

***COMPREHENSIVE SERVICES ACT
PROGRAM AUDIT***

Fluvanna County

Audit Report No. 12-2014

March 2, 2015



**Office of
Comprehensive
Services**

Empowering communities to serve youth

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EXECUTIVE SUMMARY

The Office of Comprehensive Services has completed an audit of the Fluvanna County Comprehensive Services Act for At Risk Youth and Families program. The Fluvanna County CSA Program provided services and/or funding for 101 at-risk youth and families during fiscal year 2014. The audit included review and evaluation of management oversight, operational, and fiscal practices. The Fluvanna Community Policy and Management Team (CPMT) demonstrated that efforts were made to ensure that services were provided to eligible youths and families, as evidenced by the following achievements:

- Community Policy and Management Team and Family Assessment and Planning Team collaboration and participation in CSA retreats conducted April 2013, October 2013, and May 2014.
- The average length of stay for youth in residential programs was reduced from 248 as reported for the fourth quarter fiscal 2013 to 83 for the same period in fiscal year 2014.
- In comparison to all local CSA programs statewide for fiscal year 2014, Fluvanna County ranks 55th out of 131 in average length of stay across all service placement types at 222 days.

However, there are additional opportunities to effect quality improvements in other areas of the CSA program. Our audit concluded that there were major deficiencies¹ in internal controls that could adversely impact the effective and efficient use of resources, accomplishment of program objectives, as well as compliance with statutory requirements. The following significant issues were identified:

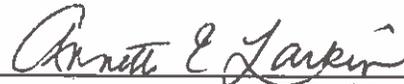
- Documentation of service planning activities requires strengthening to evidence and ensure compliance with program requirements and to confirm that required documentation was maintained in support of and to validate FAPT and /or multi-disciplinary team (MDT) referral and CPMT funding decisions. Exceptions noted included: (1) incomplete and/or documents, (2) conducting service planning meetings by email, limiting parental involvement, and (3) service plans that do not include measurable goals/objectives.
- Fluvanna County CSA Program expended an estimated \$665,972 (state and local funds) in Fiscal Years 2012-2014 to cover the cost of services provided to youth and families where service planning activities were not in accordance with CSA requirements. Seven (53%) of thirteen files reviewed included a questionable expense as a result of missing/outdated Child Adolescent Needs Assessment (CANS), services that were not documented in an Individual Family Services Plan (IFSP), and/or expenditures that were not appropriate CSA costs.
- The Fluvanna County Community Policy and Management Team (CPMT) were not fully compliant with the statutory requirements of the CSA in that the CPMT had not established a policy to govern the provision of Intensive Care Coordination services.

¹ Major deficiency is defined as an internal control deficiency or combination of deficiencies that severely reduces the likelihood that the entity can achieve its' objectives." Committee of Sponsoring Organizations of the Treadway Commission (COSO) Internal Control Integrated Framework, May 2013.

The Office of Comprehensive Services appreciates the cooperation and assistance provided on behalf of the Fluvanna County Community Policy and Management Team (CPMT) and other CSA staff. Formal responses from the Fluvanna County CPMT to the reported audit observations are included in the body of the full report.



Stephanie S. Bacote, CIGA
Program Audit Manager



Annette E. Larkin, MBA
Program Auditor

INTRODUCTION

The Office Comprehensive Services has completed a financial/compliance audit of the Fluvanna County Comprehensive Services Act for At-Risk Youth and Families program. The audit was conducted in accordance with generally accepted government auditing standards. The standards require planning and performance of the audit pursuant to stated audit objectives in order to provide a reasonable basis for audit observations, recommendations, and conclusions. The audit was completed on February 17, 2015 and covered the period June 1, 2013 through May 30, 2014.

The objectives of the audit were to:

- To determine whether adequate internal controls have been established and implemented over CSA expenditures.
- To determine the adequacy of training and technical assistance by assessing local government CSA staff knowledge and proficiency in implementing local CSA programs.
- To assess whether operations have maintained high standards for sound fiscal accountability and ensured responsible use of taxpayer funds by evaluating fiscal activities of local CSA programs.
- To assess the level of coordination among local government CSA stakeholders and efforts to improve CSA performance by evaluating local CSA program's operational and utilization review practices.

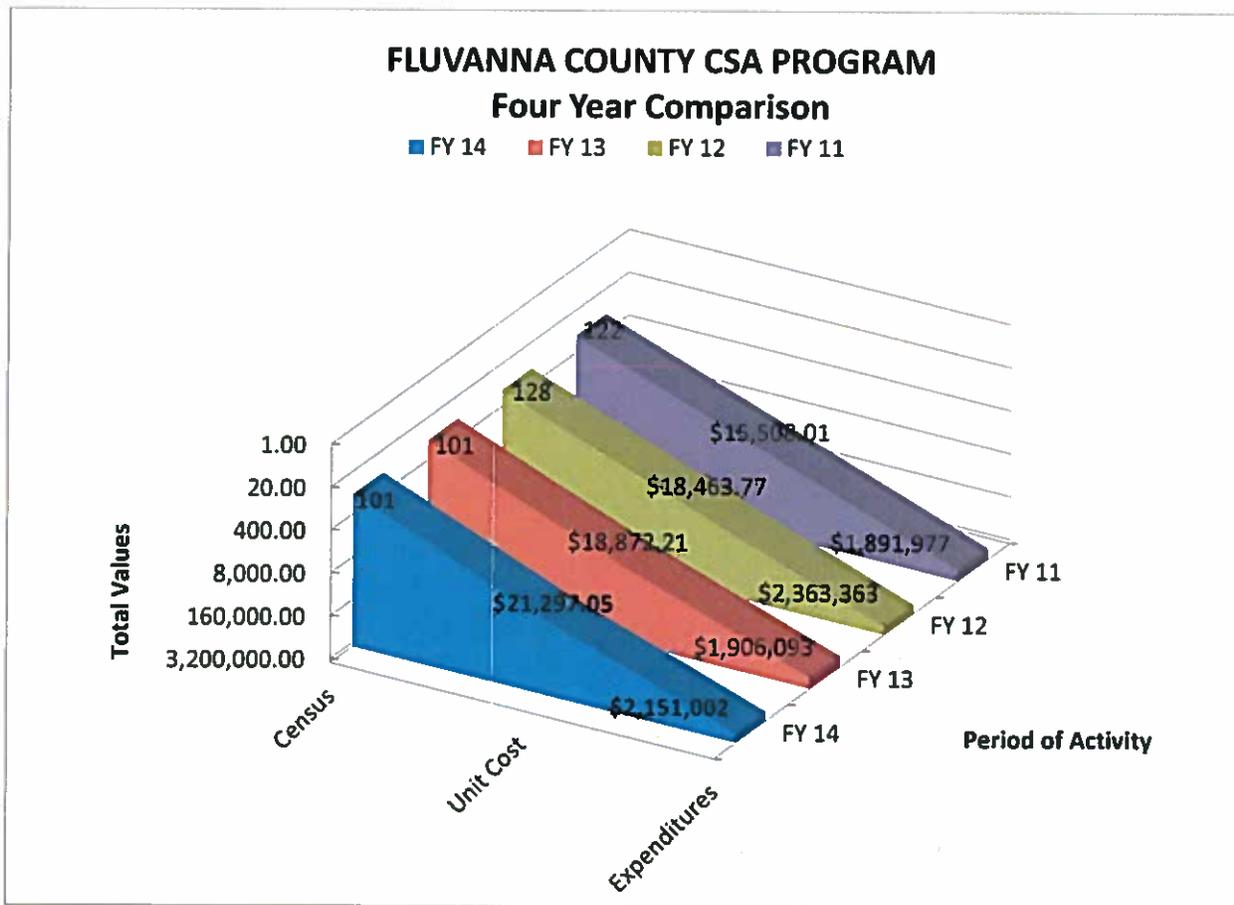
The scope of our audit included all youth and their families who received CSA funded services during fiscal years 2013 - 2014. Audit procedures performed included reviews of relevant laws, policies, procedure, and regulations; interviews with various CSA stakeholders; flowcharts of operational and fiscal processes; various tests and examination of records; and other audit procedures deemed necessary to meet the audit objectives.

