with the locally established policies and procedures for administering local CSA programs.** | | | | |
| **PROCEDURE** | Select a representative sample of all FAPT/MDT referrals processed in the most recent 12 months, documenting the sample selection methodology. Review the file documentation for evidence of compliance with CSA statutes, policies, and procedures as listed below. Attach a list of the FAPT/MDT referrals selected for review. Document an explanation for any observations of partial or non-compliance. | | | |
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| **Reference** | **Description** | **Compliance Status** | | |
| **Full** | **Partial** | **Non** |
| **COV** [**§ 2.2-5212.**](http://law.lis.virginia.gov/vacode/2.2-5212) | In order to be eligible for funding for services through the state pool of funds, a youth, or family with a child, shall meet one or more of the criteria specified in subdivisions 1 through 4 and shall be determined through the use of a uniform assessment instrument and process and by policies of the CPMT to have access to these funds. |  | | |
| 1. The child or youth has emotional or behavioral problems that:    1. Have persisted over a significant period of time or, though only in evidence for a short period of time, are of such a critical nature that intervention is warranted;    2. Are significantly disabling and are present in several community settings, such as at home, in school or with peers; and    3. Require services or resources that are unavailable or inaccessible, or that are beyond the normal agency services or routine collaborative processes across agencies, or require coordinated interventions by at least two agencies. |  |  |  |
| 1. The child or youth has emotional or behavior problems, or both, and currently is in, or is at imminent risk of entering, purchased residential care. In addition, the child or youth requires services or resources that are beyond normal agency services or routine collaborative processes across agencies, and requires coordinated services by at least two agencies. |  |  |  |
| 1. The child or youth requires placement for purposes of special education in approved private school educational programs. |  |  |  |
| 1. The child or youth requires foster care services as defined in § [63.2-905](http://law.lis.virginia.gov/vacode/63.2-905/). |  |  |  |
| 1. For purposes of determining eligibility for the state pool of funds, "child" or "youth" means (i) a person younger than 18 years of age or (ii) any individual through 21 years of age who is otherwise eligible for mandated services of the participating state agencies including special education and foster care services. |  |  |  |

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| **Compliance Supplemental Worksheets – Fiscal Activities: POOL FUND ELIGIBILITY** | | | | |
| **Note: This document lists only the compliance criteria established at the State level. Local CPMTs are encouraged to include in this process a review of compliance with the locally established policies and procedures for administering local CSA programs.** | | | | |
| **PROCEDURE** | Select a representative sample of all FAPT/MDT referrals processed in the most recent 12 months, documenting the sample selection methodology. Review the file documentation for evidence of compliance with CSA statutes, policies, and procedures as listed below. Attach a list of the FAPT/MDT referrals selected for review. Document an explanation for any observations of partial or non-compliance. | | | |
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| **Reference** | **Description** | **Compliance Status** | | |
| **Full** | **Partial** | **Non** |
| **COV** [**§ 2.2-5211**](http://law.lis.virginia.gov/vacode/2.2-5211) **Item B** | The state pool shall consist of funds that serve the target populations identified in subdivisions 1 through 5 of this subsection in the purchase of residential and nonresidential services for children and youth. References to funding sources and current placement authority for the targeted populations of children and youth are for the purpose of accounting for the funds in the pool. It is not intended that children and youth be categorized by individual funding streams in order to access services. The target population shall be the following: |  | | |
| 1. Children for whom foster care services, as defined by [§ 63.2-905](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+63.2-905), are being provided to prevent foster care placements, and children placed through parental agreements, entrusted to local social service agencies by their parents or guardians or committed to the agencies by any court of competent jurisdiction for purposes of placement in suitable family homes, child-caring institutions, residential facilities or independent living arrangements, as authorized by [§ 63.2-900](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+63.2-900) |  |  |  |
| 1. Children placed by a juvenile and domestic relations district court, in accordance with the provisions of [§16.1-286](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+16.1-286), in a private or locally operated public facility or nonresidential program; or in a community or facility-based treatment program in accordance with the provisions of subsections B or C of [§ 16.1-284.1](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+16.1-284.1). |  |  |  |
| 1. Children committed to the Department of Juvenile Justice and placed by it in a private home or in a public or private facility in accordance [§ 66-14](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+66-14) . |  |  |  |
| **COV** [**§ 2.2-5211**](http://law.lis.virginia.gov/vacode/2.2-5211) **Item E** | 1. In any matter properly before the court for which state pool funds are to be accessed, the court shall, prior to final disposition and pursuant to 2.2-5209 and 2.2.-5212, refer the matter to the CPMT for assessment by a local FAPT to determine the recommended level of treatment and services needed…..The court may make any disposition as is authorized or required by law.  Services ordered pursuant to a disposition rendered by the court pursuant to this section shall qualify for funding as appropriated under this section. |  |  |  |

