

# FREDERICK COUNTY CPMT AGENDA

October 25, 2021  
1:00 PM  
107 N Kent St  
Winchester, VA  
1<sup>st</sup> Floor Conference Room

## Agenda

- I. Introductions
  - II. Adoption of Agenda
  - III. Consent Agenda
    - A. September Minutes
    - B. Budget Request Forms
  - IV. Executive Session
    - A. None
  - V. Committee Member Announcements
  - VI. CSA Report Jackie Jury
    - A. Financial Report
  - VII. Old Business Jackie Jury
    - A. Strategic Plan Discussion- Goal 1 Improve UR Plan
    - B. FFPSA/CSA Integration
    - C. Vendor Contracts
    - D. Proposal to Change Funding Approval Process
  - VIII. New Business
    - A. OCS Revised Audit Plan for FY20-23
  - IX. Assigned Tasks
  - X. Next Meeting
    - CPMT November 22, 2021 (week of Thanksgiving), 1:00-3:00pm, 1<sup>st</sup> Floor Conference Room, See Summary for future dates
  - XI. Adjourn
- \*\*Instructions for Closed Session:
- Motion to convene in Executive Session pursuant to 2.2-3711(A)(4) and (15), and in accordance with the provisions of 2.2-5210 of the Code of Virginia for proceedings to consider the appropriate provision of services and funding for a particular child or family or both who have been referred to the Family Assessment and Planning Team and the Child & Family Team Meeting process, and whose case is being assessed by this team or reviewed by the Community Management and Policy Team
  - Motion to return to open session-
  - Motion that the Frederick County CPMT certify that to the best of each member's knowledge, (1) only public business matters lawfully exempted from open meeting requirements, and (2) only such public business matters were identified in the motion by which the closed meeting was convened were heard, discussed, or considered in the closed meeting.
  - Roll Call Affirmation
  - Motion to Approve cases discussed in Executive Session

**CPMT Meeting Minutes: Monday, September 27, 2021**

The Community Policy and Management Team (CPMT) met in the 1<sup>st</sup> Floor Conference Room at 107 N Kent St, Winchester, VA 22601 on September 27, 2021.

***The following members were present:***

- Jay Tibbs, Frederick County Administration
- Tamara Green, Frederick County Department of Social Services
- Jerry Stollings, 26<sup>th</sup> District Juvenile Court Service Unit
- David Alley, Private Provider Representative, Grafton Integrated Health Network
- Denise Acker, Northwestern Community Services Board
- Dr. Colin M. Greene, Lord Fairfax Health District
- Michele Sandy, Frederick County Public Schools

***The following non-members were present:***

- Jacquelynn Jury, CSA Coordinator
- Robbin Lloyd, CSA Account Specialist

***Call to Order:*** David Alley called the meeting to order at 1:02 pm.

***Introductions:*** Members and nonmembers of the team introduced themselves.

***Adoption of September Agenda:*** Dr. Greene made a motion to adopt the September agenda; Denise Acker seconded; CPMT approved.

***Consent Agenda:*** The following items were put in the Consent Agenda for CPMT's approval:

- August 23, 2021, CPMT Minutes
- Budget Request Forms – Confidential Under HIPAA

Tamara Green made a motion to approve the Consent Agenda as distributed, Michele Sandy seconded, CPMT approved. Jerry Stollings abstained from approving the minutes due to being absent from the meeting.

***Executive Session:*** Not needed this month.

***Committee Member Announcements:***

- None

***CSA Financial Report:***

- June Final Submission 2021
  - Funds spent for the Final Submission were, \$69,934.29
- FY21 Totals
  - Spent \$4,407,342.11, combined, which includes Mandated, Protected, and SpEd Wrap Funds
    - § Spent \$1,422,714.67 from Local only Funds
    - § \$502,544.29 remaining without SpEd Wrap funds.
    - § Served 148 youth served

- 104 in Community Based Services
  - 24 in Private Day School
  - 19 in Congregate Care
  - 25 in TFC
- § Protected Funds: \$21,131.00 spent, \$39,049.00 remaining, with \$0.00 encumbered.
- § SpEd Wrap Funds: \$275,003.40 spent, \$11,432.00 remaining with \$0.00 encumbered.
- § Year to Date average cost per child thus far \$23,022.58.

***Old Business:***

- Strategic Plan Discussion – Goal 1 Improve UR
  - Goal #1 – to ensure youth and families served by CSA receive the most appropriate, cost-effective services provided in the least restrictive setting, while maximizing the use of state and federal match funds. An additional F/T position within the CSA office is being considered to help improve review and oversight of service provision and ensure adherence to contracts and policy. The CSA Coordinator is compiling a list of job duties and will submit the job description next month for this year’s budget. The request for an additional full-time position must be submitted by November 29, 2021.
  
- FFPSA/CSA Integration
  - The CSA Coordinator met with DSS to discuss the best means to integrate the Family First Prevention Services Act (FFPSA) case reviews into the CSA process. It was determined that the utilizing the current FAPT process would create the least amount of disruption at this time. DSS will complete the same documents that are currently submitted for FAPT review in addition to those required by FFPSA. The county attorney is currently reviewing DSS contracts which may be completed by the next meeting. Eligibility for use of FFPSA prevention funds include any child that meets criteria for Foster Care Prevention, which allows the potential for youth involved with other agencies to be eligible. Policy requires, however, that case management occur through DSS, and because DSS does not have the staff to manage referrals from other agencies, the county is not able to take advantage of FFPSA funds for those youth. Beginning December 1, Medicaid begins covering MST/FFT/PCIT services. Our primary MST provider, Family Preservation Services (FPS), will be credentialed to accept Medicaid on January 1, 2022.
  
- Vendor Contracts
  - FPS submitted their FY22 rate sheet during Frederick County’s contract cycle. Following that, the state negotiated \$90 per day for MST services, a difference of \$1.00. The CSA Coordinator requested an approval of the increase to be aligned with the state negotiated rate. The average length service is 4 months, resulting in an overall increase of approximately \$120.00 over the course of treatment. Jerry Stollings made a motion to accept the increase, Michele Sandy seconded, CPMT approved.

- Grace Academy was recently licensed to operate an Infant Room, adding a new service to their program, the CSA Coordinator requested approval of this service at \$220 per week. Michele Sandy made a motion to accept this service, Tamara Green seconded, CPMT approved.
- Winchester Community Mental Health Center developed a community-based service called DATA Intensive Parent Mentoring which is described as a more intensive level of parent mentoring, pairing a developmental psychologist with a parent mentor who has additional education in attachment and trauma. The intervention occurs in 3 stages, focusing on the 6 protective factors that strengthen families in an estimated 32 weeks of treatment. At the proposed rate, the approximate cost of the intervention is \$37,000.00. The goal would be service termination; however, it is opined that some families might need continued support and coaching of a “typical” parent mentoring. The CPMT had many questions and concerns regarding the service and proposed rates. Michele Sandy offered to create a shared document that could gather all questions. The CSA Coordinator will then follow up with WCMHC and bring additional information to the October meeting of CPMT.
- Grafton submitted proposed amendments to the FY22 contract. These amendments were forwarded to the County Attorney for review where minor language adjustments were proposed. Some changes include to not unreasonably withhold an agreement to terminate a Purchase Order early and increase from 5 to 14 days following the end of the month to submit attendance records. Michele Sandy made a motion to accept the Grafton FY22 contract as amended, Denise Acker seconded, the motion was approved.

***New Business:***

- Proposal to Change of Funding Approval Process – The CSA Coordinator reported concerns about the number of cases needing FAPT review and regularly having to overbook the schedule to meet that need. This often results in starting meetings earlier than normal, meetings ending late, and/or having to shorten the length of time allotted for each case. These situations are not ideal as it prevents FAPT from completing a thorough review of the case and disrupts team members’ and participants’ schedules. Funding approval occurring only once per month adds to the backlog as new cases are referred and trying to accommodate case manager requests to schedule cases prior to a CPMT meeting so families do not have to wait over a month for services to start. This also increases the use of Emergency Funding requests, which are required by COV to be reviewed by FAPT within 14 days, when FAPT schedules are already filled several weeks in advance. The CSA Coordinator proposed a change to the CPMT approval process recommending the team establish a group including one CPMT member, the FAPT Chair, and CSA Coordinator to meet weekly or biweekly to discuss cases on FAPT and temporarily authorize funding until CPMT meets and officially authorizes the expenditures. Benefits to this change include reducing the need for Emergency Funding, allowing more flexibility for cases to be scheduled throughout the month, and reduce potential audit risk by allowing the creation of Purchase Orders to be spread more evenly throughout the month. Currently, the CPMT schedule only allows a few days to create and obtain signatures on more than 50 POs each month. Additionally, more frequent funding approval

allows youth and families to access support and services much faster, potentially preventing more out of home placements. The CPMT was open to discussion of the proposal and requested more information regarding compliance with VFOIA and COV. The CSA Coordinator will discuss potential concerns with the county attorney and report back.

- Core Leadership Competencies – As part of the State Executive Council’s strategic plan, OCS collaborated with stakeholders to create documents that provide local CSAs with guidance identifying core competencies relevant to different roles within the CSA program. The CSA Coordinator suggested using the documents as a guide to review and evaluate Frederick County’s CSA program in the future.
- EBP Resources – A resource document was provided that contains evidence-based services. The document lists resources to aid stakeholders in connecting the needs of youth and families to appropriate best evidence-based practices.
- Draft Family Engagement Policy – Public Comment Period ends November 12, 2021 The state revised the requirements of family engagement to incorporate recent Families First Prevention Services Act legislation that was recently implemented. The CSA Coordinator will research more information regarding this policy to share with the CPMT team at the next meeting. OCS requested comments from localities specifically regarding any possible financial impact if passed.
- Draft FAPT-MDT Policy – Public Comment Period ends November 12, 2021. The state revised the FAPT-MDT policy to bring it current. After initial review, the draft does not appear to have significant changes. The CSA Coordinator will review more thoroughly and bring back for discussion if necessary.
- VA WrapAround Implementation Center Update – Until last year, VWIC was funded through a grant. Through re-allocation of unused grant funds, the center was able to continue until another grant could be obtained or alternative funding became available. No grant funding became available, therefore the Dept of Behavioral Health and Development Services budgeted funding for VWIC to continue providing training opportunities, coaching, and support for the implementation of WrapAround services throughout the Commonwealth.

#### **Assigned Tasks:**

- The CSA Coordinator will review proposed changes to CPMT funding authorization with the County Attorney to ensure it complies with VFOIA and COV policy.
- FCPS Representative Michele Sandy will create a shared google document to collect questions regarding the DATA program offered by Winchester Community Mental Health Center. Once completed, the CSA Coordinator will follow up with WCMHC to obtain a response.

**Next Meeting:** The next CPMT meeting will be held Monday, Oct. 25, 2021, at 1:00 pm in the 1<sup>st</sup> Floor Conference Room. Denise Acker mentioned that she will not be able to attend this meeting.

**Adjournment:** Denise Acker made a motion to adjourn, Tamara Green seconded and the motion was approved. The meeting was adjourned at 2:24 pm.

- **Minutes Completed By:** Robbin Lloyd



## WRAP Request Report - Fiscal Year 2022

Locality (FIPS): Frederick (069)		<b>Base Rate: 0.4348</b> (The rates have been rounded to ten-thousandths place decimal)		
Date Created: 10/20/2021		Date Printed: 10/22/2021		
WRAP Request ID: 52		WRAP Request Status: OCS BM Fully Approved		
		<b>Actual FY 2022</b>	<b>Projected FY 2022</b>	<b>Total FY 2022</b>
		<b>Expenditures</b>	<b>Additional Expenditures</b>	<b>Actual + Projected Expenditures</b>
		<b>(*Includes Pended Pool Report)</b>	<b>(b)</b>	<b>(a+b=c)</b>
I	2h. Wrap-Around Services for Students With Disabilities	\$16,882.50	\$105,000.00	\$121,882.50
II	Less Current Reported Wrap Refunds			\$0.00
III	Net Project Wrap Expenditures (Line I - Line II)			\$121,882.50
		<b>Local Share</b>	<b>State Share</b>	<b>Total</b>
IV	Current Total Wrap Allocation: Total dollar amount of wrap allocated for FY 2022 which includes initial and any approved wrap allocations/adjustments	\$8,921.00	\$11,597.00	\$20,518.00
V	Wrap Allocation Funds Requested: (Line III - Line IV)	\$44,073.28	\$57,291.21	\$101,364.50
	Requester Comments	Frederick County utilized over \$250,000.00 in FY21, but only received 20,518.00 in total Wrap for our initial allocation. As of this time, the county has already encumbered \$103,663.25 in SpEd Wrap funds.		
<b>Locality Approver Information</b>				
	Report Preparer	Jackie Jury	10/20/2021	_____
	CPMT Chair	David Alley	10/20/2021	_____
	Fiscal Agent	Sharon Kibler	10/20/2021	_____
<b>OCS Latest Approved Totals</b>				
		<b>Local Share</b>	<b>State Share</b>	<b>Total</b>
	WRAP Request Approved by OCS Business Manager	\$44,073.28	\$57,291.21	\$101,364.49

## **Continuous Quality Improvement Assessor/Analyst**

### **Definition:**

The **CSA Continuous Quality Improvement Assessor (CQI)** is responsible for clinical/administrative oversight ensuring that a child and family receives the appropriate level of services to best serve identified needs; verifying that all funded services meet the administrative requirements defined under the Children's Services Act and local Frederick County CSA procedures; monitoring cases to ensure that the process best serves the identified needs of the child and family in the most effective, efficient and fiscally responsible manner using Evidence Based Practices whenever possible. The CQI Assessor is responsible for monitoring quality of care through on-site review, review of clinical documentation, and standards compliance with contracted providers. Outcome data, face to face interviews, review of CANS assessments and chart review is used to ensure contract compliance, quality of service, and treatment plan compliance.