BACKGROUND

Fluvanna County is located on 282 square miles of Virginia’s Piedmont region, approximately 54 miles west of Richmond. According to July 1, 2013 published estimates by the Weldon Cooper Center for Public Service - University of Virginia, Fluvanna has a population estimate of 26,019. The U.S. Census Bureau, State and County Quick Facts reports the median household income from 2009-2013 as \$68,288.

The Comprehensive Services Act for At-Risk Youth and Families (CSA) is a law enacted in 1993 that establishes a single state pool of funds to purchase services for at-risk youth and their families. Of the approximate \$278 million appropriated by the Virginia General Assembly and local governments to fund CSA, total allocations (state and local funds) for the Fluvanna County combined for fiscal years 2013 and 2014 was \$4.27 million. Actual net expenditures for fiscal year 2013-2014 combined totaled \$4.05 million. Based on reported expenditures for fiscal year 2014, the estimated average per capita cost of CSA in Fluvanna is \$83.

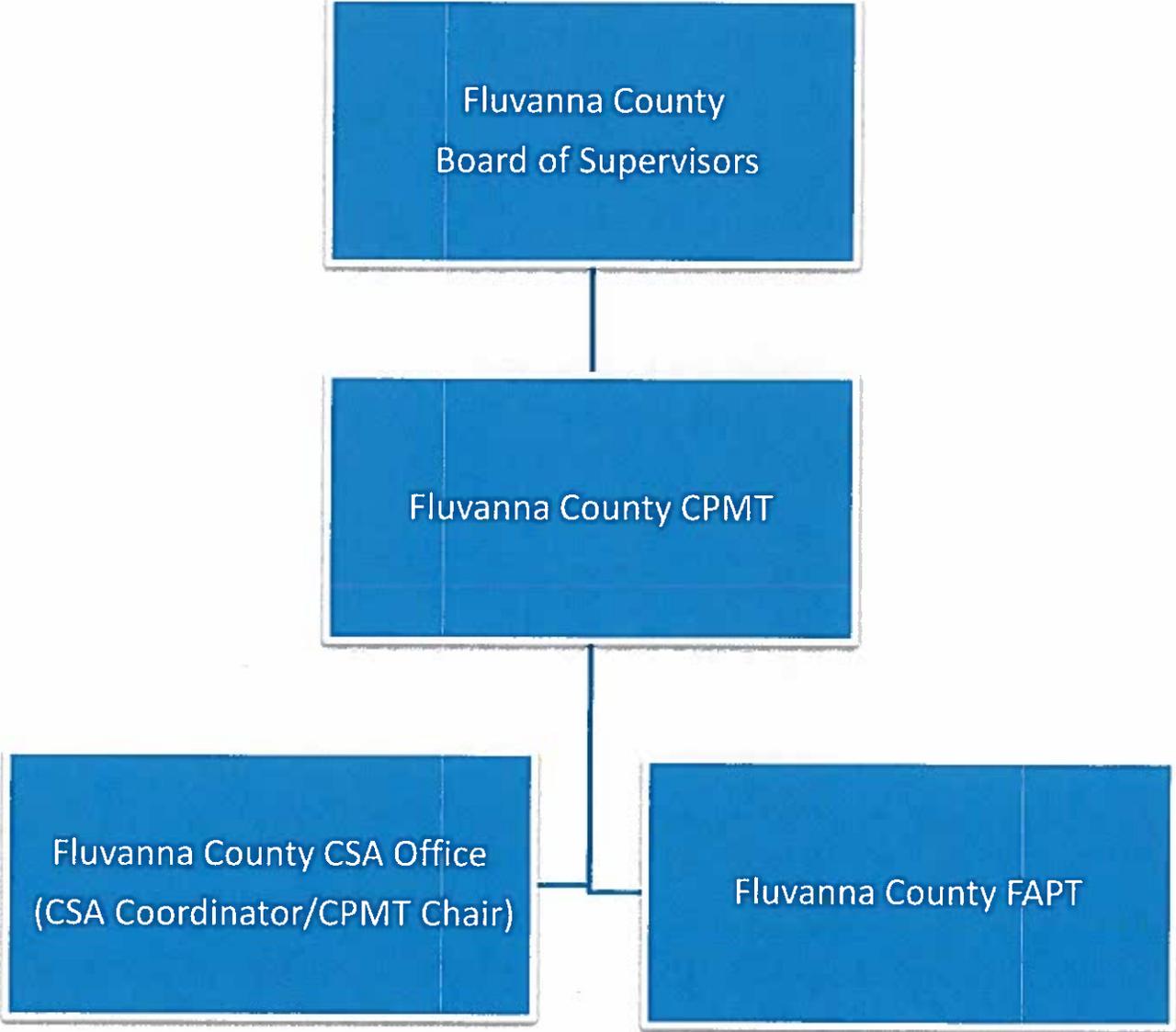
An analysis of Fluvanna County CSA expenditures, population, and cost per child (“unit cost”) indicated expenditures and population are relatively stable. The chart below depicts a comparison for fiscal years 2011 through 2014.



Source: CSA Statewide Statistics, Locality Reports

The state funds, combined with local community funds, are managed by local interagency teams, referred to as “Community Policy and Management Teams” (CPMT) who plan and oversee services to youth. The Fluvanna County CPMT is supported in this initiative by the “Family Assessment and Planning Team” (FAPT) responsible for recommending appropriate services. Administrative support to CPMT provided by a full-time CSA Coordinator, who is also been designated as the chairperson of the CPMT. The local management structure for Fluvanna County CSA program is as follows:

**FLUVANNA COUNTY
COMPREHENSIVE SERVICES ACT
ORGANIZATIONAL CHART**



**OBSERVATIONS AND RECOMMENDATIONS
SECTION 1 – MAJOR DEFICIENCIES**

A) PROGRAM ACTIVITIES

Observation 1: Documentation of service planning activities requires strengthening to evidence and ensure compliance with program requirements. Thirteen case files were examined to confirm that required documentation was maintained in support of and to validate FAPT and /or multi-disciplinary team (MDT) referral and CPMT funding decisions. The results of the examination, identified opportunities for improvements based on the following:

