



Office of Children's Services  
Empowering communities to serve youth

# Audit Process Overview

and

# Preparation Resource Tools

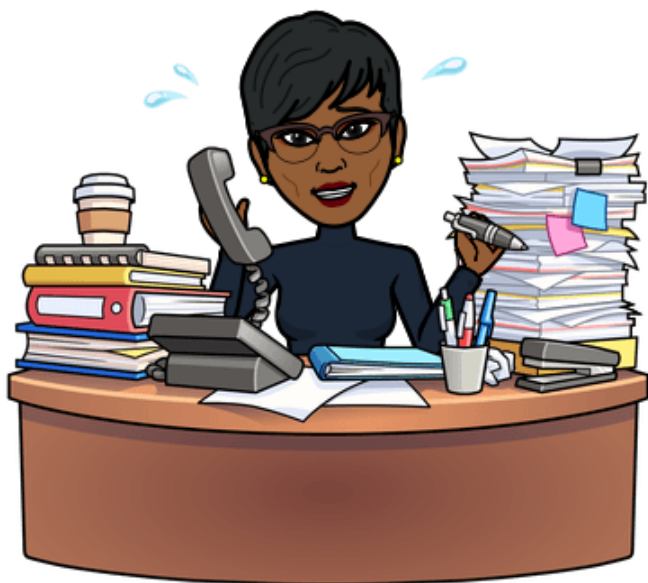
Presented By:  
The A-Team



# Meet the Team



# The Real A-Team



**Annette Larkin**  
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# The Real A-Team



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# The Real A-Team



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# The Real A-Team

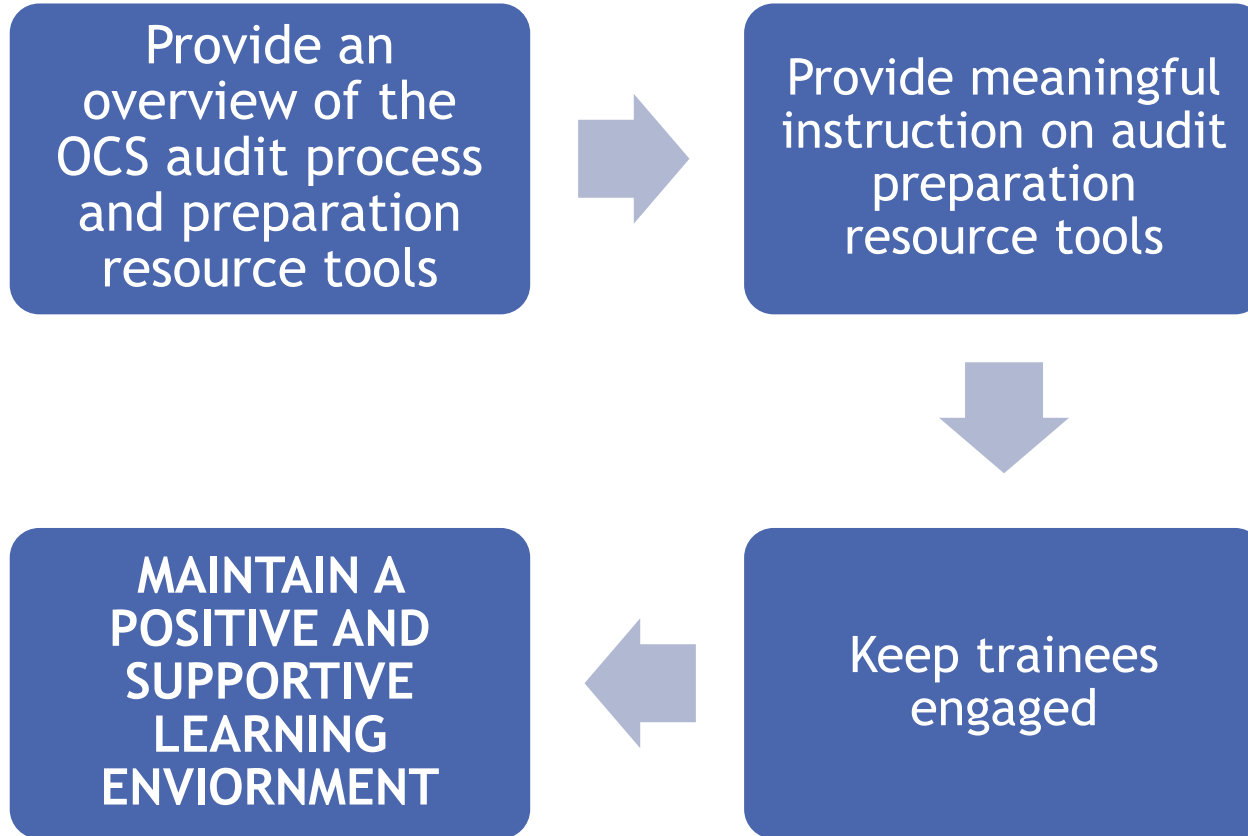


**Your Name**  
**CSA Coordinator**



# TRAINING OBJECTIVES

## Presenter's Objectives:



# TRAINING OBJECTIVES

## Trainees' Objectives:

Understand the  
process  
(traditional and  
remote audits)



Discover  
techniques and  
tools to promote  
audit preparation



HAVE FUN  
!!!!!!



