

User Guide

for the

Children's Services Act (CSA User Guide)



Date of Issue: July 1, 2015

Table of Contents

Please Note: The Table of Contents is hyperlinked to the specific sections. While your cursor hovers over any topic, press and hold the <Ctrl> key while using your mouse to click will take you directly to that section of the *User Guide*.

1.0	Introduction	1
2.0	The Office of Children’s Services: Supporting Implementation of the CSA	3
3.0	The Children’s Services Act as a System of Care	4
3.1	What is a System of Care?.....	4
3.2	How does CSA Relate to the System of Care?.....	6
3.3	Additional Resources.....	6
4.0	Local Management of the Children’s Services Act	8
4.1	CSA as a State Supervised, Locally Administered System.....	8
4.2	Community Policy and Management Team (CPMT)	8
4.2.1	Membership of the CPMT.....	8
4.2.2	Duties and Responsibilities of the CPMT	9
4.2.3	CPMT Authorized Exceptions to FAPT/MDT Process.....	12
4.3	Family Assessment and Planning Team (FAPT).....	12
4.3.1	Membership of the FAPT: Building the Team.....	13
4.3.2	Duties and Responsibilities of the FAPT	14
4.3.3	Alternatives to FAPT	15
4.4	Joint Requirements of the CPMT and FAPT	16
4.4.1	Freedom from Liability and Conflict of Interest	16
4.4.2	Information Sharing/Confidentiality/Freedom of Information Act.....	16
4.4.3	Submission of Required Client-specific Information to OCS	17
4.4.4	Records Management.....	18
4.5	Role of the Local CSA Coordinator	19
5.0	Eligibility for Funding through the Children’s Services Act	20
5.1	Determining CSA Eligibility.....	20
5.2	Age Range for CSA Eligibility	20
5.3	Statutory Framework for CSA Eligibility.....	21
5.3.1	Eligibility Based on Special Education Status.....	21

5.3.2	Eligibility Based on Foster Care Status and Types of “Foster Care Services”	22
5.3.3	Eligibility Based on Behavioral/Emotional Needs and CHINS.....	25
6.0	Access to CSA State Pool Funds for Services to Eligible Children and Youth	27
6.1	Establishment of the CSA State Pool.....	27
6.2	Local Matching Funds.....	27
6.3	Sum Sufficient (Mandated) and Non-Sum Sufficient (Non-mandated) Populations.....	28
6.3.1	Sum Sufficient Funds.....	28
6.3.2	“Protected” Funds for the “Non-mandated” Population	29
6.4	Assessing Parental Contributions for CSA Services.....	29
7.0	Determining if CSA Funds Can be Utilized (“Can CSA Pay?”)	31
7.1	Is the Youth Eligible for State Pool Funds?	33
7.2	Is the Service the Responsibility of Another Agency?.....	34
7.3	Is the Service Eligible for Another Funding Source?	34
7.4	Has the FAPT Recommended the Service and Developed an IFSP?	35
7.5	Has the CPMT Authorized the Funding?	35
7.6	Does the Service Meet All Federal and State Laws, Regulations and Policies?	36
7.7	Additional Resources.....	36
8.0	Assessment, Service Planning, and Case Management under the CSA	37
8.1	Overview: Service Planning through the FAPT.....	37
8.1.1	Referral Policies	37
8.1.2	Family Involvement and Strengths Based Practice.....	37
8.2	Assessment.....	38
8.2.1	Mandatory Uniform Assessment Instrument.....	38
8.2.2	CANS Certification.....	39
8.2.3	CANVaS	39
8.2.4	Other Assessments	40
8.3	Service Planning	40
8.3.1	Development of the Individual and Family Service Plan (IFSP)	41
8.4	Case Management	42
8.5	Additional Resources.....	44

9.0	CSA and Partner Agencies.....	45
9.1	Schools and Special Education	45
9.1.1	Special Education Services Provided Outside of the Public School Setting.....	45
9.1.2	Special Education, the IEP and Utilization Review.....	47
9.1.3	Wraparound Services for Students with Educational Disabilities	47
9.1.4	Age of Eligibility to Receive Special Education Services through CSA	48
9.1.5	Parental Co-Payments for Special Education Services	48
9.1.6	Confidentiality of Educational Records.....	48
9.1.7	Additional Resources	49
9.2	Juvenile Justice (Court Service Units).....	49
9.2.1	Eligibility for State Pool Funds	49
9.2.2	Age of Eligibility for DJJ Referred Youth to Receive Services through CSA	49
9.2.3	Case Management of Youth Served through the CSA by CSU Staff	50
9.2.4	FAPT Role in Mental Health Transition Planning for Committed Juveniles.....	50
9.2.5	Allowable Services for Juveniles Under CSU Supervision.....	51
9.2.6	Virginia Juvenile Community Crime Control Act (VJCCCA)	51
9.3	Local Departments of Social Services.....	51
9.3.1	Funding for Children in Foster Care	51
9.3.2	Services for Children in Foster Care.....	53
9.3.3	Protections for All Children Receiving Foster Care Services.....	54
9.3.4	Foster Care Prevention	54
9.3.5	Types of Foster Care Placements.....	55
9.3.6	Adoption Assistance.....	56
9.4	Medicaid (DMAS)	58
9.4.1	Additional Resources	59
10.0	Consistency of CSA Practices with Other Regulations.....	60
10.1	Medical Necessity for Specific Clinical Services	60
10.2	Non-duplication of Case Management Services	60
10.3	The Individuals with Disabilities Education Act (IDEA)	61
10.4	Enhanced Maintenance for Children in Foster Care	61
10.5	Denial of CSA Funds	62

11.0 Intensive Care Coordination	63
11.1 Background: What is Intensive Care Coordination (ICC)?.....	63
11.2 The High Fidelity Wraparound Model.....	64
11.3 The Role of ICC at the FAPT.....	64
11.4 The Provision of ICC with Other Case Management.....	64
11.5 Additional Resources.....	65
12.0 Utilization Review and Utilization Management	66
12.1 Utilization Review versus Utilization Management.....	66
12.2 Utilization Management and CSA	66
12.3 Local Responsibility as it Relates to Utilization Management	66
12.4 Sample Utilization Management Plan.....	67
12.5 Role of the Office of Children’s Services (OCS) in Utilization Review	67
13.0 Audit Engagement	68
13.1 Phase I: Planning	68
13.2 Phase II: Fieldwork	70
13.3 Phase III: Reporting	71
13.4 Phase IV: Follow-up.....	73
13.5 Frequently Requested Documents During Audits.....	74
13.5.1 CSA and Comprehensive Audit and Financial Report Requirements	76
14.0 Service Definitions	77
15.0 The CSA Service Fee Directory	78
16.0 CSA Vendor Contracts	79
16.1 General Issues	79
16.2 Competitive Bidding and Negotiations	79
17.0 CSA Administrative Funding	80
18.0 Supplemental State Allocations	81
18.1 Supplemental Allocation Requirements	81
18.2 Instructions for the Supplemental Allocation Request.....	83
18.3 Supplemental Request Allocation Form	87

19.0	Reports Available for Managing CSA	91
19.1	CSA Data Set Reports	91
19.2	CSA Pool Fund Expenditure Reports	91
19.3	CSA Performance Dashboard	92
20.0	Required CSA Reporting by Localities	93
20.1	CSA Expenditure and Data Set Reporting	93
20.1.1	Child Based Data Reporting System (CBDRS).....	93
20.1.2	Non-Data Entry File Uploads.....	94
20.2	State Pool Fund Reimbursement Report	94
20.2.1	The Report Preparer	94
20.2.2	The Fiscal Agent	98
20.3	Service Gap Survey	101
21.0	CSA Data and Information Technology	102
21.1	Keeping the Local CSA Contact Directory Up to Date	102

1.0 Introduction

The Children's Services Act¹ (referred to in this Guide as the *CSA*), represents an innovative partnership between state and local government to provide an effective and efficient system of care. As stated in [§2.2-5200](#), "it is the intention of this law to create a collaborative system of services and funding that is child-centered, family-focused and community-based when addressing the strengths and needs of troubled and at-risk youths and their families in the Commonwealth."

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

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

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

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

Some Notes on Terminology:

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

The Children’s Services Act (effective July 1, 2015)

Pursuant to action of the 2015 General Assembly, effective July 1, 2015, the Comprehensive Services Act for At-Risk Youth and Families, the Office of Comprehensive Services, and the State Executive Council for Comprehensive Services for At-Risk Youth and Families are renamed as the Children’s Services Act, the Office of Children’s Services and the State Executive Council for Children’s Services, respectively. The terminology in the *CSA User Guide* has been updated to reflect this change.

References to the titles of specific documents using the term *Comprehensive Services* prior to 2015 have been left intact.

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

One of the core responsibilities of the Office of Children's Services is to support localities and other partners in the implementation of the CSA. In addition to the *CSA User Guide* and the *CSA Policy Manual*, OCS carries out this responsibility through a variety of activities.

The OCS:

- Develops and implements a robust training plan which includes an annual statewide conference, on-site presentations and distance learning opportunities (e.g., "on-line" courses through the Knowledge Center (KC), webinars). Non-state employees (or local agency employees not already enrolled by their agency) in the Knowledge Center who are interested in taking courses through the Knowledge Center should contact Marsha Mucha at OCS to establish a KC account and login.
- Provides customized, on-site training and consultation to localities in response to specific needs. To request such training, please contact one of the OCS Program Consultants (you can find the listing on the CSA website) or complete the on-line [Request for Technical Assistance](#) form.
- Responds to specific questions from local and state CSA partners, parents, service providers and others. Questions to OCS are accepted via phone, e-mail, or preferably through the [OCS Help Desk](#) feature of the CSA website. Use of the OCS Help Desk will assure a prompt response by the staff member most equipped to assist you.
- Maintains the CSA website (www.csa.virginia.gov) where a variety of information regarding all aspects of CSA implementation can be found.

The staff of OCS strives to provide the highest quality customer service to support you in your work. Please do not hesitate to contact us. Specific contact information for OCS staff can be found [here](#).

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

3.1 What is a System of Care?

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

Almost 30 years later, the System of Care concept is widely accepted and in practice in states and communities across the country and has shown broader applicability across child-serving systems beyond strictly behavioral health - including child welfare and juvenile justice. There is a growing body of evidence that the philosophy and values embodied in a System of Care approach produce remarkable outcomes for youth and families, while at the same time reducing the need for more costly and restrictive placements. Simply put, System of Care is **effective, ethical, and good public policy.**

On page 13, you will find a visual representation of Virginia's System of Care.

At the center of the system are the child and family. This emphasizes that no practitioner, agency, or court can create the conditions necessary for change without the full involvement and engagement of the child and family.

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

There is a shared belief across the Commonwealth that all children and families who are at-risk deserve access to a coordinated array of critical services which will produce the best possible outcomes for them and their families. The *shared vision, mission, and goals* of Virginia's System of Care are the "glue" that binds CSA together and at its core holds that a system that is child-centered, family-focused, and community-based is our common value and aspiration.

"No wrong door" means that access to the system of care should not be limited by which agency the child/family first contacts or the community where they live. Services in jurisdictions

burdened with high levels of poverty should be able to meet needs equally to those localities having more resources. Juvenile offenders with serious mental health needs but who have committed a serious violent offense will be served as equally as the abused and neglected child needing to address trauma resulting from being a victim of someone else's behavior.

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

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

3.2 How does CSA Relate to the System of Care?

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

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

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

3.3 Additional Resources

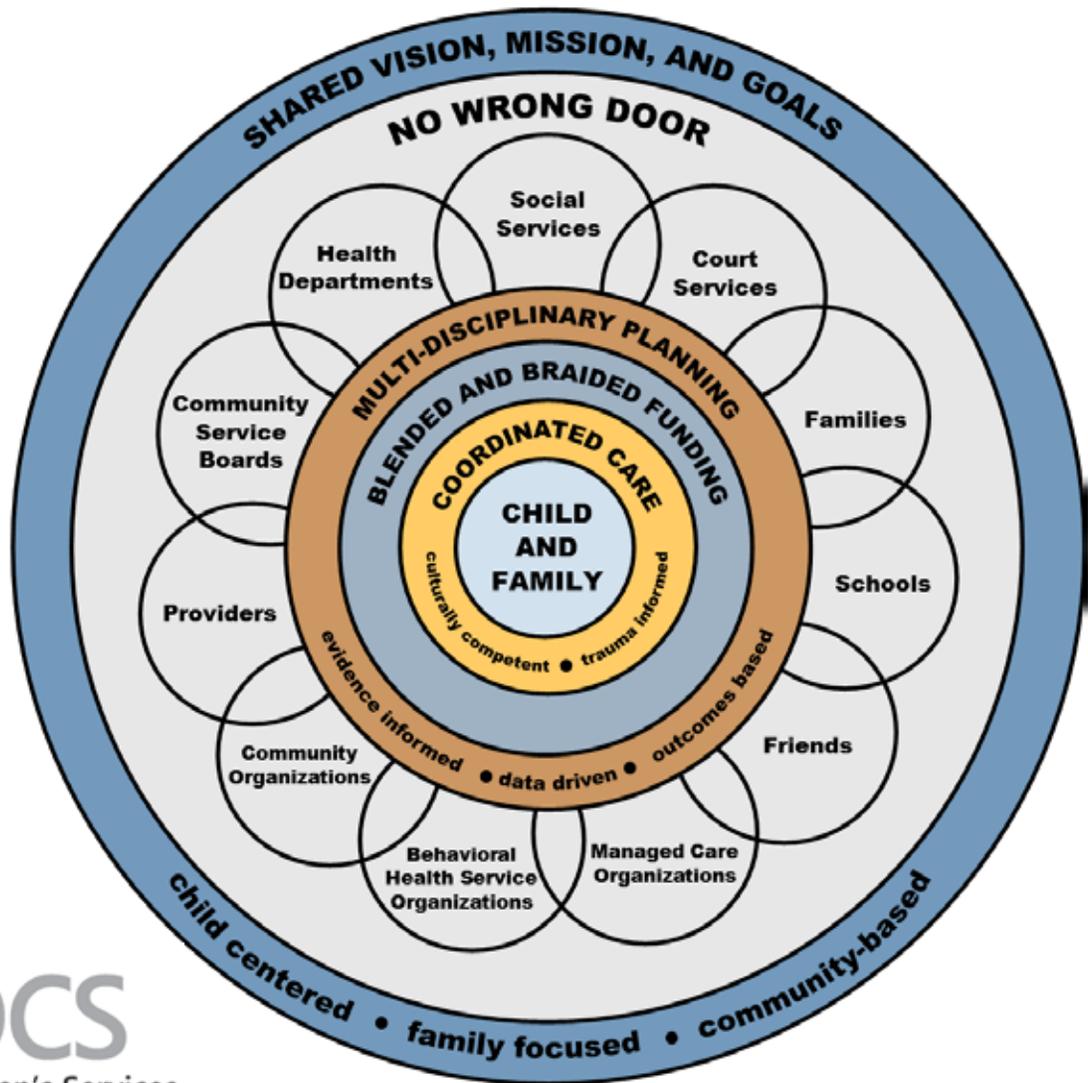
[Systems of Care: A Framework for System Reform in Children's Mental Health](#)

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

[System of Care Values and Principles](#)

[Issue Brief: Updating the System of Care Concept and Philosophy](#)

Virginia's Comprehensive System of Care



4.0 Local Management of the Children's Services Act

4.1 CSA as a State Supervised, Locally Administered System

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

4.2 Community Policy and Management Team (CPMT)

4.2.1 Membership of the CPMT

The Community Policy and Management Team (CPMT) is established by the local governing body in accordance with [§2.2-5205](#). While the majority of CPMTs correspond to individual cities or counties, local governments may create joint CPMTs to serve multiple jurisdictions.

Membership of the CPMT shall include:

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

Notes:

A resource document, [*"Recruiting and Retaining Parent Members on Interagency Teams"*](#) can be found on the CSA website.

Localities seeking assistance in identifying potential private provider representatives can contact Matthew Stanley at the Virginia Coalition of Private Provider Associations. mstanley@elwood-consulting.com or (804) 643-2776.

Other members may include, but are not limited to:

- a local law enforcement official;
- a local government official; and/or
- representatives of other public agencies appointed by the local governing body.

Each CPMT should establish a Chair whose signature on CSA documents shall serve as the official signature for the CPMT.

Each CPMT should also identify the person or agency responsible for signing placement agreements or contracts.

4.2.2 Duties and Responsibilities of the CPMT

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

Specific requirements, duties and authority of the CPMT are outlined in [§2.2-5206](#)², the Appropriation Act and established policy and fall into three general categories. These are:

- planning and policy development;
- fiscal and programmatic management; and
- data collection and reporting.

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

4.2.2.1 Planning and Policy Development

- Developing interagency policies and procedures to govern the provision of services
- Developing interagency fiscal policies governing access to the state pool of funds, including immediate access for emergency services
- Establishing policies to assess parental co-pays and a sliding fee scale
- Coordinating long-range, community-wide planning for children's services
 - Adoption of a community philosophy with respect to the provision of human services for children and families
 - Identification of the current service continuum and assessment of current strengths and needs
 - Adoption of a strategic plan based on the identified philosophy and analysis of the current system
- Establishing policies governing referrals and reviews of children and families by the FAPT
- Establishing procedures for obtaining bids for development of new services
- Establishing policies for providing intensive care coordination
- Establishing policies and procedures for appeals by youth and families of FAPT decisions³
- Developing policies and procedures regarding the management of records to protect confidential data.