- Client case files did not always contain sufficient information demonstrating compliance with CSA requirements key to coordination and service planning by FAPT. Documents missing and/or outdated from case files reviewed included: (1) individual family services plan (IFSP), (2) Child Adolescent Needs Strength (CANS) assessment applicable to the period reviewed, (3) expired consent to exchange information, (4) parental co-pay assessment, (5) vendor treatment plans, and/or (6) vendor progress notes. One or more of the identified exceptions were observed in 9 (69%) of 13 case files reviewed.
- Individual and Family Service Plans (IFSP)/ and or emails used in lieu of an IFSP did not always document explicit and measurable service planning goals and objectives. In addition, using two different mediums to formally document service planning activities could lead to inconsistencies if minimum data element requirements are not established.
- FAPT service planning for non-emergency service requests was routinely conducted and documented via email. This practice likely contributes to insufficient data collection and retention previously noted, as well as limits parental engagement in service planning, which is in contrast to the CHILD and Family Rights and the Virginia Children’s Services Practices Model adopted by the Fluvanna County CPMT. Discussions with CSA staff regarding local practices determined that parental involvement is relayed through case managers, until the next FAPT meeting is scheduled and parents are invited. However this method is reliant upon the case manager to accurately and completely communicate parental input in lieu of a first-hand account of child and family needs.

Insufficient data collection and poor document management in service planning may lead to increased operational and fiscal inefficiency and ineffectiveness of the local program. When CANS assessments and

direct parental involvement are not used to identify strengths and needs, the risk increases for poor service planning that results in services provided that do not address needs and may adversely impact the ability to achieve successful outcomes for the affected youth and families. Establishment of clear and measurable goals is necessary in order to effectively monitor outcomes to be achieved. Further, this condition fosters an environment that makes the program more susceptible to potential loss of accessibility to State funding in support of local programs as a result of non-compliance with CSA statutes regarding service planning and access to pool funds.

Criteria:

- COV Section § 2.2-5208, Items 2, 4, 5, 6, and 7
- CSA Manual 3.2.5 Duties and Responsibilities;
- DOA ARMICS, Control Environment, Control Activities: Monitoring

Recommendation:

- Prior to service planning, the CSA Coordinator and the FAPT should verify and obtain copies of completed CANS assessments and current consent to exchange information.
- The CSA Coordinator should also ensure that minimum documentation requirements are met and correspondence is maintained in the client case file in order to substantiate services recommended to CPMT for funding authorization.
- Periodic case file reviews should be performed by someone other than the CSA Coordinator to establish quality control of client records and to ensure compliance with CSA statutory requirements.
- The FAPT should ensure that a properly documented IFSP is used to record service planning considerations, parental involvement, measurable goals/objectives, and service recommendations.
- The CPMT should review the practice of permitting FAPT by email as a routine practice. Every opportunity should be afforded to the family to participate in service planning and/or funding decisions, and to address the FAPT and or CPMT directly.

Client Comment:

Concur with the findings. Although we are confident that each client received proper services and follow-up, our administrative oversight processes did not adequately ensure that all client records contained the necessary documentation.

- a. Following receipt of the preliminary audit observations, we drafted three Quality Improvement Plans (Attachments A/B/C) to address identified issues. A CSA Record Documentation Checklist (Attachment D) was also immediately developed and its required use was implemented in December 2014. Our checklist is now included in every CSA client file and helps us to monitor documentation as it is completed at required intervals, and to quickly identify any missing documentation.

- b. A completed IFSP is now required whenever a service is submitted for FAPT approval, prior to seeking CPMT funding. Prior to the CSA audit, an IFSP was completed for case reviews, but not always when seeking approval via email. Email approvals now require the completion of an IFSP and emails will only be acceptable when an emergency as defined by CPMT policy. (See Attachment E)

B) FISCAL ACTIVITIES

Observation 2:

Fluvanna County CSA Program expended an estimated \$665,972 in Fiscal Years 2012-2014 to cover the cost of services provided to youth and families where service planning activities were not in accordance with CSA requirements. This condition was observed for 7 (53%) of the 13 client cases examined. Affected transactions included payments where: (1) a mandatory and valid Child Adolescent Needs and Strengths (CANS) assessments had not been completed, (2) services were not documented in an IFSP, and (3) expenses were not an appropriate use of CSA funds. Based upon the conditions cited, the potential that CSA pool funds could be mismanaged is significantly increased. Specifics are detailed in the table below.

Client ID	Fiscal Year	Exception Code	Estimated Questionable Costs**
A	12 - 14	1	\$ 164,780.00
B	14	2	\$ 3,335.00
C	13	1, 3	\$ 104,682.00
D	12 - 14	1,3	\$ 238,228.00
E	14	4	\$ 3,450.00
F	13	4	\$ 4,025.00
G	13 - 14	1, 3	\$ 147,472.00
ESTIMATED TOTAL			\$ 665,972.00
**Questionable costs were based on report figures: CSA Data Set Fourth quarter FY 12-14 and Thomas Bros. Client Payment History Reports			
EXCEPTION CODES			
1 = <i>Missing/Outdated CANS assessments</i>			
2 = <i>Inappropriate expense for CSA/establishes compensation for services to foster parent</i>			
3 = <i>Non-compliant with CANS frequency schedule for residential placements (at least quarterly/every 90 days)</i>			
4 = <i>Service authorized/funded that were not documented in an IFSP</i>			

Criteria:

- COV Section § 2.2-5206, Items 6, 8, and 9
- CSA Manual 3.1.5 Duties and Responsibilities;
- DOA ARMICS, Control Environment, Control Activities: Monitoring

Recommendation:

- Prior to processing invoices for payment and submittal of pool fund reimbursement requests, the CSA Coordinator should verify that a valid CANS has been completed for applicable clients.
- The CSA Coordinator should ensure that payment for services are consistent with the services identified and documented a formal IFSP.
- Prior to authorizing funding, the CPMT should ensure that the funding requested is an appropriate use of CSA funds.
- The CPMT should submit a quality improvement plan, for review by the OCS Finance Office, to address whether the funds will be restored. Upon review and recommendations presented by OCS Finance staff, the CPMT will be notified of the final determination made by the Executive Director of whether the identified actions are acceptable or any additional actions that may be required.

Client Comment:

Partially concur with the findings. We understand the weaknesses in our previous documentation oversight. Again, however, we are very confident that each client received proper and authorized services. Following the initial discussions with the auditor, we took immediate steps to strengthen our administrative oversight processes to ensure that all client records contain the necessary documentation.

As noted in our response to Observation 1, we have developed a CSA Records Documentation Checklist (Attachment D) and its required use was implemented in December 2014. Our checklist is now included in every CSA client file and helps us to monitor documentation as it is completed at required intervals, and quickly identify any missing documentation.

Additionally, we updated our policies (Attachment E) to require a completed IFSP whenever a service is submitted for FAPT approval, prior to seeking CPMT funding. Email communication seeking FAPT approval of services will require the completion of an IFSP and email will only be used in defined emergencies.

In support of these actions, we also developed three Quality Improvement Plans (Attachment A/B/C) to strengthen our administrative and documentation processes.