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| **Compliance Supplemental Worksheets – Fiscal Activities: POOL FUND ELIGIBILITY** | | | | |
| **Note: This document lists only the compliance criteria established at the State level. Local CPMTs are encouraged to include in this process a review of compliance with the locally established policies and procedures for administering local CSA programs.** | | | | |
| **PROCEDURE** | Select a representative sample of all FAPT/MDT referrals processed in the most recent 12 months, documenting the sample selection methodology. Review the file documentation for evidence of compliance with CSA statutes, policies, and procedures as listed below. Attach a list of the FAPT/MDT referrals selected for review. Document an explanation for any observations of partial or non-compliance. | | | |
|  | | | | |
| **Reference** | **Description** | **Compliance Status** | | |
| **Full** | **Partial** | **Non** |
| **CSA Policy Manual, Section 4.1.1** | 1. The FAPT or approved alternative MDT, in accordance with the policies of the CPMT, shall determine that a child is eligible for CSA funding as a “child in need of services” (CHINS) when the FAPT or MDT determines and documents that there are sufficient facts that a child meets all four of the following criteria: |  | | |
| * 1. The child meets the statutory definition of a “child in need of services” (COV § 16.1-228). Specifically, “the child’s behavior, conduct, or condition presents or results in a serious threat to the well-being and physical safety of the child, or the well-being and physical safety of another person if the child is under the age of 14.” This determination of facts shall be made in one of two ways:      1. The FAPT and/or approved MDT shall determine that eh child’s behavior, conduct, or condition meets this specific statutory definition as is of sufficient duration, severity, disabling and/or self-destructive nature that the child requires services.      2. A court finds that a child falls within these provisions, based on “(i) the conduct complained of must present a clear and substantial danger to the child’s life or health or to the life or health of another person, (ii) the child or his family is in need of treatment, rehabilitation or services not presently being received, and (iii) the intervention of the court is essential to provide the treatment, rehabilitation services needed by the child or his family.” (COV § 16.1-228) |  |  |  |
| 1. The child has emotional and/or behavior problems where either:    1. the child’s problems: 2. have persisted over a significant period of time or, though only in evidence for a short period of time, are of such a critical nature that intervention is warranted; and |  |  |  |

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| **Compliance Supplemental Worksheets – Fiscal Activities: POOL FUND ELIGIBILITY** | | | | |
| **Note: This document lists only the compliance criteria established at the State level. Local CPMTs are encouraged to include in this process a review of compliance with the locally established policies and procedures for administering local CSA programs.** | | | | |
| **PROCEDURE** | Select a representative sample of all FAPT/MDT referrals processed in the most recent 12 months, documenting the sample selection methodology. Review the file documentation for evidence of compliance with CSA statutes, policies, and procedures as listed below. Attach a list of the FAPT/MDT referrals selected for review. Document an explanation for any observations of partial or non-compliance. | | | |
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| **Reference** | **Description** | **Compliance Status** | | |
| **Full** | **Partial** | **Non** |
| **CSA Policy Manual, Section 4.1.1** | 1. are significantly disabling and are present in several community settings, such as at home, in school or with peers; and 2. require services or resources that are unavailable or inaccessible, or that are beyond the normal agency services or routine collaborative processes across agencies, or require coordinated interventions by at least two agencies.    1. the child: is currently in, or at imminent risk of entering, purchased residential care; and       1. requires services or resources that are beyond normal agency services or routine collaborative processes across agencies; and       2. requires coordinated services by at least two agencies. |  |  |  |
| 1. The child requires services:    1. to address and resolve the immediate crises that seriously threaten the well-being and physical safety of the child or another person; and    2. to preserve and/or strengthen the family while ensuring the safety of the child and other persons; and    3. the child has been identified by the Team as needing:       1. services to prevent or eliminate the need for foster care placement. Absent these prevention services, foster care is the planned arrangement for the child; or       2. placement outside of the home through an agreement between the public agency designated by the CPMT and the parents or legal guardians who retain legal custody. A discharge plan for the child to return home shall be included. |  |  |  |