Remain engaged  
and actively  
participate  
throughout the  
session



# SESSION AGENDA



**OVERVIEW: RULES  
OF ENGAGEMENT**



**AUDIT PREPARATION  
RESOURCES**



**HIGHLIGHTS**



**PARTICIPANT  
ENGAGEMENT**

# Room Survey

## Raise Your Hand If.....

- ▶ You participated in an audit
- ▶ Led by auditors from local government or a privately contracted entity (i.e., public accounting firm)
- ▶ CSA Program Audit



# Audit Overview: Rules of Engagement

## Benefits of program evaluation and quality improvement activities:

- ▶ Ensure program compliance
- ▶ Monitor achievement of goals/objectives
- ▶ Assess program effectiveness

# Rules of Engagement

## Notifications

- Audit plan published on CSA website (updated annually)
- Courtesy telephone call
- Official Engagement Letter

## Preparations

- Entrance Conference (in-person or virtual)
- Requests for information

## Reporting Results

- Preliminary observations (verbal and/or written)
- Exit Conference (in-person or virtual)
- Final Report (published on CSA website)

## Audit Follow-up

- Quality Improvement Plan (QIP)
- Administrative Referral Action
- QIP Updates

## Documentation Submission Timelines

- **Initial Request for Documentation**
  - No later than **2 WEEKS** from date written request is received
  
- **Additional/Follow-up Request**
  - No later than **2 WEEKS** from date written request is received

**Where the due date for submission has passed, there will be no subsequent request to provide documentation. Audits will proceed accordingly.**

## Documentation Submission Timelines

- **Client Comments for the Final Audit Report**
  - ❑ **2 WEEKS** after the exit conference is conducted  
or
  - ❑ No later than **1 WEEK following the first CPMT meeting that occurs after the exit conference**
  - ❑ Options to be discussed and agreed upon by all parties during the exit conference and confirmed via email.

**Where the due date for submission has passed, there will be no subsequent request to provide documentation. Audits will proceed accordingly.**

## Documentation Submission Timelines

- **Quality Improvement Plans (QIPs)**  
After receipt of final audit report as follows:
  - ❑ **30 CALENDAR DAYS** for Self-Assessment Validations
  - ❑ **45 CALENDAR DAYS** for Onsite Engagements

**Where the due date for submission has passed, the auditor will make a referral to OCS senior management for administrative action.**



# Remote Auditing Process:

<b>Fieldwork</b>	<b>General Audit Procedures</b>	Audit staff will objectively evaluate alternate procedures adopted locally to ensure continuity and access to services and funding impacted by COVID-19							
	<b>Client Case Reviews</b>	<p>Localities will be asked to scan (paper to .pdf) a select number of files for audit examination that will be transmitted to the auditor securely (password protected/encrypted).</p> <ul style="list-style-type: none"> <li>The auditor will select a limited number of client records with transaction history during the most recent 12 month period from when the audit is initiated (e.g. September 19 – August 20).</li> <li>The number of records requested is based on the client population of the locality as indicated by CSA utilization reports maintained by OCS.</li> </ul> <table border="1" data-bbox="884 782 1545 996" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Population</th> <th># of Files Requested</th> </tr> </thead> <tbody> <tr> <td>1 to 50</td> <td>5 cases</td> </tr> <tr> <td>51 to 500</td> <td>10 cases</td> </tr> <tr> <td>&gt; 501</td> <td>15 cases</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>The auditor will provide the CSA Coordinator with a standardized document request form (<b>Attachment 2-Sample</b>) identifying the cases selected for review and the specific documents from each file to be securely transmitted to the auditor. This will ensure that efforts focus on specific documents rather than the full client record. The form also serves as a checklist for the auditor and the local CSA office to record documents submitted for review or provide justification for the absence of the requested information.</li> </ul>	Population	# of Files Requested	1 to 50	5 cases	51 to 500	10 cases	> 501
Population	# of Files Requested								
1 to 50	5 cases								
51 to 500	10 cases								
> 501	15 cases								

Document  
Request List  
Client Record  
Review



**MANDATE TYPE: SPECIAL EDUCATION SERVICES IN AN APPROVED EDUCATIONAL PLACEMENT**  
**(Expenditure Category 2g Special Education Private Day Placement)**

<b>PART I:</b>	<b>Selected Clients:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Case No.	Case No.	Case No.	Case No.	Case No.	Case No.	Case No.	Case No.	Case No.	Case No.	
	<b>Documents Requested</b>											
	<b>Check Box</b> <i>if Submitted</i>	<b>Document Description</b>					<b>Auditor/Client Comments:</b>					
	<input type="checkbox"/>	Proof of mandate eligibility <i>(Local form)</i>										
	<input type="checkbox"/>	IEP					For the period covering:					
	<input type="checkbox"/>	FAPT Notes (where applicable)					For the period covering					
	<input type="checkbox"/>	Utilization Reviews										
	<input type="checkbox"/>	Consent to Exchange Info					For the period covering					
	<input type="checkbox"/>	Provider placement agreement or rate sheet (for private day placements and a residential placements)										
	<input type="checkbox"/>	Treatment Plans/Progress Reports										
	<input type="checkbox"/>	Proof of CPMT Funding Approval										
<input type="checkbox"/>	Purchase Orders											
<input type="checkbox"/>	Vendor Invoices											

<b>PART II:</b>	<b>Exceptions</b>	
	<b>Selected Clients:</b>	<b>Explanation/Description:</b>
	Case No.	
	Case No.	
	Case No.	
	Case No.	
	Case No.	
	Case No.	
	Case No.	
	Case No.	
<b>PART III:</b>	<b>Certification</b>	
	Name (Print)	Date:
	Signature	Date:



# Client Record Request Quick Guide

- ▶ **Mandate 1: FC A/N-LDSS  
Entrustment Custody**
- ▶ **Mandate 2: SPED**



**MANDATE TYPE: FOSTER CARE ABUSE/NEGLECT – LDSS ENTRUSTMENT / CUSTODY**

**(Expenditure Categories 1a,1b,1e, 2a, 2a1, 2c, 2e, 2f,2f1, or 2i Foster Care IV-E or all other children licensed residential congregate care, congregate education , treatment foster care federal and state , state and federal community based services, foster care maintenance and other services , community based services ,transitional community based services from residential to community ,or Psychiatric Hospital /Crisis stabilization units)**

<b>PART I:</b>	<b>Selected Clients:</b>	<input checked="" type="checkbox"/> Case No. 111	<input type="checkbox"/> Case No.	<input type="checkbox"/> Case No.	<input type="checkbox"/> Case No.	<input type="checkbox"/> Case No.	<input type="checkbox"/> Case No.	<input type="checkbox"/> Case No.	<input type="checkbox"/> Case No.	<input type="checkbox"/> Case No.	<input type="checkbox"/> Case No.	
	<b>Documents Requested</b>											
	<b>Check Box if Submitted</b>	<b>Document Description</b>					<b>Auditor/Client Comments:</b>					
	<input type="checkbox"/>	<b>Proof of mandate eligibility (Local form)</b>										
	<input checked="" type="checkbox"/>	<b>IFSP/Other Service Plan</b> <i>(Other service plans include Foster Care Plan, Family Partnership Meeting Plans, Multi-Disciplinary Team Plans)</i>					<b>For the period covering: 5/1/20 – 4/30/21</b>					
	<input checked="" type="checkbox"/>	<b>FAPT Notes (where applicable)</b>					<b>For the period covering: 5/1/20 – 4/30/21</b>					
	<input checked="" type="checkbox"/>	<b>Utilization Reviews</b>					<b>Last UR performed during the review period</b>					
	<input checked="" type="checkbox"/>	<b>Consent to Exchange Info</b>					<b>For the period covering: 5/1/20 – 4/30/21</b>					
	<input checked="" type="checkbox"/>	<b>Title IV-E Determination Form</b>					<b>For the period covering: 5/1/20 – 4/30/21</b>					
	<input type="checkbox"/>	<b>Approved Foster Care Home Certificate (if in a local home)</b>										
<input type="checkbox"/>	<b>Fostering Futures Agreement (where applicable)</b>											
<input checked="" type="checkbox"/>	<b>Provider placement agreement or rate sheet (if placed through a child placing agency or in a residential placement)</b>					<b>Grafton and Braley &amp; Thompson</b>						
<input checked="" type="checkbox"/>	<b>VEMAT ( if receiving enhance maintenance payments)</b>					<b>For the period covering: 5/1/20 – 4/30/21</b>						



	<input type="checkbox"/>	<b>CBBHS assessment signed by a Licensed Mental Health Profession</b> <i>(if client does not have Medicaid)</i>	
	<input checked="" type="checkbox"/>	<b>Treatment Plans/Progress Reports</b>	<b><u>Braley &amp; Thompson</u> and Grafton</b>
	<input checked="" type="checkbox"/>	<b>Proof of CPMT Funding Approval</b>	<b>To coincide with the selected expenditures on the LEDRS payment history</b>
	<input checked="" type="checkbox"/>	<b>Purchase Orders</b>	<b>To coincide with the selected expenditures on the LEDRS payment history</b>
	<input checked="" type="checkbox"/>	<b>Vendor Invoices</b>	<b>To coincide with the selected expenditures on the LEDRS payment history</b>
	<input checked="" type="checkbox"/>	<b>Certificate of Need / Evidence of IACCT Referral</b> <i>(if in residential placement)</i>	
	<input type="checkbox"/>	<b>ICC Discovery Document</b> <i>(where CSA funds ICC Services)</i>	
	<input type="checkbox"/>	<b>Proof Medicaid Eligibility</b> <i>(where applicable)</i>	
	<input checked="" type="checkbox"/>	<b>Medicaid Authorization/Denial/ Appeals</b> <i>(where eligible and services funded by CSA include, but not limited to, community-based behavioral health services – IHH, TDT, MHSS, residential services and TFC-CM)</i>	<b>Medicaid Authorization to TFC –CM</b>

**PART II:****Exceptions****Selected  
Clients:****Explanation/Description:**

Case No.111 Missing Medicaid authorization for TFC -CM

Case No.111 Missing consent to exchange information

Case No.

Case No.

Case No.

Case No.

Case No.

Case No.

Case No.

**PART III:****Certification**

Name (Print) Mary Jo Jackson, CSA Coordinator

Date:10/21/21

Signature *Mary Jo Jackson, CSA Coordinator*

Date: 10/21/21

**MANDATE TYPE: SPECIAL EDUCATION SERVICES IN AN APPROVED EDUCATIONAL PLACEMENT**  
**(Expenditure Category 2g Special Education Private Day Placement)**