4.2.2.2 Fiscal and Programmatic Management

- Establishing quality assurance and accountability procedures for program utilization and funds management
- Managing funds allocated from the state pool
- Reviewing recommendations for, authorizing, and monitoring of the expenditure of funds by each FAPT/MDT
- Submitting grant proposals
- Reviewing and analyzing management reports to evaluate outcomes and provider performance

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

- Administering funds pursuant to the Virginia Juvenile Community Crime Control Act (VJCCCA, [§16.1-309.3](#)) if these funds are not managed by a Commission established under [§16.1-315](#).
- Contracting with another CPMT to purchase coordination services (for example, funding for CSA coordinator staff position)
- Ensuring that services and funding seek to preserve families and are provided in the appropriate, least restrictive environment
- Having a utilization management process, including a uniform assessment
- Ensuring the use of Medicaid funded services whenever they are “available and appropriate.”

4.2.2.3 Data Collection and Reporting

- Reporting to the OCS on programmatic and fiscal operations and recommendations for system improvement, including but not limited to:
 - Collecting and providing uniform data to the OCS (this requirement is met by submission of the child specific data set and pool fund expenditure data)
 - Submitting to the Department of Behavioral Health and Developmental Services information on children and youth for whom an admission to an acute care psychiatric or residential treatment facility could not be obtained. Instructions for such reporting can be found on the [DBHDS website](#) (select the “Forms” tab)
 - Providing information on utilization of residential treatment facilities and length of stay in such facilities (this requirement is met by submission of the child specific data set and pool fund expenditure data)
 - Providing client-specific information from the mandatory uniform assessment (this requirement is met by the entering of child-specific CANS assessment information into the [CANVaS website](#) and database)
 - Annually reporting to the OCS on the gaps in services necessary to keep children in the community, as well as barriers to the development of these services (OCS annually issues the instructions and time frames for submission of the Service Gap Survey. Results and other information about the GAP Survey can be found [here](#)).

4.2.3 CPMT Authorized Exceptions to FAPT/MDT Process

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

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

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

4.3 Family Assessment and Planning Team (FAPT)

While the functions of the Community Policy and Management Team may best be described as "administrative" in nature, the Family Assessment and Planning Team is the interagency group responsible at the individual "case" level for carrying out the CSA.

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

The CPMT is charged with development and implementation of policies regarding how FAPT will carry out its assigned duties and responsibilities. Section [2.2-5209](#) requires the FAPT to "assess the strengths and needs of troubled youths and families who are approved for referral to the team and identify and determine the complement of services required to meet these unique needs."

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

4.3.1 Membership of the FAPT: Building the Team

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

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

Notes:

A resource document, [“Recruiting and Retaining Parent Members on Interagency Teams”](#) can be found on the CSA website.

Localities seeking assistance in identifying potential private provider representatives can contact Matthew Stanley at the Virginia Coalition of Private Provider Associations. mstanley@elwood-consulting.com or (804) 643-2776.

The following optional members may be appointed:

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

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

4.3.2 Duties and Responsibilities of the FAPT

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

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

Note: Although there is no required template for the IFSP, a model IFSP may be found under the “Standard/Model Forms” heading of the [Resource Library](#) page of the CSA website. More information about service planning may be found in Section 8.0 of the *CSA User Guide*.

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

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

4.3.3 Alternatives to FAPT

The FAPT is considered to be the standard for CSA multidisciplinary teams. However, provision is made in the Code of Virginia for the establishment of alternative multidisciplinary teams to serve in the FAPT role.

4.3.3.1 Multi-Disciplinary Planning Teams (MDT)

CPMTs may establish an MDT to review specific types of cases, to review more “routine” cases to permit the FAPT to focus on service planning for youths and families with more complex needs, or for other purposes. The MDT provides flexibility, may decrease burden on FAPTs, and maximizes the use of professional resources. Alternative MDTs shall be established in accordance with the relevant SEC Policy 3.2.2.

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

4.3.3.2 Family Partnership Teams

Family Partnership Teams (FPTs) are associated with the Family Engagement Model (FEM) used within the state and local departments of social services may in certain circumstances serve as an approved MDT. In March 2010, the SEC adopted a policy regarding the incorporation of the principles of family engagement (Policy 3.3) including the use of Family Partnership Teams as approved alternative multidisciplinary teams. A guidance document was developed by OCS to accompany the policy to provide technical assistance to CPMTs and FAPTs on how FPTs may be used in this manner. That guidance document may be found under the “Teams: CPMT, FAPT, MDT, Family Partnership Teams” section of the [Resource Library](#) on the CSA website.

4.4 Joint Requirements of the CPMT and FAPT

Several provisions of CSA apply to the work of both the CPMT and the FAPT.

4.4.1 Freedom from Liability and Conflict of Interest

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

Statutory language to guard against conflict of interest is found in [§2.2-5205](#) and requires parents and private providers, and in some instances, members representing local agencies, to complete a statement of economic interest ([§2.2-3117](#)). Section [2.2-5207](#) requires that FAPT and CPMT parental and private provider representatives abstain from decision-making where there may be a personal or fiduciary interest. Essentially, all FAPT and CPMT members are expected to avoid any activity which might be perceived as or actually benefitting them personally.

4.4.2 Information Sharing/Confidentiality/Freedom of Information Act

4.4.2.1 Public Meetings and the Freedom of Information Act

Conducting the business of the CSA is a matter of public interest. Certain activities are generally presumed to be open to the public and subject to the provisions on the Freedom of Information Act (FOIA). Other activities in which personal and/or protected information about individual children and families is shared are exempt from FOIA and considered "confidential." Specifically, FAPT, MDT and CPMT shall ensure that all discussions regarding the referral and provision of services and funding for specific children and families or review of such referral, services and funding are held confidential, unless a child and family requests in writing that their portion of the meeting be open to the public ([§2.2-5210](#)).

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

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

4.4.2.2 Confidentiality and Information Sharing / Protecting Personally Identifiable Information

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

The Code of Virginia (COV) places the responsibility of obtaining the consent to share client information on the agency making the referral to the FAPT. The statutory language also makes clear that all agencies are expected to cooperate with the team and "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."

Finally, all information contained in CSA-specific files should be maintained securely, in locked files and with appropriate access controls.

4.4.3 Submission of Required Client-specific Information to OCS

Various sections of the COV and the Appropriation Act require that "using a secure electronic database," the CPMT and FAPT shall provide the Office of Children's Services with client-specific data, including information from the mandatory uniform assessment instrument, the "CSA Data Set," and expenditure files. Local governments meet these obligations when case managers complete the Child and Adolescent Needs and Strengths (CANS) assessment online in CANVaS and when the CSA data set and expenditure files, containing demographic, service and financial data for each child and youth are submitted. All client specific information shall remain confidential. Only non-identifying aggregated demographic, service and expenditure information may be made available to the public.

4.4.4 Records Management

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

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

A minimum documentation inventory was created to assist local CPMTs and FAPTs in managing their records. This inventory may be found [here](#).

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

- Client referral form
- CSA eligibility determinations
- Parent co-pay assessments, notifications, payment agreements
- CANS assessments
- Individual Family Services Plan (IFSP)
- Child in Need of Services (CHINS) Determinations
- Parental Agreements
- Certificate of Need (if prepared by FAPT)
- CPMT funding requests/authorizations
- Utilization review charts/reports (if performed by FAPT and/or purchased)
- Treatment plans and progress reports where required by local CSA vendor contracts and where CSA Pool Funds were used to purchase services
- Assessment reports prepared and or requested by FAPT for use in service planning, funded by CSA (e.g. psychological and clinical evaluations)

The Library of Virginia is responsible for managing the retention and destruction of all public agency records and has developed schedules applicable to each agency. Currently, there is no specific retention/destruction schedule that has been developed solely for CSA purposes that comprehensively covers a broad range of CSA records. However, OCS is in the process of coordinating with the Library of Virginia to establish a CSA specific retention/destruction schedule. Until this process has been completed, localities are strongly encouraged to adopt the following retention/destruction schedule:

“Retain 3 years after last action then destroy in compliance with No.8 of the Library of Virginia Policies for Records Retention and Disposition.”

The minimum 3 year retention/destruction period is consistent with schedules adopted by other CSA stakeholder agencies. More detailed information about records management can be found at the Library of Virginia at: <http://www.lva.virginia.gov/agencies/records/>. This includes an excellent resource, the [Virginia Public Records Management Manual](#).

4.5 Role of the Local CSA Coordinator

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

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

The Office of Children's Services has developed a model CSA Coordinator Job Description that can be found in the “Standard/Model Forms” section of the [Resource Library](#) on the CSA Website. It is intended to assist local governments in understanding the role and responsibilities of CSA program staff and is not to be interpreted as a required format or template.

5.0 Eligibility for Funding through the Children's Services Act

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

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

5.1 Determining CSA Eligibility

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

5.2 Age Range for CSA Eligibility

The age of eligible youth is defined in [§2.2-5212.B](#) which clarifies that the use of the term "child" or "youth" under the CSA refers to a person younger than age 18, or an individual over the age of 18 through age 21 who remains eligible for foster care services as required by federal and state law. Federal special education law requires the provision of IEP services until the child's 22nd birthday.

5.3 Statutory Framework for CSA Eligibility

The identified populations that are “targeted” for funding eligibility in the CSA state pool are defined in [§2.2-5212](#).

5.3.1 Eligibility Based on Special Education Status

Children or youth with disabilities who are eligible for special education services (“students with disabilities”) are in the CSA target population and include children or youth with (educational) disabilities who have an Individualized Education Program (IEP) that indicates the child is in need of placement in a private school to meet their educational needs.

These placements may be either in private day schools or residential programs and are inclusive of children in foster care or placed in private residential facilities by local departments of social services or juvenile justice.

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

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

The funding for Wraparound Services for Students with Disabilities is a specific amount set aside within the overall CSA appropriation (for example, in FY15 this amount was \$2.2 million). Localities desiring to utilize these funds must annually request an appropriation by completing the “Intent to Utilize Funds for Wraparound Services for Students with Disabilities.” Additional details about completing this request are distributed via Administrative Memo from OCS. For an example, the FY2015 Administrative memo is found [here](#).

5.3.2 Eligibility Based on Foster Care Status and Types of “Foster Care Services”

Any child who is eligible for “foster care services” (as described in [§63.2-905](#)) is included in the CSA target population. Foster care services are defined broadly as the “full range of casework, treatment and community services, including but not limited to independent living services.” Foster care services are provided to children who are receiving services because of abuse and neglect or as a “child in need of services.”

5.3.2.1 Foster Care Prevention

Foster care prevention services may be provided to stabilize the family situation if the need for the service is documented in the local department’s service plan or in the Individual Family Services Plan (IFSP) used in conjunction with CSA. Provision of foster care prevention services is also appropriate if the local department of social services has initiated court proceedings to remove the child from his or her home.

5.3.2.2 Non-Custodial Foster Care and CSA Parental Agreements

When a child has been determined to be CHINS (see Section 5.3.5 below) and requires placement outside of the home, they are eligible for CSA. A formal agreement is needed with the parent to make such a placement. Statute allows for such placement when the child “(ii) has been placed through an agreement between the local board or the public agency designated by the community policy and management team and the parents or guardians where legal custody remains with the parents or guardians” ([§63.2-905](#)). This provision was created to permit parents to obtain services, particularly residential treatment services, for their children with severe emotional behavioral problems without having to relinquish custody to a local department of social services.

There are two types of these agreements, DSS Non-Custodial Foster Care Agreements and CSA Parental Agreements, which although similar in purpose, are managed very differently. There are many parallels in the two agreements, including:

- the purpose of the agreement is to provide mental health treatment for a child with emotional/behavioral disorders when all other avenues or resources have been exhausted;
- a formal agreement outlining expectations must be signed;
- only out-of-home **treatment** placements are appropriate (residential, group home or Treatment Foster Care (TFC));
- the child is under the age of 18 at the time of placement (may extend past age 18 if short-term to complete a treatment episode);

- the agreement is voluntary;
- either party may terminate the agreement with notice to the other as stated in the agreement;
- **it is not** used in cases where abuse or neglect has occurred or is an issue;
- (if CSA funds are used), all CSA requirements such as screening for Medicaid eligibility, FAPT review and administration of the uniform assessment instrument and utilization management/utilization review must be met;
- the parent retains legal custody;
- the parent is required to be involved in planning and treatment; and
- the plan is to return the child home as soon as appropriate.

5.3.2.3 Non-custodial Foster Care Agreements

Non-custodial foster care agreements are a mechanism for the local department of social services to provide case management to children who are placed outside of the home for behavioral health treatment without the parent being required to relinquish custody. Court involvement is required. For more information regarding Non-Custodial Foster Care Agreements see the Virginia Department of Social Services Foster Care Manual.

5.3.2.4 CSA Parental Agreements

CSA Parental Agreements are agreements made between an agency designated by the CPMT, **other than the local department of social services**, and a parent or guardian who retains legal custody. As with non-custodial agreements, the child is placed outside of the home for behavioral health treatment with a local public agency providing case management services. The similarities in the two types of agreements are listed above. The **differences** are:

VDSS Non-custodial Foster Care Agreement	CSA Parental Agreement
Child is "in foster care placement"	Child is receiving a "foster care service"
Court involvement is required including: filing of a petition, submitting a Foster Care Plan, court reviews, and court approval to terminate the agreement	No court involvement is required
Case must be entered into OASIS	Case is not entered into OASIS
Child may be eligible for Title IV-E	Child is not eligible for Title IV-E
Case is referred to Child Support Enforcement	Parental co-pay is assessed per CPMT policy
Local DSS serves as case manager	Agency other than local DSS serves as case manager
Agency (LDSS) placement	Parent places child, not agency

Although the agreement is between an agency designated by the CPMT and the parent, the CPMT must also approve and sign the agreement as CSA is the funding source. A local public agency **may not** enter into a CSA Parental Agreement without the approval of the local CPMT. CPMTs may use the standard CSA parental agreement template which is [Attachment B \(Parental Agreement Template.pdf\)](#) of the *Interagency Guidelines on the Provision of Foster Care Services to Specific Children in Need of Services*. Additional information on parental agreements can be found in the [Frequently Asked Questions: CSA Parental Agreement](#)

5.3.2.5 Court Ordered Placements

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

The CSA parental agreement template was developed and designed for use with families who were voluntarily seeking services for their child and did not need or want the intervention of the court. Consequently, the wording in the parental agreement template is inconsistent with a court-ordered placement. If they choose to use the template for these agreements, the FAPT and CPMT should modify the language to reflect that the placement is court-ordered and not voluntary.

5.3.2.6 Commitment or Entrustment to the Local DSS

This service is what might be considered “traditional” foster care placement. The court grants custody or a parent entrusts a child to the local DSS and the child is placed in a foster home, a treatment foster home, a group home, or a residential facility, depending on the child’s needs. The child may even remain in his or her home with the local department holding custody, although typically a child in the custody of DSS is only in the home on approved visits or when transitioning from an out of home placement. Children who are placed by LDSS in an approved home or licensed facility and in the custody of LDSS are eligible for CSA. This foster care service extends only through the child’s 18th birthday, with limited exceptions. Please refer to the VDSS Foster Care Manual for specifics on foster care placement.

5.3.2.7 Independent Living Services

A youth who is at least 14 years of age and no older than 21 and is identified as in need of independent living services as described in [§63.2-905.1](#) and [§63.2-100](#) is eligible for foster care services and therefore for CSA funding. Independent living services are only available to those youth who were receiving foster care services at the time of their 18th birthday. These youth may receive independent living services until their 21st birthday. There are two special

provisions for youth who were in foster care to “return” in order to receive independent living services. Those provisions are:

- youth that are in foster care at the time of their 18th birthday and leave care may “opt-back-in” within 60 days to receive independent living services; and
- the second exception pertains to children who were in foster care, but then committed to the Department of Juvenile Justice. Youth that turn 18 while under commitment to DJJ, are eligible for independent living services when they are released as if they had never left foster care. As described in [§63.2-905.1](#), these youth must enter into an agreement with the local department of social services.

The range of allowable (and non-allowable) independent living services is specifically defined by VDSS. For more information about these services please refer to the [Virginia Department of Social Services Foster Care Manual](#)

5.3.3 Eligibility Based on Behavioral/Emotional Needs and CHINS

Children/youth with intensive emotional/behavioral needs and high-risk behavior which prompt the need for intervention and treatment are also included in the CSA target population. Additionally, a child/youth with significant behavioral needs may be found to be a Child in Need of Services, “CHINS.” Such determination may be made by the court or by the FAPT and a finding by one is sufficient for documenting eligibility for CSA funding. When a child has been determined to meet CHINS criteria **and** requires out of home placement **or** services to prevent the out of home placement, the child meets CSA funding eligibility criteria under [§2.2-5212.A.4](#). The definition of a child “in need of services” is found in [§16.1-228](#). If the child is determined to be a “child in need of services” (CHINS), the child meets the “mandated” or sum sufficient criteria for CSA funding, whether that determination is made by the Court or by the FAPT.

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

5.3.3.1 Eligibility Based on a Child in Need of Services (CHINS)

The Court may determine that a child meets these eligibility criteria by entering a finding of a Child in Need of Services. When a court determines a child to be CHINS and orders either out-of-home services or services to prevent an out-of-home placement, the child meets CSA funding eligibility criteria under [§2.2-5212.A.4](#). The FAPT does not need to re-determine the child’s eligibility for CSA funding.

The Family Assessment and Planning Team may determine a child to be in need of services and requiring foster care services as defined in [§63.2-905](#). Families of children and youth with severe emotional/behavioral problems who are seeking services are not required to petition the Court to obtain these services. This process is governed by *“Final Interagency Guidelines on Foster Care Services for Specific “Children in Need of Services” funded through the Comprehensive Services Act (CSA).”* adopted by the State Executive Council (Policy 4.1.1). The Guidelines include a standard [CHINS Eligibility Checklist \(Attachment A of the Interagency Guidelines\)](#) that shall be used by FAPT to make this determination.