C) STATUTORY NON-COMPLIANCE

Observation 3: The Fluvanna County Community Policy and Management Team (CPMT) were not fully compliant with the statutory requirements of the Comprehensive Services Act. At the time of our review, the CPMT had not established written policies and procedures to govern the provision of Intensive Care Coordination (ICC) services. Local procedures are necessary to ensure that ICC services purchased are consistent with High Fidelity Wraparound (HFW) model, which is the evidence-informed practice grounded in System of Care values adopted by the State Executive Council.

Criteria:

- COV Section [§ 2.2-5206](#). Item 17;
- CSA Manual 3.1.5 Duties and Responsibilities;
- OCS Administrative Memo #13-02 [Intensive Care Coordination Policy](#);
- DOA ARMICS, Control Environment, Assignment of Authority and Responsibility

Recommendation: The CPMT should maintain and ensure compliance with statutory requirements of CSA. Written policies and procedures should be developed and formally adopted that addresses ICC services.

Client Comment: Concur with the finding. The Fluvanna County CPMT formally adopted an ICC Policy on November 25, 2014 (Attachment F/G). Our new policy mimics that adopted by the State Executive Council for the Comprehensive Services Act on April 30, 2013, and supports our procedures for selecting and providing necessary services and funding through FAPT and CPMT.

**OBSERVATIONS AND RECOMMENDATIONS
SECTION 2 – OTHER DEFICIENCIES**

D) GOVERNANCE ACTIVITIES

Observation 4: Policies adopted by the CPMT regarding the delegation of expenditure authorization, as currently written, does not clarify the exception that authorization is limited to basic foster care maintenance only as allowed per CSA Code Section [COV § 2.2-5209](#). Specific instances noted were:

- CPMT Motion 4/22/2003 indicates authorization of expenditures up to \$1000 w/out FAPT review. Per CSA requirements, all CSA funded treatment services requested are to be assessed by FAPT or an approved multi-disciplinary team process.
- CPMT Motion 5/23/2006 indicates case managers may propose routine expenditures up to \$2000 with the approval of their respective CPMT representative on a case by case basis. Routine includes: medical/other; recreational activities; parenting classes; psychological evaluations; and substance abuse evaluations. These are all beyond foster care maintenance services and therefore are subject to the FAPT process.

As written, the local policy conflicts with Comprehensive Services Act. However, CSA staff has advised that the CPMT will be voting on clarifying language and rescinding outdated policies to ensure consistency.

Criteria:

- COV Section [§ 2.2-5206](#). Items 1, 2 and 4
- CSA Manual 3.1.5 Duties and Responsibilities;
- DOA ARMICS, Control Environment, Assignment of Authority and Responsibility

Recommendation: The CPMT should review and revise existing local CSA policy to ensure alignment and compliance with State CSA requirements.

Client Comment: Concur with the finding. The outdated and unnecessary local CPMT policies were formally rescinded at the CPMT Meeting on November 25, 2014. Those actions are reflected in the attached CPMT Meeting minutes and our policy files have been updated (Attachment F/G).

Observation 5:

Policies and procedures governing actions of the Family Assessment and Planning Team (FAPT) needs clarification. Specific instances noted were:

- FAPT Policies and Procedures Manual Section VII, Items 3 and 4 do not reference procedures for CPMT authorization of emergency funding request.
- FAPT Policies and Procedures Manual Section VII, Item 11.D indicates that an IFSP is not required when FAPT referrals are staffed for recommendations only; allows substitution of the FAPT CHINS form in lieu of an IFSP.
- FAPT Policies and Procedures Manual Section VII, Item 12 indicate that utilization reviews will be conducted at least quarterly. However, the CSA Utilization Management Plan 2009 establishes a review schedule of every 6 months. Per the CSA Program Manager, client cases are reviewed every 6 mos.

The absence of clearly written guidance could result in inconsistent implementation, practice, and enforcement of state and local CSA policies. Fluvanna CSA staff has advised that the CPMT will be voting on clarifying language to ensure consistency.

Criteria:

- COV Section § 2.2-5206. Items 1, 2, 5, and 6
- CSA Manual 3.1.5 Duties and Responsibilities;
- DOA ARMICS, Control Environment, Assignment of Authority and Responsibility

Recommendation:

The Community Policy and Management Team should review and revise procedure manuals to ensure procedures are clearly written to promote consistent understanding and application by stakeholders.

Client Comment:

Concur with the findings. CPMT formally revised the identified FAPT Policies and Procedures Manual (Attachment E) items at their meeting on November 25, 2014, as noted in minutes (Attachment F).

- Section VII, Items 3 and 4 – Defined procedures for CPMT authorization of emergency funding requests. Emergencies are specifically defined by CPMT in the CPMT policies document and our definition now states, “Foster Care placements, SPED placements, hospitalizations, and/or court-ordered out of home placements. ‘Emergency’ is further defined as ‘an unexpected situation that requires prompt action.’”
- Section VII, Item 11.D - Language changed to meet State mandates.

- Section VII, Item 12 – Revised language to reflect our utilization review frequency as every 6 months, consistent with current practice and the Fluvanna County CSA Utilization Management Plan.

Observation 6:

The Fluvanna County CPMT reviews periodic management reports used to evaluate child and family outcomes, including utilization and performance of residential placement. However, periodic budget/ utilization summaries do not report on the number of youth in residential and the lengths of stay. Per the CSA Program Manager, discussions are child specific centered in lieu of reporting aggregate statistics. Collection of aggregate data is a component of utilization management, which is useful in CPMT decision making as it pertains to “develop and implement strategies for returning children placed outside of the Commonwealth, preventing placements, and reducing lengths of stay in residential programs for children who can appropriately and effectively be served in their home, relative’s homes, family-like setting, or their community.”

Criteria:

- COV Section § 2.2-5206. Item 13;
- CSA Manual 3.1.5 Duties and Responsibilities;
- DOA ARMICS, Control Environment, Assignment of Authority and Responsibility

Recommendation:

The periodic management reports presented to the CPMT should incorporate demographic and performance measures to evaluate utilization and performance of residential placements.

Client Comment:

Partially concur with the findings. CSA Budget and Utilization Summaries have always included types of placements, average costs per child (residential and other), the numbers of youth in residential placements and other important statistics. However, we agree that additional demographic and length of stay information would be useful in CPMT deliberations. We will be including a number of additional data points in all future reports.

CONCLUSION

Our audit concluded that there were major deficiencies¹ in internal controls over the Fluvanna County CSA program. Conditions were identified that could adversely impact the effectiveness and efficient use of resources, accomplishment of program objectives, as well as compliance with statutory requirements. An exit conference was conducted on February 6, 2015 to present the audit results to the Fluvanna County Community Policy and Management Team. Persons in attendance representing the Fluvanna County CPMT:

Mozell Booker, Chairperson, Fluvanna County Board of Supervisors

Steve Nichols, County Administrator

Dr. Jacqueline Myers, CPMT Chair/CSA Coordinator

Richard C. Fawcett, Director, Fluvanna Office
Region 10 – Community Service Board

Martha Carroll, Court Service Unit

Bill Hughes, Community Representative

Frank Leech, Fluvanna County Public Schools

Kim Mabe, Director, Fluvanna County Department of Social Services

Eric Dahl, Fluvanna County Director of Finance/CPMT Fiscal Agent

Representing the Office of Comprehensive Services was Stephanie Bacote, Program Audit Manager and Chloe Carter, Program Compliance Specialist. We would like to thank the Fluvanna County CPMT and related CSA staff for their cooperation and assistance on this audit.