### **Primary Job Responsibilities**

#### **New Case:**

At the time of initial referral to CSA, the CQI Assessor will complete the following steps:

- Determine if the case meets eligibility for CSA services under one of the CSA mandate categories. If the case doesn't meet eligibility requirements, the case manager is notified ;
- Meet with the referring Case Manager to review the CSA referral;
- Determine if the child/family has access to alternative funding for requested services and notify the referring case manager to initiate referrals accordingly;
- Participate in all FAPT meetings related to a particular case, including the initial FAPT focused on crisis stabilization and initial case planning;
- Review CANS and proposed IFSP to ensure needs are aligned and services being requested address needs identified on the CANS;
- Complete face to face interview with the parent/guardian and the child;
- Review all clinical information provided to CSA by the Case Manager and/or family;
- Complete the initial UM/UR Report with recommendations for initial and continued services.

#### **FAPT:**

- Develop and maintain a weekly schedule that ensures availability for FAPT meetings;
- Attend all FAPT meetings related to the specific CQI Assessor caseload;
- Document FAPT discussion and decisions on BRF

- Provide the FAPT team members a framework for decision making based on CSA policy, approved authorization guidelines, and least restricted placement practice model;
- Utilize all available current clinical information, clinical necessity criteria and CANS results to review FAPT's request for service(s) and support(s) for a particular child/family;
- Review submitted FAPT documents for completeness

### **Intermediary Funding Team:**

- Attend weekly IFT meetings summarizing funding requests related to FAPT service decisions;
- Answer any case specific questions related to the FAPT decisions and/or funding request;
- Notify the CSA Account Specialist of the approval to initiate the Purchase of Service process;

### **Case Monitoring:**

- Review monthly provider reports for clinical appropriateness and client progress, addressing CQI issues with assigned Case Managers as necessary;
- Review CANS assessment at intervals required for a level of service;
- Complete monthly site visits for identified cases (Congregate Care);
- Complete CQI Reports as required for FAPT schedule and level of service. This report should include the results of site visits that have occurred for identified cases.
- Identify any barriers to discharge including ensuring family participation in services

### **Closing Case:**

- Identify any concerns or barriers to the parent following through with continued services and supports once CSA case is closed

### **Secondary Job Responsibilities:**

- Report provider specific concerns/issues to the CSA Coordinator as necessary
- Participate in CSA Outcome activities as required
- Maintain a solid knowledge of the continuum of services and supports available to children and families served by CSA
- Establish positive working relationships with vendors and community resources
- Maintain current knowledge of EBPs
- (possibly complete CANS)
- (possibly maintain FAPT schedule)



The Developmental Assessment of Trauma and Attachment (D.A.T.A.). will provide Parent Mentoring that is trained to educate, model, and give parents tools and strategies to develop a stronger attachment to their child. Attachment is one of the six protective factors of a parent's strengths and or needs and provides a powerful foundation for positive interactions, emotional regulation, and the development of self-concept. D.A.T.A. will also identify areas of need by utilizing the Children and Adolescent Needs and Strengths Assessment which is currently recommended by the Virginia Department of Social Services to strengthen and/or develop areas that are important when considering reunification.

**1. IS THIS SERVICE BEING PROVIDED BY ANY OTHER PROVIDER? IF NOT-**

**a. WHERE DID THIS MODEL COME FROM/DEVELOPED?**

1. The Developmental Assessment of Trauma and Attachment (D.A.T.A) program was developed by Mary Zirkle L.P.C. Clinical Director of Winchester Community Mental Health Center and Felicia Goldberg, Ph.D. and is not being provided by any other provider.

**WHAT EVIDENCE BASED PRACTICE DID YOU USE TO DEVELOP THIS SERVICE?**

- a. This program was based on research that recommends a multi method approach as an essential process in a trauma informed assessment framework. This process includes ensuring that the assessment is conducted in a structured manner that incorporates knowledge of best practices and research evidence for the tools and processes used.

**WHAT RESEARCH BASED TOOL ARE YOU USING FOR THE DIAGNOSTIC ASSESSMENT?**

- b. The D.A.T.A program begins with an abridged developmental Attachment and Trauma evaluation (see description of full Attachment evaluation below\*) of the referred family to identify attachment behaviors as well as symptomatology of trauma behaviors. Additionally, a brief assessment of child's developmental delays are present.

**IS THIS AN EVIDENCE BASED PRACTICE?**

2. The CANS has demonstrated reliability and validity. The average reliability of the CANS is 0.75 with vignettes, 0.84 with case records, and can be above 0.90 with live cases. The CANS is auditable and audit reliabilities demonstrate that the CANS is reliable at the item level. Validity is demonstrated with the CANS relationship to level of care decisions and other similar measures of symptoms, risk behaviors, and functioning.

**WHAT IS THE THRESHOLD/CRITERIA BE FOR DETERMINING WHO WOULD BE APPROPRIATE/ACCEPTED INTO THIS PROGRAM?**

3. Children and Families identified as high risk do to physical and/ or emotional safety concerns established by DSS.

**WILL THE DEVELOPMENTAL PSYCHOLOGIST HAVE DIRECT CLIENT CONTACT WITHIN THAT HOURLY RATE? HOW MUCH TIME WITHIN THAT HOUR IF SO?**

4. The Developmental Psychologist meets with parents for one hour every week at the DATA rate, in a Developmental, Attachment and Trauma Psychologist Parent Mentor specialist role. This meeting involves identification of additional needs or concern, coaching, collaboration with parent to develop new goals and education.

**WOULD THE PSYCHOLOGIST'S ROLE BE MORE OF A CONSULTANT TO THE PARENT MENTOR OR TO TRAIN THE PARENT MENTOR?**

5. WCMHC does not charge any fee for the Psychologist's ongoing role as DATA program consultant and/or training of DATA trained parent mentors.

Parent Mentor Developmental Psychologist will engage with and evaluate family's changing needs to modify treatment plan as needed to assure goals are met at no extra DATA cost.

**IS IT DONE BY CREATING AN ASSESSMENT AND DEVELOPING A PLAN? WOULD THE ASSESSMENT HAVE TO BE DONE BY WCMHC, OR WOULD THEY USE ONE COMPLETED BY A DIFFERENT PROVIDER?**

6. The initial abridged developmental assessment includes a treatment plan and is completed by the WCMHC DATA Developmental Psychologist.

**THIS PROGRAM WOULD COST ABOUT \$37,000.00 TO COMPLETE BASED ON 10 HRS/WK. IS THERE ANY PREVIOUS DATA TO SUPPORT THIS PROGRAM, OR IS THIS CASE BEING USED TO COLLECT DATA TO SUPPORT ITS SUCCESS?**

7. Winchester Community Mental Health center developed the D.A.T.A. program in April 2021 and it has been used with 20% of our referred high-risk clients...that have not been successful with traditional Parent Mentoring. Prior to this program, reunification typically averaged between 9-12 months since the implementation of this program we have seen a significant improvement with reunification at 6-9 months.

The DATA rate sheet is set on a general timeline it has been our experience that parents progress at a faster pace than projected on the DATA outline.

The programs data collection will provide the department with weekly updates to validate reunification or termination of rights.

### **HOW WAS THE 32 WEEK ESTIMATED LENGTH OF SERVICE DETERMINED? HOW ACCURATE IS THAT ESTIMATE?**

8. It is our experience that DATA has immediate positive results and transition to traditional Parent Mentoring occurs before the 32 weeks.

### **WHAT WILL THE MONTHLY REPORTS LOOK LIKE?**

9. Monthly report is a brief summary of client's progress and includes a brief summary of the objectives established and discussed with client at first meeting. Recommendations for Parent Mentor to Educate parent as well as outcome of objectives and future recommendations are also included in body of report. Report will include progress or lack of it. In addition, barriers and how they are addressed)

## **ATTACHMENT EVALUATION**

### **Overview**

Attachment Evaluations are useful in situations where child protection agencies, attorneys, or courts need feedback in exploring options such as guardianship, change of placement, continued foster placement, or adoption. Attachment Evaluations are equally useful in the identification in determining the nature and quality of the child's attachments to birth and/or foster parents so as to assist in future treatment planning for the family.

### **Description of Evaluation**

An Attachment Evaluations typically requires between 10—15 professional hours for the observation, written report and feedback to caseworker. If there is an assessment of two families, the evaluation can easily require 20 hours. The assessments are typically requested when a child is in dependency status or when there are placement or treatment concerns. The assessment must have observable behavioral indicators to back up the conclusions of the evaluator. Therefore, the observations are critical to the evaluation. The assessment is NOT a parenting evaluation as part of a parental custody matter and should not substitute as one.

### **Essential Elements in the Assessment**

**Sources of Information on Attachment:** These should include the amount of time and dates of direct observation, phone or in-person interviews, and parties present.

**Developmental History and Health/Medical Issues:** Prenatal history, developmental milestones, and current functioning are all documented. If unknown, that is also documented. Prenatal exposure to substance will be noted here. Educational, Psychological, Occupational Therapy, Speech and Language, and Neuropsychological evaluations are all noted here. Describe who completed them and the dates, noting their significance to the evaluation. Diagnoses are recorded here. Maltreatment is summarized here, backed up by the written record, if possible, and more than one source.

**Child's History with Caregivers and Families:** This includes a placement and treatment history and reasons for placement. The chronology should include length of time of placement with reasons for the moves. This section summarizes the people to whom the child has connections, including caregivers, siblings, and community members.

### **Direct Observation of Children and Caregivers**

Observations best occur in the child's home if the home is safe and reasonable as far as distance. Observations should contain time in which children have the chance to play and explore, as well as feel emotional and physical needs that typically cause children to reach out for caregiver assistance. This assistance from caregivers is in the form of emotional assistance with regulation as well as the direct meeting of children's needs.

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2. Costello EJ, Angold A. A brief history of child psychiatric epidemiology in developmental epidemiology. In: Cicchetti D, Cohen DJ, eds. *Developmental Psychopathology. Vol 1: Theory and Methods*. New York, NY: John Wiley & Sons, Inc; 1995:23–56
3. Foster care: an update. *J Am Acad Child Adolesc Psychiatry*.36:448–457.
4. California Center for Health Improvement. *Children and Youth Survey*. Sacramento, CA: The Field Institute; 1997.
5. Dawson G, Hessler D, Frey K (1994) Social influences on early developing biological and behavioral systems related to risk for affective disorder. *Dev Psychopathol*. 6:759–779.
6. . *Birth to Kindergarten: The Importance of the Early Years*. Sacramento, CA: California Research Bureau; 1998
7. Carnegie Task Force on Meeting the Needs of Young Children. *Starting Points. Meeting the Needs of Our Youngest Children*. New York, NY: Carnegie Corporation; 1994
8. Huttenlocher PR. Synaptogenesis, synapse elimination, and neural plasticity in human cerebral cortex. In: Nelson CA, ed. *Threats to Optimal Development: Integrating Biological, Psychological, and Social Risk Factors. The Minnesota*

*Symposia in Child Psychology, Vol 27.* Hillsdale, NJ: Lawrence Erlbaum and Associates, Publishers; 1994:35–54.

9. Kliewer-Neumann *et al.* *Child Adolesc Psychiatry Ment Health* (2018) 12:43  
<https://doi.org/10.1186/s13034-018-0250-3>
10. Turner AM, Greenough WT(1985) Differential rearing effects on rat visual cortex synapses: I. synapse and neural density and synapses per neuron. *Brain Res.* 329:195–203.
11. Greenough WT, Black JE, Wallace CS(1987) Experience and brain development. *Child Dev.* 58:539–559.
12. Perry BD, Pollard RA, Blakley TL, Baker WL, Domenico V(1995) Childhood trauma, the neurobiology of adaptation, and “use-dependent” development of the brain: how “states” become “traits.” *Infant Mental Health J.* 16:271–291.
13. Werner EE, Smith RS. *Vulnerable but Invincible: A Longitudinal Study of Resilient Children and Youth.* New York, NY: Adams, Bannister, Cox; 1982
14. Lieberman AF, Zeanah CH  
(1995) Disorders of attachment in infancy. *Infant Psychiatry.* 4:571–587.
15. Goldstein J, Freud A, Solnit AJ. *Beyond the Best Interests of the Child.* New York, NY: Macmillan Publishing Co, Inc; 1973.
16. Simms MD(1991) Foster children and the foster care system. Part II: impact on the child. *Curr Probl Pediatr.* 21:345–369.
17. Zeanah CH, Berlin LJ, Boris NW. Practitioner review: clinical applications of attachment theory and research for infants and young children. *J Child Psychol Psychiatry.* 2011;52:819–833.

D.A.T.A. Intensive Parent Mentor Program:	Focus  Program Requirement: 1 x Developmental Psychologist Short Attachment, Developmental and Trauma Assessment: \$550.00	Professional Family Support	Wrap Around Family Centered/ Child Developmental Service
<p><b>STEP 1: 10 hours a week @ \$126 hr</b></p> <p><b>Goal:</b> Learn what are the six protective factors and ability to implement them within a controlled environment.</p>	Parent/Caregiver healthy child relationship: Education, Mentoring and Development on the six protective factors.	Parent Mentor Developmental Psychologist / Parent Mentor	-Parent Mentor Developmental Psychologist will engage with and evaluate family's changing needs to modify treatment plan as needed to assure goals are met. In addition, Parent Mentor Developmental Psychologist and Attachment and Development trained Parent Mentor will cofacilitate parent mentor sessions to increase parent success Attachment and Development trained Parent Mentor will focus coaching and skills building on the six protective factors.
<p><b>STEP 2: 10 hours a week @ \$126 hr</b></p> <p><b>Goal:</b> Ability to understand the six protective factors and implement them outside of a controlled environment.</p>	Parent/Caregiver: generalization of the six protective factors in multiple settings.	Same as Step 1	-Parent Mentor Developmental Psychologist will engage with and evaluate family's changing needs to modify treatment plan as needed to assure goals are met. In addition, Parent Mentor Developmental Psychologist and Attachment and Development trained Parent Mentor will cofacilitate parent mentor sessions to increase parent success. Attachment and Development trained Parent Mentor will focus coaching and skills building on the generalization of the six protective factors.
<p><b>STEP 3: 8 hours a week @ \$126 hr</b></p> <p><b>Goal:</b> Ability to consistently maintain the implementation of the six protective factors.</p>	Parent/Caregiver: Consistency and maintenance of the six protective factors.	Same as Step 1	-Parent Mentor Developmental Psychologist will engage with and evaluate family's changing needs to modify treatment plan as needed to assure goals are met. In addition, Parent Mentor Developmental Psychologist and Attachment and Development trained Parent Mentor will cofacilitate parent mentor sessions to increase parent success. Attachment and Development trained Parent Mentor will focus coaching and skills building on the consistency and maintenance of the six protective factors.