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| **Compliance Supplemental Worksheets – Fiscal Activities: POOL FUND ELIGIBILITY** | | | | |
| **Note: This document lists only the compliance criteria established at the State level. Local CPMTs are encouraged to include in this process a review of compliance with the locally established policies and procedures for administering local CSA programs.** | | | | |
| **PROCEDURE** | Select a representative sample of all FAPT/MDT referrals processed in the most recent 12 months, documenting the sample selection methodology. Review the file documentation for evidence of compliance with CSA statutes, policies, and procedures as listed below. Attach a list of the FAPT/MDT referrals selected for review. Document an explanation for any observations of partial or non-compliance. | | | |
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| **Reference** | **Description** | **Compliance Status** | | |
| **Full** | **Partial** | **Non** |
| **CSA Policy Manual, Section 4.1.1** | * 1. The goal of the family is to maintain the child at home (for foster care prevention services) or return the child home as soon as appropriate (for parental agreements). |  |  |  |

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| **Compliance Supplemental Worksheets – Fiscal Activities: BUDGET AND MONITORING** | | | | |
| **Note: This document lists only the compliance criteria established at the State level. Local CPMTs are encouraged to include in this process a review of compliance with the locally established policies and procedures for administering local CSA programs.** | | | | |
| **PROCEDURE** | Determine whether the CPMT has mechanisms in place for budgeting and monitoring use of CSA fund allocations. Document an explanation for any observations of partial or non-compliance and include as an attachment to this document. | | | |
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| **Reference** | **Description** | **Compliance Status** | | |
| **Full** | **Partial** | **Non** |
| |  | | --- | | **COV** [**§ 2.2-5206**](http://law.lis.virginia.gov/vacode/2.2-5206) **Items 6,8, and 9** | | 1. Every such team shall…. 6. Establish quality assurance and accountability procedures for program utilization and funds management; 8. Manage funds in the interagency budget allocated to the community from the state pool of funds, the trust fund, and any other source; 9. Authorize and monitor the expenditure of funds by each family assessment and planning team or a collaborative, multidisciplinary team process approved by the Council. |  |  |  |
| **COV** [**§ 2.2-5211**](http://law.lis.virginia.gov/vacode/2.2-5211) **Item C** | 1. 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 identified in subdivisions B1, B2 and B3 and (ii) meet relevant federal mandates for the provisions of these services. |  |  |  |
| [**CSA FY15-16 Appropriations Act, Chapter 665**](http://www.csa.virginia.gov/html/pdf/CSAAppropActFY15-16Chapter%20665.pdf)**, Items B.2.9 and C.2** | 1. All localities are required to appropriate a local match for the base year funding consisting of the actual aggregate local match rate based on actual total 1997 program expenditures for CSA. |  |  |  |
| 1. Pursuant to [§2.2-5200](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+2.2-5200), Code of Virginia, CPMT’s shall seek to ensure that services and funding are consistent with the Commonwealth’s policies of preserving families and providing appropriate services in the least restrictive environment, while protecting the welfare of children and maintaining the safety of the public." |  |  |  |
| **CSA Policy Manual, Section 4.5.1** | [Protection Level Funds](http://www.csa.virginia.gov/html/csa_manual_dev/Final%20Toolkit%20Documents/Section%204.5.1%20Formula%20Allocations/Protection%20Level%20Funds.doc)   1. Each year localities may protect a specific amount of the total state pool to provide services to the 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 its protection level prior to the beginning of the fiscal year. |  |  |  |
| **COV** [**§ 2.2-5204**](http://law.lis.virginia.gov/vacode/2.2-5204) | 1. The county or city that comprises a single team and the county or city whose designated official serves as the fiscal agent for the team in the case of joint teams shall annually audit the total revenues of the team and its programs. |  |  |  |