¹Major deficiency is defined as an internal control deficiency or combination of deficiencies that severely reduces the likelihood that the entity can achieve its' objectives." Committee of Sponsoring Organizations of the Treadway Commission (COSO) Internal Control Integrated Framework, May 2013.

REPORT DISTRIBUTION

Susan Clare, Executive Director
Office of Comprehensive Services

Steven M. Nichols, Fluvanna County Administrator

Dr. Jacqueline A. Meyers, CPMT Chair/CSA Coordinator

Eric Dahl, CPMT Fiscal Agent
Director of Finance, Fluvanna County



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February 16, 2015

Ms. Stephanie S. Bacote, CIGA
CSA Program Audit Manager
Office of Comprehensive Services
1604 Santa Rosa Drive
Wythe Bldg., Suite 137
Richmond, VA 23229

Dear Ms. Bacote,

1. Please accept our client comments and Quality Improvement Plans in response to the draft of our final audit. Fluvanna County appreciates the benefits of the CSA Program audit process in helping further strengthen our programs. The administrative improvements we have already implemented, following the valuable recommendations from your office, will better support the excellent care and services provided by our dedicated staff and community providers and support teams.

2. Specifically, and as noted in the Client Comment sections of your report, we have:

- Implemented three important Quality Improvement Plans
- Developed a comprehensive CSA Record Documentation Checklist
- Revised several CPMT Policies to align with current State statutes
- Adopted an ICC Policy that mirrors that of the State Executive Council
- Took corrective actions to remove outdated policies
- Updated sections of our FAPT Policies and Procedures Manual based on your recommendations

We do agree that selected records were deficient in required documentation, but our commitment to program excellence is reinforced by the immediate and strong steps we have taken to correct those identified record-keeping deficiencies. We remain convinced that our program services are well-thought out, appropriate, well-delivered, and an appropriate use of taxpayer dollars.

3. We understand the importance of your audit findings, but urge you to forego recoupment of any funds for the cases identified in your report. Like many rural counties, we are facing significant budget challenges and the loss of funding would have obvious detrimental impacts. More importantly, however, the services the children received were necessary and appropriate at the time the cases were presented to FAPT and the costs were duly authorized by CPMT. The cases were also regularly reviewed and validated following our

STAFF

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Kelly Belanger Harris
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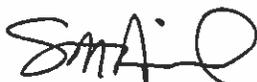
utilization review plan and timeline. In addition, short- and long-term goals were always discussed, and if necessary, revised at our FAPT proceedings, and appropriate transitional care plans were in place.

4. We also invite you to reassess our program at any time. We are sure that you will see clear evidence of the benefits of our new record management practices implemented in December 2014 and the resultant improved quality of documentation in our client records.

5. On behalf of the CSA team and our Board of Supervisors, I want to express our appreciation for your efforts during the audit process. You were accessible, competent, and professional in your interactions with our team, and you provided excellent advice and suggestions throughout the audit process.

6. We are ready to answer any questions you may have. Please contact me or our CSA Program Manager, Dr. Jacqueline Meyers, at (434) 591-1933, or jmeyers@fluvannacounty.org.

Sincerely,



Steven M. Nichols
County Administrator

Enclosure:
CSA Program Audit Report (Draft)

Attachments:

- A – Quality Improvement Plan (CANS)
- B – Quality Improvement Plan (Checklist)
- C – Quality Improvement Plan (IFSPs)
- D – Record Documentation Checklist
- E – FAPT Policies and Procedures Manual
- F – CPMT Minutes of November 25, 2014
- G – Fluvanna County ICC Policy



**CSA Program Audit
Quality Improvement Plan**

Audit Client Name:	Fluvanna County
Audit/File Number	12-2014
Audit Report Date:	6/1/2013-5/31/2014
Quality Improvement Plan Date:	1/5/2015

Instructions: A separate form must be completed for each audit observation included in the final report.

QUALITY IMPROVEMENT PLAN DETAILS

Observation No.	Task Description	Responsible Party	Target Date	Self-Reporting Status OT	
				In Progress	Completed
1 & 2 Missing CANS Assessment	Assessments entered into the CANVaS system will be monitored for completion on schedule per local policy. CANS due dates will be distributed to case managers and their respective CPMT representative. A list of uncompleted CANS will be brought to CPMT meetings and distributed to CPMT members. Completed CANS will be printed from the CANVaS system and filed in the client's CSA folder with dates noted.	CSA Program Manager	12/17/2014	<input checked="" type="checkbox"/> <input type="checkbox"/> On-going	<input type="checkbox"/>

Please check if attachments are included.

If tasked described is not complete, please explain:

OT

PLAN APPROVAL

SIGNATURE:	Title:	Date:
PRINTED NAME:		

////////////////////////////////////
For OCS Program Auditor Use Only

<input type="checkbox"/> Check box if plan is acceptable	Date received: OT	Reviewed by: _____	Date:OT
Task implemented: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Satisfactory	Date verified: OT	Verified by: _____	OT



**CSA Program Audit
Quality Improvement Plan**

Audit Client Name:	Fluvanna County
Audit/File Number	12-2014
Audit Report Date:	6/1/2013-5/31/2014
Quality Improvement Plan Date:	1/5/2015

Instructions: A separate form must be completed for each audit observation included in the final report.

QUALITY IMPROVEMENT PLAN DETAILS

Observation No.	Task Description	Responsible Party	Target Date	Self- Reporting Status OT	
				In Progress	Completed
1 & 2 Documentation Checklist	A documentation checklist has been developed and is entered into the front of each client file to monitor timely submission of required documentation. Each required document will be noted on the checklist as well as date of submission. Missing documentation will be brought to the attention of the case manager and their respective CPMT member. This will be especially useful in monitoring the required submission of CANS assessments, IFSP, Parental Co-pay assessments, the Consent to Exchange Information forms, vendor treatment plans and progress notes.	CSA Program Manager	12/17/2014	<input checked="" type="checkbox"/> <input type="checkbox"/> On-going	<input type="checkbox"/>

Please check if attachments are included.

If tasked described is not complete, please explain:

OT

PLAN APPROVAL

SIGNATURE:	Title:	Date:
PRINTED NAME:		



For OCS Program Auditor Use Only

<input type="checkbox"/> Check box if plan is acceptable	Date received: OT	Reviewed by: _____	Date:OT
Task implemented: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Satisfactory	Date verified: OT	Verified by: OT	



**CSA Program Audit
Quality Improvement Plan**

Audit Client Name:	Fluvanna County
Audit/File Number	12-2014
Audit Report Date:	6/1/2013-5/31/2014
Quality Improvement Plan Date:	1/5/2015

Instructions: A separate form must be completed for each audit observation included in the final report.