**Substance Abuse Fee Schedule:**

**Initial Assessment:** \$200

**Individual Outpatient Therapy:** \$125/hour

**Group Outpatient Therapy:** \$60/session up to five sessions per week

**Intensive Outpatient Group Therapy:** \$250/day





Connected Communities is excited to introduce Mike Lyons. Mike began his career as an Addiction Specialist in 1998 and began his mental health career in 2005. Mike is a Licensed Outpatient Counselor and an Internationally Certified Alcohol & Drug Counselor. He is excited to be in this area and to be able to provide whatever services he can for those in need of substance abuse therapy. Connected Communities will be offering Substance Abuse Evaluations, Outpatient Group Therapy, Outpatient Individual Therapy and Intensive Outpatient Group Therapy. We have a full staff to be able to assist clients with their substance abuse and mental health needs. Please let us know if you have any questions or what else you may need.



**Office of Children's Services**  
Empowering communities to serve youth

# ***Audit Plan***

***Fiscal Years 2020 - 2023***

***July 23, 2019***

***Updated: 08/12/2020, 10/07/2021***



## AUDIT WORK PLAN SUMMARY

(Updated: August 12, 2020, October 7, 2021)

FY 2020	FY 2021	FY 2022	FY 2023
Alleghany/Covington	Alleghany/Covington	Accomack/Northampton	Albemarle
Arlington	Bristol/Washington	Amelia	Alexandria
Bristol/Washington	Buchanan	Amherst	Bath
Buchanan	Campbell	Appomattox	Bedford
Campbell	Charlotte	Augusta/Staunton/Waynesboro	Charles City
Carroll	Chesterfield/Colonial Hgts	Bland	Charlottesville
Chesapeake	Essex	Botetourt	Culpeper
Danville	Fairfax/Falls Church	Brunswick	Cumberland
Fauquier	Fauquier	Buchanan	Dickenson
Floyd	Floyd	Buckingham	Dinwiddie
Fluvanna	Franklin County	Caroline	Franklin City
Franklin County	Giles	Charlotte	Goochland
Giles	Halifax	Chesterfield/Colonial Hgts	Highland
Greene	Henry/Martinsville	Craig	King & Queen
Halifax	Hopewell	Essex	Loudon
Henrico	King George	Fairfax/Falls Church	Louisa
Hopewell	Lancaster	Frederick	Manassas City
King George	Lee	Fredericksburg	Manassas Park
Lancaster	Lunenburg	Galax	Middlesex
Lee	Mecklenburg	Gloucester	New Kent
Lynchburg	Nelson	Grayson	Newport News
Madison	Orange	Greensville/Emporia	Northumberland
Mecklenburg	Petersburg	Hampton	Page
Montgomery	Pittsylvania	Hanover	Powhatan
Norfolk	Portsmouth	Hopewell	Radford
Nottoway	Prince William	James City	Richmond County
Orange	Rappahannock	King William	Roanoke County
Pittsylvania	Richmond City	Lancaster	Salem
Portsmouth	Roanoke City	Lunenburg	Smyth
Prince William	Rockbrdge/Lex/Buena Vista	Mathews	Southampton
Rappahannock	Rockingham/Harrisonburg	Nelson	Stafford
Roanoke City	Russell	Norton	Surry
Rockbridge/Lexington/Buena Vista	Scott	Patrick	Warren
Rockingham/Harrisonburg	Sussex	Petersburg	Westmoreland
Scott	Tazewell	Pittsylvania	Williamsburg
Sussex	Wise	Portsmouth	
Tazewell		Prince Edward	
Virginia Beach		Prince George	
Wise		Pulaski	
Wythe		Rockingham/Harrisonburg	
		Russell	
		Shenandoah	
		Spotsylvania	
		Suffolk/Isle of Wight	
		Tazewell	
		Winchester	
		York/Poquoson	



# FY 2022 AUDIT WORK PLAN HOURS

(Updated October 7, 2021)

LOCALITY AUDITS, PROJECTS, AND REVIEWS			
SELF-ASSESSMENT VALIDATIONS			
Locality	Planned Work Hours	Locality	Planned Work Hours
Accomack/Northampton	150	Hampton	100
Amelia	75	Hanover	100
Amherst	100	James City	100
Appomattox	100	King William	75
Augusta/Staunton Waynesboro	200	Mathews	75
Bland	75	Norton	75
Botetourt	75	Patrick	75
Brunswick	75	Pittsylvania	100
Buckingham	100	Prince Edward	75
Caroline	100	Prince George	100
Craig	100	Pulaski	100
Frederick	100	Shenandoah	100
Fredericksburg	100	Spotsylvania	100
Galax	100	Suffolk/Isle of Wight	150
Gloucester	100	Winchester	100
Grayson	100	York Poquoson	150
Greensville/Emporia	100		
CARRY-OVER AUDITS			
Onsite Audits	Planned Work Hours	Self-Assessment Validations	Planned Work Hours
Charlotte	100	Buchanan	100
Essex	150	Chesterfield/Colonial Heights	80
Fairfax/Falls Church	150	Nelson	100
Hopewell	100	Portsmouth	80
Lancaster	120	Rockingham/Harrisonburg	100
Lunenburg	180	Russell	100
Petersburg	180	Tazewell	100
Special Projects	Planned Work Hours		
To be determined	200		

<b>Total Work Plan Hours</b>	<b>5165</b>
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*Refer to the Audit Work Plan Summary for the listing of planned audits for fiscal years 2023. Classifications of audits as either on-site or self-assessment validation engagement for fiscal years 2023 will be scheduled in accordance with the results of the annual risk assessment. Pending the results of the annual risk assessment, the Audit Work Plan Hours for fiscal years 2023 will be updated and published accordingly.*



**Office of Children's Services**  
Empowering communities to serve youth

**SELF-ASSESSMENT WORKBOOK**

**FOR**

**LOCALLY ADMINISTERED CSA PROGRAMS**



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

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

## Vision Statement

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

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

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

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

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

Approved on this day, August 20, 2019, by:

***Signature Copy on File***  
Scott Reiner, Executive Director

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## SECTION I: GOVERNANCE

- Organizational Structure Worksheet
- Management Philosophy Worksheet
- Policies and Procedures Worksheet
- Process Narratives/Flowchart Worksheet
- Monitoring Worksheet
- Organizational Level Internal Control Assessment Survey
  - Glossary of Internal Control Terms
  - Survey



## SECTION I: GOVERNANCE ORGANIZATIONAL STRUCTURE WORKSHEET

Organizational structure provides the structure to plan, execute, control, and monitor activities. A sound organizational structure defines key areas of authority and responsibility, while illustrating reporting lines. Assignment of authority and responsibility involves the degree to which individuals and teams are authorized and encouraged to use initiative to accomplish objectives and solve problems. It includes establishing reporting relationships, fixing authorization procedures, issuing policy that assigns appropriate personnel to each program, and allocating resources to do each job.

Source: [https://www.doa.virginia.gov/reference/ARMICS/ARMICS\\_Standards.pdf](https://www.doa.virginia.gov/reference/ARMICS/ARMICS_Standards.pdf)

Task Description	Describe activity performed to validate/verify assessment criteria. (May attach additional sheets , if needed)	Is there evidence to demonstrate achievement of criteria? (May attach additional sheets, if needed)			
		Y	N	N/A	COMMENTS
1. Document and maintain a current organizational chart of the locally administered CSA structure.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Maintain documentation which identifies locally administered CSA staff to include, but not limited to: <ul style="list-style-type: none"> <li>· CPMT Members</li> <li>· FAPT Members</li> <li>· MDT Members</li> <li>· CSA Coordinators</li> <li>· UM/UR Reviewer</li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Maintain documentation which identifies the affiliations, dates of tenure, and roles (chair, fiscal agent, etc.) of locally administered CSA staff.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Maintain documentation to describe the duties and responsibilities of key staff (i.e. CSA Coordinator, CPMT Chair, FAPT Chair, MDT Chair, Fiscal Agent, UM Reviewer) responsible for locally administered CSA programs.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Ensure that membership of the CPMT, FAPT, and MDT is balanced appropriately among the representatives required to serve on the team in accordance with <a href="#">§ 2.2-5205</a> and <a href="#">§ 2.2-5207</a> .		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Completed By:</b>	<b>Date:</b>	<a href="#">Click here to enter a date.</a>
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## SECTION I: GOVERNANCE

## MANAGEMENT PHILOSOPHY WORKSHEET

Management philosophy is the set of shared beliefs and attitudes characterizing how the agency handles everything it does, from developing and implementing strategy to day-to-day activities. This philosophy reflects the agency's values, influencing its culture and operating style, and affects how well fiscal programs can implement, maintain, and enforce control. Management philosophy appears in policy statements, oral and written communications, and decision-making. Management reinforces the philosophy more with everyday actions than with its words. Source: [https://www.doa.virginia.gov/reference/ARMICS/ARMICS\\_Standards.pdf](https://www.doa.virginia.gov/reference/ARMICS/ARMICS_Standards.pdf)

Task Description	Describe activity performed to validate/verify assessment criteria. (May attach additional sheets , if needed)	Is there evidence to demonstrate achievement of criteria? (May attach additional sheets, if needed)			
		Y	N	N/A	COMMENTS
1. Document the local program's mission, vision, values, goals, and objectives.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Document a Code of Ethics or adopt policies established by the local governing authority. Document should be publicly accessible.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Ensure Statement of Economic Interest Forms are filed by February 1 for applicable public officials serving as CPMT/FAPT members and local CSA staff.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Ensure the "long form" Statement of Economic Interest Form is filed with the clerk of the local governing body immediately upon appointment for all non-public officials serving as CPMT/FAPT members. (OCS Admin Memo #18-02 <a href="#">Statement of Economic Interest Filings for FAPT and CPMT Members</a> )		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Verify and maintain confidentiality statements signed by CPMT, FAPT, MDT and related parties.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Document, and retain schedule of CPMT, FAPT, and MDT meetings, including joint meetings.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Maintain a central repository of CPMT communications, to include but not limited to formal minutes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Completed By:</b> _____	<b>Date:</b> _____	<a href="#">Click here to enter a date.</a>
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### SECTION I: GOVERNANCE

## POLICIES AND PROCEDURES WORKSHEET

Policies and procedures are control activities established and implemented to provide reasonable assurance that potential risk exposures are addressed and organizational objectives are effectively carried out. Control activities occur across an organization, at all levels, and in all functions. They include a range of activities such as approvals, authorizations, verifications, reconciliations, security over assets and data, and segregation of duties. Source: [https://www.doa.virginia.gov/reference/ARMICS/ARMICS\\_Standards.pdf](https://www.doa.virginia.gov/reference/ARMICS/ARMICS_Standards.pdf)

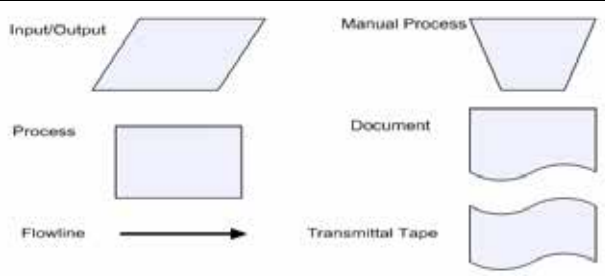
Task Description	Describe activity performed to validate/verify assessment criteria. (May attach additional sheets , if needed)	Is there evidence to demonstrate achievement of criteria? (May attach additional sheets, if needed)			
		Y	N	N/A	COMMENTS
1. Document policies/procedures governing CPMT administrative activities (e.g., bylaws).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Document operating policies/procedures governing program and fiscal activities (e.g. policy/procedure manual).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Establish a process/frequency for review of all policies and procedures.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Maintain evidence that policies/procedures are current and are reviewed in accordance with the established process.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Ensure that locally established policies/procedures are consistent with applicable statutes, laws, regulations, etc.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Ensure that locally established policies/procedures consistent with the State Executive Council's (SEC) Policy Manual for the Children's Services Act (CSA Policy Manual).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Completed By:</b>		<b>Date:</b>	<a href="#">Click here to enter a date.</a>
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### SECTION I: GOVERNANCE PROCESS NARRATIVE / FLOWCHART WORKSHEET

Process flow analysis can be documented in narrative or diagram (a.k.a. flowchart) form to better understand interrelationships among process inputs, tasks, outputs, and responsibilities. In order to diagram the process, the entities and documents involved in the process must be identified. A flowchart shows step-by-step progression through a procedure or system using connecting lines and a set of conventional symbols.