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| **Compliance Supplemental Worksheets – Fiscal Activities: “CARVE-OUT” OF ALLOCATION** | | | | |
| **Note: This document lists only the compliance criteria established at the State level. Local CPMTs are encouraged to include in this process a review of compliance with the locally established policies and procedures for administering local CSA programs.** | | | | |
| **PROCEDURE** | Assess compliance with policies adopted by the State Executive Council (SEC) governing “carve-out” of allocations for development of new/expanded services. Document an explanation for any observations of partial or non-compliance and include as an attachment to this document. | | | |
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| **Reference** | **Description** | **Compliance Status** | | |
| **Full** | **Partial** | **Non** |
| |  | | --- | | **CSA Policy Manual, Section 4.3** | | *Note and Fiscal Impact: Implementation of this policy has the potential fiscal impact of $2,000,000. Implementation of the policy shall therefore be dependent upon appropriation of necessary funds.* |  | | |
| In any 12-month period two or more localities may submit a proposal to allocate (“carve-out”) a portion of their state and local pool fund allocation to defray one-time program start-up costs for new or expanded CSA services. |  | | |
| 1. The allocation shall not exceed, per jurisdiction, $100,000 or 5% of their allocation in the fiscal year of application, whichever is smaller. |  |  |  |
| 1. Programs for which these funds may be applied, must be designed to:    1. Provide CSA services for which a demonstrated need exists in the locality, based on assessment using the Service Gap Survey distributed by the OCS and align with the goals of the Commonwealth; and    2. Become financially self-sustaining beyond the start-up phase. Services designed to be supported through “fee for service” arrangements may be considered financially self-sustaining. |  |  |  |
| 1. The proposal for use of funds shall be submitted to and approved by the OCS and will include, but not be limited to:    1. Description of the service,    2. Support for the need,    3. Cost assessment,    4. Evaluation of public/private collaborations,    5. Information related to financial sustainability of the program, and    6. Expected outcomes and mechanism for providing program evaluation. |  |  |  |
| 1. All fiscal accountability requirements of CSA shall be applicable to use of funds. |  |  |  |

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| **Compliance Supplemental Worksheets – Fiscal Activities: CONTRACTING AND PURCHASING** | | | | |
| **Note: This document lists only the compliance criteria established at the State level. Local CPMTs are encouraged to include in this process a review of compliance with the locally established policies and procedures for administering local CSA programs.** | | | | |
| **PROCEDURE** | Determine whether contracting and purchasing policy and procedure has been established by the CPMT. Review the established policy and procedure to verify existence of the required elements. Select a representative sample of all of the current contracts and/or purchasing agreements established during the most recent 12 months; document the sample selection methodology; and verify compliance. Document an explanation for any observations of partial or non-compliance and include as an attachment to this document. | | | |
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| **Reference** | **Description** | **Compliance Status** | | |
| **Full** | **Partial** | **Non** |
| |  | | --- | | **COV** [**§ 2.2-5206**](http://law.lis.virginia.gov/vacode/2.2-5206) | | Every such team shall: |  | | |
| 1. Establish procedures for obtaining bids on the development of new services; |  |  |  |
| 1. Have authority, upon approval of the participating governing bodies, to enter into a contract with another community policy and management team to purchase coordination services provided that funds described as the state pool of funds under § 2.2-5211 are not used. |  |  |  |

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| **Compliance Supplemental Worksheets – Fiscal Activities: PARENTAL CONTRIBUTIONS** | | | | |
| **Note: This document lists only the compliance criteria established at the State level. Local CPMTs are encouraged to include in this process a review of compliance with the locally established policies and procedures for administering local CSA programs.** | | | | |
| **PROCEDURE** | Determine whether policy and procedures have been established by the CPMT governing parental contributions. Select a representative sample of client referrals processed during the most recent 12 months; document the sample selection methodology; and verify compliance. Document an explanation for any observations of partial or non-compliance and include as an attachment to this document. | | | |
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| **Reference** | **Description** | **Compliance Status** | | |
| **Full** | **Partial** | **Non** |
| |  | | --- | | **CSA Policy Manual, Section 4.5.4** | |  | | The CPMT shall consider the following criteria when determining whether parental contributions are appropriate: |  | | |
| 1. Parents of children in out-of-home placements should not be charged a payment for services in addition to the child support order. Instead, for out-of-home care, the CPMT shall implement existing state law and policy requiring referral of such cases to the Division of Child Support Enforcement (DCSE). The non-custodial parents of children in out-of-home care are to be referred to DCSE for the collection of child support.   §63.2-1910 |  |  |  |
| 1. Parents of children in home care should be charged a standard parental co-payment based both on the ability of each parent to pay and the cost of the service. Parents and legal guardians of children receiving in-home care are expected contribute financially to the cost of services.    1. Each local government shall develop policies to assess this fee.    2. Local governments are encouraged to assess a fee based on a locally developed scale. |  |  |  |
| [**CSA FY15-16 Appropriations Act, Chapter 665**](http://www.csa.virginia.gov/html/pdf/CSAAppropActFY15-16Chapter%20665.pdf) **Item F** | 1. Pursuant to subdivision 3 of §2.2-5206, Code of Virginia, CPMTs shall enter into agreements with the parents or legal guardians of children receiving services under CSA.  The Office of Children’s Services (OCS) shall be a party to any such agreement.  If the parent or legal guardian fails or refuses to pay the agreed upon sum on a timely basis and a collection action cannot be referred to the DCSE, upon the request of the CPMT, OCS shall make a claim against the parent or legal guardian for such payment through the Department of Law’s Division of Debt Collection in the Office of the Attorney General. |  |  |  |