The basis for a Child in Need of Services to be eligible for CSA by FAPT determination is based in an Opinion from the Attorney General. Additional background information can be found in the [Frequently Asked Questions: Interagency Guidelines on Foster Care Services for Specific Children in Need of Services](#)

The FAPT may complete the [CHINS Eligibility Checklist](#) to determine if a child meets the statutory definition of a child “in need of services” and requires one of the three types of foster care services. If the FAPT agrees that the criteria on the worksheet are met, the child’s eligibility for CSA is established.

5.3.3.2 Services for a Child Based on CHINS Eligibility

Services for a child eligible for CSA through a CHINS determination may be provided in the home (foster care prevention) or out of the home in a treatment setting. If the child is placed outside of the home, either a non-custodial foster care agreement or a CSA parental agreement (described in Section 5.3.4 above) must be entered into by the CPMT, the agency and the family.

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

This section of the *CSA User Guide* describes the use of the “state pool” for funding of the Children’s Services Act.

6.1 Establishment of the CSA State Pool

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

6.2 Local Matching Funds

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

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

6.3 Sum Sufficient (Mandated) and Non-Sum Sufficient (Non-mandated) Populations

[§2.2-5211](#) describes funding requirements for two different types of CSA eligibility resulting in the commonly used terminology of “mandated” and “non-mandated” populations.

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

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

The definition of sum sufficient and non-sum sufficient groups led to the use of the terms “*mandated*” and “*non-mandated*” populations under the CSA because of the requirement to provide funding sufficient to meet federal mandates for specific groups of children.

6.3.1 Sum Sufficient Funds

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

- children and youth with disabilities whose IEP requires placement in private educational programs, either private day or residential; and
- children and youth who are receiving foster care services as described in [§63.2-905](#).
 - this group includes those meeting the CHINS determination criteria for the foster care services category described previously.

The practical impact of the sum sufficient requirement is that the state and the locality **must appropriate** the full amount of funding for those children in these mandated populations. If those costs exceed the amounts appropriated or allocated in the state or local budgetary processes, additional funding must be allocated. Localities can request additional or *supplemental* funds from the state pool to cover the state share. The process for requesting supplemental funds is described later in the *CSA User Guide*.

6.3.2 “Protected” Funds for the “Non-mandated” Population

All CSA eligible youth who do not fall into one of the mandated or sum-sufficient populations are often referred to as “non-mandated.” These children and youth are typically referred by the local court service unit, the community services board, or by direct referral from families. There is no requirement for local CSA programs to appropriate funds and serve children and youth who are in the non-mandated population.

In order to encourage addressing the needs of these youth, each locality receives a specific “protected” amount of money within its yearly allocation of state pool funds to serve children and youth who are considered non-mandated. The locality is authorized to spend up to the full “protected” amount on non-mandated children. The amount that each locality is permitted to protect is determined by a formula and is in no case less than \$10,000. Each locality is informed of its protection level prior to the beginning of the fiscal year and this information can be found in the Fiscal Agent area of the CSA website. Use of these protected funds includes the same required local match as established for all funds.

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

The use of these protected funds to serve specific eligible, but non-mandated children, in no way precludes the locality from applying for and receiving supplemental funds for the sum sufficient, “mandated” populations.

6.4 Assessing Parental Contributions for CSA Services

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

The Appropriation Act specifies that the CPMT shall enter into formal agreements with parents or legal guardians and that the Office of Children’s Services shall be a party to these agreements. Per the Act, “... 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 Division of Child Support Enforcement of the Department of Social Services, upon the request of the Community Policy Management Team, the Office of Children’s Services 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.”

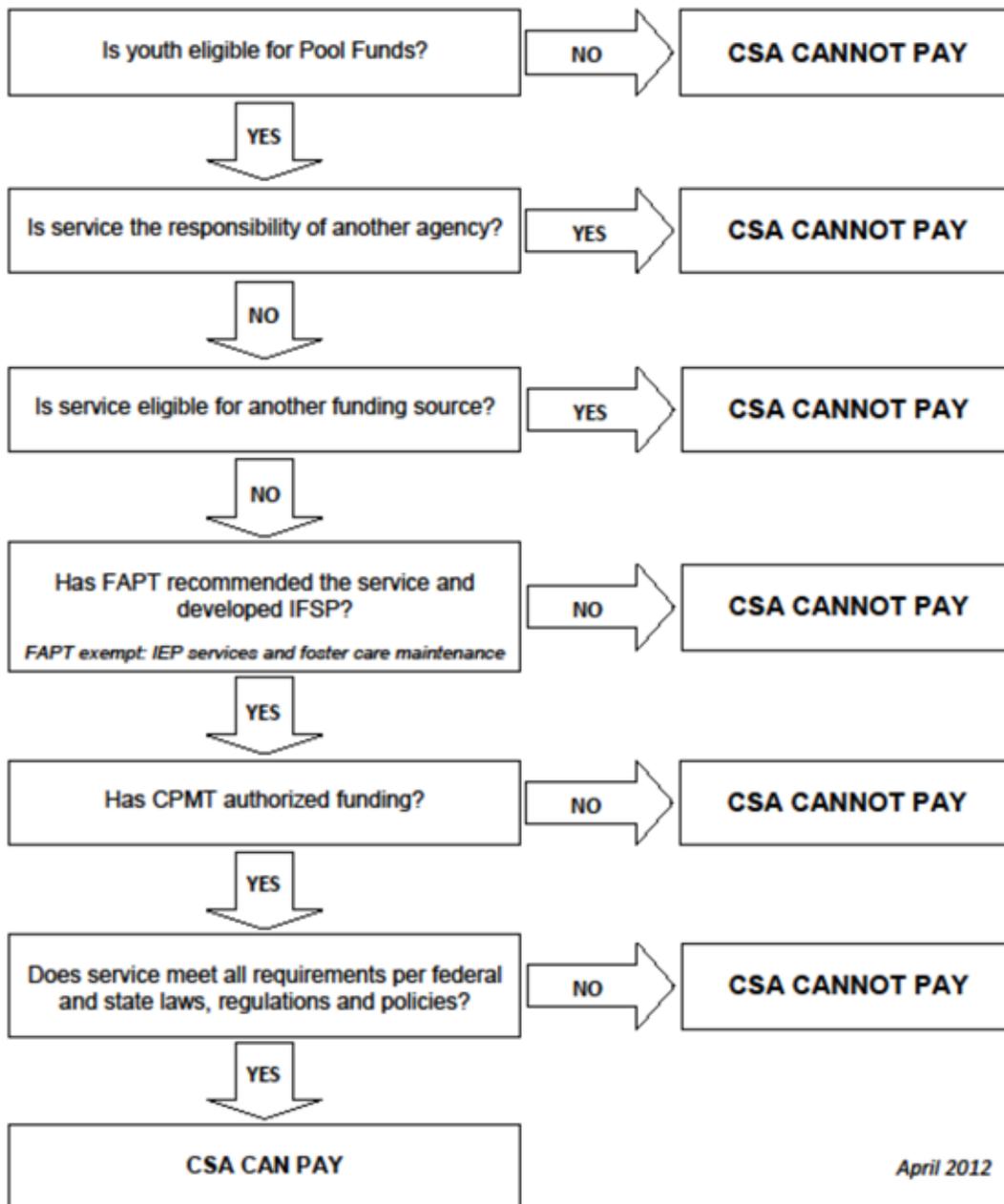
The criteria for referring to the Division of Child Support Enforcement for child support payments or assessing parental co-payments are discussed in the *CSA Policy Manual* (Policy 4.5.4).

7.0 Determining if CSA Funds Can be Utilized ("Can CSA Pay?")

Questions about whether CSA funds can be used to pay for specific services are among the most common areas for which technical assistance is sought. The Office of Children's Services created a "Determining If CSA Can Pay" flowchart to assist in making such determinations, based on relevant statutes. The flowchart guides users through six areas to help determine if CSA is an appropriate funding source. The "Can CSA Pay?" flowchart is found on the next page with explanatory information to follow.



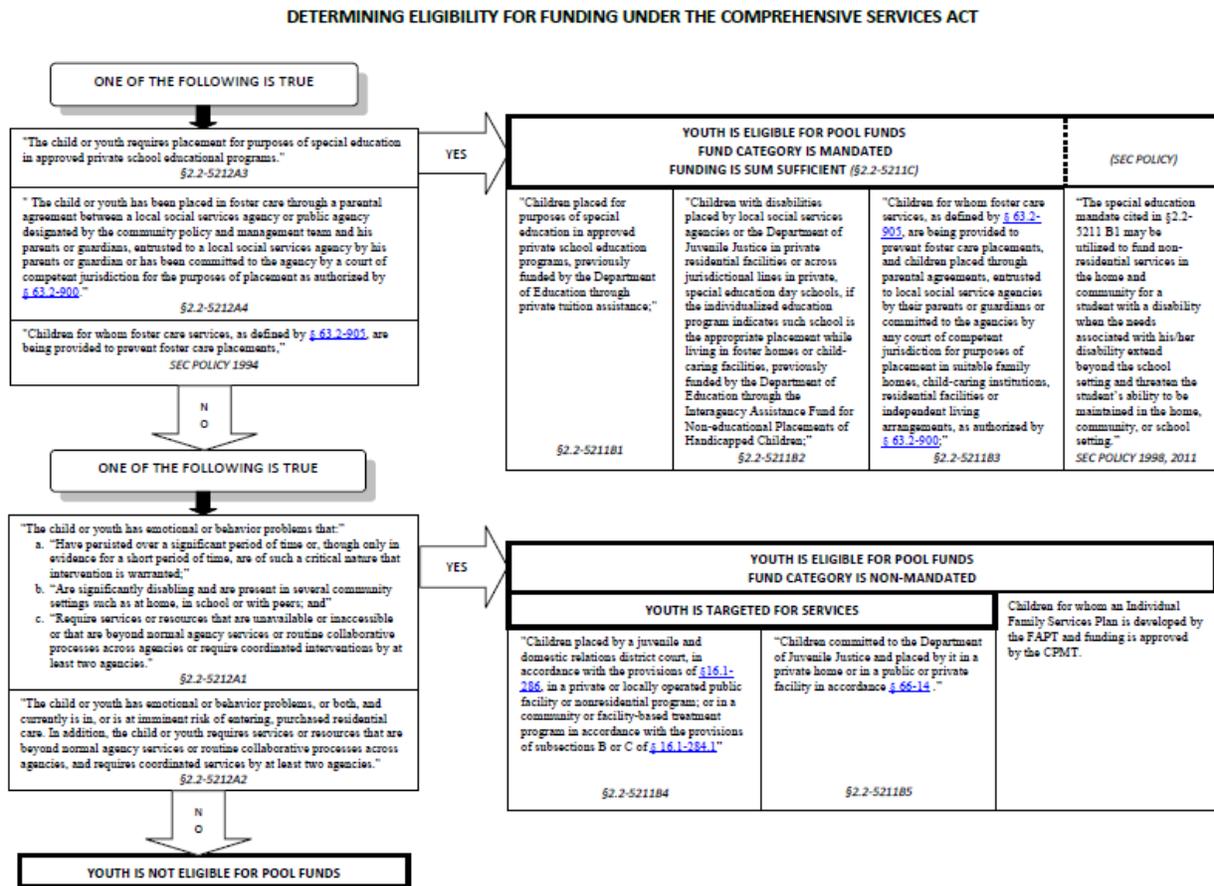
DETERMINING IF CSA CAN PAY



April 2012

7.1 Is the Youth Eligible for State Pool Funds?

The Code of Virginia and policies of the State Executive Council establish eligibility for state pool funds. This topic has been covered in depth in the eligibility section (Section 5.3) of the *CSA User Guide* and is summarized in the chart below.



If the youth is eligible for CSA, the user can continue to the second section of the flowchart. If the youth is not eligible, CSA cannot pay.

[This chart](#) can also be found (and printed) on the CSA website.

7.2 Is the Service the Responsibility of Another Agency?

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

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

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

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

7.3 Is the Service Eligible for Another Funding Source?

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

- there is not a Medicaid-eligible provider of the needed service within a reasonable geographic distance (e.g., up to 30 miles in urban areas or up to 60 miles in rural areas); or
- there is a waiting list that prevents the delivery of services within a reasonable time frame.

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

A resource on maximizing Medicaid funding can be found [here](#).

The FAPT and/or CPMT should determine if another source can be used to pay for the service before recommending or approving it for CSA state pool funding. These sources can include, but are not limited to Medicaid, Title IV-E, Adoption Assistance, Promoting Safe and Stable Families (PSSF), private insurance and Virginia Juvenile Community Crime Control Act (VJCCCA). The team should document all other sources explored and why that funding source is not available or appropriate for the service. A resource summarizing [Fund Streams Available to Local Governments for Child-Specific Purchased Services](#) is available in the Resource Library of the CSA Website.

If another funding source is not available, the user can continue to the fourth section of the flowchart. If another funding source is available, CSA cannot pay.

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

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

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

7.5 Has the CPMT Authorized the Funding?

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

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

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

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

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

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

7.7 Additional Resources

"Can CSA Pay?" On-line Class in the [CSA Knowledge Center](#)

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

8.1 Overview: Service Planning through the FAPT

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

8.1.1 Referral Policies

Local CPMT policies determine how referrals are made to the Family Assessment and Planning Team as provided in [§2.2-5206.5](#) and [§2.2-5209](#). This requires that a specific process or processes of referral to FAPT be established but permits flexibility in how local governments structure the work of CSA. This statement is not meant to limit or prevent any particular source from referring to the FAPT; rather, it leaves the details of the process to the CPMT. Effective July 1, 2015, the local policies must address how parents can refer their children to the FAPT.

8.1.2 Family Involvement and Strengths Based Practice

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

[§2.2-5208.2](#) requires that the FAPT "... provide for family participation in all aspects of assessment, planning and implementation of services." Service planning for a child and family should ideally take place at the FAPT, with the parents and child, if the child is able to understand and participate as age or developmentally appropriate. The Children's Services Act requires that agencies work with families and parents as partners in the service planning and service provision process. The SEC Guidance for CPMTs on Family Engagement found in

the [Resource Library](#) of the CSA website under the heading “*Guidelines of the State Executive Council*” is a useful resource on this topic.

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

8.2 Assessment

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

8.2.1 Mandatory Uniform Assessment Instrument

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

There are two versions of the Virginia CANS, one for children ages Birth to Four, and the second for Children and Youth Ages 5-21. Any child or youth receiving CSA funded services must have the appropriate assessment completed.

At a minimum, a comprehensive CANS is required initially, yearly thereafter and at discharge for CSA. Best practices indicate that the more intensive and restrictive a service, the more frequently a child’s needs and strengths should be assessed. Local governments may determine how often the CANS is re-administered within the above timeframe. If a CSA child is receiving Medicaid-funded services, Reassessment CANS are required more often. See the [“Recommended Frequency of CANS Administration”](#) for more specific guidance.

The Comprehensive CANS consists of six domains (Life Functioning, Child Strengths, School, Parent/Guardian Strengths and Needs, Child Behavioral/Emotional Needs and Child Risk Behaviors) as well as eight Child Functioning Modules and one Placement Module (Residential Treatment Center or RTC). Ratings of “1” or higher on certain items in the Comprehensive CANS “trigger” the completion of a child functioning module which gathers additional

information about that area of need. The Reassessment CANS consists solely of the six domains and the RTC module. Effective July 1, 2015, the CANS will include a “version” for use by raters in local departments of social services. Children in foster care or receiving foster care prevention services will be assessed using a version of the Virginia CANS that includes the capability of rating up to three parents/guardians (to assist with concurrent planning requirements), a required Child Welfare module with specific items regarding the safety, permanency and well-being of the child and family, and a required Trauma module.

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

8.2.2 CANS Certification

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

Anyone who administers the CANS shall be currently certified to do so and certification requires annual renewal/recertification. Certification requires completion of an online training and testing process found at www.CANSTraining.com. Administration of the CANS by an individual not currently certified is not allowed and any assessments administered are not valid. Invalid assessments may not be used for any purpose.

8.2.3 CANVaS

CANS for children and youth receiving CSA-funded services shall be completed in the online system known as CANVaS (<https://canvas.csa.virginia.gov>) in order to meet the requirement that information from the mandatory uniform assessment be provided to the Office of Children’s Services ([§2.2-5210](#)).

CANVaS is not an acronym, but the name of the internet based version of the Virginia CANS for use by the CSA. Data for children, youth and families not receiving CSA-funded services may not be entered into CANVaS, with the exception of children in foster care receiving Title IV-E funded services without CSA funding.

Each case manager who administers the CANS shall create a CANVaS account. A User Confidentiality agreement shall be completed prior to the creation of the account. Please refer to the [“Policies and Procedures for Accessing CANVaS”](#) for details about establishing CANVaS accounts. All data entered into CANVaS shall be treated as confidential. Child and family-specific data may not be released without proper authorization. Only “non-identifying” and non-child specific data may be released in aggregate form.

Each CPMT shall designate at least one Super User or Report Administrator (DSU/RA) for CANVaS. DSU/RAs have several functions, including acting as a point of contact for local users and the OCS regarding CANVaS, authorizing case manager user access and accessing data and reports in CANVaS. For more information on the role of DSU/RAs, please see the [“Policies and Procedures for Accessing CANVaS”](#) found in the CANS section of the CSA website.

For detailed information about the CANS training and certification site, www.CANSTraining.com and CANVaS, such as how to create accounts, navigation of both sites, guidance on rating the CANS and more, see the [CANS section](#) of the CSA website.