Source: [https://www.doa.virginia.gov/reference/ARMICS/ARMICS\\_Standards.pdf](https://www.doa.virginia.gov/reference/ARMICS/ARMICS_Standards.pdf)

Task Description	Describe activity performed to validate/verify assessment criteria. (May attach additional sheets , if needed)	Is there evidence to demonstrate achievement of criteria? (May attach additional sheets, if needed)			
		Y	N	N/A	COMMENTS
1. Prepare a narrative or flowchart describing the process for review of referrals to FAPT.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Prepare a narrative or flowchart describing the process for performing case specific utilization reviews.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Prepare a narrative or flowchart describing the process for purchasing and or contracting for services.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Prepare a narrative or flowchart for CPMT approval of funding of services that have been recommended by FAPT.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Prepare a narrative or flowchart for expenditure payment processing for CSA funded services.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Prepare a narrative or flowchart to describe the process for requesting additional supplements and monitoring of expenditures and related reimbursements.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Common Flowchart Symbols</b>					

<b>Completed By:</b>		<b>Date:</b>	<a href="#">Click here to enter a date.</a>
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**SECTION I: GOVERNANCE  
MONITORING WORKSHEET**

“Monitoring” is the process of assessing the presence, functioning, and continuous improvement of internal control components. Monitoring is accomplished through ongoing management activities, separate evaluations, or both. Examples of monitoring activities include:

- Managers reviewing operating reports.
- Internal auditors, external auditors, and advisors regularly providing recommendations.
- Training seminars, planning sessions and other meetings giving feedback to management.

Source: [https://www.doa.virginia.gov/reference/ARMICS/ARMICS\\_Standards.pdf](https://www.doa.virginia.gov/reference/ARMICS/ARMICS_Standards.pdf)

Task Description	Describe activity performed to validate/verify assessment criteria. (May attach additional sheets , if needed)	Is there evidence to demonstrate achievement of criteria? (May attach additional sheets, if needed)			
		Y	N	N/A	COMMENTS
1. Maintain documentation of local CSA staff participation in CSA related training seminars, planning sessions, and other meetings.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Identify list of monitoring (operational and financial) reports furnished to the FAPT, MDT and/or CPMT along with scheduled due dates.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Demonstrate that monitoring reports were reviewed by the CPMT and published timely.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Maintain a central repository of reports issued by internal auditors, external auditors, and other advisory resources (e.g. DSS IV-E Reviews).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Maintain a central repository of corrective action plans related to CSA created in response to Task 4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Ensure that corrective action plans were implemented by the established due dates.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Solicit and document feedback from local CSA program partners and stakeholders regarding the effectiveness of the program.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Completed By:</b>		<b>Date:</b>	Click here to enter a date.
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**SECTION I: GOVERNANCE  
ORGANIZATIONAL LEVEL  
INTERNAL CONTROL ENVIRONMENT ASSESSMENT SURVEY**

<b>GLOSSARY OF INTERNAL CONTROL TERMS</b>	
<b>Best Practice</b>	<p>“Best practice” is a frequently used business term with many definitions. For the purposes of these standards, these definitions help to provide an understanding of this term from multiple perspectives:</p> <ul style="list-style-type: none"> <li>• The winning strategies, approaches, and processes that produce superior performance in an organization. <i>Source: <a href="http://www.portfoliostep.com/390.1TerminologyDefinitions.htm">www.portfoliostep.com/390.1TerminologyDefinitions.htm</a></i></li> <li>• An activity or procedure that has produced outstanding results in another situation and could be adapted to improve effectiveness, efficiency, ecology, and/or innovativeness in another situation. <i>Source: <a href="http://www.ichnet.org/glossary.htm">www.ichnet.org/glossary.htm</a></i></li> <li>• A way or method of accomplishing a business function or process that is considered to be superior to all other known methods. <i>Source: <a href="http://www.qaproject.org/methods/resglossary.html">www.qaproject.org/methods/resglossary.html</a></i></li> <li>• The term best practice generally refers to the best possible way of doing something; it is commonly used in the fields of business management, software engineering, and medicine, and increasingly in government. <i>Source: <a href="http://en.wikipedia.org/wiki">en.wikipedia.org/wiki</a></i></li> </ul>
<b>Control Activities</b>	<p>Policies and procedures established and implemented to help ensure the risk responses are effectively carried out. Control activities occur throughout an organization, at all levels, and in all functions. They include:</p> <ul style="list-style-type: none"> <li>• Authorization</li> <li>• Review and approval</li> <li>• Verification</li> <li>• Reconciliation</li> <li>• Physical security over assets</li> <li>• Segregation of duties</li> <li>• Education, training, and coaching</li> <li>• Performance planning and evaluation</li> </ul>
<b>Control Deficiencies</b>	<p>Ineffective processes that may adversely impact the program’s ability to achieve desired strategic, financial, operational, reporting, compliance, and stewardship objectives.</p>
<b>Control Environment</b>	<p>The agency’s “corporate culture,” showing how much the agency’s leaders value ethical behavior and internal control. Factors include:</p> <ul style="list-style-type: none"> <li>• Values stated and promoted for integrity and ethical behavior</li> <li>• Direct and active involvement of the agency management team</li> <li>• Commitment to competence</li> <li>• Organizational structure</li> <li>• Assignment of authority and responsibility</li> <li>• Human resource standards</li> <li>• Internal control philosophy</li> <li>• Risk management philosophy</li> <li>• Oversight by the Cabinet Secretary</li> <li>• Oversight by the agency’s governing board or commission (when applicable)</li> </ul>

**SECTION I: GOVERNANCE  
ORGANIZATIONAL LEVEL  
INTERNAL CONTROL ENVIRONMENT ASSESSMENT SURVEY**

<b>GLOSSARY OF INTERNAL CONTROL TERMS</b>	
<b>Information and Communication</b>	Communicating relevant information in a timeframe to enable people to carry out their responsibilities. Effective communication occurs down, across, and up the agency. An effective information and communication process ensures that all personnel receive a clear message from the agency head that internal control must be taken seriously.
<b>Inherent Risk</b>	The risk that one or more factors will prevent an objective from being accomplished, if the agency does not implement risk mitigation measures.
<b>Internal Control</b>	Ongoing process led by agency head to design and provide reasonable assurance that these types of objectives will be achieved: <ul style="list-style-type: none"> <li>• Effective and efficient operations</li> <li>• Reliable financial reporting</li> <li>• Compliance with applicable laws and regulations</li> <li>• Safeguarding of assets</li> </ul>
<b>Internal Control Components</b>	<ul style="list-style-type: none"> <li>• Control Environment</li> <li>• Risk Assessment</li> <li>• Control Activities</li> <li>• Information and Communication</li> <li>• Monitoring Activities</li> </ul>
<b>Monitoring</b>	The process of assessing the presence and functioning of internal control components and making continuous improvements. Monitoring can be accomplished by routine management activities, separate evaluations, or both.
<b>Residual Risk</b>	The risk that remains after management responds to inherent risk. Once risk responses have been developed, management then considers residual risk.
<b>Responses to Risk</b>	The technique used to offset the impact of risk: <ul style="list-style-type: none"> <li>• Avoid risk</li> <li>• Reduce risk</li> <li>• Share risk</li> <li>• Accept risk</li> </ul> A complete response to a given risk may include more than one technique.
<b>Risk</b>	A factor that could prevent an individual, group, or agency from accomplishing an objective as intended or planned.
<b>Risk Assessment</b>	Process of analyzing potential events and determining what impact they may have on achieving agency objectives.

**SECTION I: GOVERNANCE  
ORGANIZATIONAL LEVEL  
INTERNAL CONTROL ENVIRONMENT ASSESSMENT SURVEY**

Source: [https://www.doa.virginia.gov/reference/ARMICS/ARMICS\\_Standards.pdf](https://www.doa.virginia.gov/reference/ARMICS/ARMICS_Standards.pdf)

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

**SECTION I: GOVERNANCE  
ORGANIZATIONAL LEVEL**

**INTERNAL CONTROL ENVIRONMENT ASSESSMENT SURVEY**

Source: [https://www.doa.virginia.gov/reference/ARMICS/ARMICS\\_Standards.pdf](https://www.doa.virginia.gov/reference/ARMICS/ARMICS_Standards.pdf)

<b>PROFESSIONAL AND TECHNICAL COMPETENCE</b>			
This Control is Implemented and Operating Effectively	Response		Comments
	Agree	Disagree	



1. Job descriptions (and other documents that define key duties) are current, accurate, and understood.	<input type="checkbox"/>	<input type="checkbox"/>	
2. There is a process in place to keep job descriptions current, accurate, and understood.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Job knowledge/skills requirements realistically match the CSA program and position's needs.	<input type="checkbox"/>	<input type="checkbox"/>	
4. The CPMT and FAPT/MDT has the specialized knowledge, experience, and training required to perform their duties and do not rely extensively on technical specialists or outside consultants.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Local CSA staff is properly trained and capable of performing the duties assigned.	<input type="checkbox"/>	<input type="checkbox"/>	
6. Local CSA staff, partners, and stakeholders are committed to excellence in performing their jobs.	<input type="checkbox"/>	<input type="checkbox"/>	
7. Individual performance targets focus on both the long and short-term; and address a broad spectrum of criteria (e.g. quality, productivity, leadership, teamwork, and self-development).	<input type="checkbox"/>	<input type="checkbox"/>	

**Conclusions Reached and Actions Needed:**

**ORGANIZATIONAL STRUCTURE**

This Control is Implemented and Operating Effectively	Response		Comments
	Agree	Disagree	
1. The organizational structure of the local CSA program is appropriate to carry out its mission and manage its activities.	<input type="checkbox"/>	<input type="checkbox"/>	
2. The organizational structure of the local CSA program provides adequate supervisory and managerial oversight.	<input type="checkbox"/>	<input type="checkbox"/>	
3. The current organizational structure facilitates the flow of information up, down and across program to all partners and stakeholders.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Reporting relationships provide the CPMT, FAPT, MDT, and CSA Coordinators with the information appropriate to their responsibility and authority.	<input type="checkbox"/>	<input type="checkbox"/>	
5. CSA Coordinators, FAPT, and MDT members have ready access to the CPMT in addressing significant issues.	<input type="checkbox"/>	<input type="checkbox"/>	
6. The CPMT periodically evaluates the organizational structure in light of changes in the scope, nature, or extent of operations.	<input type="checkbox"/>	<input type="checkbox"/>	
7. The program has the appropriate number of people and resources allocated to key functions/activities.	<input type="checkbox"/>	<input type="checkbox"/>	

**Conclusions Reached and Actions Needed:**

**SECTION I: GOVERNANCE**

**ORGANIZATIONAL LEVEL**

**INTERNAL CONTROL ENVIRONMENT ASSESSMENT SURVEY**

Source: [https://www.doa.virginia.gov/reference/ARMICS/ARMICS\\_Standards.pdf](https://www.doa.virginia.gov/reference/ARMICS/ARMICS_Standards.pdf)

**ASSIGNMENT OF AUTHORITY AND RESPONSIBILITY**

This Control is Implemented and Operating Effectively	Response		Comments
	Agree	Disagree	
	<input type="checkbox"/>	<input type="checkbox"/>	

1. The CPMT designates who is responsible for committing the local CSA program pool funds to financial or contractual obligations through a formal delegation of authority.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Specific limits are established for certain types of transactions and delegations are clearly communicated and understood by local CSA program stakeholders.	<input type="checkbox"/>	<input type="checkbox"/>	
3. The CPMT accepts responsibility for information generated by the program and on reported results.	<input type="checkbox"/>	<input type="checkbox"/>	
4. The CPMT is appropriately empowered to correct problems and implement improvements.	<input type="checkbox"/>	<input type="checkbox"/>	
5. The current level of delegation of duties balances empowerment and "getting the job done" with CPMT involvement and authority.	<input type="checkbox"/>	<input type="checkbox"/>	

**Conclusions Reached and Actions Needed:**

### RISK ASSESSMENT

This Control is Implemented and Operating Effectively	Response		Comments
	Agree	Disagree	
1. Formal or informal process exists to inform the CPMT of events that may adversely affect the achievement of CSA objectives (i.e., "risk").	<input type="checkbox"/>	<input type="checkbox"/>	
2. The process used to analyze risk in the local CSA program is clearly understood and includes estimating the significance of risk and assessing the likelihood of the risk event actually occurring.	<input type="checkbox"/>	<input type="checkbox"/>	
3. The process used to analyze risk in the local CSA program includes determining steps needed to mitigate risks.	<input type="checkbox"/>	<input type="checkbox"/>	
4. The CPMT assesses for impact on the local program if they take no action to respond to emerging risk to the achievement of CSA objectives.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Once the CPMT has determined that the risk can be mitigated, they determine whether an implementation plan is needed.	<input type="checkbox"/>	<input type="checkbox"/>	
6. If an implementation plan is needed, the CPMT establishes the necessary procedures to ensure the plan is carried out.	<input type="checkbox"/>	<input type="checkbox"/>	

**Conclusions Reached and Actions Needed:**

## SECTION I: GOVERNANCE ORGANIZATIONAL LEVEL INTERNAL CONTROL ENVIRONMENT ASSESSMENT SURVEY

Source: [https://www.doa.virginia.gov/reference/ARMICS/ARMICS\\_Standards.pdf](https://www.doa.virginia.gov/reference/ARMICS/ARMICS_Standards.pdf)

CONTROL ACTIVITIES FOR FISCAL PROCESSES			
This Control is Implemented and Operating Effectively	Response		Comments
	Agree	Disagree	

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

**SECTION I: GOVERNANCE  
ORGANIZATIONAL LEVEL**

**INTERNAL CONTROL ENVIRONMENT ASSESSMENT SURVEY**

Source: [https://www.doa.virginia.gov/reference/ARMICS/ARMICS\\_Standards.pdf](https://www.doa.virginia.gov/reference/ARMICS/ARMICS_Standards.pdf)

<b>INFORMATION</b>			
<b>This Control is Implemented and Operating Effectively</b>	<b>Response</b>		<b>Comments</b>
	<b>Agree</b>	<b>Disagree</b>	
1. Adequate data gathering mechanisms are in place to provide information to appropriate local CSA staff so that	<input type="checkbox"/>	<input type="checkbox"/>	

they can carry out their operating, reporting, and compliance responsibilities.			
2. Reports evaluating program outcomes generated or used by the FAPT/MDT/CPMT and other CSA stakeholders are adequate; contain sufficient and meaningful information.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Mechanisms exist for identifying emerging information needs.	<input type="checkbox"/>	<input type="checkbox"/>	
4. An information technology (IT) plan has been developed that is linked to achieving the programs objectives.	<input type="checkbox"/>	<input type="checkbox"/>	
5. IT plans are modified as needed to support new objectives.	<input type="checkbox"/>	<input type="checkbox"/>	