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| **Compliance Supplemental Worksheets – Fiscal Activities: EXPENDITURE PROCESSING** | | | | |
| **Note: This document lists only the compliance criteria established at the State level. Local CPMTs are encouraged to include in this process a review of compliance with the locally established policies and procedures for administering local CSA programs.** | | | | |
| **PROCEDURE** | Select a representative sample of all FAPT/MDT referrals processed in the most recent 12 months, documenting the sample selection methodology. Review the file documentation for evidence of compliance with CSA statutes, policies, and procedures as listed below. Attach a list of the FAPT/MDT referrals selected for review. Document an explanation for any observations of partial or non-compliance. | | | |
|  | | | | |
| **Reference** | **Description** | **Compliance Status** | | |
| **Full** | **Partial** | **Non** |
| **CSA Policy Manual, Section 4.2** | Legal Residency/Jurisdiction  The CPMT jurisdiction where the child legally resides shall be responsible for payment for the services identified in the child/family's Individual Family Service Plan. Issues of legal residence should be addressed the legal services assigned to the CPMT. In the event that the child/family's legal residence changes, the following policy should govern payment for services: |  | | |
| 1. The former CPMT jurisdiction is responsible for (a) providing written notification to the new CPMT jurisdiction of the fact that the child/family's residence has changed and (b) forwarding child's/family's IFSP and other FAPT or MDT documents to the new CPMT jurisdiction; and (c) informing service providers of changes in the child/family's residence. |  |  |  |
| 1. The former CPMT jurisdiction pays for services until 30 calendar days after the new CPMT receives written notification of the child/family's residence in the new CPMT locality |  |  |  |
| 1. When the residence of the child/family transfers to a new CPMT jurisdiction, the receiving CPMT jurisdiction must review the current IFSP and adopt or revise and implement within 30 calendar days. |  |  |  |
| 1. Community Policy and Management Team jurisdictions are encouraged to: 2. Keep track of the child/family's residence status; 3. Notify receiving CPMTs as soon as they know of the child/family's pending move, to facilitate planning; and 4. To work cooperatively to resolve issues related to legal residence. |  |  |  |

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| **Compliance Supplemental Worksheets – Fiscal Activities: EXPENDITURE PROCESSING** | | | | |
| **Note: This document lists only the compliance criteria established at the State level. Local CPMTs are encouraged to include in this process a review of compliance with the locally established policies and procedures for administering local CSA programs.** | | | | |
| **PROCEDURE** | Select a representative sample of all FAPT/MDT referrals processed in the most recent 12 months, documenting the sample selection methodology. Review the file documentation for evidence of compliance with CSA statutes, policies, and procedures as listed below. Attach a list of the FAPT/MDT referrals selected for review. Document an explanation for any observations of partial or non-compliance. | | | |
|  | | | | |
| **Reference** | **Description** | **Compliance Status** | | |
| **Full** | **Partial** | **Non** |
| **CSA Policy Manual, Section 4.5.3** | [Administrative Costs](http://www.csa.virginia.gov/html/csa_manual_dev/Final%20Toolkit%20Documents/Section%204.4%20Restrictions%20on%20Pool%20Fund%20Usage/Administrative%20Costs.doc)   1. To receive administrative funds, each locality is required to appropriate a local match based on the match rate used in the pool formula. |  |  |  |
| 1. Each year the CPMT must submit to the State Fiscal Agent budget plans for using administrative funds (state and local combined). The local government should submit the administrative plan to the state fiscal agent by June 15th of the fiscal year to ensure payment. |  |  |  |
| 1. If during the fiscal year, the CPMT elects to use its administrative funds in a manner other than proposed in the Budget Plan, it may do so without amending the plan, provided the funds are expended for administrative and coordinating expenses or direct services to eligible youth and families. |  |  |  |
| 1. The local fiscal agent must account for CSA administrative expenditures such that they are clearly identifiable as CSA administrative expenditures. |  |  |  |
| [**CSA FY15-16 Appropriations Act, Chapter 665**](http://www.csa.virginia.gov/html/pdf/CSAAppropActFY15-16Chapter%20665.pdf) **Item E**  **CSA Policy Manual, Section 4.4.2** | Medicaid Funded Services   1. CPMTs shall use Medicaid-funded services whenever they are available for the appropriate treatment of children and youth receiving services under CSA. Effective July 1, 2009, pool funds shall not be spent for any service that can be funded through Medicaid for Medicaid-eligible children and youth except when Medicaid-funded services are unavailable or inappropriate for meeting the needs of a child. |  |  |  |