QUALITY IMPROVEMENT PLAN DETAILS					
Observation No.	Task Description	Responsible Party	Target Date	Self -Reporting Status OT	
				In Progress	Completed
1 & 2 Missing IFSP	An IFSP will be completed by a case manager with every service approval and case review, and monitored through the Documentation Checklist by the CSA Program Manager. All approvals via email by FAPT/CPMT members will require a completed IFSP. Email approvals will only be allowed in the case of emergencies defined as, " An unexpected situation that requires prompt action".	Case Managers/ CSA Program Manager	12/17/2014	<input checked="" type="checkbox"/> <input type="checkbox"/> On-going	<input type="checkbox"/>

Please check if attachments are included.

If tasked described is not complete, please explain:
OT

PLAN APPROVAL

SIGNATURE:	Title:	Date:
PRINTED NAME:		



For OCS Program Auditor Use Only

<input type="checkbox"/> Check box if plan is acceptable	Date received: OT	Reviewed by:	Date:OT
Task implemented: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Satisfactory	Date verified: OT	Verified by:	OT

Attachment D

Case Record Documentation Checklist

Case # _____ Name _____ SS# _____

Mandated Category: _____

✓ or N/A Form Title Date

Section 1: Initial Paperwork

	Consent for the Release of Confidential Information	
	Consent for the Release of Confidential Information for Alcohol and Drug Services	
	Certificate of Need	
	Attachment B: CSA Parental Agreement	
	Rate Reimbursement Certification	
	Co-pay Assessment	
	FAPT Notices	

Section 2: Utilization Review

	Initial Review Form	
	Utilization Review Form	
	Email approvals with IFSP	

Section 3: CANS Review Schedule: 3 Months _____ 6 Months _____ 12 Months _____

	CANS	

Section 4: School Information: Individual Education Plan and Addendums

	IEP	

Section 5: Vendor Reports

Section 6: Court

	Attachment A: Eligibility Determination Checklist	
	Court Report	

Fluvanna County
Family Assessment and Planning Team
Policies and Procedures
Revised December, 2014

I. Purpose

The purpose of the Fluvanna County Family Assessment and Planning Team (FAPT) is to meet the statutory requirements of the Comprehensive Services Act for At Risk Youth and Families, which mandate the formation of such teams across the Commonwealth as adopted by the Virginia General Assembly in their 1992 Session. This act required participation of community agencies that provide services to assure service integration for persons served by these agencies. It provides a collaborative system of services and funding that is child centered, family focused and community based that will address the strengths and needs of troubled youth and their families.

II. Membership

Members of the FAPT team shall be selected by their respective department heads that serve on the Fluvanna County Community Policy and Management Team (CPMT). Each agency will designate a permanent representative, having one vote, to serve on this team. Each FAPT member will have a designated person from their agency to serve on FAPT if they are unavailable. This designee will also be appointed by CPMT. They will carry the same authority and responsibility as the team member.

The FAPT shall be composed of representatives from the following community agencies who have authority to access services within their respective agencies: Fluvanna Region Ten Community Services Board, 16th District Court Service Unit, Fluvanna Public Schools, Fluvanna Social Services and Fluvanna Health Department. FAPT shall also include a CPMT appointed Parent Representative. The parent representative shall serve a two-year term and may also be appointed to a second consecutive two-year term.

The rotation of the FAPT chair is as follows: Department of Social Services to Courts, to Schools, to Region Ten, to Parks & Recreation, and back to DSS. The Vice Chair is the representative from the agency that will next serve as chair. The Chair and Vice Chair will serve one year terms; no officer can serve more than two consecutive terms in the same office. Officers are to be selected in the last meeting held in the fiscal year.

III. Attendance

A quorum for FAPT will consist of a majority of the voting membership. The chairperson of CPMT will be notified in writing of the failure on the part of any member or agency to attend or provide representation at three consecutively regularly scheduled meetings. The Chairperson of CPMT will consult the appropriate agency head of any attendance problems.

IV. Populations

A. Eligible

FAPT shall assess the strengths and needs of troubled youth and families in accordance with CSA Manual 10.2, pages 34-36.

1. The youth has emotional or behavioral problems which have persisted over a significant period of time, or though only in evidence for a short period of time, are of such critical nature that intervention is warranted or are significantly disabling and are present in several community settings such as home, school or with peers, and require services or resources that are unavailable or inaccessible, or that are beyond normal agency services or routine collaborative process across agencies or require coordinated services by at least two agencies.
2. The youth has emotional or behavior problems and is currently in or at imminent risk of entering into residential care. In addition, the youth requires services or resources that are beyond normal agency resources or requires a collaborative processes across agencies and coordinated services by at least two agencies.
3. The youth required placement for purposes of special education in an approved private education program.
4. The youth has been entrusted to a local social services agency by his parents or guardian or has been committed to the agency by a court of competent jurisdiction for the purposes of placement as authorized by Section 63.1-56 of the Code of Virginia.

B. Targeted Population

Children/youth identified in the Comprehensive Services Act as having been served by the funding streams in the state pool are presumed eligible. These targeted youth receive priority in accessing funds and services over youth who are also determined to be eligible, but who were not previously served by the funding streams in the state pool.

1. Children placed for the purposes of special education in approved private school education programs, previously funded by the Department of Education through private tuition assistance. Note: this included only private day and residential placements for the purposes of receiving a free and appropriate education.
2. Children with disabilities placed by local social services agencies or the Department of Juvenile Justice in private residential facilities or across jurisdictional lines in private, special education day schools, if the individualized education program indicates such school is the appropriate placement while living in foster homes or child caring facilities, previously funded by the Department of Education through the Interagency Assistance fund for Non-educational placements of handicapped children.
3. Children for whom foster care services, as defined by Code of Virginia, Section 63.1-55.8, are being provided to prevent foster care placements, and children entrusted to local social services agencies by their parents or guardians or committed to the agency by any court of

competent jurisdiction, or placed with a local department or public agency designated by the Community Policy and Management Team through an agreement where custody is retained by the parent or prior custodian for purposes of placement in suitable family homes, child caring institutions, residential facilities or independent living arrangements, as authorized by Code of Virginia, Section 63.1-56

4. Children placed by a juvenile and domestic relations court, in accordance with the provisions of Code of Virginia, section 16.1-28, in private or locally operated public facility or nonresidential program.

5. Children committed to the Department of Juvenile Justice and placed by it in a private home or in a public or private facility in accordance with Code of Virginia, Section 66-44

V. Duties and Responsibilities

The FAPT shall in accordance with CSA Manual, 3.2.3 pg. 14, 1-5 and policies developed by the CPMT:

1. Review referrals of youth and families to the team.
2. Provide for family participation in all aspects of assessment, planning and implementation of services.
3. Develop an Individual Family Service Plan (IFSP) for youth and families reviewed by the team, which provides appropriate cost-effective services.
4. Refer youth and family to community resources in accordance with their IFSP.
5. Where parental or legal guardian financial contribution is not specifically prohibited by federal or state law or regulation, or has not been ordered by the court or by the Division of Child Support Enforcement, assess the ability of parents/legal guardians to contribute financially to the costs of services to be provided and provide for appropriate financial contribution utilizing a standard sliding fee scale based on ability to pay from parents or legal guardians in the individual family services plan.
6. Recommend to the Community Policy and Management Team expenditures from the local allocation of the state pool of funds.
7. Designate a person who is responsible for monitoring and reporting, as appropriate, on the progress being made in fulfilling the individual family services plan developed for each youth and family, such reports to be made to the team or the local responsible agencies

VI. Referrals

1. FAPT shall accept referrals from families and those who have received services from other CPMT's, agencies, public and private, including those agencies not represented on CPMT or FAPT and in accordance with section 10.2.2, pages 36-37 of the CSA Manual.