8.2.4 Other Assessments

In addition to the CANS, the FAPT will ideally have access to and review all available formal and informal assessments of the child and family, including informal observations of individuals who are knowledgeable about them and their circumstances.

8.3 Service Planning

The FAPT or alternative multidisciplinary team is a valuable resource to children and families. CSA service planning may include services available from multiple sources (including those provided at no cost through natural supports or available from community resources), as well those funded by the CSA state pool. Service planning discussions should not be restricted to those children and families eligible for CSA state pool funding. Planning should include, but not be limited to a determination of CSA eligibility. With limited exceptions, all services to be funded through the CSA must be included in a service plan (IFSP) developed by the FAPT.

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

- the community policy and management team may establish policy which excludes from FAPT approval cases involving only the payment of foster care maintenance (including enhanced maintenance as determined by the VEMAT);

- students with (educational) disabilities receiving private day and residential services as required by their Individualized Education Programs); and
- approval of funding for emergency placements prior to a FAPT meeting is permissible provided that the case is subsequently reviewed by FAPT within 14 days.

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

8.3.1 Development of the Individual and Family Service Plan (IFSP)

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

In keeping with the intent of CSA and system of care principles, the individualized plan for the child and family should strive to include creative, non-traditional services and natural supports, as well as more formal types of services. There are no parameters on types of services allowed, rather restrictions exist considering factors, such as whether or not a service is the existing responsibility of a public agency that determine the permissibility for services to be funded through CSA. These factors were discussed in the Determining if CSA Funds Can be Utilized (“Can CSA Pay?”) section of the *User Guide* (Section 7.0).

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

CSA services are always child-specific, designed to meet the needs of an individual child and family. Rather than being compelled to fit children and youth into existing structured programs, CSA provides the freedom to create a unique plan for each child. Well-constructed service plans will contain goals, measurable objectives, and specific interventions/activities.

Additionally, good service planning is marked by regular reviews of progress and appropriate revisions and adjustments to enhance success in meeting the specified goals.

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

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

A Foster Care Plan developed by a local department of social services may be used in lieu of an IFSP for the purposes of CSA. When a Foster Care Plan is used as an alternative to an IFSP and where specific services (other than maintenance payments) are needed, those services need to be planned by the FAPT and coordinated with the IFSP.

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

8.4 Case Management

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

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

[§2.2.-5208.9](#) assigns the FAPT with the responsibility to “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...” Often this individual is the agency case manager already assigned to the child and these responsibilities are a part of the case manager’s job duties.

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

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

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

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

8.4.1.1 Role of the Courts in CSA Service Planning

[§2.2-5211.E](#) describes the process which shall be followed between the Court, the community policy and management team, and the family assessment and planning team. This process is particularly important to understand in situations where the Court orders a service (or services) to be funded by CSA which is not in the plan developed by the FAPT and approved by the CPMT.

The CPMT is responsible for determining a youth's eligibility for CSA funding. **State pool funds may only be used for CSA-eligible children and youth.** The Court's disposition may (or may not) make the child or youth eligible or mandated for CSA funding. For example, a court's finding or disposition of "child in need of services" places that child in the CSA mandated population ([§16.1-228](#), [§63.2-905](#), [§2.2-5211](#)). Absent a CHINS determination however, the Court cannot order a child to be "mandated" or eligible for CSA simply by virtue of the Court's order for services.

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

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

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

8.5 Additional Resources

[*Frequently Asked Question: Court Ordered Services and CSA*](#)

9.0 CSA and Partner Agencies

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

9.1 Schools and Special Education

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

The relevant federal mandate is the Individuals with Disabilities Education Act (IDEA) of 2004. Information on IDEA for the U.S. Department of Education can be found [here](#) and additional information from the Virginia Department of Education at this [site](#).

9.1.1 Special Education Services Provided Outside of the Public School Setting

The "bottom line" is that students who are determined to be educationally disabled by their local school district and for whom the IEP specifies that the child requires either a private day school placement or a residential placement for educational purposes as the least restrictive environment shall receive funding for those services through the local CSA entity (CPMT) using CSA funds.

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

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

For an educational placement of a student with a disability (as specified by the student's IEP) the school division shall develop the IEP and hold responsibility for assuring that special education services are provided.

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

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

9.1.1.1 Special Education in Residential Placements for Non-Educational Reasons

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

When a student with an identified educational disability is placed by the CSA through the FAPT/CPMT in residential treatment for non-educational purposes (e.g., for behavioral and/or emotional disorders and that placement is not specified as the least restrictive environment on the child's IEP), CSA pays of all services (except when Medicaid or private insurance can cover part of those services). This includes educational services at the residential placement.

All children placed in a private residential placement through CSA who are eligible for special education shall have an IEP. The local school division that is part of the CSA Team that placed the child shall be responsible for that IEP.

For a non-educational placement for a student with a disability, the school division that is part of the CSA team will typically revise the IEP to reflect the non-educational placement. The IEP shall reflect that the student is now in a non-educational placement and shall address the

student's special educational needs while in the placement. The revised IEP for a non-educational placement is not considered the source of the residential placement.

The school division is responsible for ensuring that special education and related services (typically referred to as FAPE, or Free Appropriate Public Education) are provided in accordance with the IEP while the student is in the non-educational placement. The school division has no responsibility for the residential placement/services or for special education least restrictive environment requirements, or for the student's general education costs, as the student's placement was made for non-educational reasons.

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

9.1.2 Special Education, the IEP and Utilization Review

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

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

9.1.3 Wraparound Services for Students with Educational Disabilities

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

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

Under this eligibility category, the typical CSA processes of multi-disciplinary FAPT consultation, CPMT approval and IFSP development can and, where appropriate, should be utilized to develop and fund additional services not part of the IEP to address non-educational

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

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

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

9.1.4 Age of Eligibility to Receive Special Education Services through CSA

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

9.1.5 Parental Co-Payments for Special Education Services

Federal law requires that all special education services must be provided at no cost to parents. Therefore, no co-payment may be charged to a parent for any service specified on the IEP or otherwise provided as a requirement of a free appropriate public education. Thus, IEP services funded by CSA (i.e., private day and private residential services) are exempt from parental co-payment. For a student with a disability placed into a residential program for non-educational reasons (e.g., through a parental placement), the educational portion of the placement is exempt from the parental co-payment. Wraparound services for students with educational disabilities are subject to co-payments as they are not specified in the IEP.

9.1.6 Confidentiality of Educational Records

Federal law, (Family Educational Rights and Privacy Act (FERPA)) gives parents authority over their child's educational records, including access by participants at meetings (including FAPT and CPMT) where their child's education record is discussed. Schools must secure parental consent whenever any non-school employee is to review the child's confidential educational record. In the absence of parental consent, the schools cannot share information with others, including CSA entities. The absence of parental consent for the release of student records

may not prevent the authorization of funding or implementation of services in accordance with a student's IEP.

9.1.7 Additional Resources

- [*At A Glance: Funding Under the Comprehensive Services Act \(CSA\) for Students with Disabilities*](#) (VDOE, March 2011)
- [*CSA and Special Education: Frequently Asked Questions*](#) (VDOE, March 2011)
- [*CSA and Schools, Communication and Coordination Regarding Special Education: Best Practice Recommendations*](#) (VDOE, March 2009)
- [*Residential Placement of Students with Disabilities*](#) (OCS and VDOE, January 2014)
 - This document addresses the full array of circumstances in which a child may be placed in a residential placement and the role and responsibilities of CSA, parents, and the public schools in these various circumstances.
- [*Virginia Department of Education FAQ about Parental Placement of a Student with a Disability in a Residential Facility*](#) (April 2014)
- [*Special Education and the Comprehensive Services Act*](#)

9.2 Juvenile Justice (Court Service Units)

In establishing the state pool under the Children's Services Act, youth referred by the juvenile court or the local juvenile court service unit are considered to be in the "non-mandated" population for purposes of CSA eligibility (unless circumstances making them "mandated" or sum-sufficient are present).

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

9.2.1 Eligibility for State Pool Funds

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

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

Although the Department of Juvenile Justice may retain legal jurisdiction over certain youth through the age of 21, it is important to note that unless other CSA criteria (i.e., special education or foster care services) are met that allow for the youth to be served beyond their

18th birthday, eligibility for state pool funding ends on the youth's 18th birthday. CSA practitioners should be aware of the requirements of [§16.1-293](#) that children in the custody of the local department of social services immediately prior to their commitment to DJJ and who have not yet turned 18 years of age shall have the local DSS resume custody upon the child's release from DJJ.

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

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

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

[§16.1-237](#) spells out the powers, duties and functions of probation and parole officers.

9.2.4 FAPT Role in Mental Health Transition Planning for Committed Juveniles

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

- that each locality develop an interagency agreement concerning mental health transition planning among all the agencies represented on the CPMT (the content of those agreements is also detailed); and
- that within 30 days prior to the anticipated date of release that a community mental health transition planning meeting is held and that a meeting of the FAPT can serve as that planning meeting.

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

9.2.5 Allowable Services for Juveniles Under CSU Supervision

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

9.2.6 Virginia Juvenile Community Crime Control Act (VJCCCA)

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

VJCCCA funds should be considered as a resource for each community to meet the needs of youth and families and ideally may be used in a “braided” manner with other resources as described in the System of Care model.

9.3 Local Departments of Social Services

9.3.1 Funding for Children in Foster Care

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

9.3.1.1 Foster Care Maintenance

Maintenance is defined by federal law (Title IV-E of the Social Security Act) as payments made on behalf of a child in foster care to cover the cost of food, clothing, shelter, daily supervision, school supplies, a child’s personal incidentals, liability insurance with respect to a child, and

reasonable travel for the child to visit with family or other caretakers and to remain in his or her previous school placement. Consistent with Title IV-E, this definition of “maintenance” also applies to CSA. Foster care maintenance is paid to the foster parent or a licensed child placing agency (for private or treatment foster care).

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

Actual rates and the procedures for determining enhanced maintenance payments are available at [\(22VAC40-221\)](#) and http://www.dss.virginia.gov/files/division/dfs/fc/intro_page/guidance_manuals/fc/Section_17_funding_maintenance_costs_.pdf.

9.3.1.2 Funding for Foster Care Maintenance

Maintenance for children in foster care may be funded through federal Title IV-E funds or CSA state pool funds. All children placed in foster care must be assessed for eligibility for Title IV-E by the local department of social services. If eligible, a child’s maintenance costs are charged to Title IV-E by the local DSS. If a child is not eligible for Title IV-E, state pool funds pay all maintenance costs. The definition of maintenance is consistent across funding sources and includes all costs such as payment to foster parents (basic and enhanced), the supplemental clothing allowance, travel for the child to visit with family or relatives, child care costs and travel for school as decided by a foster child’s best interests determination.

During the time of eligibility determination, a child’s foster care maintenance costs are paid with CSA state pool funds. If the child is deemed eligible, then Title IV-E funding retroactively reimburses these CSA costs.

[§2.2-5209](#) allows for CPMTs to exclude from FAPT review children and youth who are receiving maintenance only (no services) payments, including enhanced maintenance. The CPMT must have a written policy in place which excludes these cases from FAPT review.

Travel for the child to visit with family, child care costs (as allowed by Title IV-E) and travel for a child to remain in a school placement (see the federal [Fostering Connections to Success Act](#)) are considered “maintenance” (not “services”) and also may be excluded from FAPT review, if the CPMT has a policy in place which excludes maintenance-only cases.

For a full discussion of foster care requirements and services, see the [Virginia Department of Social Services Foster Care Manual](#).

If a child is determined to be eligible for Title IV-E maintenance payments, but loses eligibility (or temporarily loses Title IV-E “reimbursability”) during the time the child is in foster care, typically CSA cannot “automatically” pay those costs and the local DSS may be responsible for the maintenance cost of child’s care. Examples are a child whose annual court review is not held in a timely fashion, or a court order which does not have the judge’s signature confirming “reasonable efforts” made towards a permanency goal. Eligibility for CSA funding in the event of loss of Title IV-E eligibility should be reviewed on an individual case basis to reflect the specific factors involved.

9.3.2 Services for Children in Foster Care

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

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

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

9.3.3 Protections for All Children Receiving Foster Care Services

Federal and state law requires that child welfare agencies (i.e., state and local departments of social services) and the courts provide certain protections to ALL children in foster care and their families. Title IV-E of the Social Security Act and other federal child welfare legislation provide the framework for these protections, including requirements such as court findings of “reasonable efforts,” establishment of permanency goals for children who are removed from their homes, the development of service plans which include visitation with family, periodic court reviews and time frames for moving a child to a permanent placement. Other relevant protections include the use of licensed foster care providers and criminal background checks for foster parents and licensed child placing agencies. While not all children placed into foster care meet the eligibility criteria under Title IV-E (as determined by the local department of social services), the Children’s Services Act requires that CSA-funded foster care maintenance and services “follow” the relevant protections required by Title IV-E to ensure that ALL children in foster care, not just those who are Title IV-E eligible, are protected. There is no distinction made in the protections provided to children in foster care simply because of Title IV-E eligibility. Consequently, Title IV-E protections also apply to children who are determined ineligible for Title IV-E and whose maintenance and services costs are reimbursed by CSA.

9.3.4 Foster Care Prevention

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

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

- the child or youth has been determined by the local DSS to meet the regulatory definition of abused/neglected or as a child “in need of services”;
- services are designed for a “planned period of time” individualized for that child and family;

- absent the provision of these services, the alternative is placement of the child into foster care;
- the service plan must reflect that there are active efforts to prevent foster care; and
- “Foster Care Prevention” is the stated goal on the service plan.

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

9.3.5 Types of Foster Care Placements

Many local departments of social services have “agency” foster homes, or foster parents who have been recruited, trained and approved by the local department.

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

a community-based program where services are designed to address the special needs of children. Services to the children are delivered primarily by treatment foster parents who are trained, supervised, and supported by agency staff. Treatment is primarily foster family based and is planned and delivered by a treatment team. Treatment foster care focuses on a continuity of services; is goal-directed and results-oriented and emphasizes permanency planning for the child in care.

An LCPA may provide one of four levels (plus an “assessment” level) of care determined by the needs of the child. Beginning July 1, 2015, all LCPAs will provide a non-treatment level of care, an assessment level (which is considered a treatment level) and three levels of treatment foster care. Determination of a child’s placement in this level system is based on all of the child’s assessed needs, not only behavioral/emotional needs.

CSA state pool funds may be used to purchase foster care maintenance and services from Licensed Child Placing Agencies and may also be used for the cost of administration, support and supervision, and case management. Support and supervision is defined as including but not limited to: recruiting, training, assessing and retaining foster parents for the LCPA; making placement arrangements; purchasing/ensuring child has adequate clothing; providing transportation; counseling with child to prepare for visits with biological family; providing support and education for LCPA foster parents regarding management of child’s behavior;

providing ongoing information and counseling to child regarding permanency goals; preparing a child for adoption; 24/7 crisis intervention and support for both child and LCPA foster family; developing and writing reports for FAPT; attending and presenting at FAPT meetings; administering LCPA foster parent payments; identifying adoption placements; assessment of adoption placements; and arranging adoption placements. The provision of services will vary for each child based on that child's specific needs and the identified level of care. Services are provided at non-treatment level of foster care as well as treatment levels of foster care.

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

For more information about TFC see the [Guidelines for the Use of Treatment Foster Care \(2012\)](#), [Guidelines for Determining Levels of Care for Foster Care Placement with LCPA \(2014\)](#), and the [Frequently Asked Questions for Treatment Foster Care Under the SEC Policy and Guidelines Effective July 1, 2015](#).

9.3.6 Adoption Assistance

A permanency goal for children in the custody of the local Department of Social Services is adoption. Because children in foster care may have special needs (as defined in federal and state adoption policy), families may be eligible for adoption assistance payments to support the child's care after the final order of adoption.

9.3.6.1 The Role of FAPT/MDT with Adoption Assistance Agreements

Adoption assistance and CSA typically intersect when an adopted child's emotional/behavioral needs rise to the point that a residential treatment setting is needed. VDSS policy requires that the Family Assessment and Planning Team in the locality of the family's residence review the circumstances and:

- determine that services less restrictive than residential placement are not appropriate in meeting the child's needs at this time;
- recommend that time-limited residential treatment is the most appropriate, least restrictive, and most effective service in meeting the child's needs; and

- recommend services and/or supports to successfully transition and return the child home at the earliest appropriate time consistent with the child's special needs. (See Section 2.16.6.1, [Virginia Department of Social Services Adoption Policy Manual](#))

When the FAPT review supports the placement or alternative services, adoption assistance funding is used as possible to support services identified by FAPT. If the FAPT does not recommend the placement, adoption assistance funds may not be used to support the residential placement.

For purposes of CSA eligibility, adopted children do not automatically meet eligibility criteria related to a child in foster care or receiving foster care services. The FAPT's review and determination in adoption assistance cases does not make the case a "CSA placement." The purpose of the required FAPT review is for assessment and case planning purposes only unless the child is determined to meet an established CSA eligibility category. Adoption assistance funding is 100% state funding. Although the local DSS (of origin) is expected to enter into the agreement with the family and manage the ongoing paperwork processes, only state funds are used.

Adoptive families may move and reside in a locality different than the one which holds the original adoption assistance agreement. LDSS do not transfer adoption assistance cases – they remain with the locality of origin. However, if a residential placement is being considered for an adoptive child, the FAPT in the locality of residence is responsible for that review and determination. The locality of origin holding the Adoption Assistance agreement is responsible for payment of the costs associated with the placement. Consequently, it is critical that staff in the two localities communicate with one another and the adoptive family. The locality of origin should participate in the FAPT meeting in the locality of residence.