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| **Compliance Supplemental Worksheets – Fiscal Activities: POOL FUND REIMBURSEMENT** | | | | |
| **Note: This document lists only the compliance criteria established at the State level. Local CPMTs are encouraged to include in this process a review of compliance with the locally established policies and procedures for administering local CSA programs.** | | | | |
| **PROCEDURE** | Examine all expenditure reimbursements supplemental requests processed during the 12 month period of review. Review the file documentation for evidence of compliance with CSA statutes, policies, and procedures as listed below. Document an explanation for any observations of partial or non-compliance. | | | |
|  | | | | |
| **Reference** | **Description** | **Compliance Status** | | |
| **Full** | **Partial** | **Non** |
| **CSA Policy Manual, Section 4.52** | 1. Final claims for reimbursement for prior year payments will not be accepted after the first quarter of the next fiscal year (i.e. September 30) |  |  |  |
| 1. With the exception of the final year-end report referenced above, request for reimbursement of local pool expenditures must be submitted no later than thirty (30) days after the close of the quarter in which the expenditure was paid.  Localities may continue to report as often as monthly, but must report at least every quarter. |  |  |  |
| 1. A report should be submitted at the end of the quarter even if it indicates no expenditures were made during that quarter. |  |  |  |
| 1. Localities that have not submitted their Quarterly Services Utilization report will have their pool reimbursements held in abeyance until the quarterly report is submitted. |  |  |  |
| 1. A locality may request a waiver to the September 30 final year-end report requirement, either by written request for an extension to the OCS prior to the September 30 cutoff date, or post September 30, only if local governments demonstrate mitigating circumstance beyond their control. |  |  |  |
| 1. Each Pool Fund Reimbursement Request requires certification of compliance with CSA requirements per the following: “The expenditures and refunds reported herein were incurred in accordance with the provisions of CSA, and have not been reported on a previous claim. Documentation is maintained to support the expenditure and refund amounts reported, and to demonstrate that each expenditure and refund was made on behalf of a specific child (or list of specific children) and complies with the CSA Manual, COV and Appropriation Act requirements including utilization management and FAPT criteria. |  |  |  |

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| **Compliance Supplemental Worksheets – Fiscal Activities: SUPPLEMENTAL REQUESTS** | | | | |
| **Note: This document lists only the compliance criteria established at the State level. Local CPMTs are encouraged to include in this process a review of compliance with the locally established policies and procedures for administering local CSA programs.** | | | | |
| **PROCEDURE** | Examine all supplemental requests processed during the 12 month period of review. Review the file documentation for evidence of compliance with CSA statutes, policies, and procedures as listed below. Document an explanation for any observations of partial or non-compliance. | | | |
|  | | | | |
| **Reference** | **Description** | **Compliance Status** | | |
| **Full** | **Partial** | **Non** |
| **CSA Policy Manual, Section 4.5.5** | A CPMT may request a supplemental allocation at any time before the close of the program year. In order to be approved for a supplemental allocation, the CPMT must demonstrate each of the following:   1. A known cost has been, or will be, incurred for a specific child or children in the MANDATED TARGET population 2. Any amount of the allocation for the non-mandated population (NON-MANDATED TARGET + OTHER ELIGIBLE in the Allocation Plan) which, a) exceeds the protection level established for that year and b) is not yet expended or obligated, may be re-allocated for use with the MANDATED TARGET population. For this purpose, obligations are unpaid purchase orders, contracts, or any other agreements, which bind the CPMT to pay for goods or services to be delivered to specific children, at a specified cost, over a defined period of time. 3. Localities requesting supplemental funds must also demonstrate that they are in compliance with the provisions of CSA including, but not limited to, instituting and operating effective cost control measures as recommended by the Council. 4. Requests for supplemental allocations are filed electronically via the CSA website <http://www.csa.virginia.gov>. 5. It is no longer necessary to submit a hard copy of the Request for Supplemental Allocation form to the OCS; however, a hard copy containing all necessary signatures should be maintained by the local CPMT. 6. Localities whose mandated expenditures have increased more than10% over the previous year’s total mandated expenditures will be required to complete the “Comment” portion of the Supplemental Allocation Request form. These comments should provide additional information related to locality trends that are affecting CSA costs. |  |  |  |