2. The CSA Program Manager shall be the single point of access for referrals from any source. The Program Manager will then schedule the FAPT meeting to determine the appropriateness of the referral.

VII. Procedures

1. Partnership between the family and FAPT should be evident through the assessment process. FAPT should rely heavily on the expertise of the child and family as well as that of service providers in the assessment process, in the development of goals and in the selection of appropriate services.

2. Meetings will be held on the 1st and 3rd Tuesdays of each month.

3. "Crisis situations will be handled by contacting the CSA Program Manager to schedule an emergency meeting. If the meeting cannot be held and the situation warrants, the case manager may do an (email) approval by contacting the FAPT members for approval and shall record the results (by keeping a written record of the email approvals in the case files). The case must then be scheduled for the next FAPT meeting for formal review. Emergency Purchase Orders may not exceed \$5000 and must be signed by a member of CPMT." Emergency is defined as a Foster Care (FC) placement, Special Education (SPED) placement, hospitalization, or court-ordered out of home placements, "An unexpected situation that requires prompt action".

4. "Nothing shall prohibit the use of state pool funds for emergency placements, provided the youth are subsequently assessed by the Family Assessment and Planning Team or an approved collaborative, multidisciplinary team process within fourteen (14) days of admission and the emergency placement is approved at the time of placement."

5. The CSA Program Manager shall schedule dates for assessment and keep a master list of the schedule for FAPT meetings.

6. FAPT shall appoint a case manager if one is not already in place.

7. Case manager shall meet with the family to explain the FAPT process and to obtain their consent for release of information by involved agencies and individuals (no case will be staffed without a signed consent form).

8. Provide families with appropriate and adequate notice of meetings, which will include full explanations as well as Child and Family Rights, Procedural Safeguards, and the Right to Review.

9. Invite the parents/guardians and, when appropriate, the child to participate in the FAPT process.

10. Refer the parent/guardian to the CSA Program Manager with financial information needed to assess co-pay information fourteen (14) days prior to the FAPT meeting, except in emergency situations.

11. Preparation for Assessment:

A. When the case manager first talks to the family about the FAPT/CSA process, the family will be given copies of:

1. Information for Parents
2. Child and Family Rights
3. Parent's Notification of Right to Review
4. Consent to Exchange Information.
5. Signatures will be obtained and copies will be given to the CSA Coordinator for filing.
6. Refer the parent/guardian to the CSA Program Manager with financial information needed to assess co-pay.

B. A confidential file for each FAPT referral will be kept in the CSA Program Manager's office. The case manager is responsible for insuring that the file contains a complete record of the child's/family referral, involvement and service history with the FAPT/CPMT. The CSA Program Manager will review files quarterly to insure compliance with state and local policies.

C. The case manager will provide the following information before the FAPT process for all youth requiring pool funded services:

1. Referral Packet, with appropriate information attached.
2. Signed Consent to Release Forms.
3. Signed Child and Family Rights.
4. Copies of letters to parents concerning FAPT meeting.
5. Completed co-pay forms.
6. Completed Child and Adolescent Needs and Strengths (CANS).
7. Completed Fluvanna County CSA Community Based Service Utilization Form.
8. Evaluations, discharge summaries and other reports received from service providers.
9. Copies of Court Orders if applicable.
10. Completed Needs Assessment form.

D. Service recommendations will include services that will be provided, time frames, goals and expected outcomes as a part of the IFSP.

E. FAPT members and the parent/guardian will approve the IFSP by signing their agreement on the signature page.

F. A copy of the IFSP will be given to the CSA Program Manager for filing.

G. Case Manager will secure services and issue a Purchase of Services Order (POSO) form with invoices and the IFSP to their appropriate agency representative on CPMT, to secure funding approval from CPMT. The POSO form must be complete and contain cost breakdowns. It is recommended that the case manger maintain a copy of this POSO for their records and to check against invoices that will be submitted for their approval.

H. Once CPMT approves funding, the signed POSO form is to be given to the CSA Program Manager for processing and the CSA Program Manager will notify case managers of CPMT's action within 1 day of this action.

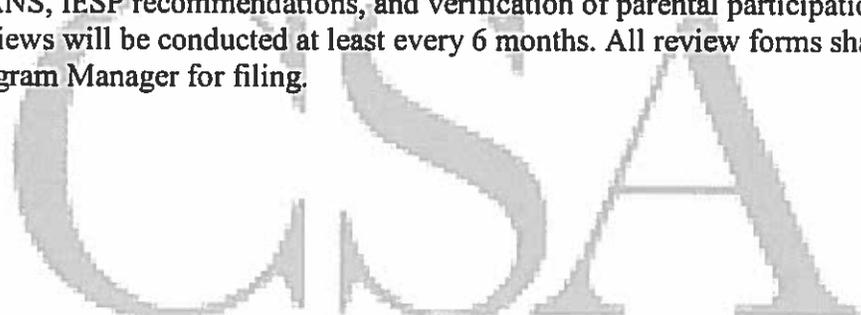
I. CSA Program Manager will submit a Purchase of Services Order with invoices to appropriate vendors to secure services as soon as possible.

J. All invoices will be sent to the case manager for their signature approving payment and verification that services were provided. Invoices will then be forwarded to CSA Program Manager for payment.

K. Monthly report/reviews by vendors are required and the case manager will forward this information to CSA Program Manager for filing.

L. Case manager will notify, in writing, the CSA Program Manager when services have terminated or a case is closed.

12. Reviews require a completed Utilization Review form and all reports/reviews gathered since services began, an updated IFSP with any changes made from the previous IFSP, completed current CANS, IESP recommendations, and verification of parental participation when applicable. Reviews will be conducted at least every 6 months. All review forms shall be given to the CSA Program Manager for filing.



Attachment F

CPMT Minutes 11/25/14

Present:

Bill Hughes, Celine Carrier, Mozell Booker, Charlie Fawcett, Jackie Meyers, Kim Mabe, Martha Carroll, Frank Leech

Business:

1. CPMT Motions/Actions:

- Rescind motion of 8/24/2001:
"Petty cash fund be established with a revolving balance of \$500.00."
Motion: Hughes, Second: Fawcett All approved 6-0
 - Rescind motion of 11/27/2001:
"Any CPMT agency representative has the authority to authorize an expenditure of up to \$500.00 per case need which in the coordinator's opinion cannot wait until the next CPMT."
Motion: Hughes, Second: Fawcett All approved 6-0
 - Rescind motion of 12/18/2002:
"Regular Foster Care, not exceeding the rate of \$5500.00 per year, may be approved by CPMT without FAPT team review."
Motion: Booker, Second: Mabe All approved 6-0
 - Rescind motions 4/22/2003:
"Regular foster care cases and therapeutic foster care cases not be formally staffed at FAPT. Updates, via paperwork, will be submitted and distributed to FAPT members without an oral presentation. These cases will be reviewed by FAPT every 6 months."
Motion: Booker, Second: Mabe All approved 6-0
- "Motion to authorize case managers to propose expenditures up to \$1000 with the approval of their respective CPMT representative. These proposals will go directly to CPMT for final approval without going to FAPT."
Motion: Leech, Second: Fawcett All approved 6-0
- Rescind Motions of 5/23/2006
"Motion to authorize case managers to propose routine* expenditures up to \$2000.00 with the approval of their respective CPMT representative on a case by case basis."
*Routine: For example:
Clothing allowance

Teens GIVE
Medical and other
Recreational activities
Parenting classes
Psychological evaluations
Substance abuse evaluations
Motion: Fawcett, Second: Booker

All approved 6-0

“Regular foster care, not exceeding the rate of \$6000.00 per fiscal year, may be approved by CPMT without FAPT review on a case by case basis.”