<b>PART I:</b>	<b>Selected Clients:</b>	<input checked="" type="checkbox"/> Case No. 123	<input checked="" type="checkbox"/> Case No. 205	<input checked="" type="checkbox"/> Case No. 111	<input type="checkbox"/> Case No.	<input type="checkbox"/> Case No.	<input type="checkbox"/> Case No.	<input type="checkbox"/> Case No.	<input type="checkbox"/> Case No.	<input type="checkbox"/> Case No.	<input type="checkbox"/> Case No.	
	<b>Documents Requested</b>											
	<b>Check Box if Submitted</b>	<b>Document Description</b>				<b>Auditor/Client Comments:</b>						
	<input type="checkbox"/>	Proof of mandate eligibility ( <i>Local form</i> )										
	<input checked="" type="checkbox"/>	IEP				For the period covering: 5/1/20 – 4/30/21						
	<input type="checkbox"/>	FAPT Notes (where applicable)				For the period covering						
	<input type="checkbox"/>	Utilization Reviews										
	<input checked="" type="checkbox"/>	Consent to Exchange Info				For the period covering: 5/1/20 -4/30/21 (only clients 123 and 205)						
	<input checked="" type="checkbox"/>	Provider placement agreement or rate sheet (for private day placements and a residential placements)				Centra Health (Client 123 and 111) Believe N U Youth Academy (Client 205)						
	<input checked="" type="checkbox"/>	Treatment Plans/Progress Reports				Centra Health (Client 123 and 111) SH Varsity Acquisition Sub LLC (Client 111 and 123) Believe N U Youth Academy (Client 205)						
	<input checked="" type="checkbox"/>	Proof of CPMT Funding Approval				To coincide with the selected expenditures on the LEDRS payment history						
<input checked="" type="checkbox"/>	Purchase Orders				To coincide with the selected expenditures on the LEDRS payment history							
<input checked="" type="checkbox"/>	Vendor Invoices				To coincide with the selected expenditures on the LEDRS payment history							

PART II:		Exceptions	
	Selected Clients:	Explanation/Description:	
	Case No.111	Missing progress notes for Centra Health (Oct 2020)- contacted provider to obtain	
	Case No.111	Missing invoice for SH Varsity Acquisition Sub LLC (Nov 2020) payment – contact case manager to see if it’s in her case files	
	Case No.		
	Case No.		
	Case No.		
	Case No.		
	Case No.		
	Case No.		
	Case No.		
PART III:		Certification	
	Name (Print) Mary Jo Jackson, CSA Coordinator	Date: 10/21/21	
	Signature <i>Mary Jo Jackson, CSA Coordinator</i>	Date: 10/21/21	



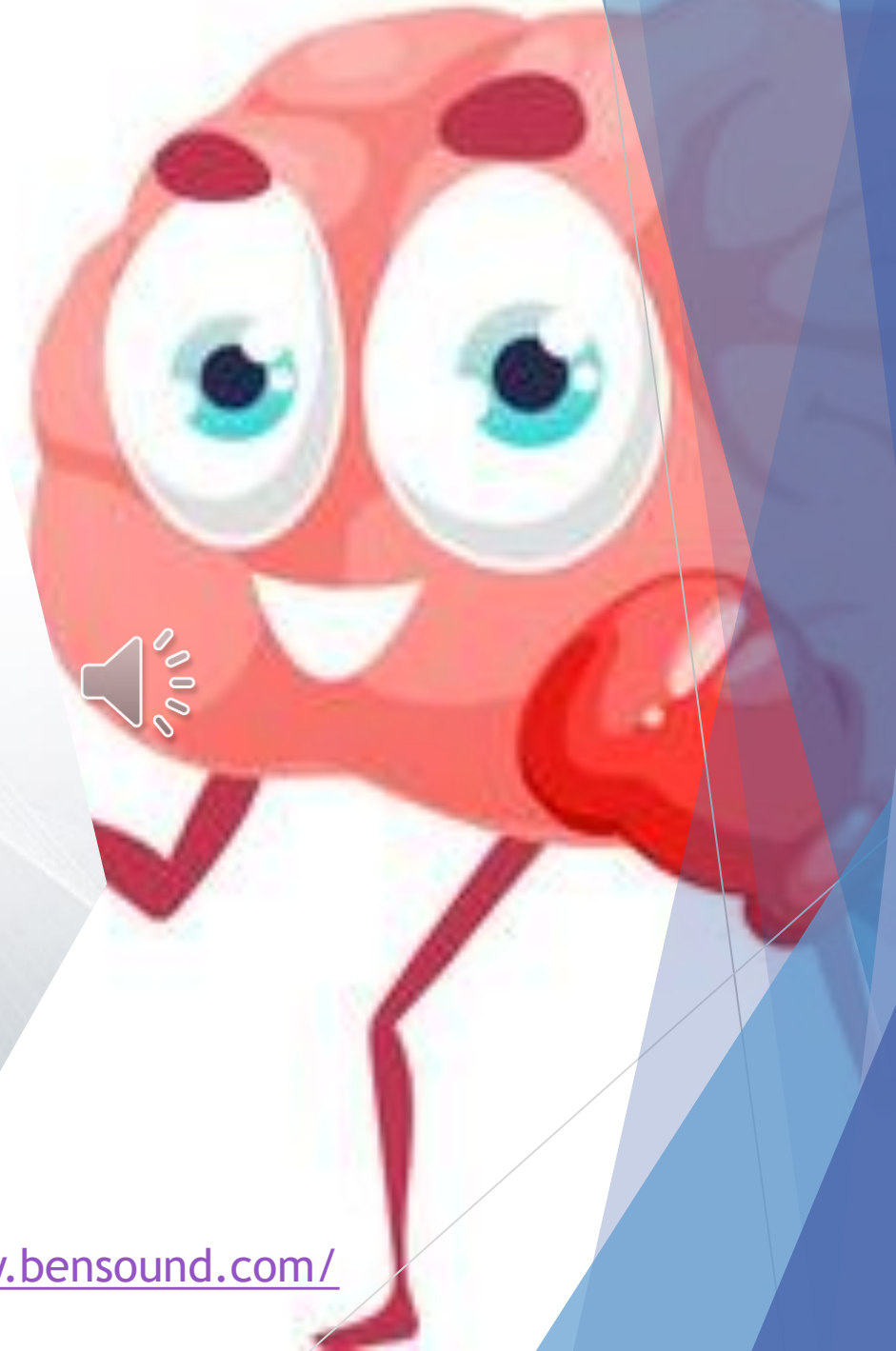
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# Battle of the Brains