**Conclusions Reached and Actions Needed:**

**COMMUNICATION**

This Control is Implemented and Operating Effectively	Response		Comments
	Agree	Disagree	
1. Communication channels exist for CSA stakeholders to effectively communicate up, down, across, and within the program.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Information/analytical reports are provided to the right people, with the right level of detail, at the right time.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Mechanisms are in place to identify emerging technology needs, establish priorities, and provide feedback on system performance.	<input type="checkbox"/>	<input type="checkbox"/>	
4. A clear communication channel is available to report suspected improprieties.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Persons who report suspected improprieties are provided feedback and are not subject to retaliation.	<input type="checkbox"/>	<input type="checkbox"/>	
6. Realistic mechanisms are in place for CSA stakeholders to provide recommendations for improvement.	<input type="checkbox"/>	<input type="checkbox"/>	
7. Changes with respect to statewide and local objectives and strategies are communicated timely and effectively to all effected CSA stakeholders.	<input type="checkbox"/>	<input type="checkbox"/>	
8. Outside parties understand the program's ethical and behavioral standards and expectations regarding dealings with the program.	<input type="checkbox"/>	<input type="checkbox"/>	
9. The CPMT is receptive to comments by internal and external auditors regarding control deficiencies or suggestions for process improvement. Appropriate actions are taken and documented.	<input type="checkbox"/>	<input type="checkbox"/>	

**Conclusions Reached and Actions Needed:**

**SECTION I: GOVERNANCE**

**ORGANIZATIONAL LEVEL**

**INTERNAL CONTROL ENVIRONMENT ASSESSMENT SURVEY**

Source: [https://www.doa.virginia.gov/reference/ARMICS/ARMICS\\_Standards.pdf](https://www.doa.virginia.gov/reference/ARMICS/ARMICS_Standards.pdf)

**MONITORING**

This Control is Implemented and Operating Effectively	Response		Comments
	Agree	Disagree	
1. The CPMT has established performance measures for processes and receives periodic reports of results against those measures.	<input type="checkbox"/>	<input type="checkbox"/>	

2. Individuals responsible for performance reports (operational and financial) are required to "sign off" on their accuracy and integrity and are held accountable if errors are discovered.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Known departures from statutory compliance and/or CPMT adopted policies, procedures, or practices that should have prevented or detected problems are reassessed and modified as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Evaluations of the entire internal control system (includes policies/procedures/practices) are performed when there are major changes in operations.	<input type="checkbox"/>	<input type="checkbox"/>	
5. An appropriate level of documentation is developed to facilitate an understanding of how the system of internal control works (such as policy manuals, flowcharts, and implementation memorandums).	<input type="checkbox"/>	<input type="checkbox"/>	
6. Local CSA staff is provided with sufficient internal control and compliance training sessions and feedback opportunities.	<input type="checkbox"/>	<input type="checkbox"/>	
7. Internal control deficiencies are identified by on-going monitoring activities by the CPMT, including managerial activities and everyday supervision of CSA staff.	<input type="checkbox"/>	<input type="checkbox"/>	
8. Internal control deficiencies are identified during separate evaluations of the programs internal control system (i.e. internal/external audit).	<input type="checkbox"/>	<input type="checkbox"/>	
9. Internal control deficiencies are reported to the person directly responsible for the activity and to the CPMT.	<input type="checkbox"/>	<input type="checkbox"/>	
10. The CPMT ensures that the necessary follow-up actions are taken in response to reported control deficiencies.	<input type="checkbox"/>	<input type="checkbox"/>	
11. Specifications have been established for deficiencies that should be reported to state and local oversight bodies (e.g. local government leaders; Office of Children's Services; State Executive Council [SEC]).	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Conclusions Reached and Actions Needed:</b>			

## SECTION II: RISK MANAGEMENT

- Risk Assessment Worksheet
  - Identification of Risk Exposures
  - Likelihood and Impact of Risk Exposures
  - Risk Response Plans

- Risk Assessment Worksheet Supplement
- Fraud Risk Questionnaire

## SECTION II: RISK MANAGMENT RISK ASSESSMENT WORKSHEET

"Risk Assessment" is the process of analyzing potential events and considering likelihood and impact to determine those events' possible impact on achievement of objectives. Management must assess the risk of unexpected potential events and any expected events that could have a significant impact. Risk assessment is a continuous and repetitive interplay of actions occurring throughout an organization.

Source: [https://www.doa.virginia.gov/reference/ARMICS/ARMICS\\_Standards.pdf](https://www.doa.virginia.gov/reference/ARMICS/ARMICS_Standards.pdf)

Task Description	Describe activity performed to validate/verify assessment criteria. (May attach additional sheets , if needed)	Is there evidence to demonstrate achievement of criteria? (May attach additional sheets, if needed)			
		Y	N	N/A	COMMENTS

<p>1. Establish requirements for completing the risk assessment process, to include but not limited to:</p> <ul style="list-style-type: none"> <li>a. Responsible Party</li> <li>b. Frequency</li> <li>c. Communicating Results</li> <li>d. Implementation of Risk Responses.</li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>2. Perform and document a risk assessment of the local CSA program. The Risk Assessment Worksheet Supplement or a reasonable facsimile may be used.</p>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>3. Communicate results of the risk assessment to appropriate parties.</p>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>4. Verify and document timely completion of the risk assessment's implementation plan, if applicable.</p>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>5. Ensure that an assessment of fraud risk is completed. Select at least 3 individuals from the local CSA program staff to complete the questionnaire <i>Suggestion: vary selection from among the various stakeholder groups (CPMT, FAPT, MDT, CSA Coordinator, and Utilization Review.)</i></p>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Completed By:</b> _____	<b>Date:</b> _____	<a href="#">Click here to enter a date.</a>
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## SECTION II: RISK MANAGEMENT RISK ASSESSMENT WORKSHEET SUPPLEMENT

Potential Risk Event/Exposure	SEVERITY RANKINGS & RESPONSE ACTIONS			
	Likelihood	Impact	Risk Response	Implementation Plan
	Rate as follows: High = 3 Moderate = 2 Low = 1		Rate as follows A = Avoid R = Reduce S = Share X = Accept	(Check box if plan is required. Required for all rated as high. Include as an attachment to this file).  <input type="checkbox"/>
				<input type="checkbox"/>

				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**EXPLANATION OF KEY TERMS**

<b>Likelihood</b>	Defined as "the odds" that a given event will occur.
<b>Impact</b>	The measurement of the effect of the event in quantitative or qualitative terms.
<b>Avoid</b>	Ending those activities that give rise to risk (e.g. eliminating a service or function).
<b>Reduce</b>	Involves everyday management decisions, including imposing control activities (i.e. reviews, approvals, authorizations, inspections, reconciliations, routine activities).
<b>Sharing</b>	Transfers a portion of likelihood or impact to another party (e.g. outsourcing).
<b>Acceptance</b>	Taking no action in response to risk, within parameters dictated by established policy. All risk cannot be eliminated. Risk that remains after all possible risk responses have been taken is accepted and often referred to as residual risk.
<b>Probability</b>	High (requires action to avoid or reduce the risk)
	Moderate (requires action; reduce the risk)
	Low (requires no action; accept the risk)

<b>Prepared By:</b>		<b>Title:</b>		<b>Date:</b>	<a href="#">Click here to enter a date.</a>
<b>Reviewed By:</b>		<b>Title:</b>		<b>Date:</b>	<a href="#">Click here to enter a date.</a>

**SECTION II: RISK MANAGEMENT  
FRAUD RISK QUESTIONNAIRE**

<b>Name:</b>	<b>Title:</b>		<b>Date:</b>	
QUESTIONS	RESPONSE		COMMENTS	
	YES	No		
1. Has the local CSA program established or adopted local government's ethics policies and procedures? If yes, how is it communicated and how often?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Do representatives of the local CSA program exhibit high ethical standards?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Has the local CSA program established internal controls (e.g. policies/procedures, processes, practices, etc.) to prevent, deter, and detect inappropriate and/or fraudulent activity? If no, skip to question 6.	<input type="checkbox"/>	<input type="checkbox"/>		



4. Are the internal controls established adequately designed to mitigate fraud risk/exposures and are operating as intended?	<input type="checkbox"/>	<input type="checkbox"/>	
5. What are the potential fraud risk/exposures for the local CSA program?			
6. Are any CSA partner agencies particularly vulnerable to fraud? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is there a means for internal and/or external CSA stakeholders to report suspected fraud? If yes, explain.	<input type="checkbox"/>	<input type="checkbox"/>	
8. If an individual with ties to the local CSA program were aware of possible wrong-doing within the program, would the CPMT be informed? Please explain.			
9. If someone wanted to acquire data, equipment, cash instruments or manipulate local CSA records through improper and/or fraudulent means, how would it most likely be done and the key personnel to be involved?			
10. Are you aware of any instances of security breaches of sensitive data and physical assets (equipment/funds)? If yes, explain.	<input type="checkbox"/>	<input type="checkbox"/>	
11. Have ever observed any unusual transactions/ activities that were recorded outside normal business hours? If yes, explain.	<input type="checkbox"/>	<input type="checkbox"/>	
12. Has anyone ever requested you to process an unusual or poorly documented transaction; something you that you suspected was improper. If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>	
13. Are you aware of any allegations of suspected fraud or proven instances of fraud in the local CSA program? If yes, explain.	<input type="checkbox"/>	<input type="checkbox"/>	
14. Are you aware of anyone with ties to managing CSA who is living outside their means/lifestyle, may have money issues, demeanor or habits may have suddenly changed?	<input type="checkbox"/>	<input type="checkbox"/>	
15. If you were assigned to audit the local CSA program, where would you spend your time/resources?			
16. Have you personally perpetrated any fraud against CSA? If yes, explain.	<input type="checkbox"/>	<input type="checkbox"/>	

### SECTION III: INTERNAL CONTROL ASSESSMENT

- Internal Control Worksheet
- Internal Control Questionnaire

### **SECTION III: INTERNAL CONTROL INTERNAL CONTROL WORKSHEET**

Internal Control is an ongoing process led by executive leadership designees to design and provide reasonable assurance that these types of objectives will be achieved:

- Effective and efficient operations,
- Reliable financial reporting,
- Compliance with applicable laws and regulations, and
- Safeguarding of assets and data.

No matter how well designed and operated, effective internal control provides only reasonable (not absolute) assurance. Achievement of objectives is always influenced by limitations inherent in all management processes, including:

- Faulty judgment or other human error,
- Collusion,
- Management override of controls, and

- Limitations disclosed by cost-versus-benefit analysis.

These limitations exist wherever internal controls exist, whether in the public, private, or not-for-profit sectors.

Source: [https://www.doa.virginia.gov/reference/ARMICS/ARMICS\\_Standards.pdf](https://www.doa.virginia.gov/reference/ARMICS/ARMICS_Standards.pdf)

Task Description	Describe activity performed to validate/verify assessment criteria. (May attach additional sheets , if needed)	Is there evidence to demonstrate achievement of criteria? (May attach additional sheets, if needed)			
		Y	N	N/A	COMMENTS
1. Establish requirements for completing an internal control assessment, to include but not limited to: a. Responsible Party b. Frequency c. Communicating Results d. Quality Improvement Plan		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Complete the internal control questionnaire included in this workbook.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Communicate results of the internal control assessment to appropriate parties and develop a quality improvement plan to address deficiencies identified.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Verify and document timely completion of the internal control assessment and implementation of quality improvement plans, if applicable.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Completed By:</b>		<b>Date:</b>	Click here to enter a date.
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### SECTION III: INTERNAL CONTROL INTERNAL CONTROL QUESTIONNAIRE (Page 1 of 4)

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

Questions	Answer Y/ N / N/A	Comments
1. Are members of the CPMT appointed by the governing body of the local political subdivision? <a href="#">§ 2.2-5204</a>		
2. Are members of the FAPT/MDT appointed by the CPMT? <a href="#">§ 2.2-5207</a>		
3. Does your locality have more than one FAPT/MDT? If yes, how many?		
4. Is the fiscal agent a member of the CPMT and/or attends CPMT meetings regularly?		

5. Does the makeup of CPMT, FAPT, and MDT membership meet the minimum statutory requirements? <a href="#">§ 2.2-5205</a> and <a href="#">§ 2.2-5207</a>		
6. Are appointed CPMT members authorized to make policy and funding decisions for their agencies? <a href="#">§ 2.2-5205</a>		
7. Are FAPT/MDT members appointed who have authority to access services within their respective agencies? <a href="#">§ 2.2-5207</a>		
8. Do any CPMT, FAPT, and MDT members participate as members for other localities? If yes, please provide specifics.		
9. Are parent representatives and private providers that serve on CPMT, MDT or FAPT required to complete State and Local Government Conflict of Interest Act forms? <a href="#">§ 2.2-5205</a> and <a href="#">§ 2.2-5207</a>		
10. Are CPMT, FAPT, and/or MDT members required to abstain from decision-making involving individual cases in which they have either a personal or fiduciary interest? <a href="#">§ 2.2-5205</a> and <a href="#">§ 2.2-5207</a>		
11. Is a financial audit of the local CSA program performed annually? By whom? <a href="#">§ 2.2-5204</a>		
12. Does the CPMT monitor appropriate use of CSA funds? Please describe process.		
13. Is there a procedure for addressing noted deficiencies? Please describe process.		
<b>Conclusions Reached and Actions Needed:</b>		

**SECTION III: INTERNAL CONTROL  
INTERNAL CONTROL QUESTIONNAIRE  
(Page 2 of 4)**

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

Questions	Answer  Y/ N/ N/A	Comments
1. Does the local CSA program/unit have clearly defined goals and objectives and are they documented?		
2. Are the goals and objectives that have been established consistent with the legislative intent of the Children's Services Act and the Appropriation Act?		
3. Do the results of operations appear to be consistent with the stated goals and objectives?		
4. Does CPMT periodically appraise the program for cost effectiveness?		