Note: If Medicaid is funding part of the placement costs for a child receiving adoption assistance, with no expenditure of CSA funds, there is no local Medicaid match. Any Medicaid documentation completed by the FAPT (such as the Certificate of Need (CON)) must reflect that it is a "non-CSA" placement or the locality will be charged the CSA Medicaid match rate. If CSA is paying any costs of the placement it is a "CSA case" for Medicaid purposes and a local match is assessed.

9.4 Medicaid (DMAS)

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

As specified in Section 7.0 of the *User Guide*, "Can CSA Pay?", whenever a child/family is or can be enrolled in Medicaid and the specific service covered by Medicaid, this is expected and is a requirement for CSA. The Appropriation Act specifies that state pool funds shall not be spent for any service that can be funded through Medicaid for Medicaid-eligible children except when Medicaid-funded services are unavailable or inappropriate for meeting the needs of the child. Families cannot be required to utilize Medicaid funding for services specified on an IEP, but they can be encouraged to do so.

Other than medical and dental services, the following is a partial list of services covered by Medicaid⁴:

- Acute psychiatric services
- Residential psychiatric services including Levels A, B and C (exclusive of educational services)
- Therapeutic day treatment
- Intensive in-home therapy
- "Traditional" outpatient behavioral health treatment
- Certain special education related services (e.g., speech, physical and occupational therapy)
- Targeted case management (e.g., therapeutic foster care case management, mental health case management)

Medicaid services must be provided by a Medicaid enrolled provider. Effective December 1, 2013, certain Medicaid behavioral health services are managed by Magellan of Virginia. These services include residential treatment, therapeutic day treatment, intensive in-home therapy

⁴ This is not a comprehensive list of Medicaid covered services. Please refer to the [DMAS website](#) for details.

and case management. These services require preauthorization by Magellan. More information about Magellan can be found at their website, [Magellan of Virginia](#).

For intensive in-home therapy, therapeutic day treatment and mental health skill building services, an independent clinical assessment, referred to as a VICAP, must be conducted by the Community Services Board prior to consideration by Magellan. This VICAP assessment is the primary mechanism used by Magellan to ascertain the clinical necessity/appropriateness of the services. CSA requires a similar determination of clinical necessity (made by either a VICAP or by the FAPT through the concurrence of a Licensed Mental Health Professional (LMHP) for these specific services. More information on this CSA Policy (Policy 6.3) can be found in Section 10.1 of the *User Guide*, "Medical Necessity for Specific Clinical Services."

9.4.1 Additional Resources

[Maximizing Medicaid Funding for Youth Served through the Comprehensive Services Act](#)

[Magellan Presentation for CSA Staff](#)

10.0 Consistency of CSA Practices with Other Regulations

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

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

10.1 Medical Necessity for Specific Clinical Services

Criteria defining medical necessity have been identified for specific clinical services which are funded through the state Medicaid program (Department of Medical Assistance Services, DMAS). These specific services are: Intensive In-Home Services, Mental Health Skill Building Services, and Therapeutic Day Treatment. State Executive Council Policy 6.3 requires that when state pool funds are to be utilized for these services, that the FAPT/CPMT ensure that the criteria for medical necessity specified by DMAS for these services is met. The mechanism for making such determination is left to local policy and practice within broad guidelines, including use of a Virginia Independent Clinical Assessment Process (VICAP). [A Model Community-based Behavioral Health Services Eligibility Form](#) is available, but not required, for local use.

The opportunity to request an [exception](#) to this policy is provided. [Guidelines for the Implementation of the Use of State Pool Funds for Community-Based Behavioral Health Services Policy](#) are available as is a [Frequently Asked Questions](#) document on this topic.

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

10.2 Non-duplication of Case Management Services

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

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

The relevant case management services include:

- Treatment Foster Care Case Management;
- Intensive Care Coordination;
- Case Management (provided by a Community Services Board) for:
 - youth at risk of serious emotional disturbance
 - individuals with mental retardation
 - individuals with substance related disorders
 - Individuals with developmental disabilities; and
- Case management provided as a routine element of Psychiatric Residential Treatment Facilities (except specific allowable transition case management services).

10.3 The Individuals with Disabilities Education Act (IDEA)

As described in the *Special Education* section (Section 9.1) of the *CSA User Guide*, no CSA policy or practice may interfere with, contradict or otherwise impinge on the rights of a child and family to receive services specified in an Individualized Education Program developed in accordance with IDEA. A child who’s IEP specifies private day school placements or residential placements for educational reasons must receive funding for all services specified in the IEP.

10.4 Enhanced Maintenance for Children in Foster Care

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

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

10.5 Denial of CSA Funds

In accordance with the Appropriation Act, the State Executive Council adopted the Policy Regarding Denial of Funding to Local Governments (Community Policy and Management Teams) not in Compliance with Provisions of the Comprehensive Services Act for At-Risk Youth and Families (CSA) (Policy 4.6).

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

- All statutory requirements for Community Policy and Management Teams ([§2.2-5206](#))
- Any service/service provider which requires licensure or certification by a Virginia state agency (i.e., the Departments of Behavioral Health and Developmental Services, Education, Social Services and Juvenile Justice) must be properly licensed or certified to be eligible for receipt of CSA state pool funds. These include:
 - Residential treatment facilities licensed by DBHDS
 - An array of outpatient services requiring licensure by DBHDS (specified in 12VAC35-105-30)
 - Private day and residential schools licensed through DOE
 - Child care, family homes, and residential facilities licensed by DSS
 - Locally-operated group homes or detention centers certified by DJJ

The SEC policy provides links to listings of the specific programs and services which require licensure and/or certification as described above.

- Any service or placement with specific federal law or policy requirements. This includes requirements for placements for children in foster care as determined by Title IV-E of the Social Security Act.
- [§2.2-5211.1.1](#) requires that if any group home or other residential facility in which children funded through the CSA state pool 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 to determine if it is in the best interests of each child to be removed and placed in a fully licensed facility and that no additional CSA placements shall be made in the provisionally licensed facility until and unless the violations are remedied and full licensure status restored.

11.0 Intensive Care Coordination

11.1 Background: What is Intensive Care Coordination (ICC)?

Intensive Care Coordination (ICC) was developed in response to concerns regarding the number and length of stay of youth in residential placements. Improving successful transition and preventing a return to residential care sets the foundation for the work of Intensive Care Coordinators. Goals of ICC are serving youth in their homes and communities, using residential placement only when clinically necessary and then for as short a time as needed. The ICC approach recognizes a need for smaller caseloads than traditional case management due to the higher intensity of the work. ICC also explicitly acknowledges the need to work in partnership with both youth and families in designing and implementing services to meet common goals. When first introduced, there was no preferred or specific model for the implementation and delivery of ICC services. Prior to 2014, ICC could be provided only by public behavioral health agencies (Community Services Boards)

In 2013, the State Executive Council adopted specific policy with regard to the delivery of ICC (see the *CSA Policy Manual* Policy (6.1) for details). In brief, this policy establishes minimum credentials and requires that all ICC providers and supervisors be trained in a model known as High Fidelity Wraparound (HFW). The target population for ICC has been expanded beyond youth already in placement to include those at high-risk of out of home placement, acknowledging that prevention of residential placement through intensive work with youth and families is a highly valued outcome. Additionally, the provision of ICC is now open to private providers as well as CSBs.

Intensive Care Coordination (ICC) is defined in the SEC Policy as:

“facilitating necessary services provided to a youth and his/her family designed for the specific purpose of maintaining the youth in, or transitioning the youth to, a family-based or community based setting. Intensive Care Coordination Services are characterized by activities that extend beyond regular case management services that are within the normal scope of responsibilities of the public child serving systems and that are beyond the scope of services defined by the Department of Medical Assistance Services as “Mental Health Case Management.”

In accordance with [§2.2-5206.17](#), [§2.2-2648](#) and the Appropriations Act, all localities are required to develop a local plan on ICC that meets the needs of children and families.

11.2 The High Fidelity Wraparound Model

High Fidelity Wraparound (HFW) is an evidenced-informed practice that is firmly grounded in System of Care values such as individualized, family and youth driven services, strengths-based practice, reliance on natural supports and building of self-efficacy, team-based practice, outcomes-based service planning, and cultural and linguistic competence. The HFW approach is a process of care management that holistically addresses the behavioral and social needs of a youth and family in order to develop self-efficacy. HFW provides the family with voice and ownership of their plan of care and service delivery. With the help and support of the facilitator as well as youth and family supports, the youth and family develop their “team.” The team consists of system partners and those important to the family (natural supports). The youth and family are integral to the process, sharing their voice and choice as it relates to their plan. This team works together to identify the family’s vision, goals and needs and then develops specific measurable plans to accomplish those outcomes making certain to honor the family culture. The HFW model follows a “structured” series of four phases with associated activities and hallmarks.

11.3 The Role of ICC at the FAPT

The individual ICC provider cannot be the lead agency case manager for FAPT. If the ICC is a CSB employee, the lead agency case manager must be a separate individual from the CSB or another child serving agency.

The local CSA may purchase the FAPT case oversight function from the CSB by using the Case Support service definition.

11.4 The Provision of ICC with Other Case Management

The Department of Medical Assistance Services (DMAS), the state Medicaid agency, has determined (in accordance with federal guidelines) that ICC is a Case Management Service. As a result, regulations regarding non-duplication of services apply; meaning that other billed Case Management services (e.g., Treatment Foster Care – Case Management, Mental Health Case Management) cannot occur concurrently with ICC. These restrictions apply whether or not the child is receiving Medicaid funded services.

The restriction also applies (with the exception below) to concurrent use of ICC and placement in a psychiatric residential treatment center (RTC), as case management is a component of that service. DMAS allows for a three month, pre-discharge period for the concurrent provision of ICC while a youth is in an RTC. This allowance falls under the Transition Coordination Model (part of the Children’s Mental Health Program) in the DMAS

Provider Manual. During the overlap period, the ICC can begin engagement activities as well as the development of a High Fidelity Wraparound (HFW) Plan related to discharge planning and other HFW Team identified needs.

11.5 Additional Resources

- [*ICC in a HFW Model*](#)
- [*ICC Frequently Asked Questions*](#)

12.0 Utilization Review and Utilization Management

Utilization Review (UR) and Utilization Management (UM) are two related processes that evaluate and improve the efficiency, appropriateness, and effectiveness of services and treatment. This is accomplished through a set of techniques used by, or on behalf of purchasers of health and human services to manage the provision and cost of services by influencing client care and decision making through systematic data driven processes. The purpose of UR and UM is to implement and maintain high quality services that are also cost effective.

12.1 Utilization Review versus Utilization Management

Utilization Review (UR) is a component of a comprehensive Utilization Management approach and is the process of reviewing individual cases to determine if the appropriate treatment plan and services are in place based upon the client's current level of need. UR can be conducted through activities including chart review and onsite visits to treatment programs (when appropriate). The [CSA Utilization Review Guidelines](#) provide an overview of the documents to be included in a Utilization Review, a suggested schedule for review (based upon service type), and a guide to the process of completing a review.

12.2 Utilization Management and CSA

The COV in [§2.2-2648 D.15](#), [§2.2-5206.13](#), and [§2.2-5208.5](#) requires localities to have a Utilization Management Plan. Additionally, the Office of Children's Services is charged with the task of developing [Utilization Management Guidelines](#).

12.3 Local Responsibility as it Relates to Utilization Management

Each locality is required to develop a Utilization Management Plan for all youth served by CSA. The referenced Utilization Management and Utilization Review Guidelines can assist localities in developing a Utilization Management Plan (to include a schedule and plan for Utilization Review) that meets local needs.

12.4 Sample Utilization Management Plan

While localities are best equipped to develop a Utilization Management Plan that meets their unique needs, the Office of Children's Services has developed a [CSA Sample Documentation Inventory and Sample UM Plan](#) that may be used as a guide.

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

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

The [Interagency Agreement for State Sponsored UR](#), the [Checklist](#) for case submissions, the [Discharge Form](#), and the [Initial](#) and [Subsequent](#) Utilization Review forms used by OCS can be found in the Resource Library of the CSA website and in the hyperlinks included here.

When conducting a CSA audit, the local UM plan and its implementation may be reviewed.

13.0 Audit Engagement

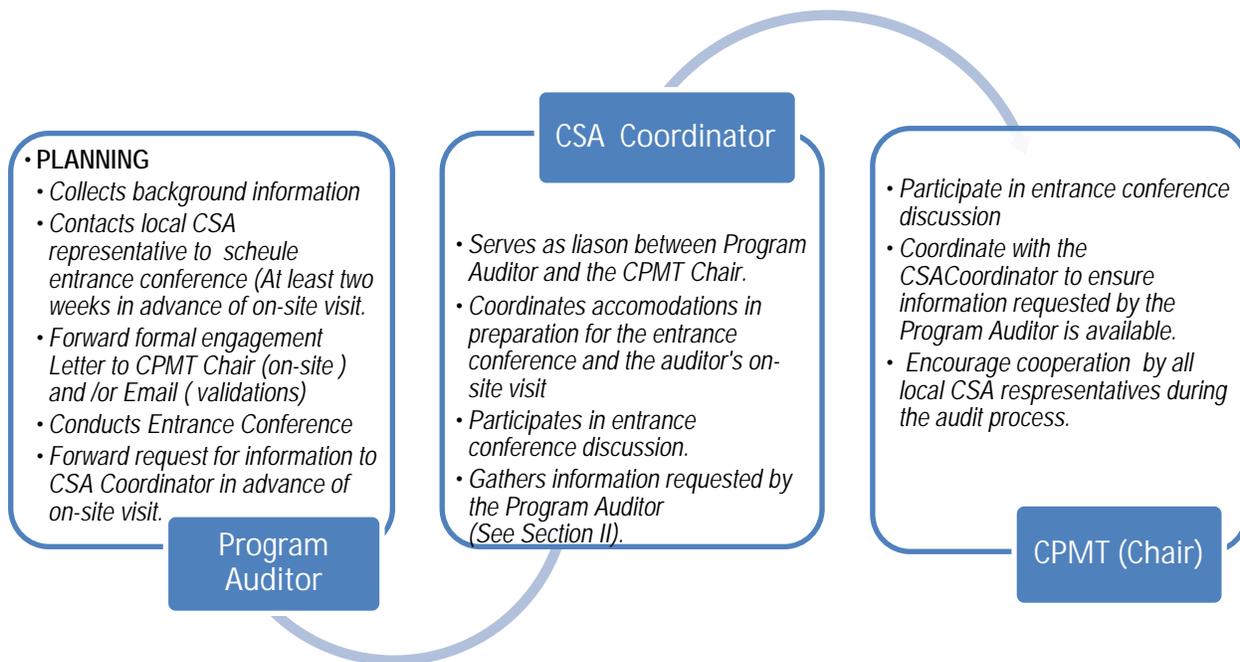
This chapter of the *CSA User Guide* describes the four stages of an audit engagement: Planning, Fieldwork, Reporting, and Follow-up.

The audit process, whether on-site or self-assessment validation consists of four primary phases: planning, fieldwork, reporting, and follow-up. An on-site audit is the more intensive of the two types of engagements. It requires three days or longer site visits by the auditor and includes extensive interviews, risk assessment procedures, more detailed audit tests performed on a larger sample of CSA case files. The self-assessment validation is much less intensive and typically is limited to a one day site visit by the auditor, which is the validation portion of the self-assessment audit. Self-assessment validation engagements are based on the local CSA programs working collaboratively to complete the CSA [Self - Assessment Workbook](#)  to evaluate their programs. The auditor performs audit tests to validate the conclusions reported. Audit tests performed are identical to on-site engagements, though less intensive due to the extent of the preliminary work done by the local CSA program.

The following subsections will describe in detail the audit activities implemented in each phase, as well as what to expect during an audit. A flowchart of each phase of the audit process is depicted immediately following the subsection, and a list of frequently requested documents is located at the end of this section of the guide.

13.1 Phase I: Planning

Planning is the background information and data collection phase of the audit. This may involve simple internet searches or a formal request for information (i.e. policies, procedures, by-laws, membership rosters, etc.) submitted via email to the CSA Coordinator. Once the data collection is completed, an entrance conference is scheduled with the local CSA representatives to discuss the audit objectives, scope, procedures, period covered, communicating results, report distribution, quality improvement plans, and follow-up monitoring. The entrance conference typically occurs at least two weeks prior to the date of the actual on-site visit. While preferable to conduct the entrance conference in advance of an on-site visit, there are instances when the entrance conference and fieldwork will be initiated on the same day. This is particularly likely for self-assessment validations and on-site audits where significant travel distance is required.