Hosted by Annette Larkin



<https://www.bensound.com/>



# Battle of the Brains - Rules

- ▶ Up to 4 Teams
- ▶ 3 Rounds
- ▶ Round Descriptions Toss Up
- ▶ Points
  - ▶ Rounds 1 and 2 - Toss Up
    - ▶ Questions = 4 Each Round
    - ▶ Correct Answer = 10 Points Each
  - ▶ Round 3 - Toss Up
    - ▶ Questions = Up to 10
    - ▶ Correct Answer = 100 Points



The first team to buzz in gets 30 seconds to answer the question. Only the team captain may give the final answer to the question. There are no point deductions for incorrect answers. If the team answers incorrectly, the remaining teams may answer by hitting their buzzers. Each team will have an opportunity to participate.

The last toss up round includes questions from all sections of the presentation in random order. Only the team captain is allowed to answer the question; however, he/she may consult with its teammates before answering a question. Again, the team captain will only have 30 seconds to answer the questions.

# Battle of the Brains Round 1





# Audit Preparation Resources

## ▶ **CSA Website**

- **CSA User Guide**
- **Self Assessment Workbook**
- **Audit Reports**
- **Virginia Learning Center – Training Modules**

## ▶ **Local Program-Monitoring**

- **Internal Quality Assurance Assessments**
- **Corrective Action Plans**

# Program Audit Self-Assessment Workbook

**The intended objective of the Self-Assessment workbook is to assess and promote:**

- ▶ **Internal Controls/Best Practices**
- ▶ **Compliance**
- ▶ **Quality Improvement**

***Important Note: The self-assessment workbook does not include local compliance requirements established that are uniquely specific to individual Community Policy and Management Teams (CPMT). However, localities are encouraged to assess compliance with local requirements when completing the Self-Assessment Workbook.***

# How do we prepare for an audit using the Self-Assessment Workbook?



# ANSWER: Short Version

- ▶ **Complete all sections**
- ▶ **Document areas of concerns**
- ▶ **Develop quality improvement plan (QIP)**  
(addresses areas of concern)
- ▶ **Monitor implementation of QIP**
- ▶ **Report accomplishments to stakeholders**

**Upcoming slides will offer suggestions for performing the assessment.**

# Section I: Governance

This section is primarily composed of questions and tasks to evaluate program oversight and highlight/suggest internal control best practices. There are no right or wrong answers but should rather generate discussion whether further action by the CPMT may be warranted.

- ▶ **FAQ:** If the evaluation participants conclude that the local program does not meet the assessment criteria, are we required to perform the tasks described while completing or prior to submittal of the self-assessment workbook to OCS.
- ▶ **ANSWER:** No. The CPMT may elect to exercise its discretion to do so, but it is not required. If the CPMT elects not to complete the tasks described in the assessment criteria, the CPMT should consider whether to document a quality improvement plan to address observed concerns.

## Section II: Risk Management

This section is primarily composed of questions and tasks to evaluate the CPMT's risk management practices, particularly identification of impediments to achieving program objectives and management's (CPMT) response to those concerns. There are no right or wrong answers but should rather generate discussion whether further action by the CPMT may be warranted.

- ▶ **FAQ:** How do we identify and document our risk?
- ▶ **ANSWER:** To some degree you may have already, through informal collaborative discussions and activities. Examples include community needs assessments coordinated with the Annual Gap Survey and/or Promoting Safe and Stable Families (PSSF) Grant Plans. Localities are strongly encouraged to document risks identified and CPMT response using the Risk Assessment Worksheet found in the Self-Assessment Workbook or another resource that captures similar information.

The next slide provides an illustration of common risk categories that can also be used to generate discussion.

## POTENTIAL RISK CATEGORIES

CATEGORY	EXPLANATION	Example
Technical or IT	Associated with operation of applications or programs including computers or peripheral security devices.	Data breach, equipment failures, outdated technology hardware/software, etc.
Operational	How infrastructure relates to business operations and protection of assets; strategic planning and organizational objectives	Workplace hazards, threat/loss of office to conduct business, human resource allocations, staff competencies, etc.; impediments to achievement of organizational goals/objectives
Financial	Encompass events that will have a financial impact on the program.	Insufficient funds, fraud, theft, financial reporting errors, etc.
External	Those events that impact the program, but occur outside of it's control.	Availability of service providers, judicial decisions, natural disasters, etc.
Compliance	Failure to comply with mandated Federal and State laws, regulations, policies, and procedures.	Children's Services Act (CSA) Free and Appropriate Public Education Act (FAPE).
Reputational	Activities that may result in negative publicity for the program	Actions that do not support the mission of the program, events that are perceived negatively by stakeholders (i.e. conflicts of interest violations), etc.