5. Are the results of evaluations of the accomplishment of goals and objectives, as well as the appraisals of the effectiveness of the local CSA program, communicated to stakeholders? List how and frequency of communications.		
<b>Conclusions Reached and Actions Needed:</b>		

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

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

**SECTION III: INTERNAL CONTROL  
INTERNAL CONTROL QUESTIONNAIRE  
(Page 3 of 4)**

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

Questions	Answer Y/N/ N/A	Comments
1. Are individual service plans and financial transactions required to be authorized by appropriate FAPT, MDT and CPMT designees?		
2. Are authorizations by appropriate FAPT, MDT, and CPMT designees evidenced in writing?		
3. Are there measures in place to help ensure that services plans and financial documents are complete, accurate, and processed timely?		
4. Are there measures in place to ensure that eligible CSA referrals are processed?		

5. Are there measures in place to prevent duplicate processing of transactions?		
6. Are there reconciliation procedures in place where appropriate (e.g. inventory of case files; fund balance reconciliations)?		
7. Have records management and records retention requirements been established and documented for the program?		
8. Is there a process in place to get feedback on the reliability and integrity of information collected in eligibility determinations, service planning, progress monitoring?		
9. Does this process appear to be adequate as designed?		
10. Is there evidence that management performs this control and initiates corrective action when necessary?		
11. Does the turnover rate of CPMT; FAPT; MDT members and CSA Coordinators appear to be reasonable?		
12. Is training for CPMT/FAPT/MDT members and CSA Coordinators/employees adequate?		
13. Do CSA Coordinators have a backup in the event of an extended absence or vacancy?		
14. Is there a system of rotation for CPMT/FAPT/MDT members?		
15. Is the program operating pretty much the same now as a year ago or have there been substantial changes?		
<b>Conclusions Reached and Actions Needed:</b>		

**SECTION III: INTERNAL CONTROL  
INTERNAL CONTROL QUESTIONNAIRE  
(Page 4 of 4)**

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

Questions	Answer	Comments
	Y/N/ N/A	
1. Do controls (security of and accountability) over cash (if any) and valuable documents appear to be adequate?		
2. Are sensitive records physically secured from easy access by unauthorized personnel (e.g. secured file cabinets)?		
3. Are sensitive records that are stored electronically secured from easy access by unauthorized personnel (e.g. password protected; encrypted flash drives; etc.)?		
4. Is there a process established for back-up and recovery of data?		

5. Is the principle of least privilege applied in granting access of secure data (based on specific needs of user; not everyone has full access)?		
6. Is staff required to participate in information security awareness training?		
<b>Conclusions Reached and Actions Needed:</b>		

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

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

**SECTION IV: Training**

- Training Worksheet

## SECTION IV: TRAINING TRAINING WORKSHEET

Competence reflects the knowledge, skills, and abilities needed to meet objectives. Providing continuing training and education can reward expected performance and behavior. It is essential that employees are groomed to tackle new challenges as programs become more complex. Education, training and coaching reduce the risk of error and inefficiency in operations by ensuring that personnel have the proper education and training to perform their duties effectively. Education and training programs should be periodically reviewed and updated to conform to any changes in the program environment or fiscal processing procedures.

Source: [https://www.doa.virginia.gov/reference/ARMICS/ARMICS\\_Standards.pdf](https://www.doa.virginia.gov/reference/ARMICS/ARMICS_Standards.pdf)

Task Description	Describe activity performed to validate/verify assessment criteria. (May attach additional sheets , if needed)	Is there evidence to demonstrate achievement of criteria? (May attach additional sheets, if needed)			
		Y	N	N/A	COMMENTS
1. Determine whether a training plan has been established for local CSA program staff.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Maintain documentation of local CSA program staff		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



participation in CSA related training events.				
3. Determine whether the local CSA program has established a frequency and/or venue for educating applicable stakeholders (i.e. parents, community partners, private providers, judges, etc.) on local CPMT approved CSA policies, procedures, resources and services.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Maintain documentation to demonstrate education of CSA stakeholders in the community. Examples could include: participant lists, meeting agendas, meeting minutes, course outlines/syllabus, etc.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ensure that training plans/ programs are updated periodically.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Completed By:</b>		<b>Date:</b>	<a href="#">Click here to enter a date.</a>
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## SECTION V: COMPLIANCE

- Compliance Assessment Worksheet
  - Compliance Supplemental Worksheets – Program Activities
    - § CPMT Management
    - § FAPT/MDT Management
    - § Family Engagement Planning
    - § Mandatory Uniform Assessment Instrument
    - § Intensive Care Coordination (ICC)
    - § Treatment Foster Care (TFC)
    - § Community-Based Behavioral Health Services
    - § Special Education (SPED)

- § Utilization Management/Utilization Review (UM/UR)
- § Records Management
- § Data Access, Integrity, and Security
- Compliance Supplemental Worksheets – Fiscal Activities
  - § Client Eligibility
  - § Expenditure Eligibility
  - § Parental Contributions
  - § Budget and Monitoring
  - § “Carve-Out” of Allocation
  - § Administrative Funds
  - § Pool Fund Reimbursements
  - § Supplemental Requests
- Local CPMT Compliance Assessment Worksheet

## SECTION V: COMPLIANCE COMPLIANCE ASSESSMENT WORKSHEET

The purpose of the Children’s Services Act is to: "Ensure that services and funding are consistent with the Commonwealth's policies of preserving families and providing appropriate services in the least restrictive environment, while protecting the welfare of children and maintaining the safety of the public." Code of Virginia §2.2-2648 states that the Council shall “deny state funding to a locality, in accordance with subdivision 19, where the CPMT fails to provide services that comply with the Children’s Services Act (§ 2.2-5200 et seq.), any other state law or policy, or any federal law pertaining to the provision of any service funded in accordance with §2.2-5211;”						
Task Description	Describe activity performed to validate/verify assessment criteria. (May attach additional sheets , if needed)	Is there evidence to demonstrate achievement of criteria? (May attach additional sheets, if needed)				
		Y	N	N/A	COMMENTS	
<b>PROGRAM ACTIVITIES</b>						
1. Review program activities of the selected audit period (e.g. most recent 12 months) to assess compliance with federal, state, and local laws, policies, and procedures that govern CSA services.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

2. Use the Compliance Supplemental Worksheet- Program Activities or a reasonable facsimile to document the assessment.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Itemize deficiencies identified.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Document CPMT discussion of deficiencies and quality improvement plan.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FISCAL ACTIVITIES</b>					
5. Review fiscal activities of the selected audit period (e.g. most recent 12 months) to assess compliance with federal, state, and local laws, policies, and procedures governing CSA pool fund expenditures.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Document the assessment using the Compliance Supplemental Worksheet- Fiscal Activities or a reasonable facsimile.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Itemize deficiencies identified.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Document CPMT discussion of deficiencies and quality improvement.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Completed By:</b>		<b>Date:</b>	<a href="#">Click here to enter a date.</a>
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**Compliance Supplemental Worksheets – Program Activities: CPMT MANAGEMENT**

**Note: This document lists only the state level compliance criteria. Local CPMTs are encouraged also review compliance with the locally established policies and procedures for administering local CSA programs.**

**PROCEDURE** Determine level of compliance by the local Community Policy and Management Teams (CPMT) with CSA laws, statutes, and policies established by the SEC.

Reference	Description	Compliance Status		
		Full	Partial	Non
COV <a href="#">§ 2.2-5206</a>	The Community Policy and Management Team shall manage the cooperative effort in each community to better serve the needs of troubled and at-risk youths and their families and to maximize the use of state and community resources. Every such team shall:			
	1. Develop interagency policies and procedures to govern the provision of services to children and families in its community;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Develop interagency fiscal policies governing access to the state pool of funds by the eligible populations including immediate access to funds for emergency services and shelter care;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	3. Establish policies to assess the ability of parents or legal guardians to contribute financially to the cost of services to be provided and, when not specifically prohibited by federal or state law or regulation, provide for appropriate parental or legal guardian financial contribution, utilizing a standard sliding fee scale based upon ability to pay;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Coordinate long-range, community-wide planning that ensures the development of resources and services needed by children and families in its community including consultation on the development of a community-based system of services established under <a href="#">§ 16.1-309.3</a> ;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Establish policies governing referrals and reviews of children and families to the family assessment and planning teams or a collaborative, multidisciplinary team process approved by the Council and a process to review the teams' recommendations and requests for funding;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. Establish quality assurance and accountability procedures for program utilization and funds management;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7. Establish procedures for obtaining bids on the development of new services;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8. Authorize and monitor the expenditure of funds by each family assessment and planning team or a collaborative, multidisciplinary team process approved by the Council;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9. Manage funds in the interagency budget allocated to the community from the state pool of funds, the trust fund, and any other source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10. Submit grant proposals that benefit its community to the state trust fund and enter into contracts for the provision or operation of services upon approval of the participating governing bodies;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Compliance Supplemental Worksheets – Program Activities: CPMT MANAGEMENT**

**Note:** This document lists only the state level compliance criteria. Local CPMTs are encouraged to also review compliance with the locally established policies and procedures for administering local CSA programs.

<b>PROCEDURE</b>	Determine level of compliance by local Community Policy and Management Teams (CPMT) with CSA laws, statutes, and policies established by the SEC.			
Reference	Description	Compliance Status		
		Full	Partial	Non
<a href="#">COV § 2.2-5206</a>	11. Serve as its community's liaison to the Office of Children's Services for At-Risk Youth and Families, reporting on its programmatic and fiscal operations and on its recommendations for improving the service system, including consideration of realignment of geographical boundaries for providing human services;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12. Collect and provide uniform data to the Council as requested by the Office of Children's Services for At-Risk Youth and Families in accordance with subdivision D 16 of <a href="#">§ 2.2-2648</a> ;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	13. Review and analyze data in management reports provided by the Office of Children's Services for At-Risk Youth and Families in accordance with subdivision D 18 of § <a href="#">2.2-2648</a> to help evaluate child and family outcomes and public and private provider performance in the provision of services to children and families through the Children's Services Act program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Every team shall also review local and statewide data provided in the management reports on the number of children served, children placed out of state, demographics, types of services provided, duration of services, service expenditures, child and family outcomes, and performance measures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Additionally, teams shall track the utilization and performance of residential placements using data and management reports to develop and implement strategies for returning children placed outside of the Commonwealth, preventing placements, and reducing lengths of stay in residential programs for children who can appropriately and effectively be served in their home, relatives homes, family-like setting, or their community;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	14. Administer funds pursuant to § <a href="#">16.1-309.3</a> ;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	15. Have authority, upon approval of the participating governing bodies, to enter into a contract with another community policy and management team to purchase coordination services provided that funds described as the state pool of funds under are not used § <a href="#">2.2-5211</a> ;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compliance Supplemental Worksheets – Program Activities: CPMT MANAGEMENT			
Note: This document lists only the state level compliance criteria. Local CPMTs are encouraged to also review compliance with the locally established policies and procedures for administering local CSA programs.			
PROCEDURE	Determine level of compliance by local Community Policy and Management Teams (CPMT) with CSA laws, statutes, and policies established by the SEC.		
Reference	Description	Compliance Status	
		Full	Partial
			Non

<p>COV <a href="#">§ 2.2-5206</a></p>	<p>16. Submit to the Department of Behavioral Health &amp; Developmental Services information on children under the age of 14 and adolescents aged 14 through 17 for whom an admission to an acute care psychiatric or residential treatment facility licensed pursuant to Article 2 (§ <a href="#">37.2-403</a> et seq.) of Chapter 4 of Title 37.2, exclusive of group homes, was sought but unable to be obtained by reporting entities. Such information shall be gathered from the family assessment and planning team or participating community agencies authorized in § <a href="#">2.2-5207</a>. Information to be submitted shall include:</p> <p>a.) The child or adolescents date of birth;</p> <p>b.) Date admission was attempted; and</p> <p>c.) Reason the patient could not be admitted into the hospital or facility.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>17. Establish policies for providing intensive care coordination services for children who are at-risk of entering, or are placed in, residential care through the Children's Services Act program, consistent with guidelines developed pursuant to subdivision D 22 of § <a href="#">2.2-2648</a>.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>18. Establish policies and procedures for appeals by youth and their families of decisions made by local Family Assessment and Planning Teams regarding services to be provided to the youth and family pursuant to an individual family services plan developed by the local Family Assessment and Planning Team. Such policies and procedures shall not apply to appeals made pursuant to § <a href="#">63.2-915</a> or in accordance with the Individuals with Disabilities Education Act or federal or state laws or regulations governing the provision of medical assistance pursuant to Title XIX of the Social Security Act.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>COV <a href="#">§ 2.2-5210</a> <a href="#">SEC Policy Manual and CSA User Guide</a> <b>Policy Manual,</b> <b>Section 3.2</b></p>	<p>19. Proceedings held to consider the appropriate provision of services and funding for a particular child, family or both who have been referred to FAPT/MDT shall be confidential and not open to the public, unless the child and family who are the subjects of the proceeding request, in writing, that it be open. All information about specific children and families obtained by the team members in the discharge of their responsibilities to the team shall be confidential.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compliance Supplemental Worksheets – Program Activities: CPMT MANAGMENT				
Note: This document lists only the state level compliance criteria. Local CPMTs are encouraged also review compliance with the locally established policies and procedures for administering local CSA programs.				
PROCEDURE	Determine level of compliance by local Community Policy and Management Teams (CPMT) with CSA laws, statutes, and policies established by the SEC.			
Reference	Description	Compliance Status		
		Full	Partial	Non