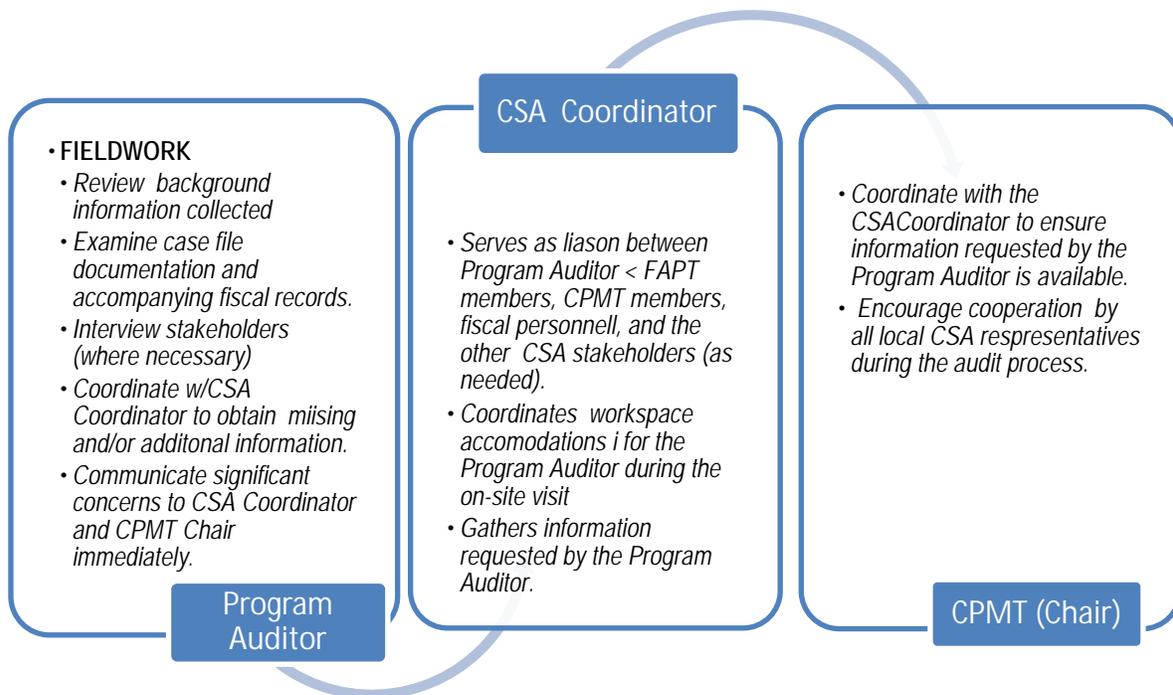
What to expect during an entrance conference:

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

13.2 Phase II: Fieldwork

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

- review policies, plans, procedures, guidelines, directives, laws, rules, regulations, publications, etc.;
- conduct interviews with CSA stakeholders as deemed necessary (i.e. CPMT, FAPT, CSA Coordinators, Fiscal Agent, Case Managers, etc.);
- create a flowchart of operational and fiscal processes to evaluate strengths, weaknesses, effectiveness and efficiency of operations;
- examine/inspect records to assess whether files are complete, information is accurate and reliable, and appropriate authorizations/signatures (if required);
- perform analytical procedures to assess financial/operational impact of processes/activities that may result from ineffective, inefficient, and/or inappropriate use of CSA resources; and
- communicate preliminary observations in an effort to obtain additional information necessary for further evaluation.



What to expect during on-site fieldwork:

Interviews: The auditor may schedule interviews with selected CSA stakeholders. Interviews typically last no more than an hour. If unavailable, interviews may be conducted by telephone. Discussion topics include roles/responsibilities, confidentiality, conflicts of interest, and fraud risk.

Case File Reviews: The auditor selects a sample of client case files for review (usually 5 -10 percent). Case files are reviewed for minimum required documentation (refer to CSA Documentation Inventory). Specific documents, such as Individual/Family Service Plans (IFSP) and expenditure records are reviewed to ensure compliance with CSA statutes, policies and procedures.

Informal Briefing: Prior to the auditor concluding the on-site visit, the auditor will schedule an informal briefing to communicate preliminary concerns. The CSA Coordinator and any interested CPMT members are invited to participate. All parties are made aware that any information communicated is preliminary and NOT final. Additional information provided subsequently will be given due consideration. The informal briefing may be followed up with an email that summarizes the preliminary observations.

13.3 Phase III: Reporting

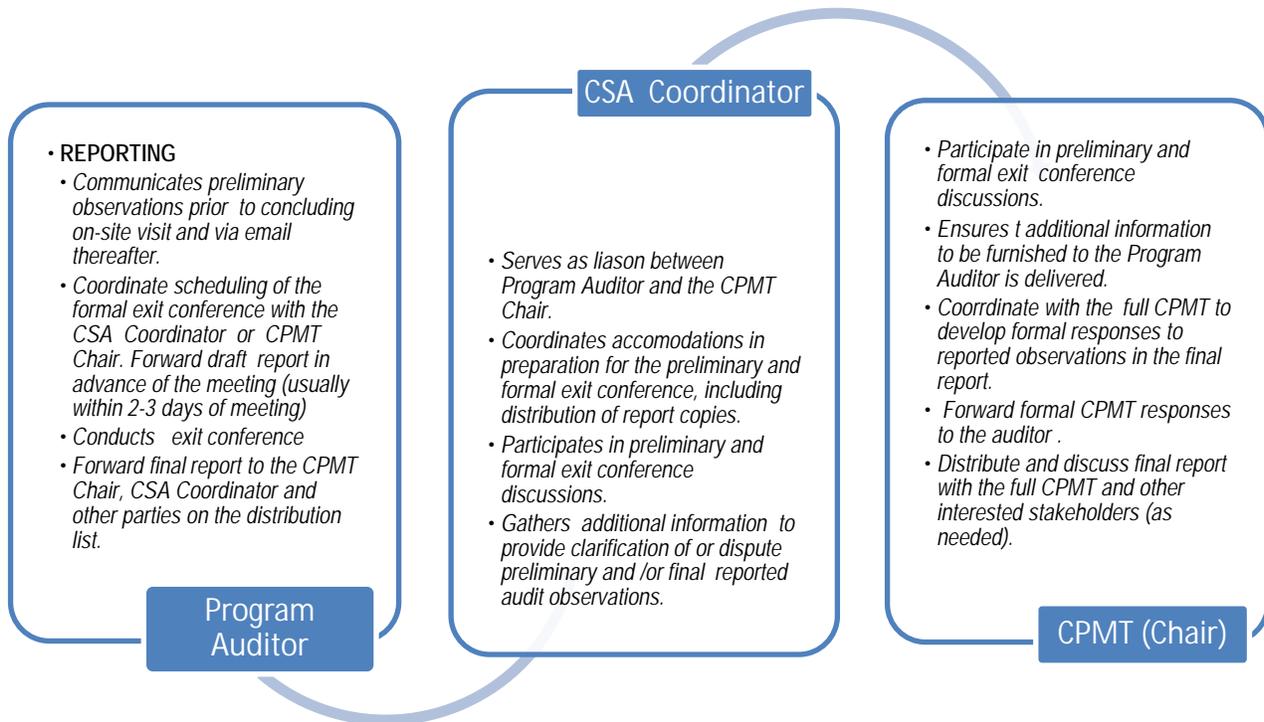
The OCS standard audit policy is to discuss each audit observation with the appropriate level CSA representatives, which OCS refers to as management discussion points. Client participation is solicited to:

- resolve misinterpretations, inconsistencies, or factual errors in initial data provided;
- resolve disputed concerns regarding the validity of any preliminary audit observations; and
- aid in the development of recommendations to address valid audit observations.

An exit conference is scheduled to present the audit conclusions to the CPMT. A copy of the draft report is provided to the CPMT Chair and CSA Coordinator prior to the scheduled exit conference for review and distribution to other attendees, to ensure that there will be no surprises in the final audit report.

Prior to distribution of the final audit report, audit clients are encouraged to provide written comments to be included in the final report. The final report is distributed to the OCS

Executive Director, local government administrator/manager, CPMT Chair, CSA Fiscal agent, and CSA Coordinator. Final reports are also published on the CSA website.



What to expect regarding audit reporting:

Exit Conference: All CPMT members and other interested parties deemed appropriate by local government administrators and/or the CPMT Chair are encouraged to attend. The auditor will present the draft report. Participants may ask questions or provide additional clarifications. The CPMT Chair and CSA Coordinator are asked to sign the Management Discussion Point Worksheet on behalf of the CMPT, acknowledging that the audit observations have been communicated. The auditor will request formal comments to be included in the final report and negotiate a date for receipt of those comments (usually no later than one week from the date of the exit conference). Participants are advised of the timetable for submitting the quality improvement plan to OCS and the process for follow-up on the implementation of quality improvement task. The exit conference typically last no longer than an hour.

Final Reports: The report includes an executive summary, background/locality profile, and observations. The executive summary concludes the overall assessment of internal controls and compliance. A report may indicate there are “significant/material” weaknesses. This is an indication that these are potential risk exposures that require immediate action.

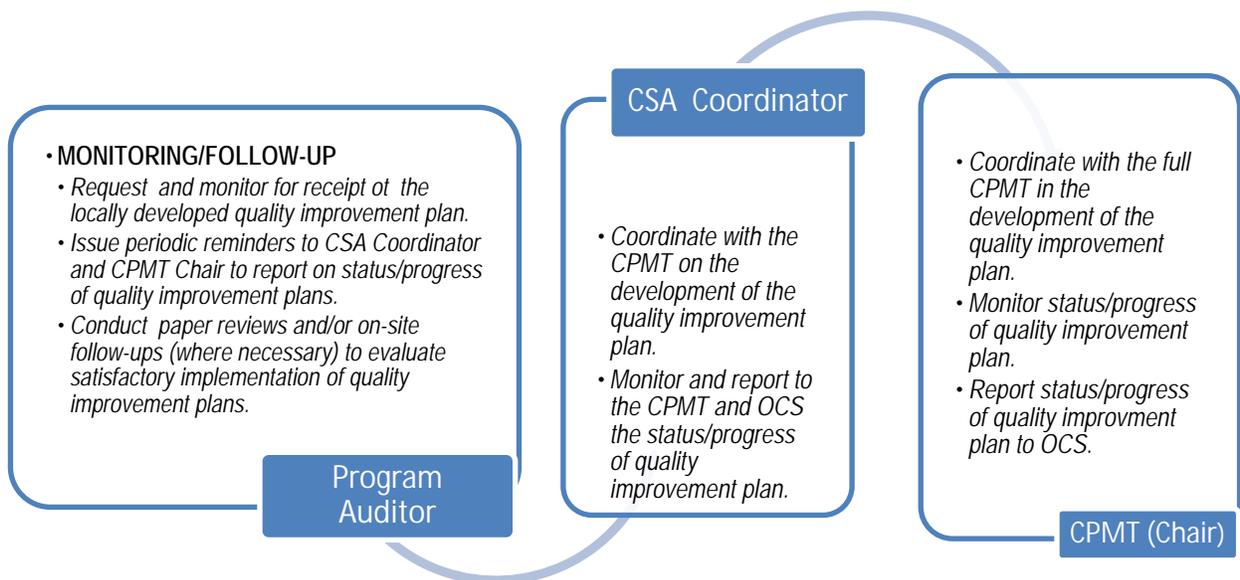
13.4 Phase IV: Follow-up

The local CSA program is asked to provide a quality improvement plan (QIP) addressing the observations outlined in the final report. This document should be furnished to OCS within 45 calendar days of receipt of the final report. The quality improvement plan should indicate the following:

- description of task to be completed;
- person responsible for ensuring the task is completed; and
- anticipated implementation or completion date (where expected to be “on-going”).

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

Local representatives are asked to monitor and periodically report to OCS on the status of tasks indicated in the quality improvement plan. Program Auditors and/or designated OCS staff may also perform follow-up procedures to assess progress during the next scheduled on-site visit.



What to expect during audit monitoring/follow-up:

The real added value of an audit occurs at this stage of the process. CPMTs and auditors should continuously monitor implementation of the quality improvement plan as a means to ensure reported observations have been appropriately addressed.

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

- The CPMT should consider adding quality improvement plan monitoring as an agenda item for CPMT meetings. A designated representative could provide reports on progress to the CPMT.
- Update quality improvement plan target dates when tasks identified are not implemented or completed by the initial anticipated target dates.
- Report status changes to the Office of Children’s Services. You do not have to wait until the entire plan has been completed to provide updates to OCS.

13.5 Frequently Requested Documents During Audits

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

AUDIT PHASE	DOCUMENT DESCRIPTION
Planning	<ul style="list-style-type: none"> • List of CPMT/FAPT/MDT members (include agency affiliation and contact information) • CPMT Bylaws (if available) • Local CSA policy and procedure manual • Utilization Management/Utilization Review Plan • CSA Self-Assessment Workbook⁵ • External audit reports (CAFR Audits, Title IV-E, etc.) and related corrective action plans

⁵ Only applies where the local CSA program has elected voluntarily to complete the CSA Self-Assessment Workbook.

AUDIT PHASE	DOCUMENT DESCRIPTION
Fieldwork	<ul style="list-style-type: none"> • CPMT/FAPT/MDT meeting minutes⁶ • Local CSA long range plan • Performance/Outcomes reports (i.e. utilization management reports) • Financial Reports (i.e. supplemental requests, budget and expenditure reports, etc.) • Training agendas and participant rosters • Statement of Economic Interest Disclosure Forms • Confidentiality Statements (FAPT and CPMT, if applicable) • Listing of CSA Case Managers • Listing of CANS users/super users/administrators, including signed user agreements • Listing of all CSA Parental Agreements • Listing of ICC cases • Listing of due process/appeals requested/decided • Reconciliation of CSA Fund balances • Local government general ledger reports for CSA line items • Annual Gap Survey • Vendor/Provider Listing and associated contracts. • Records Retention Destruction Schedules
	<p>Specific to CSA Client Case File Reviews⁷:</p> <ul style="list-style-type: none"> • Client referral packet (if applicable)/demographic data • Consent to exchange information • Child Adolescent Strength and Needs (CANS) assessment • IFSP/ IEP/ Foster Care Plans (if applicable)

⁶ Include all supplemental documents that support activities/discussions occurring during CPMT/FAPT meetings (i.e. financial reports, presentation materials, etc.)

⁷ Client case file reviews are very intensive. Due to locally developed document retention practices, some documents listed above may or may not be included in the client file maintained by the local CSA Office. Auditors should be made aware of any documents that are maintained in the files of partnering agencies to facilitate coordination to access the applicable documents.

AUDIT PHASE	DOCUMENT DESCRIPTION
	<ul style="list-style-type: none"> • Assessment Tools - VEMAT, VICAP, etc. Scores (if applicable) • Child in Need of Services (CHINS) Determination (if applicable) • Certificate of Need (if applicable) • Vendor placement agreement and rate sheets (if applicable) • Vendor treatment plans and progress reports • Utilization review reports • Request for CPMT funding authorization (if applicable) • Client payment history (i.e. Thomas Bros., Harmony, Local System) • Purchase orders / invoices / DSS Case Actions w/receipts (if applicable)
Reporting	<ul style="list-style-type: none"> • Signed management discussion points • Formal comments for the final report • Completed Audit Client Survey
Follow-up/ Monitoring	<ul style="list-style-type: none"> • Quality Improvement Plan • Quality Improvement Plan updates and related source documents

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

13.5.1 CSA and Comprehensive Audit and Financial Report Requirements

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

14.0 Service Definitions

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

The list of approved service names and their definitions can be found [here](#).

15.0 The CSA Service Fee Directory

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

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

There are three ways to search the SFD:

1. If the name of the vendor is known, the user can click on the "Name" search option and vendor names are listed in alphabetic order.
2. A user can also search by "service code." There are 22 different service codes by which a user can search for a vendor.
3. Lastly, a user can search by "Characteristic." This search option allows the user to search for up to three characteristics of the client who needs services to find vendors who can serve that need.

If a vendor would like to be added or if a locality requires a vendor be added to the SFD, the form the vendor must complete can be found [here](#). Once completed, this form is submitted electronically to OCS. When the vendor submits the form, OCS will provide login information to the vendor. At this time the vendor will be granted access to the SFD and be able to update its information. Questions about the SFD, from either localities or vendors can be directed to OCS.

16.0 CSA Vendor Contracts

16.1 General Issues

The Office of Children's Services encourages localities to enter into contractual agreements with vendors from who they purchase services. In an effort to assist localities with developing vendor contracts, a standard model contract has been developed. The Standard Model Contract can be found on the CSA website in the [Resource Library](#) under the heading of "Standard/Model Forms." Localities are not required to use the standard model contract, but rather it is an optional template.

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

When developing contracts, local procurement procedures should be followed. These procedures are established by the locality. In addition to following local procurement procedures, it is also suggested that the locality's attorney reviews the contract.

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

16.2 Competitive Bidding and Negotiations

[§2.2-4345.A.14](#) specifies that under the Virginia Public Procurement Act, public bodies entering into contracts for purchasing services under the Children's Services Act "for goods or personal services for direct use by the recipients of such programs if the procurement is made for an individual recipient" may be considered as exempt from the requirements for competitive sealed bidding or competitive negotiation.

17.0 CSA Administrative Funding

Administrative funds may be used to offset the administrative (non-services) cost of implementing the CSA. Use of these funds may go toward administrative/coordinating services (e.g., the salary of the local CSA Coordinator). The Appropriation Act specifies the amount of funding available from the state general fund for these administrative costs and that there is a required local match. The Act specifies the minimum and maximum amounts that a locality may receive, inclusive of the local matching funds.

If the locality wishes to receive administrative funds (state and local combined share), the Community Policy and Management Team must annually submit to the State Fiscal Agent an Administrative Budget Plan form.

The Administrative Budget Plan request form is located on the local CSA fiscal agent site, (only the locality Fiscal Agent can access the form). To receive administrative funding, the locality must remit the Administrative Budget Plan, with original signatures, to the CSA State Fiscal agent. Mailing instructions are located on the form.

Upon receipt of the Administrative Budget Plan, the State Fiscal Agent will process a single payment to the fiscal agent of the Community Policy and Management Team for the state's share of the Administrative allocation. The local government should submit the administrative plan to the state fiscal agent by June 15 of the fiscal year to ensure reimbursement.

If, during the course of the year, the Community Policy and Management Team elects to use its administrative funds in a manner other than reported in the original budget plan, it may do so without amending the plan.

The local fiscal agent must account for Children's Services Act administrative expenditures such that they are clearly identifiable as Children's Services Act administrative expenditures.