**SECTION V: COMPLIANCE**

**LOCAL CPMT COMPLIANCE ASSESSMENT WORKSHEET**

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| The purpose of the Children’s Services Act is to: "1. Ensure that services and funding are consistent with the Commonwealth's policies of preserving families and providing appropriate services in the least restrictive environment, while protecting the welfare of children and maintaining the safety of the public." Code of Virginia Section 2.2-268 states that the Council shall “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](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+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](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+2.2-5211);" | | | | | |
|  | | | | | |
| **Task Description** | **Describe activity performed to validate/verify assessment criteria.**  **(May attach additional sheets , if needed)** | **Is there evidence to demonstrate achievement of criteria?**  **(May attach additional sheets, if needed)** | | | |
| Y | N | N/A | Comments |
| **PROGRAM ACTIVITIES** |  | | | | |
| 1. Review program activities of the most recent 12 months to assess compliance with local CPMT policies and procedures that govern CSA services. |  |  |  |  |  |
| 1. Document the assessment |  |  |  |  |  |
| 1. Itemize deficiencies and the corresponding plan of action. |  |  |  |  |  |
| 1. Document CPMT discussion of deficiencies and plan of action. |  |  |  |  |  |
| **FISCAL ACTIVITIES** |  | | | | |
| 1. Review fiscal activities of the most recent 12 months to assess compliance with local CPMT policies and procedures governing CSA pool fund expenditures. |  |  |  |  |  |
| 1. Document the assessment. |  |  |  |  |  |
| 1. Itemize deficiencies and the corresponding plan of action. |  |  |  |  |  |
| 1. Document CPMT discussion of deficiencies and plan of action. |  |  |  |  |  |

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| **Completed By:** |  | **Date:** | Click here to enter a date. |

**SECTION VI: QUALITY IMPROVEMENT**

* Quality Improvement Plan Worksheet
* Quality Improvement Plan Worksheet Supplement

**SECTION VI: QUALITY IMPROVEMENT**

**QUALITY IMPROVEMENT PLAN WORKSHEET**

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| Significant weaknesses in internal control and incidences of non-compliance must be documented and a quality improvement plan developed. A quality improvement plan includes the following elements, at minimum:   * Summary description of the deficiency, * Description of the quality improvement action to be taken; actions taken should be measurable. * Target date for the completion of quality improvement action; target date should within the next 12 months following the date of the self-assessment. * Personnel responsible for implementing quality improvement action and for monitoring progress.   **Source:** [**http://www.doa.virginia.gov/Financial\_Reporting/ARMICS/ARMICS\_Standards.pdf**](http://www.doa.virginia.gov/Financial_Reporting/ARMICS/ARMICS_Standards.pdf) | | | | | |
|  | | | | | |
| **Task Description** | **Describe activity performed to validate/verify assessment criteria.**  **(May attach additional sheets , if needed)** | **Is there evidence to demonstrate achievement of criteria?**  **(May attach additional sheets, if needed)** | | | |
| Y | N | N/A | Comments |
| 1. Review worksheets completed in Sections I through V. Prepare a summary listing internal control weaknesses and/or non-compliance observations identified. |  |  |  |  |  |
| 1. Prepare a quality improvement plan to address the deficiencies identified Task 1. The Quality Improvement Plan Worksheet Supplement or a reasonable facsimile may be used. |  |  |  |  |  |
| 1. Notify the Office of Children’s Services of control weaknesses and non-compliance deficiencies; accompanied with quality improvement plan. |  |  |  |  |  |
| 1. Verify that quality improvement action is implemented timely (in accordance with the target dates established). |  |  |  |  |  |
| 1. Provide periodic reports to the CPMT and the OCS regarding quality improvement status. |  |  |  |  |  |

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| **Completed By:** |  | **Date:** | Click here to enter a date. |

**SECTION VI: QUALITY IMPROVEMENT PLAN**

**QUALITY IMPROVEMENT PLAN WORKSHEET SUPPLEMENT**

**Instructions: A separate worksheet should be completed for each deficiency identified in the assessment process.**

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| **QUALITY IMPROVEMENT PLAN DETAILS** | | | | | | |
| **Condition**  **No.** | **Quality Improvement Task** | **Responsible Party** | **Target Date** | **Self-Reporting Status** | | |
| In Progress | Comp-leted | Date  Completed |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. |  |  | Click here to enter a date. |
| Please check if attachments are included. | | | | | | |
| If quality improvement task is not complete, please explain:  Click here to enter text. | | | | | | |

|  |  |  |
| --- | --- | --- |
| **QUALITY IMPROVEMENT PLAN APPROVAL** | | |
| **Signature:** | **Title:** | **Date:** Click here to enter a date. |
| **Print Name:** |