<p>COV <a href="#">§ 2.2-5205</a> COV <a href="#">§ 2.2-5207</a> <a href="#">SEC Policy Manual and CSA User Guide</a> Policy Manual, Sections 3.1.1(d) 3.2.1(d)</p>	<p>20. Persons serving on the team who are parent representatives or who represent private organizations or associations of providers for children's or family services shall abstain from decision-making involving individual cases or agencies in which they have either a personal interest, as defined in <a href="#">§ 2.2-3101</a> of the State and Local Government Conflict of Interests Act, or a fiduciary interest.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>COV <a href="#">§ 2.2-2648</a> <a href="#">SEC Policy Manual and CSA User Guide</a> Policy Manual, Sections 3.2.2 and 3.3</p>	<p>21. The Council may review and approve requests from CPMTs to establish collaborative, multidisciplinary team ("MDT") processes for children and families pursuant to COV § 2.2-5209. Consistent with the legislative and statutory goals of CSA and with the Children's Services Practice Model that are cited herein, the Council will approve all MDT requests that comply with the following requirements:</p>			
	<p>a. Policies governing the MDT must be in writing and made available for review by the SEC and OCS.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>b. The policies must specify how the MDT's practices and procedures align and integrate with those of the CPMT's member agencies, and include assurances that the membership of the MDT is family-driven. Documented family team processes adopted by any CPMT member agency (or agencies) can be included by reference in the CPMT's MDT policy to satisfy this requirement.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>c. The policies must explicitly authorize and set out a process through which funding approval requests will be submitted directly from the MDT to the CPMT.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>22. CPMTs that adopt MDT policies complying with these requirements may implement them, with full authority provided under § 2.2-5207 and § 2.2-5209, provided that they notify OCS of their intent to do so and make their MDT policies available to OCS for review.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compliance Supplemental Worksheets – Program Activities: CPMT MANAGMENT			
Note: This document lists only the state level compliance criteria. Local CPMTs are encouraged also review compliance with the locally established policies and procedures for administering local CSA programs.			
PROCEDURE	Determine level of compliance by local Community Policy and Management Teams (CPMT) with CSA laws, statutes, and policies established by the SEC.		
Reference	Description	Compliance Status	
		Full	Partial
COV <a href="#">§ 2.2-3707</a>	23. <u>CPMT Meetings</u>		

	A. All meetings of public bodies shall be open, except as provided in §§ <u>2.2-3707.01</u> and <u>2.2-3711</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. No meeting shall be conducted through telephonic, video, electronic or other communication means where the members are not physically assembled to discuss or transact public business, except as provided in § <u>2.2-3708</u> , <u>2.2-3708.1</u> or as may be specifically provided in Title 54.1 for the summary suspension of professional licenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Every public body shall give notice of the date, time, and location of its meetings by: <ol style="list-style-type: none"> <li>1. Posting such notice on its official public government website, if any;</li> <li>2. Placing such notice in a prominent public location at which notices are regularly posted; and</li> <li>3. Placing such notice at the office of the clerk of the public body or, in the case of a public body that has no clerk, at the office of the chief administrator.</li> </ol>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	24. The notice shall be posted at least three working days prior to the meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	25. Notice, reasonable under the circumstance, of special, emergency, or continued meetings shall be given contemporaneously with the notice provided to the members of the public body conducting the meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	26. At least one copy of the proposed agenda and all agenda packets and, unless exempt, all materials furnished to members of a public body for a meeting shall be made available for public inspection at the same time such documents are furnished to the members of the public body.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	27. Minutes shall be recorded at all open meetings. However, minutes shall not be required to be taken at deliberations of (i) standing and other committees of the General Assembly; (ii) legislative interim study commissions and committees, including the Virginia Code Commission; (iii) study committees or commissions appointed by the Governor; or (iv) study commissions or study committees, or any other committees or subcommittees appointed by the governing bodies or school boards of counties, cities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Compliance Supplemental Worksheets – Program Activities: CPMT MANAGMENT**

**Note:** This document lists only the state level compliance criteria. Local CPMTs are encouraged also review compliance with the locally established policies and procedures for administering local CSA programs.

**PROCEDURE** Determine level of compliance by local Community Policy and Management Teams (CPMT) with CSA laws, statutes, and policies established by the SEC.

Reference	Description	Compliance Status		
		Full	Partial	Non



COV <a href="#">§ 2.2-3707</a>	and towns, except where the membership of any such commission, committee or subcommittee includes a majority of the governing body of the county, city or town or school board.			
	Minutes, including draft minutes, and all other records of open meetings, including audio or audio/visual records shall be deemed public records and subject to the provisions of this chapter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Minutes shall be in writing and shall include (i) the date, time, and location of the meeting; (ii) the members of the public body recorded as present and absent; and (iii) a summary of the discussion on matters proposed, deliberated or decided, and a record of any votes taken. In addition, for electronic communication meetings conducted in accordance with <a href="#">§ 2.2-3708</a> , minutes of state public bodies shall include (a) the identity of the members of the public body at each remote location identified in the notice who participated in the meeting through electronic communications means, (b) the identity of the members of the public body who were physically assembled at the primary or central meeting location, and (c) the identity of the members of the public body who were not present at the locations identified in clauses (a) and (b), but who monitored such meeting through electronic communications means.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COV <a href="#">§ 2.2-3712</a>	28. No closed meeting shall be held unless the public body proposing to convene such meeting has taken an affirmative recorded vote in an open meeting approving a motion that (i) identifies the subject matter, (ii) states the purpose of the meeting as authorized in subsection A of <a href="#">§ 2.2-3711</a> or other provision of law and (iii) cites the applicable exemption from open meeting requirements provided in subsection A of <a href="#">§ 2.2-3711</a> or other provision of law. The matters contained in such motion shall be set forth in detail in the minutes of the open meeting. A general reference to the provisions of this chapter, the authorized exemptions from open meeting requirements, or the subject matter of the closed meeting shall not be sufficient to satisfy the requirements for holding a closed meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Compliance Supplemental Worksheets – Program Activities: CPMT MANAGMENT**

Note: This document lists only the state level compliance criteria. Local CPMTs are encouraged also review compliance with the locally established policies and procedures for administering local CSA programs.

PROCEDURE	Determine level of compliance by locally administered Community Policy and Management Teams (CPMT) with CSA laws, statutes, and policies established by the State Executive Council (SEC).
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Reference	Description	Compliance Status		
		Full	Partial	Non

COV <a href="#">§ 2.2-3712</a>	29. At the conclusion of any closed meeting, the public body holding such meeting shall immediately reconvene in an open meeting and shall take a roll call or other recorded vote to be included in the minutes of that body, certifying that to the best of each member's knowledge (i) only public business matters lawfully exempted from open meeting requirements under this chapter and (ii) only such public business matters as were identified in the motion by which the closed meeting was convened were heard, discussed or considered in the meeting by the public body. Any member of the public body who believes that there was a departure from the requirements of clauses (i) and (ii), shall so state prior to the vote, indicating the substance of the departure that, in his judgment, has taken place. The statement shall be recorded in the minutes of the public body.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	30. Failure of the certification required by subsection D to receive the affirmative vote of a majority of the members of the public body present during a meeting shall not affect the validity or confidentiality of such meeting with respect to matters considered therein in compliance with the provisions of this chapter. The recorded vote and any statement made in connection therewith, shall upon proper authentication, constitute evidence in any proceeding brought to enforce the provisions of this chapter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Compliance Supplemental Worksheets – Program Activities: FAPT/MDT MANAGMENT**

**Note: This document lists only the state level compliance criteria. Local CPMTs are encouraged also review compliance with the locally established policies and procedures for administering local CSA programs.**

**PROCEDURE**

Select a representative sample of all of FAPT/MDT referrals processed in the selected audit period (e.g. most recent 12 months), documenting the sample selection methodology. Review the file documentation for evidence of compliance with CSA statutes, policies, and procedures as listed below. Attach a list of the FAPT/MDT referrals selected for review. Document an explanation for any observations of partial or non-compliance.

Reference	Description	Compliance Status		
		Full	Partial	Non
COV <a href="#">§ 2.2-5208</a>	The family assessment and planning team, in accordance with <a href="#">§ 2.2-2648</a> , shall assess the strengths and needs of troubled youths and families who are approved for referral to the team and identify and determine the complement of services required to meet these unique needs. FAPT/MDT Team, in accordance with policies developed by the CPMT shall:			
	1. Review referrals of youth and families to the team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Provide for family participation in all aspects of assessment, planning, and implementation of services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Provide for the participation of foster parents in the assessment, planning and implementation of services when a child has a program goal of permanent foster care or is in a long-term foster care placement. The case manager shall notify the foster parents of a troubled youth of the time and place of all assessment and planning meetings related to such youth. Such foster parents shall be given the opportunity to speak at the meeting or submit written testimony if the foster parents are unable to attend. The opinions of the foster parents shall be considered by FAPT/MDT in its deliberations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Develop an individual family services plan (IFSP) for youths and families reviewed by the Team that provides for appropriate and cost-effective services;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Identify children who are at risk of entering, or are placed in, residential care through the CSA program who can be appropriately and effectively served in their homes, relatives' homes, family-like settings, and communities. For each child entering or in residential care, in accordance with the policies of the CPMT developed pursuant to subdivision 17 of <a href="#">§ 2.2-5206</a> , the FAPT or approved alternative MDT, in collaboration with the family, shall (i) identify the strengths and needs of the child and his family through conducting or reviewing comprehensive assessments, including but not limited to information gathered through the mandatory uniform assessment instrument...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Compliance Supplemental Worksheets – Program Activities: FAPT/MDT MANAGMENT**

Note: This document lists only the state level compliance criteria. Local CPMTs are encouraged also review compliance with the locally established policies and procedures for administering local CSA programs.

PROCEDURE	Select a representative sample of all FAPT/MDT referrals processed in the selected audit period (e.g. most recent 12 months), documenting the sample selection methodology. Review the file documentation for evidence of compliance with CSA statutes, policies, and procedures as listed below. Attach a list of the FAPT/MDT referrals selected for review. Document an explanation for any observations of partial or non-compliance.			
Reference	Description	Compliance Status		
		Full	Partial	Non

<p>COV <a href="#">§ 2.2-5208</a></p>	<p>... (ii) identify specific services and supports necessary to meet the identified needs of the child and his family building upon the identified strengths, (iii) implement a plan for returning the youth to his home, relative's home, family-like setting, or community at the earliest appropriate time that addresses his needs, including identification of public or private community-based services to support the youth and his family during transition to community-based care, and (iv) provide regular monitoring and utilization review of the services and residential placement for the child to determine whether the services and placement continue to provide the most appropriate and effective services for the child and his family.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>6. Where parental or legal guardian financial contribution is not specifically prohibited by federal or state law or regulation, or has not been ordered by the court or by the DCSE, assess the ability of parents or legal guardians, utilizing a standard sliding fee scale, based upon ability to pay, to contribute financially to the cost of services to be provided and provide for appropriate financial contribution from parents or legal guardians in the IFSP.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>7. Refer the youth and family to community agencies and resources in accordance with the individual family services plan.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>8. Recommend to the community policy and management team expenditures from the local allocation of the state pool of funds; and</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>9. Designate a person who is responsible for monitoring and reporting, as appropriate, on the progress being made in fulfilling the individual family services plan developed for each youth and family, such reports to be made to the team or the responsible local agencies.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Compliance Supplemental Worksheets – Program Activities:  
FAMILY ENGAGEMENT PLANNING**

**Note:** This document lists only the state level compliance criteria. Local CPMTs are encouraged also review compliance with the locally established policies and procedures for administering local CSA programs.

<p><b>PROCEDURE</b></p>	<p>Determine whether a family engagement policy and procedure has been established by the CPMT. Review the established policy and procedure to verify existence of the required elements. Links to family engagement policy and related guidance are included for reference. Document an explanation for any observations of partial or non-compliance and include as an attachment to this document.</p>
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Reference	Description	Compliance Status		
		Full	Partial	Non
<a href="#">SEC Policy Manual and CSA User Guide</a> Policy Manual, Section 3.3	1. CPMTs are responsible for developing policies and procedures, including those that govern any FAPT and/or authorized MDT within their jurisdiction, to provide for family participation in all aspects of assessment, planning and implementation of [CSA] services. (COV <a href="#">§ 2.2-5208</a> ). The Council maintains that any reasonable definition of this legislative requirement to provide for family participation must go beyond simply inviting family members to attend FAPT/MDT meetings and informing them about the decisions made through the FAPT/MDT process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Family members whose participation must be provided for through CPMT policies and practices include those who are impacted by or involved in the delivery of such services. Efforts must be made to include: (see full list in the policy manual).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. CPMTs must have written policies for FAPT/MDT agencies that outline the processes that will insure the best chance of family involvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. The CPMT is responsible for providing policies for FAPTs/MDTs that insure consistent, efficient, and effective CSA services to children and their families. Redundant or duplicative processes must be streamlined across child-serving agencies to promote family engagement but CPMT policy also must describe how they align and integrate with those of the CPMT's member agencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Family involvement and participation are most effective when the process is guided and driven by the youth and family; when the youth and family identify strengths and needs to be addressed; when the agencies involved are represented by staff who know, are known by, and are accepted by the youth and family; and when the youth and family participate in all aspects of assessment, planning and implementation of services. COV <a href="#">§ 2.2-5207</a> provides a process for and encourages the formation of child- and family-specific teams through a locality's FAPT and/or MDT processes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Compliance Supplemental Worksheets – Program Activities:  
FAMILY ENGAGEMENT PLANNING**

**Note: This document lists only the state level compliance criteria. Local CPMTs are encouraged also review compliance with the locally established policies and procedures for administering local CSA programs.**

**PROCEDURE** Determine whether a family engagement policy and procedure has been established by the CPMT. Review the established policy and procedure to verify existence of the required elements. Links to family engagement policy and related guidance are included for reference. Document an explanation for any observations of partial or non-compliance and include as an attachment to this document.