18.0 Supplemental State Allocations

The Children's Services Act requires that the General Assembly and the local governing body shall appropriate such "sums sufficient" to provide services for children in the mandated population.

Should there not be sufficient funds in the locality's allocation of state pool funds (not including any allocation for funds designated for Special Education Wraparound) to cover the costs of serving the mandated population, the CPMT may apply to the Office of Children's Services for a supplemental allocation for the state share of the costs that exceed the current allocation. In the case of a multi-jurisdictional CPMT, the application is submitted for an individual participating locality.

Approved supplemental allocations will be in effect only during the program year for which the requests are made. Supplemental allocations are not added to the base allocation for the subsequent fiscal year.

18.1 Supplemental Allocation Requirements

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:

- a. a known cost has been, or will be, incurred for a specific child or children in the mandated population; and
- b. that they are in compliance with all provisions of the Children's Services Act including, but not limited to, instituting and operating effective cost control measures as recommended by the State Executive Council.

Any amount of the "protected" allocation for the non-mandated population (Non-mandated + Other Eligible) which is not yet expended or obligated, may be re-allocated for use with the mandated population. For this purpose, obligations are defined as 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.

Any local government requiring supplemental funding must submit their requests electronically utilizing the fillable two-page Request and Certification form available on the Local Government Reporting page of the CSA website. The form requires aggregate year-to-date census data along with actual expenditure information for the program year as well as a determination of the additional mandated funding needed. These two pages are the only two

documents required to request supplemental funds. Localities are strongly encouraged to review the Supplement Request Allocation Form instruction prior to filing their supplemental allocation requests.

Requests for supplemental allocations may be prepared by any Report Preparer for the locality but must be approved by the locality-designated Fiscal Agent prior to being reviewed by OCS. The requests are filed electronically via the [Local Government Reporting area of the CSA website](#). It is not necessary to submit a hard copy of the Request for Supplemental Allocation form to the Office of Children's Services. However, a hard copy containing all necessary signatures should be maintained by the local CPMT.

It is expected that each locality will review its data and use its findings as a basis for a request for supplemental funds. Local governments have access to an EXCEL spreadsheet with their localities' most recent data set information. This report may be obtained by going to "Local Government Reporting" on the CSA Website, www.csa.virginia.gov/reports/default.cfm, entering in their USER ID and PASSWORD and clicking "CSA Supplemental Allocation Request", and then "Excel Supplemental Worksheet." An updated spreadsheet is not required for submission to the State office. However, local governments are expected to maintain adequate records and supporting documentation regarding their supplemental funding request. A local Transaction History Report is also available to assist with filing the supplemental allocation requests.

Localities whose mandated expenditures have increased more than 10% over the previous year's total mandated expenditures are required to complete the "Comment" portion of the Supplemental Allocation Request form. Comments listed should provide additional information related to locality trends that are affecting CSA costs and the reasons for the increase in spending that would not otherwise be apparent from Data Set or Pool Fund Reporting for the locality. It is not necessary to restate the financial information already submitted in other portions of the report. All localities are also encouraged to provide any additional information that further supports their funding needs in the "Comments" portion of the Request.

In addition to the information submitted, locality data submitted separately through the CSA Data Set will serve as the basic verification source of information analyzed and reviewed, along with prior reviews, to make a determination regarding a locality's need for supplemental funds.

Additional documentation to support the supplemental allocation request may be requested and staff from OCS may also conduct a site visit to review information and supporting

documentation prior to the approval of a supplemental request. The local Fiscal Agent will be notified upon approval of the requests for supplemental allocation.

For supplements approved by OCS prior to May 31st, 75% of the approved amount will be allocated to the locality. If your reimbursements necessitate further supplemental funds prior to the end of the fiscal year, you may request the balance 25% by sending an email request to the CSA Business Manager, Chuck Savage at Charles.Savage@csa.virginia.gov.

Note: The statewide appropriation for the expenditure category “*Wrap-around Services for Students with Disabilities*” has been “earmarked” in the Appropriation Act and as such cannot exceed the appropriated balance. Hence, supplemental funds are not available for this expenditure category.

18.2 Instructions for the Supplemental Allocation Request

Step 1:

From CSA Home Page select Local Government Reporting.

The screenshot shows the Virginia.gov website for the Office of Children's Services (OCS). The header includes the Virginia.gov logo and navigation links for Agencies and Governor. The main content area is titled 'Welcome to the OCS Web Site!' and contains sections for 'WHAT IS OCS?', 'Mission Statement', 'Administration of the CS', and 'Vision Statement'. A red arrow points to the 'Local Government Reporting' link in the right-hand navigation menu. Other links in the menu include Administrative Wares, CSA Manual, GWS, Program Audits, Technical Assistance, Resource Library, CSA Service Fee Directory, Training Calendar, and Denial of Funds. A 'Quick Links' section at the bottom right lists various state departments. A 'What's New' section at the bottom center features a 'Conference Update' link.

Step 2:

Next enter Username and Password

Local Government Reporting

Regional Reporting Due Dates			
Quarter	Data Set Report Due	Quarter	Expenditure File Report Due
Qtr 1, Sept 30	10-Oct-15	Qtr 2, Sept 30*	31-Oct-15
Qtr 2, Dec 31	31-Jan-16	Qtr 3, Dec 31	31-Jan-16
Qtr 3, Mar 31	31-Apr-16	Qtr 4, Mar 31	31-Apr-16
Qtr 4, June 30	31-Jul-16	Qtr 1, June 30	31-Jul-16

Notes: The Data Set and Expenditure file are two separate submissions.
*The Qtr 2, Sept 30 Expenditure file submission is the only expenditure submission that will contain 2 program years.

CSA Reports Preparer Log In Screen

To access your information, please enter your Username & Password below:

Username

Password

[Forgot Username/Password](#)

[CSA Expenditure Reporting](#)

The reports area is optimized to work with Internet Explorer 5, or higher.

Step 3:

Next Supplemental Allocation is selected

CSA Reports Destination Screen

You are logged in for [CSA User](#) | [Log Out](#)

You may enter the section by choosing your destination below:

- [CSA Child Data Set](#)
- [CSA Post-Implementation Request Reports](#)
- [CSA Supplemental Allocation Request](#)
- [Actual Gross Data Set Expenditure Reports](#)
- [Preparer Profile](#)

Step 4:

Next select New Allocation request



Step 5:

Next fill in the form and calculate, then submit

I hereby certify that the information provided in this request for a supplemental allocation is accurate, and that the costs within the request were unanticipated and are required costs for specific mandated children pursuant to Section 22-5211.1 of the Comprehensive Services Act. All cases have been assessed, where required, by the Family Assessment and Planning Team and comply with the provisions of the Code of Virginia, the CSA Manual, and the Appropriations Act.

THIS REQUEST IS FOR FISCAL YEAR: FY16				
	Rate	Local Share	State Share	Totals
A. Current Total Pool Allocation: Total dollar amount of pool funds allocated for FY16 which includes initial allocation and any approved supplemental allocations. This includes mandated and non-mandated pool funds available. Initial Allocation: \$1,383,000 Supplemental Added: 0.00	-	29,200.04	48,102.06	61,282.00
B. Current Non-Mandated Protected Amount: Total dollar amount of current non-mandated protected funds for FY16.	0.3304	0.00	0.00	\$ 0.00
C. Projected Non-Mandated Costs for FY16: Amount of Actual plus Projected Non-Mandated expenditures for FY16 (RESIDENTIAL/CONGREGATE CARE) See Pool Fund Expenditures Report - Row 10.	0.4130	0.00	0.00	\$ 0.00
C1. Projected Non-Mandated Costs for FY16: Amount of Actual plus Projected Non-Mandated expenditures for FY16 (COMMUNITY BASED) See Pool Fund Expenditures Report - Row 2.	0.1932	0.00	0.00	\$ 0.00
D. Unused Non-Mandated Protected Funds Available: (Line B - Line C - Line C1)	-	0.00	0.00	0.00
E. Mandated Family Available: This number represents the existing allocated funds available for the mandated population. (Line A - Line B + Line D)	-	29,200.04	48,102.06	61,282.00
F. Net Projected Mandated Expenditures Needed for the Fiscal Year: This number should be the actual mandated total dollar amount that your locality projects that it will need to pay for actual mandated expenses incurred through the end of June 30, 2016. (From Line 10)	-	-	-	100.00
G. Congregate Care: (Sum of lines 1a+1b+1c)	0.4130	41.30	68.70	110.00
H. Other mandated - neutral rate (Sum of lines 1d+2a+2b+2c+2d+2e+2f+2g+2h+2i)	0.3304	0.00	0.00	0.00
I. Other mandated - 50% rate (Sum of lines 2j+2k+2l+2m)	0.1932	0.00	0.00	0.00
J. Total Estimated FY16 Expenditures (Sum of lines G through I)	-	41.30	68.70	110.00
K. Less Projected Refunds for the Fiscal Year	0.3304	0.00	0.00	0.00
L. Supplemental Allocation Funds Requested (Additional Mandated Funds Needed): (Line J - Line K - Line H - Line C - Line C1)	-	-29,229.64	-48,645.36	-41,203.00

IMPORTANT:
All signatures indicated on the cover page are required. Documentation must be submitted demonstrating that the supplemental allocation being requested is only for mandated (or "survivor") children, and that reasonable projections have been made to estimate the amount of funds needed.

YOU MUST CALCULATE YOUR REPORT BEFORE SUBMITTING

CPNT CHAIRMAN:

Name

Date

Signature

Step 6:

Confirmation message is displayed

CSA Supplemental Allocation Request Main Screen

Your report was processed successfully!

Please contact your Fiscal Agent for final submission.

- [Click here to get a printable version of your report](#)
- [Click here to return to the CSA Supplemental Allocation Request Main Screen](#)
- [Click here to log out and return to the CSA homepage](#)

18.3 Supplemental Request Allocation Form

The following table provides additional details about the steps for completing the Request for Supplemental Allocation.

The numbered rows for all mandated reporting categories listed on the Request for Supplemental Allocation agree with the CSA Pool Reimbursement Request Report. Non-mandated reporting categories and non-mandated costs are captured on page 2 of the Form with references indicated to remind the user of the corresponding CSA Pool Reimbursement Request Report row number.

Please be aware that on pages 1 and 2, gray shaded fields are calculated fields and will be populated once all required information is entered and the “Calculate Report” button is selected.

Page 1 Instructions: Census and Expenditure Information	
Step	Action
1	<p>Report Expenditure Rows (1a – 2i) represent the census and expenditure reporting categories. They are the same mandated reporting categories contained on the CSA Pool Reimbursement Request Report. As supplemental funding is permitted only on mandated cases, the non-mandated categories are excluded from this page. Note: As supplemental funding is not allowable for Wrap Around Services for Students with Disabilities, this expenditure row has been disabled on the report.</p> <p>In order to complete the supplemental request, you must provide both actual and projected expenditures by reporting category. There are two reports available on the local government reporting page of the OCS public web site to aid in obtaining the year-to-date or “actual” expenditures submitted by your locality. Under the “CSA Pool Reimbursement Request Reports” link, scroll to the bottom of the page to access both reports. The first is titled “Pool Daily History Comparison” (report 13). This report will provide you with a year-to-date summary of all expenditures submitted by your locality by expenditure category. These figures can then be transferred into the “Actual Expenditures”</p>

	<p>column of the Request for Supplemental Allocation. Please note the “number of preparer approved reports” field at the top right of the report to make sure that all of your submitted Pool Reimbursement Request Reports have been included in this total. Pool Reimbursement Request Reports in “pending” or “awaiting fiscal agent approval” status will not be included in the Pool Daily History Comparison report. The second report is titled “FY (Current FY) Transaction History Report”, report #2 under the Transaction History reporting section of the public site. The Transaction History Report provides access to your entire locality’s Pool Reimbursement Request Reports submitted during the specified fiscal year, including those waiting for local Fiscal Agent approval. To view each report in detail, click on the status code listed to the left of the report.</p> <p>WHEN COMPLETING THE REQUEST FOR SUPPLEMENTAL ALLOCATION PLEASE NOTE:</p> <ul style="list-style-type: none"> • ALL NON-SHADED FIELDS MUST HAVE A VALUE. If there are no expenditures for a particular category, leave as 0.00 • Do not use commas (,) or dollar signs (\$) • Amounts should be in 99999.99 format • Indicate negative numbers with a minus sign (e.g. -500.00)
2	<p>Mandated Services Residential/Other Mandated Services (Column a) – <i>Case Count</i>: Input the total number of unduplicated children served year to date in the respective reporting category.</p>
3	<p>Mandated Services Residential/Other Mandated Services (Column b) – <i>Actual FY Expenditures</i>: Input the total <u>actual</u> FY expenditures by reporting category for all services provided during the entire current fiscal year. (See Step 1 for hints on where to locate this information on the OCS web site.)</p>
4	<p>Mandated Services Residential/Other Mandated Services (Column c) – <i>Projected FY Expenditures</i>: Input the remaining <u>projected</u> FY expenditures by reporting category for all services provided during the entire current fiscal year.</p>

5	Row I – <i>Mandated Services Residential Subtotal</i> : represents the subtotal of all Mandated Services Residential expenditure entries for columns a, b and c above. <u>The subtotal will be calculated automatically. No action is required.</u>
6	Row II – <i>Subtotal</i> : represents the subtotal of all data entries for columns a, b, and c; census and expenditure information. The subtotal will be calculated automatically. No action is required.
7	Row III – <i>Less Projected Refunds for the Fiscal Year</i> : Input the total refunds (actual plus estimated) for the current fiscal year.
8	Row IV – <i>Net Estimated Mandated Expenditures for the Fiscal Year</i> : represents the actual plus estimated (less refunds) for the current fiscal year based on expenditure input.
9	<i>Comments</i> : In this area, all localities are encouraged to provide any additional information that further supports their funding needs. Localities reporting projected spending in FY that exceeds their prior FY net expenditures by more than 10% <u>will be required</u> to provide comments explaining the reason(s) for the increase. Comments should not be a mere restatement of financial information indicated in the body of this report, but should provide information on locality specific trends that are affecting costs.
Page 2 Instructions: Supplemental Calculation	
10	Row A – <i>Current Total Pool Allocation</i> : No entry is required. This row will populate when the Supplement Request Allocation form is initially opened.
11	Row B – <i>Current Non-mandated Protected Amount</i> : Input the current non-mandated protected amount desired for your locality. The amount chosen may not exceed the Office of Children’s Services (OCS) authorized amount. Should your locality desire to protect less than the authorized

	amount, that figure should be listed here. Please update these amounts as appropriate.
12	Row C – <i>FY Non-mandated Costs (Residential/Congregate Care)</i> : Input the amount of non-mandated Residential/Congregated Care expenses (actual plus estimated) for your locality.
13	Row C1. – <i>FY Non-mandated Costs (Community Based)</i> : Input the amount of non-mandated Community Based expenses (actual plus estimated) for your locality.
14	Rows D –L: No entry is necessary on these rows. These rows will populate when the “Calculate Report” button is selected.
15	When you have completed steps 1 – 11, click the “Calculate Report” button at the bottom of the page to populate your supplemental request. Should you need to make a correction you will be able to go back into the original areas to correct your data. After doing so, you must select the “Calculate Report” button again prior to choosing “Pend” or “Submit.”
16	Contact your local Fiscal Agent to inform them that you have a supplemental request ready for their approval. Fiscal Agent approval will cause the supplement to be electronically submitted to OCS for processing.

19.0 Reports Available for Managing CSA

There are numerous reports available through the [“Statewide Statistics”](#) link on the CSA Website that are useful in managing local CSA activities. These include the [Data Set Reports](#), which describe statewide and locality level information on expenditures, assessments, service types, mandate types, length of stay, and other demographic information from the CSA Data Set. [Pool Fund Expenditure Reports](#) address various financial areas and the [Performance Dashboard](#) which focuses on several specific benchmarks of CSA activity on a statewide and local level. The information found in these reports can be useful to utilization management activities.

19.1 CSA Data Set Reports

The [CSA Data Set Reports](#) allow the user to view statewide and locality specific information about the types of children (demographics and primary CSA mandate types) and types of services (service placement types) through CSA in a specified time period. Expenditure data is also included in these reports. Instructions for [Creating Data Set Reports](#) can be found on the website.

19.2 CSA Pool Fund Expenditure Reports

The [CSA Pool Fund Expenditure Reports](#) are an important tool for tracking and analyzing CSA allocations and expenditures. There are numerous statewide and locality specific reports available and they allow comparisons across multiple fiscal years. These reports include:

- The locality’s state pool fund allocations and Medicaid expenditure targets
- The “protected” amounts for serving the non-mandated population
- The “Locality Transaction History” Report, providing a real-time summary of filed pool fund expenditures and available allocation balances
- The “Pool Daily History Comparison Report”, providing a snapshot of year-to-date reporting compared to the same period in previous years
- The “Medicaid Billings” Report, providing a monthly calculation of Medicaid local share.

This area of the website also includes definitions of SEC approved [CSA Service Categories](#) and the CSA Data Set Elements.

19.3 CSA Performance Dashboard

The [CSA Performance Dashboard](#) provides quarterly and annual data, on a state and local basis, on selected indicators that reflect on key CSA outcomes. These outcomes are:

- the percent of youth receiving Intensive Care Coordination out of all youth placed in residential settings (the SEC has established 75% as the target for this indicator);
- the percent of youth receiving community based services out of all youth receiving CSA services (the SEC has established 50% as the target for this indicator);
- the average length of stay per child in residential settings (the SEC has not established a target for this indicator);
- the percent of foster care children in family-based placements (this indicator is from VDSS and the target is established at 85%); and
- the percent of children who exit from foster care to a permanent living arrangement (this indicator is from VDSS and the target is established at 86%).