**SECTION VII: CERTIFICATION**

* Certification Worksheet
* Statement of Acknowledgement and Certification

**SECTION VII: CERTIFICATION**

**CERTIFICATION WORKSHEET**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The CSA Self-Assessment Workbook provides guidance for establishing and assessing locally administered program’s compliance and internal controls in order to more effectively manage risk and maintain accountability. The governing CPMT will certify to the Office of Children’s Services that:   1. They have evaluated their local CSA programs to ensure that they are accomplishing the objectives of the Children’s Services Act and that the decisions of the State Executive Council (SEC) are implemented accordingly. 2. They have established, maintained and evaluated their programs’ internal control framework, as well as compliance with applicable statutes, laws, policies, procedures, etc. | | | | | |
|  | | | | | |
| **Task Description** | **Describe activity performed to validate/verify assessment criteria.**  **(May attach additional sheets , if needed)** | **Is there evidence to demonstrate achievement of criteria?**  **(May attach additional sheets, if needed)** | | | |
| Y | N | N/A | Comments |
| 1. Complete the Statement of Acknowledgement and Certification. |  |  |  |  |  |
| 1. Ensure that the corrective action plan is attached, if applicable. |  |  |  |  |  |
| 1. Forward Certification and accompanying corrective action plan (if any) to the Office of Children’s Services by the established due date in accordance with the scheduled audit plan. |  |  |  |  |  |

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| **Completed By:** |  | **Date:** | Click here to enter a date. |

**SECTION VII: CERTIFICATION**

**STATEMENT OF ACKNOWLEDGEMENT AND CERTIFICATION**

|  |  |  |  |
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| The       Community Policy and Management Team (CPMT) is responsible for establishing and maintaining an effective system of internal control to ensure compliance with the Children’s Services Act (CSA). The       CPMT has completed its control and compliance self-assessment for the period ending       .  The basis for these conclusions relates to our assessment of compliance and the internal controls operating within the       CPMT. Based on the results of this evaluation, the       CPMT can provide reasonable assurance that: | | | |
|  | A self-assessment has not been completed at this time. The       CPMT is providing assurance that a self-assessment will be completed no later than           ,     .  **(Note: Must be complete no later than 60 days after the calendar year ending.)** | | |
|  | No significant non-compliance observations and/or weakness were found in the design or operation of the internal controls applicable to the processes or services conducted on behalf of CSA. | | |
|  | No significant observations of non-compliance and/or weakness were found in the design or operation of the internal controls applicable to the processes or services conducted on behalf of CSA. However, other (non-significant) non-compliance issues and internal control weaknesses were identified. The       CPMT is providing assurance that they will/ will not address these minor weaknesses by            , 20     . | | |
|  | Significant non-compliance observations and/or weakness were found in the design or operation of the internal controls applicable to the processes or services conducted on behalf of CSA. A list of these weaknesses and a copy of the Corrective Action Plan is attached to this certification. The       CPMT is providing assurance that they will address these significant weaknesses by            , 20     . | | |
|  | | | |
| **Signature** | |  | **Date:** |
| **Print Name** | |  | |
| **Title** | | **Community Policy & Management Team Chairperson** | |

**FOR ASSISTANCE USING THIS WORKBOOK, CONTACT THE OFFICE OF CHILDREN’S SERVICES:**

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| **CONTACT INFORMATION** | |
| **Office of Children’s Services**  **1604 Santa Rosa Road**  **Suite 137**  **Richmond, VA 23228**  **(804) 662-9816**  [**www.csa.virginia.gov**](http://www.csa.virginia.gov)  **Scott Reiner, Interim Executive Director** | |
| **To reach a CSA Program Auditor, please call:** | |
| **Stephanie S. Bacote, CIGA**  **(804) 662-7441**  [**Stephanie.Bacote@CSA.Virginia.Gov**](mailto:Stephanie.Bacote@CSA.Virginia.Gov) | **Annette E. Larkin, MBA**  **(804) 662-9816**  [**Annette.Larkin@CSA.Virginia.Gov**](mailto:Annette.Larkin@CSA.Virginia.Gov) |