## Section III: Internal Controls

**This section is primarily composed of questions and tasks to evaluate the local CSA program's system of internal controls.**

**Internal controls are practices, policies, and procedures for assuring the achievement of an organization's objectives, operational effectiveness and efficiency, reliable financial reporting, and compliance with laws, regulations, and policies.**

**There are no right or wrong answers but should rather generate discussion whether further action by the CPMT may be warranted.**

# Section IV: Training Resources

## In coordination with OCS:

- ▶ Annual CSA Conference
- ▶ CSA Coordinators Academy  
(for new CSA Coordinators)
- ▶ Virginia Learning Center (On-line Learning Center)
  - ▶ OCS Webinars
  - ▶ OCS Training Calendar  
(for training events sponsored by partnering organizations)

## Section V: Compliance

**This section is composed of compliance criteria established by the Code of Virginia, Children's Services Act (statutory) and policies adopted by the State Executive Council (SEC).**

- ▶ **In this section, the local program should carefully examine local practices, policies, and procedures, and activities to determine the current status of achieving the compliance criteria: met (i.e., full), in progress ( i.e., partial w/explanation), or non-compliance.**
- ▶ **Activities in this section are mostly at the operations/ transaction level, whereas Sections I through IV focused primarily on management's oversight responsibility.**

- ▶ **FAQ 1:** The workbook instructions references selecting a sample of client case files to test compliance. How many client files should we include in the sample?
  
- ▶ **ANSWER:** The CPMT should decide that number, based on a reasonable representation of the total number of clients served during the period selected for review. For example, it would not be reasonable and/or prudent to select sample size of five (5) when your program has served 300 clients during the service period.

- ▶ **FAQ 2:** How do we select the sample to be reviewed?
- ▶ **ANSWER:** Ideally the sample should be randomly selected and includes a representation of the diversity of clients served ( i.e., residential, special education, treatment foster care, intensive care coordination, etc.).
- ▶ **TOOLS:** These resource tools may assist you with identifying your client populations and random selections: CSA Data Set, Harmony or Thomas Brothers applications, locally managed client lists, and Microsoft Excel Random Number Generator.

- ▶ **FAQ 3:** Several areas in the compliance section of the workbook instructions include a sample selection. May we use the same sample, or do we have to select a different sample for each review area?
- ▶ **ANSWER:** Absolutely, you may use the same sample selection for each compliance area tested. However, the number of cases reviewed should be representative of that review area. Note: The same sample may also be used to assess local compliance.
- ▶ **EXAMPLE:** If your initial sample selection included only one special education (SPED) file and your total SPED client population is 100, consider expanding your sample size for that specific service area.

▶ **FAQ 4:** When should you check the status boxes for full, partial, or noncompliance?

▶ **ANSWER:**

**Full:** Check the status box full when your review of the area determines that there were no errors detected and/or if your program did not engage in a transaction during the period of review that applies to that specific the criteria.

**Partial:** Check the status box partial when your review of the area determines that you can evidence that you are in a process of meeting the criteria though not yet complete and/or if you determine a minimal number of errors detected relative to your sample size that meet the assessment criteria (e.g., two errors out of 30 transactions tested).

**Non:** Check the status box non when your review of the area determines that you have transactions that meet the criteria, and you cannot demonstrate compliance accordingly and/or if you have a significant number of errors detected relative to your sample size that meet the assessment criteria (e.g. Ten errors out of 30 transactions tested).

- ▶ **FAQ 5:** What documentation do I need to retain?
- ▶ **ANSWER:** You must retain documentation of the manner in which your sample was selected, to include source of the data, total population used for selection, sample size selected, and methodology (random, judgmental, statistical, etc.).

You must retain a list of the client files that were selected and reviewed, noting who performed the review. This may be recorded on the same document you used to evidence your sample methodology.

You must retain a summary of the results of your review. This may be recorded on the same document you used to evidence your sample methodology and/or listing of client files reviewed.



## Section VI: Quality Improvement

In this section, the CPMT is encouraged to develop and document a plan to address areas of concern that were observed during the self-assessment process. The quality improvement plan should incorporate:

- ▶ tasks to be implemented,
- ▶ anticipated date of completion, and
- ▶ person(s) responsible for monitoring status of quality improvement plans.

The workbook includes a template that you can use to document and monitor the process.

# QIP Considerations

## An actionable plan should .....

- ▶ Describe tasks to be completed in sufficient detail to ensure that it will address the identified concern.
- ▶ Identify reasonable timeframes to implement quality improvement; formal plans may be used as a “punch list” to encourage timely resolution of noted deficiencies.
- ▶ Identify parties responsible for ensuring implementation and communicating progress to the CPMT.
- ▶ Be monitored to ensure concerns are resolved satisfactorily or strategies/tasks are modified where appropriate.

## Section VII: Certification

**The certification section of the workbook is important because it serves to report the acknowledgement and conclusion by the CPMT of the overall assessment of the local CSA program. OCS will independently validate the conclusion documented by the CPMT Chair on the Statement of Acknowledgement and Certification. Independent validation steps are discussed later.**

## Section VII: Certification

- ▶ **Non-compliance with the statutory requirements of the CSA are significant, as they represent non-compliance with the laws of the Commonwealth of Virginia. If your local evaluation includes a determination of non-compliance with a legislative requirement (Code of Virginia, Appropriation Act, etc.), the certification acknowledgement should indicate that there was a significant non-compliance observation.**
  
- ▶ **For internal control evaluations, a significant weaknesses in internal controls is a deficiency, or combination of deficiencies, such that there is a reasonable possibility that material noncompliance with a compliance requirement will not be prevented, or detected and corrected, on a timely basis. For example, instances where management decisions may override/circumvent approved policies and procedures.**