The Performance Dashboard can be viewed by first selecting the time frame of interest (e.g., quarter-to-quarter comparison or year- to- year comparison). Then select "Office of Comprehensive Services." This will show the data at an aggregate state level. If interested in data at the locality level, click the "Enable Content" button at the top of the window and then click on the green "Enter Data" button to the left of the screen.

20.0 Required CSA Reporting by Localities

20.1 CSA Expenditure and Data Set Reporting

These are two required submissions.

The CSA Expenditure Report is to be submitted by a local CSA Report Preparer on a quarterly basis as specified in the Required Reporting Due Dates found [here](#).

The CSA Data Set Report is to be submitted by a local CSA Report Preparer three times per year (all but the first quarter) as specified in the Required Reporting Due Dates found [here](#).

The following sections provide the locations for instructions for submitting the various reports that localities are required to provide to OCS. There are two methods for submitting CSA Expenditure and Data Set Reports:

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

20.1.1 Child Based Data Reporting System (CBDRS)

For localities utilizing the CBDRS, it can be accessed [here](#). The CBDRS Instruction Manual can be found in the upper right corner of that page.



20.1.2 Non-Data Entry File Uploads

This method of submission is used by localities not employing the Child Based Data Reporting System.

The **File Naming Standard** and the **Expenditure File Layout** can be found [here](#) as downloadable Word and Excel documents.

Local Report Preparers can access specific instructions for submitting both the Expenditure and Data Set Reports after logging in through the [Local Government Reporting portal](#) on the CSA website.

20.2 State Pool Fund Reimbursement Report

The Pool Reimbursement is done in two ways.

1. The Report Preparer – who generates the report
2. The Fiscal Agent – who approves the report

20.2.1 The Report Preparer

Step 1:

From CSA Home Page select Local Government Reporting.



Step 2:

Next enter Username and Password to login as Report Preparer.

Local Government Reporting

Regional Reporting Due Dates			
Quarter	Data Set Report Due	Quarter	Expenditure File Report Due
Qtr 1, Sept 30	no report	Qtr 3, Sept 30*	31-Oct
Qtr 2, Dec 31	31-Jan	Qtr 1, Dec 31	31-Jan
Qtr 3, Mar 31	31-Apr	Qtr 2, Mar 31	31-Apr
Qtr 4, June 30	31-Jul	Qtr 4, June 30	31-Jul

*Note: The Data Set and Expenditure file are two separate submissions.
*The Qtr 1, Sept 30 Expenditure file submission is the only expenditure submission that will contain 2 program years.

CSA Reports Preparer Log In Screen

To access your information, please enter your Username & Password below:

Username

Password

[CPVT Fiscal Alerts - Click here to access Login Request Approval](#)

[CSA Expenditure Reporting](#)

The reports area is optimized to work with Internet Explorer 5, or higher.

Step 3:

Next Pool Reimbursement Request Report is selected.

CSA Reports Destination Screen

You are logged in as [Click here to log out.](#)

You may enter the section by choosing your destination below:

- [CSA Child Data Set](#)
- [CSA Pool Reimbursement Request Reports](#) (indicated by a red arrow)
- [CSA Support of Alternative Dispute Resolution](#)
- Actual Grant Data Set Expenditure Reports**
 - [FY12](#)
 - [FY13](#)
 - [FY14](#)
- Preparer Profile**
 - [Click here to activate/modify preparer status.](#)
 - [Add a new preparer.](#)

Print of Page | Search of Content

For Comments or Questions Concerning this Web Site, contact the [CSA Webmaster](#).

© Comprehensive Services Act, Commonwealth of Virginia

W3: [W3C](#) | [W3C](#) | [W3C](#)

This File Was Last Modified: July 10 2015

Step 4:

Next select the report to be requested.



Step 5:

Fill in Part 1 of the form and click Calculate Report before going to Part 2.

PART 1 - EXPENDITURE DESCRIPTION						
EXPENDITURE DESCRIPTION	LOCAL MATCH RATE (%)	GROSS TOTAL EXPENDITURES THIS PERIOD (\$)	EXPENDITURE REFUNDED THIS PERIOD (\$)	NET TOTAL EXPENDITURES (A minus C) (\$)	LOCAL MATCH (A x B) (\$)	STATE MATCH (A x D) (\$)
CONGREGATE CARE / MANDATED AND NON-MANDATED RESIDENTIAL SERVICES						
1a Foster Care - In-Carement Licensed POC (4)(2) Congregate Care (not applicable for child not covered by IC-C (A, 101-100-410-0040))	24.00%	100.00	100.00	0.00	0.00	0.00
1b Foster Care - all others / Licensed Residential Congregate Care	24.00%	0.00	0.00	0.00	0.00	0.00
1c Residential Congregate Care-ICIA Parental Agreements / DSD Noncustodial Agreements	24.00%	0.00	0.00	0.00	0.00	0.00
1d Non-Mandated Services/Residential Congregate	24.00%	0.00	0.00	0.00	0.00	0.00
1e Educational Services - Congregate Care	3.5504%	0.00	0.00	0.00	0.00	0.00
OTHER MANDATED SERVICES						
2a Treatment Foster Care - I-C	3.5504%	0.00	0.00	0.00	0.00	0.00
2a.1 Treatment Foster Care	3.5504%	0.00	0.00	0.00	0.00	0.00
2a.2 Treatment Foster Care - CDA Parental Agreements / DSD Noncustodial Agreements	3.5504%	0.00	0.00	0.00	0.00	0.00
2b Specialized Foster Care - I-C / Community Based Services	3.5504%	0.00	0.00	0.00	0.00	0.00
2b.1 Specialized Foster Care	3.5504%	0.00	0.00	0.00	0.00	0.00
2c Family Foster Care - I-C / Community Based Services	3.1952%	0.00	0.00	0.00	0.00	0.00
2c.1 Family Foster Care Maintenance only	3.1952%	0.00	0.00	0.00	0.00	0.00
2c.2 Family Foster Care - Children requiring maintenance and basic activities payments (under IC-C Long term care agreements)	3.1952%	0.00	0.00	0.00	0.00	0.00
2d Community Based Services	3.1952%	0.00	0.00	0.00	0.00	0.00
2d.1 Community Transition Services - Direct Family Services to Transition from Residential to Community	3.1952%	0.00	0.00	0.00	0.00	0.00
2d.2 State Education Phase Out Payments	3.5504%	0.00	0.00	0.00	0.00	0.00
2d.3 Residential Services for Students with Disabilities	3.1952%	0.00	0.00	0.00	0.00	0.00
2d.4 Psychiatric Hospital/Case Rehabilitation Jere	3.5504%	0.00	0.00	0.00	0.00	0.00
2 Non-Mandated Services-Community Based	3.482%	0.00	0.00	0.00	0.00	0.00
3 GRAND TOTAL \$ (Sum of categories 1 through 5)		0.00	0.00	0.00	0.00	0.00

Step 6:

After validating the report it can be either pended or submitted.

CSA FY16 - POOL REIMBURSEMENT REQUEST REPORT--PART 2		
DATE:	FOR FISCAL YEAR:	
CFME:	CONTACT PERSON:	
LOCALITY:	TELEPHONE:	
PART 2 - EXPENDITURE REFUND DESCRIPTION		
Information regarding total expenditures/refunds reported on Part 1, Line 303		
EXPENDITURE REFUND DESCRIPTION	CODE	AMOUNT
Vendor Refunds and Payment Corrections	310	00.00
Parental Co-Payments	320	0.00
Payments made on behalf of the student: SSA, SSI, or benefits: I	330	0.00
State Budget Collections through OCM	340	0.00
Fund unreported expenditures requested under title	350	0.00
Other: Please specify: _____	390	0.00
TOTAL AMOUNTS		00.00
Note: This total must agree with the GRAND TOTAL of all expenditures/refunds Part 1, Line 4, Cell: 499B.		
The expenditures and refunds reported herein were incurred in accordance with provisions of the Comprehensive Services Act, and have not been reported on a previous claim. Documentation is maintained to support the expenditures and refund amounts reported, and it demonstrates that each expenditure and refund was made on behalf of a specific child or set of specific children, and complies with the CSA Manual, COV and reimbursement Act requirements including utilization management and RPT status.		
Go Back to Part 1 Calculate Report Validate Report Print Report Submit Report		
Submitting this report will submit it.		

Step 7:

Once the report is submitted, the confirmation is displayed.



20.2.2 The Fiscal Agent

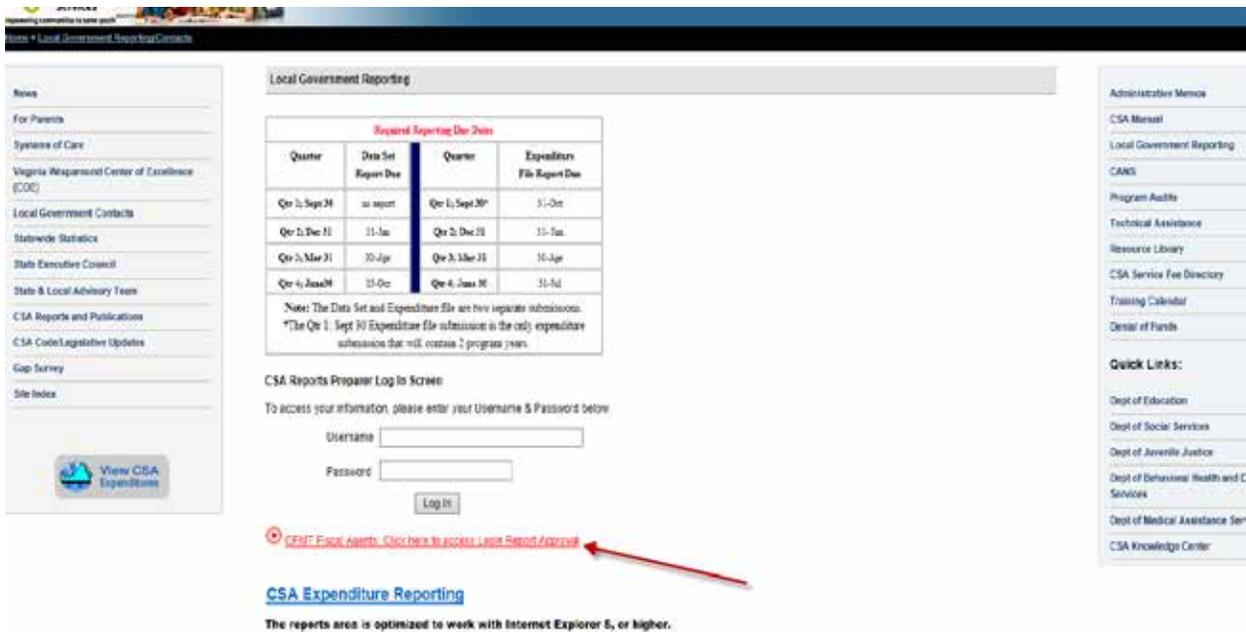
Step 1:

From CSA Home Page select Local Government Reporting.



Step 2:

Next Click on the link to login as a Fiscal Agent



Step 3:

Enter Username and Password

Local Government Reporting

CSA Reports—CPMF Fiscal Agent Log In Screen

Report Reporting Due Dates			
Quarter	Data Set Report Due	Quarter	Expenditure File Report Due
Qtr 1, Sept 30	no report	Qtr 1, Sept 30*	31-Oct
Qtr 2, Dec 31	15-Jan	Qtr 2, Dec 31	31-Jan
Qtr 3, Mar 31	10-Apr	Qtr 3, Mar 31	10-Apr
Qtr 4, June 30	15-Jul	Qtr 4, June 30	15-Jul

Note: The Data Set and Expenditure file are two separate submissions.
*The Qtr 1, Sept 30 Expenditure file submission is the only expenditure submission that will contain 2 program years.

To access your information, please enter your Username & Password below

Fiscal Agent Username:

Fiscal Agent Password:

The reports area is optimized to work with Internet Explorer 5, or higher

Step 4:

In the Fiscal Agent page we see the reports that need to be approved. Select the report.

Pool & Supplement Reports available to approve
(All CSA Reports that are available to approve are listed here)

[FY10 Local Payments Paid with 0100 Funds \(CSA, BSWF, Group Services, Blind Sheet\)](#)

FY10 Pool Reports available to approve by period end date
There are no FY10 Pool Reports available to approve.

FY11 Pool Reports available to approve by period end date
[July 2010](#)

FY11 Administrative Plan
[Download FY11 Administrative Plan](#)

FY10 Projected Amount: \$ 26,015.00
FY11 Projected Amount: \$ 26,015.00

FY10 Supplemental Allocation Reports available to approve
There are no FY10 Supplemental Allocation Reports available to approve.

FY10 Supplemental Allocation Reports available to approve
[Report Detail August 21, 2010](#)

Federal ID Report:

- [FY10-Q1 \(Quarter Ending June 30, 2010\)](#)
- [FY10-Q2 \(Quarter Ending June 30, 2010\)](#)
- [FY10-Q3 \(Quarter Ending June 30, 2010\)](#)
- [FY10-Q4 \(Quarter Ending June 30, 2010\)](#)
- [FY11-Q1 \(Quarter Ending June 30, 2011\)](#)
- [FY11-Q2 \(Quarter Ending June 30, 2011\)](#)
- [FY11-Q3 \(Quarter Ending June 30, 2011\)](#)
- [FY11-Q4 \(Quarter Ending June 30, 2011\)](#)

Step 5:

Once the report is verified, the Fiscal Agent approves the report.

2a.3	Treatment Foster Care - CSA Parental Agreements, CSS Noncustodial Agreements	3,330.4	0.00	0.00	0.00	0.00	0.00
2b	Specialized Foster Care - VAE - Community Based Services	3,330.4	0.00	0.00	0.00	0.00	0.00
2b.1	Specialized Foster Care	3,330.4	0.00	0.00	0.00	0.00	0.00
3a.	Family Foster Care - VAE - Community Based Services	3,182.2	0.00	0.00	0.00	0.00	0.00
3a.	Family Foster Care Maintenance only	3,330.4	0.00	0.00	0.00	0.00	0.00
3a.	Family Foster Care - Children receiving maintenance and basic activities payments independent living expenditures/agreements	3,330.4	0.00	0.00	0.00	0.00	0.00
3c.	Community - Based Services	3,182.2	0.00	0.00	0.00	0.00	0.00
2f.1	Community Transition Services - Other Family Services to Transition from Residential to Community	3,182.2	0.00	0.00	0.00	0.00	0.00
2g.	Special Education (Private Day Placement)	3,330.4	0.00	0.00	0.00	0.00	0.00
2h.	Wraparound Services for Students With Disabilities	3,330.4	0.00	0.00	0.00	0.00	0.00
2i.	Payments Hospitals/Crisis Stabilization Units	3,330.4	0.00	0.00	0.00	0.00	0.00
3.	Non-Mandated Services (Community Based)	3,182.2	0.00	0.00	0.00	0.00	0.00
4.	GRAND TOTALS (Sum of categories 1 through 3)	6,960	180.00	180.00	0.00	0.00	0.00

CSA FY16- POOL REIMBURSEMENT REQUEST REPORT--PART 2	
DATE	FOR PERIOD ENDING: July 31, 2015 Report ID: 21647
COUNTY	CONTACT PERSON
LOCALITY:	TELEPHONE:

PART 2 - EXPENDITURE REFUND DESCRIPTION		
Information regarding total expenditure refunds reported in Part 1, Line 4(c).		
EXPENDITURE REFUND DESCRIPTION	CODE	AMOUNT
Vendor Refunds and Payment Cancellations	240	430.00
Parental Co-Payments	000	0.00
Payments made on behalf of the clinic (ex: SSA, SSI, VA benefits, ...)	010	0.00
Clinic Support Collections through DCSB	240	0.00
Post-processed expenditures reclaimed under 1916	260	0.00
Other (Please specify)	260	0.00
TOTAL REFUNDS - Note: This total must agree with the GRAND TOTAL of all expenditure refunds Part 1, Line 4, Col(c).		430.00

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



Step 6:

Next the confirmation is displayed



CSA Reports Fiscal Agent Confirmation Screen

Your report was successfully approved !

- [Click here return to the CSA Reports Fiscal Agent Main Screen](#)
- [Click here to log off and return to the CSA homepage](#)

20.3 Service Gap Survey

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

On-line entry of the current Service GAP Survey information (during the period in which data collection is open) as well as the results from prior surveys can be found [here](#).

21.0 CSA Data and Information Technology

21.1 Keeping the Local CSA Contact Directory Up to Date

CSA maintains an on-line directory (found in the Local Government Contacts link on the CSA website) of individuals filling a variety of local CSA roles including:

- CPMT Chair
- CPMT Fiscal Agents
- FAPT Chair
- CSA Coordinator
- Fiscal Report Preparers
- CANS Super Users

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

It is the responsibility of the locality to keep these rosters current and accurate.

In order to make changes to the CPMT Chair, FAPT Chair, CSA Coordinator or CANS Super User directories, an individual must first register using the User Registration link found at http://www.csa.virginia.gov/rosters_reporting/newlogin1.cfm. Once registered, the user may update the directories by logging in at http://www.csa.virginia.gov/rosters_reporting/login.cfm.

Changes to CPMT Fiscal Agents and Report Preparers can be made only through the existing Local Government Reporting area of the CSA website. Existing Report Preparers can modify their contact information (e.g., phone number, e-mail address) and delete/create additional Report Preparers. Fiscal Agents can only modify their existing contact information. Changes to the Fiscal Agent can only be made by contacting the Business Manager at OCS.