Motion: Hughes, Second: Leech

All approved 6-0

- Rescind Motion of 9/27/2011:

Motion to allow siblings who do not have a currently open CSA case, to receive services under the name of a sibling that does have a currently open CSA case for a single service. A “Consent to Release Information” form must be signed by the parent or guardian for all siblings receiving services through CSA.

Motion: Booker, Second: Fawcett

All approved 6-0

2. Revise FAPT policies and procedures:

- Section VII items 3 and 4 do not reference CPMT authorization of emergency funding request.

“Crisis situations will be handled by contacting the CSA Program Manager to schedule an emergency meeting. If the meeting cannot be held and the situation warrants, the case manager may do an (email) approval by contacting the FAPT members for approval and shall record the results (by keeping a written record of the email approvals in the case files). The case must then be scheduled for the next FAPT meeting for formal review. Emergency Purchase Orders may not exceed \$5000 and must be signed by a member of CPMT.”

“Nothing shall prohibit the use of state pool funds for emergency placements, provided the youth are subsequently assessed by the Family Assessment and Planning Team or an approved collaborative, multidisciplinary team process within fourteen (14) days of admission and the emergency placement is approved at the time of placement.”

- Motion to delete Section VII items 11.D

“For cases brought before FAPT for recommendations only, a FAPT CHINS form is required in lieu of the IFSP.”

Motion: Hughes, Second: Leech

All approved 6-0

- Motion Section 11 item 12 change from quarterly to every 6 months

Reviews require a completed Utilization Review form and all reports/reviews gathered since services began, an updated IFSP with any changes made from the previous IFSP, completed current CANS, IFSP recommendations, and verification of parental participation when applicable. Reviews will be conducted at least (quarterly). All review forms shall be given to the CSA Program Manager for filing.

Motion: Fawcett, Second: Hughes

All approved 6-0

3. Motion to adopt an Intensive Care Coordination policy, as set by the State Executive Council for the Comprehensive Services Act, adopted April 30, 2013.

Motion: Mabe, Second: Leech

All approved 6-0

4. Jackie will contact OCS for guidance regarding whether or not private providers on CPMT must have voting rights: completed

5. Budget Review

Motion to go into closed session pursuant to the provisions of Section 2.2-3711 A.4 Privacy of individuals.

Motion: Hughes, Second: Booker

All approved 6-0

Attachment G

Fluvanna County Intensive Care Coordination Policy (Following the State Executive Council for the Comprehensive Services Act as written and adopted by the S.E.C. April 30, 2013)

Definition of Intensive Care Coordination

Intensive Care Coordination shall include 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."

Population to be Served by Intensive Care Coordination

Youth shall be identified for Intensive Care Coordination by the Family Assessment and Planning team (FAPT). Eligible youth shall include:

1. Youth placed in out-of-home care¹
2. Youth at risk of placement in out-of-home care²

¹Out-of-home care is defined as one or more of the following:

- Level A or Level B group home
- Regular foster home, if currently residing with biological family and due to behavioral problems is at risk of placement into DSS custody
- Treatment foster care placement, if currently residing with biological family or a regular foster family and due to behavioral problems is at risk of removal to higher level of care
- Level C residential facility
- Emergency shelter (when placement is due to child's MH/behavioral problems)
- Psychiatric hospitalization
- Juvenile justice/incarceration placement (detention, corrections)

²At-risk of placement in out-of home care is defined as one or more of the following:

- The youth currently has escalating behaviors that have put him or others at immediate risk of physical injury.
- Within the past 2-4 weeks the parent or legal guardian has been unable to manage the mental, behavioral or emotional problems of the youth in the home and is actively seeking out-of-home care.
- One of more of the following services has been provided to the youth within the past 30 days and has not ameliorated the presenting issues:

- o Crisis Intervention
- o Crisis Stabilization
- o Outpatient Psychotherapy
- o Outpatient Substance Abuse Services
- o Mental Health Support

NOTE: Intensive Care Coordination cannot be provided to individuals receiving other reimbursed case management including Treatment Foster Care-Case Management, Mental Health Case Management, Substance Abuse Case Management, or case management provided through Medicaid waivers.

Providers of Intensive Care Coordination

Providers of ICC shall meet the following staffing requirements:

- 1) Employ at least one supervisory/management staff who has documentation establishing completion of annual training in the national model of “High Fidelity Wraparound” as required for supervisors and management/administrators (such documentation shall be maintained in the individual’s personnel file);
- 2) Employ at least one staff member who has documentation establishing completion of annual training in the national model of “High Fidelity Wraparound” as required for practitioners (i.e., Intensive Care Coordinators). Such documentation shall be maintained in the individual’s personnel file.

Intensive Care Coordination shall be provided by Intensive Care Coordinators who possess a Bachelor’s degree with at least two years of direct, clinical experience providing children’s mental health services to children with a mental health diagnosis. Intensive Care Coordinators shall complete training in the national model of “High Fidelity Wraparound” as required for practitioners. Intensive Care Coordinators shall participate in ongoing coaching activities.

Providers of Intensive Care Coordination shall ensure supervision of all Intensive Care Coordinators to include clinical supervision at least once per week. All supervision must be documented, to include the date, begin time, end time, topics discussed, and signature and credentials of the supervisor. Supervisors of Intensive Care Coordination shall possess a Master’s degree in social work, counseling, psychology, sociology, special education, human, child, or family development, cognitive or behavioral sciences, marriage and family therapy, or art or music therapy with at least four years of direct, clinical experience in providing children’s mental health services to children with a mental health diagnosis. Supervisors shall either be licensed mental health professionals (as that term is defined in 12 VAC35-105-20) or a documented Resident or Supervisee of the Virginia Board of Counseling, Psychology, or Social Work with specific clinical duties at a specific location pre-approved in writing by the applicable Board. Supervisors of Intensive Care Coordination shall complete training in the national model of “High Fidelity Wraparound” as required for supervisors and management/administrators.

Training for Intensive Care Coordination

Training in the national model of “High Fidelity Wraparound” shall be required for all Intensive Care Coordinators and Supervisors including participation in annual refresher training. Training and ongoing coaching shall be coordinated by the Office of Comprehensive Services with consultation and support from the Department of Behavioral Health and Developmental Services.