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# Battle of the Brains

Toss Up Round 2

# Audit Reports

- ▶ **May inform discussions and decision making that affect program quality improvement efforts. Include CSA specific and other related audits and/or reviews (e.g., local government annual financial audits or internal audits, Title IV-E reviews, etc.)**
- ▶ **Provide an opportunity to discover from other programs where improvements may be warranted in your program.**
- ▶ **Allows for identification and correction of deficiencies prior to the next audit.**

# Internal Quality Assessments & Corrective Action Plans

- ▶ **Results of on-going monitoring activities; may be reflected in CPMT minutes and accompanying reports.**
- ▶ **Documented tasks and strategies to address deficiencies and/or management concerns**
- ▶ **For CSA program audits, corrective action plans are referred to as “Quality Improvement Plans (QIP).”**

# QIP STATUS REPORTING

- Community Policy and Management Teams (CPMT) and auditors should continuously monitor implementation of the QIP as a means to ensure reported audit observations are addressed appropriately and timely.
- OCS program auditors use Pentana Audit Management Software, which includes a module referred to as “Action Tracking” that allows for timely and ongoing monitoring of the status of QIP tasks (i.e. action items).
- The application monitors “Action” status based on estimated implementation dates provided by clients.

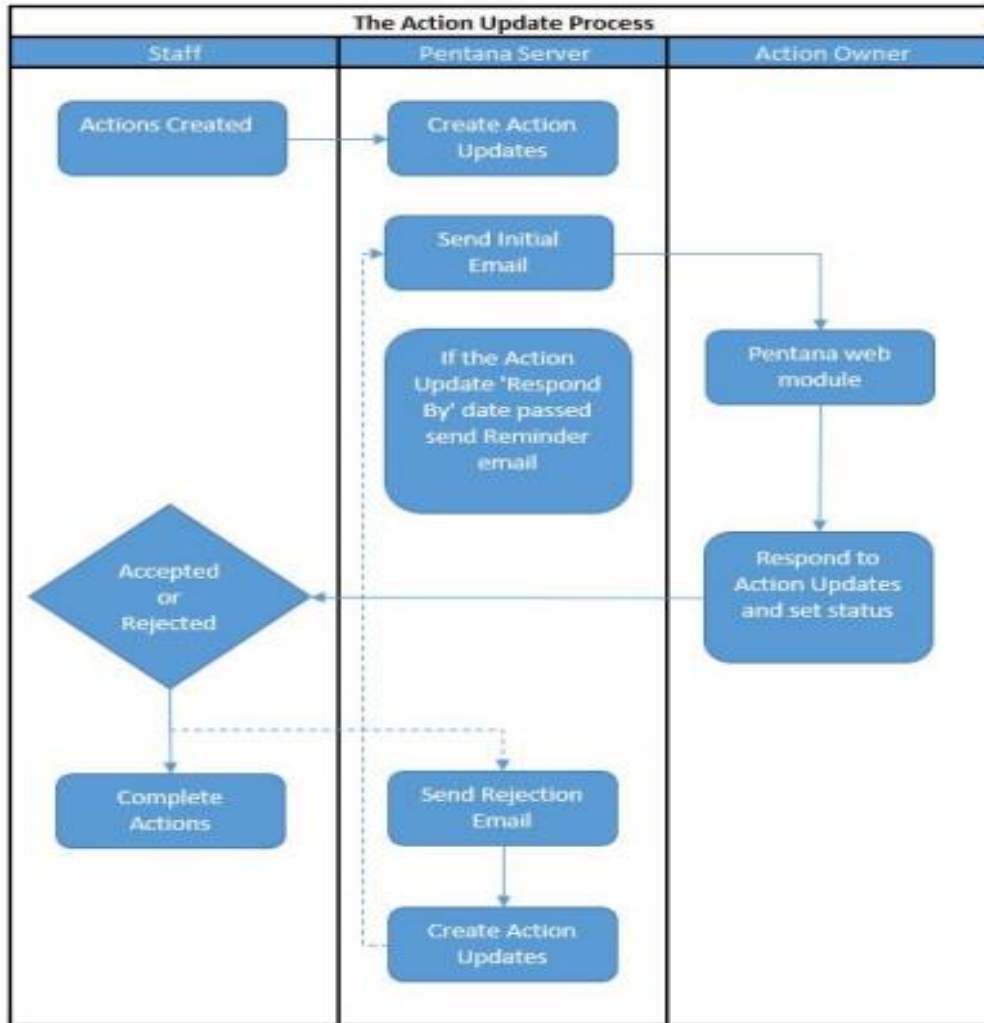


# QIP STATUS REPORTING

- CPMT representatives will be assigned a user account and will receive an email with a link to reset their account password. This will grant the user access to the Action Tracker Dashboard.
- The application generates email notifications to a designated CPMT representative instructing them to provide an update on the status of their QIP by a specified due date.
- The designated CPMT representative will then click on a link that will take them directly to the “action item” where they can record the status update. Subsequent reminders will continue until the action item is completed.

### Action Update Work Flow

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



# Action Update Process Flow

# Action Tracker

## Password Reset Notification

From: [csa.audit@csa.virginia.gov](mailto:csa.audit@csa.virginia.gov)

Date: October 5, 2021 at 4:21:03 PM EDT

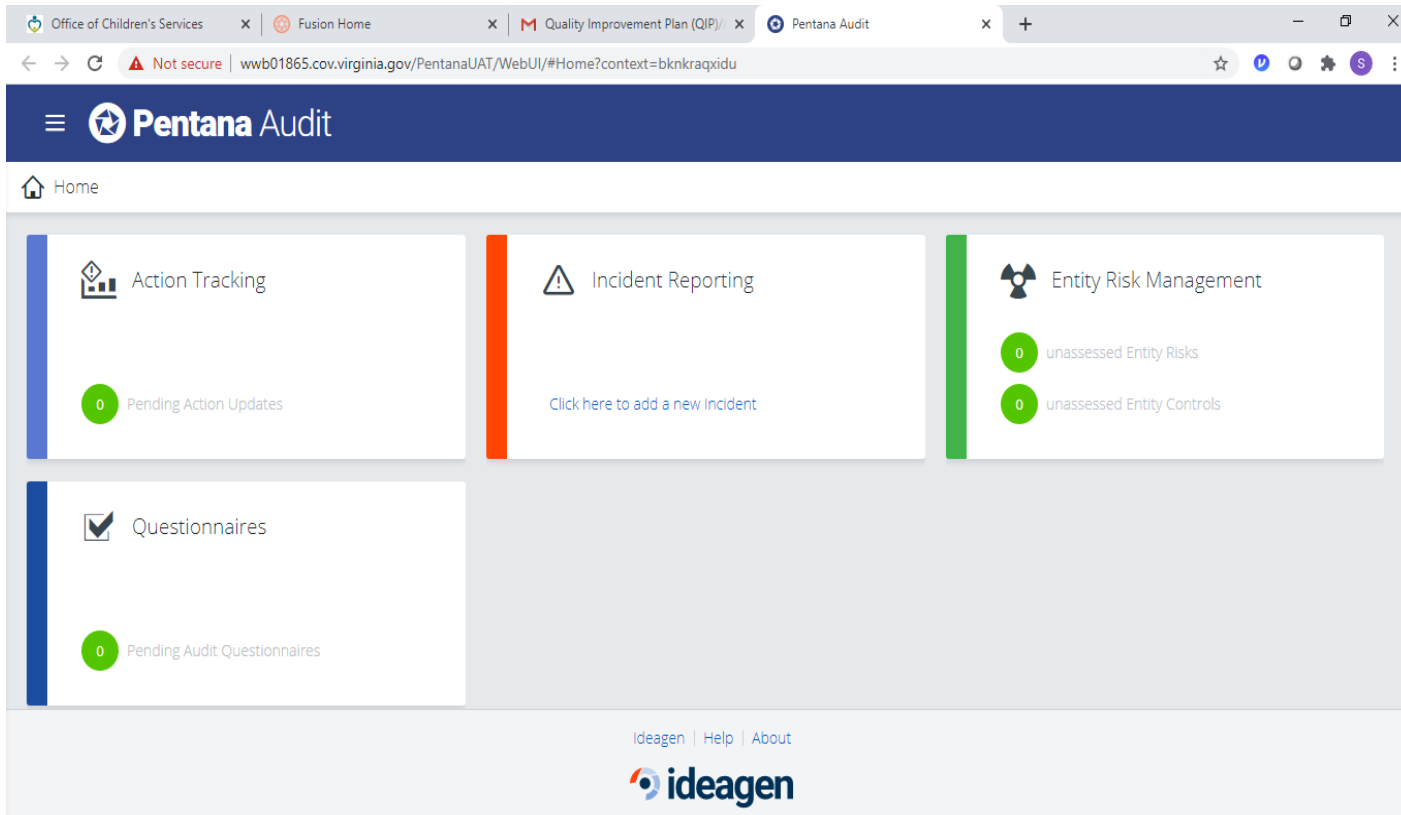
To: [Redacted]

Subject: Password Reset

Please follow the link to reset your password:

[https://wwb01865.cov.virginia.gov/PentanaUAT/FBA/Account/Account\\_Login.aspx?id=\[Redacted\]&token=sDuPLxmk7UxZvn30q8Aacq2&type=reset](https://wwb01865.cov.virginia.gov/PentanaUAT/FBA/Account/Account_Login.aspx?id=[Redacted]&token=sDuPLxmk7UxZvn30q8Aacq2&type=reset)

# Action Tracker Dashboard



The screenshot shows a web browser window with the following elements:

- Browser Tabs:** Office of Children's Services, Fusion Home, Quality Improvement Plan (QIP), Pentana Audit.
- Address Bar:** Not secure | www01865.cov.virginia.gov/PentanaUAT/WebUI/#Home?context=bknkraqxidu
- Page Header:** Pentana Audit
- Home Button:** Home
- Dashboard Widgets:**
  - Action Tracking:** Pending Action Updates: 0
  - Incident Reporting:** Click here to add a new Incident
  - Entity Risk Management:** unassessed Entity Risks: 0, unassessed Entity Controls: 0
  - Questionnaires:** Pending Audit Questionnaires: 0
- Footer:** Ideagen | Help | About, ideagen logo



Office of Children's Services  
Empowering communities to serve youth



# Battle of the Brains

Round 3: Toss Up Round

# Highlights

- ▶ Rules of engagement are outlined in the CSA User Guide and e-learning modules in the COV Learning Center.
- ▶ Preparation resources include audit reports, corrective action plans, self-assessment workbook, training events and e-learning modules.
- ▶ Maintain documentation of your audit preparation. May be useful for future audits.
- ▶ Ensure concerns are addressed resolved satisfactorily or develop a quality improvement plan, where appropriate.



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