Reference	Description	Compliance Status
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		Full	Partial	Non
<a href="#">SEC Policy Manual and CSA User Guide</a> Policy Manual, Section 3.3	6. CPMTs are responsible for instituting policies and practices that inform, prepare, and support family members for their participation in CSA, throughout the duration of their CSA services. This should be accomplished through communication and interaction methods that are appropriate to the family's cultural and linguistic needs and preferences, including providing written material to family members to understand their rights and responsibilities with respect to CSA services; and if they are fully informed about and prepared to participate in the assessment, planning and service delivery process in their locality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Compliance Supplemental Worksheets – Program Activities:  
MANDATORY UNIFORM ASSESSMENT INSTRUMENT**

**Note:** This document lists only the state level compliance criteria. Local CPMTs are encouraged also review compliance with the locally established policies and procedures for administering local CSA programs.

<b>PROCEDURE</b>	Select a representative sample of all FAPT/MDT referrals processed in the selected audit period (e.g. most recent 12 months), documenting the sample selection methodology. Review the file documentation for evidence of compliance with CSA statutes, policies, and procedures as listed below. Attach a list of the FAPT/MDT referrals selected for review. Document an explanation for any observations of partial or non-compliance.			
Reference	Description	Compliance Status		
		Full	Partial	Non

<a href="#">SEC Policy Manual and CSA User Guide</a> <b>Policy Manual, Section 3.6</b>	1. The Child and Adolescent Needs and Strength Assessment (CANS) shall be the mandatory uniform assessment instrument for children and youth receiving services funded through the state pool.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. All children receiving CSA state pool funded services shall have CANS assessments completed in accordance with the parameters specified in this policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Any child and family receiving CSA funded services shall be administered the CANS assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. The Initial CANS is required to determine and/or support the child's eligibility for CSA consistent with the statutory requirement in <a href="#">§ 2.2-5212</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. The Initial CANS must be completed prior to the initiation of CSA-funded services described on a service plan (e.g., Individual Family Service Plan, Individualized Education Program, or Foster Care Plan), with exception (14 days) for emergency services and placements as provided for in <a href="#">§ 2.2-5209</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. The CANS assessment is required annually. "Annually" is defined as within 60 calendar days of the anniversary date of the Initial CANS or subsequent Annual CANS, meaning the reassessment may fall 60 days prior to, on the date of, or 60 calendar days subsequent to the anniversary of the previous annual assessment date.  The Reassessment version of the CANS may be used for the version of the CANS may be used for the Annual assessment. Local governments shall have the discretion to use either the Comprehensive version or the Reassessment version of the CANS for the Annual assessment.  The CANS completed within the timeframe noted above shall be referred to as the "Annual CANS."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7. Local policy adopted by the Community Policy and Management Team (CPMT) shall direct the frequency of reassessment of the CANS between the one year intervals of required Annual CANS unless otherwise required by another funding source (e.g. Medicaid).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compliance Supplemental Worksheets – Program Activities: MANDATORY UNIFORM ASSESSMENT INSTRUMENT				
<b>Note:</b> This document lists only the state level compliance criteria. Local CPMTs are encouraged also review compliance with the locally established policies and procedures for administering local CSA programs.				
PROCEDURE	Select a representative sample of all FAPT/MDT referrals processed in the selected audit period (e.g. most recent 12 months), documenting the sample selection methodology. Review the file documentation for evidence of compliance with CSA statutes, policies, and procedures as listed below. Attach a list of the FAPT/MDT referrals selected for review. Document an explanation for any observations of partial or non-compliance.			
Reference	Description	Compliance Status		
		Full	Partial	Non

<a href="#">SEC Policy Manual and CSA User Guide</a> <b>Policy Manual, Section 3.6</b>	8. The Discharge CANS shall be the Comprehensive version of the CANS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. Discharge CANS are required only when a child's CSA case is closed. A CPMT may opt to complete a Discharge CANS when transferring a case to another locality according to local written policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. The Discharge CANS may be done 90 days prior to, at the time of, or within 90 days following either the completion of all CSA-funded services, or final FAPT review.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. A Discharge CANS is not required in any of the following situations: <ul style="list-style-type: none"> <li>i. when a child and family receive CSA-funded services for less than 30 calendar days. An Initial CANS is required in such instances.</li> <li>ii. at the time of transfer of services from one locality to another. The receiving locality will complete CANS as required per their local schedule.</li> <li>iii. when one service ends, but the child and/or family continue to receive other CSA-funded services.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Compliance Supplemental Worksheets – Program Activities: INTENSIVE CARE COORDINATION</b>			
<b>Note:</b> This document lists only the state level compliance criteria. Local CPMTs are encouraged also review compliance with the locally established policies and procedures for administering local CSA programs.			
<b>PROCEDURE</b>	Determine whether an intensive care coordination (ICC) policy and procedure has been established by the CPMT. Review the established policy and procedure to verify existence of the required elements. Select a representative sample of all ICC referrals occurring in the selected audit period (e.g. most recent 12 months), document the sample selection methodology, and verify compliance. Links to ICC policy and related guidance are included for reference. Document an explanation for any observations of partial or non-compliance and include as an attachment to this document.		
<b>Reference</b>	<b>Description</b>	<b>Compliance Status</b>	
		<b>Full</b>	<b>Partial</b>



<p>Appropriation Act <a href="#">Chapter 836, 2017</a> <a href="#">General Assembly</a> <a href="#">Session</a></p>	<p>1. At the direction of the State Executive Council, local Community Policy and Management Teams (CPMTs) and Community Services Boards (CSBs) shall work collaboratively in their service areas to develop a local plan for intensive care coordination (ICC) services that best meets the needs of the children and families. If there is more than one CPMT in the CSB's service area, the CPMTs and the CSB may work together as a region to develop a plan for ICC services. Local CPMTs and CSBs shall also work together to determine the most appropriate and cost-effective provider of ICC services for children in their community who are placed in, or at-risk of being placed in, residential care through the Children's Services Act for At-Risk Youth and Families program, in accordance with guidelines developed by the State Executive Council.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><a href="#">SEC Policy Manual and CSA User Guide</a> Policy Manual, Section 6.1</p>	<p>2. <b>Population to be Served by ICC</b> a. Youth shall be identified for ICC by the FAPT. Eligible youth shall include: 1. Youth placed in out-of-home care 2. Youth at risk of placement in out-of-home care.  <i>Note: ICC cannot be provided to individuals receiving other reimbursed case management including Treatment Foster Care Case Management, Mental Health Case Management, Substance Abuse Case Management, or case management provided through Medicaid waivers.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>3. Providers of ICC shall meet the following staffing requirements:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>a. 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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compliance Supplemental Worksheets – Program Activities: INTENSIVE CARE COORDINATION				
<p>Note: This document lists only the state level compliance criteria. Local CPMTs are encouraged also review compliance with the locally established policies and procedures for administering local CSA programs.</p>				
<p>PROCEDURE</p>	<p>Determine whether an intensive care coordination (ICC) policy and procedure has been established by the CPMT. Review the established policy and procedure to verify existence of the required elements. Select a representative sample of ICC referrals occurring in the selected audit period (e.g. most recent 12 months), document the sample selection methodology, and verify compliance. Links to ICC policy and related guidance are included for reference. Document an explanation for any observations of partial or non-compliance and include as an attachment to this document.</p>			
Reference	Description	Compliance Status		
		Full	Partial	Non

<a href="#">SEC Policy Manual and CSA User Guide</a> <b>Policy Manual, Section 6.1</b>	3. Providers of ICC shall meet the following staffing requirements:			
	b. 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. ICC shall be provided by Intensive Care Coordinators who possess a Bachelor's degree with at least two years of direct, clinical experiences providing children's mental health services to children with a mental health diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Intensive Care Coordinators shall complete training in the national model of "High Fidelity Wraparound" as required for practitioners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Intensive Care Coordinators shall participate in ongoing coaching activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Supervisors of ICC 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, 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Providers of ICC shall meet the following staffing requirements (continued):			
	a. Supervisors shall either be licensed mental health professionals (as that term is defined in 12 VAC35-1015-20) or a documented Resident or Supervisee of the Virginia Board of Counseling, Psychology, or Social Work with specific clinical duties at a specific location pre-approved in writing by the applicable Board.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Compliance Supplemental Worksheets – Program Activities: INTENSIVE CARE COORDINATION**

**Note:** This document lists only the state level compliance criteria. Local CPMTs are encouraged also review compliance with the locally established policies and procedures for administering local CSA programs.

<b>PROCEDURE</b>	Determine whether an intensive care coordination (ICC) policy and procedure has been established by the CPMT. Review the established policy and procedure to verify existence of the required elements. Select a representative sample of all ICC referrals occurring in the selected audit period (e.g. most recent 12 months), document the sample selection methodology, and verify compliance. Links to ICC policy and related guidance are included for reference. Document an explanation for any observations of partial or non-compliance and include as an attachment to this document.			
<b>Reference</b>	<b>Description</b>	<b>Compliance Status</b>		
		<b>Full</b>	<b>Partial</b>	<b>Non</b>

<a href="#">SEC Policy Manual and CSA User Guide</a> <b>Policy Manual, Section 6.1</b>	5. Providers of ICC shall meet the following staffing requirements (continued):			
	b. Supervisors of ICC shall complete training in the national model of "High Fidelity Wraparound" as required for supervisors and management/administrators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Shall ensure supervisions of all Intensive Care Coordinators to include clinical supervision at least once per week. All supervision must be documented to include the date, begin time, end time, topics discussed, and signature and credentials of the supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Compliance Supplemental Worksheets – Program Activities: TREATMENT FOSTER CARE</b>				
<b>Note:</b> This document lists only the state level compliance criteria. Local CPMTs are encouraged also review compliance with the locally established policies and procedures for administering local CSA programs.				
<b>PROCEDURE</b>	Review the established policy and procedure to verify compliance with the required elements. Select a representative sample of client referrals occurring in the selected audit period (e.g. most recent 12 months), document the sample selection methodology, and verify compliance. Links to Treatment Foster Care policy are included for reference. Document an explanation for any observations of partial or non-compliance and include as an attachment to this document.			
<b>Reference</b>	<b>Description</b>	<b>Compliance Status</b>		
		<b>Full</b>	<b>Partial</b>	<b>Non</b>
<a href="#">SEC Policy Manual and CSA User Guide</a>	Effective July 1, 2015, when purchasing foster care services through a licensed child placing agency, Community Policy and Management Teams shall ensure that levels of foster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Policy Manual, Section 6.2	care services are appropriately matched to the individual needs of a child or youth in accordance with the SEC approved <a href="#">Guidelines for Determining Levels of Care for Foster Care Placement with LCPA-Revised May 2015</a> .			
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**Compliance Supplemental Worksheets – Program Activities:  
COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES**

**Note:** This document lists only the state level compliance criteria. Local CPMTs are encouraged also review compliance with the locally established policies and procedures for administering local CSA programs.

<b>PROCEDURE</b>	Review the established policy to verify local compliance with the required elements. Select a representative sample of client referrals occurring in the selected audit period (e.g. most recent 12 months), document the sample selection methodology, and verify compliance. Links to community based behavioral health services policy are included for reference. Document an explanation for any observations of partial or non-compliance and include as an attachment to this document.												
<b>Reference</b>	<table border="1"> <thead> <tr> <th data-bbox="487 1774 1161 1879" rowspan="2">Description</th> <th colspan="3" data-bbox="1161 1774 1461 1879">Compliance Status</th> </tr> <tr> <th data-bbox="1161 1774 1258 1879">Full</th> <th data-bbox="1258 1774 1364 1879">Partial</th> <th data-bbox="1364 1774 1461 1879">Non</th> </tr> </thead> <tbody> <tr> <td data-bbox="186 1879 487 1944"><a href="#">SEC Policy Manual and CSA User Guide</a></td> <td data-bbox="487 1879 1161 1944">The term “community-based behavioral health services” shall apply and refer to the following DMAS-regulated</td> <td colspan="3" data-bbox="1161 1879 1461 1944" style="background-color: #cccccc;"></td> </tr> </tbody> </table>	Description	Compliance Status			Full	Partial	Non	<a href="#">SEC Policy Manual and CSA User Guide</a>	The term “community-based behavioral health services” shall apply and refer to the following DMAS-regulated			
Description	Compliance Status												
	Full	Partial	Non										
<a href="#">SEC Policy Manual and CSA User Guide</a>	The term “community-based behavioral health services” shall apply and refer to the following DMAS-regulated												

Policy Manual, Section 6.3	services: Intensive In-Home, Therapeutic Day Treatment, and Mental Health Support Services.			
<a href="#">SEC Policy Manual and CSA User Guide</a> Policy Manual, Section 6.3	1. <u>For Medicaid eligible children and youth:</u> State Pool Funds shall not be used to purchase community-based behavioral health services for a Medicaid eligible client. Children and youth in crisis shall be referred to emergency services. It is not the intent of this policy to prevent the use of Pool Funds to purchase non-behavioral health services necessary to meet the social, educational, or safety needs of Medicaid eligible children, youth, and families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. <u>For children and youth not eligible for Medicaid:</u> For children and youth for whom community-based behavioral health services will be purchased with Pool Funds, the FAPT shall maintain documentation that the child or youth meets the criteria established by DMAS regulations for the specific community-based behavioral health service to be provided. This documentation shall include the signature and written approval of a licensed mental health professional. The licensed mental health professional shall state his/her credentials on such signed written approval and shall not be a supervisor of or the provider of the service for which approval is given.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. State Pool Funds may be used to purchase an independent clinical assessment conducted in accordance with DMAS requirements for such assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Compliance Supplemental Worksheets – Program Activities: SPECIAL EDUCATION (SPED)</b>				
<b>Note:</b> This document lists only the state level compliance criteria. Local CPMTs are encouraged also review compliance with the locally established policies and procedures for administering local CSA programs.				
<b>PROCEDURE</b>	Select a representative sample of all FAPT/MDT referrals made by local school divisions occurring in the selected audit period (e.g. most recent 12 months), document the sample selection methodology, and verify compliance. Links to SPED policy and related guidance are included for reference. Document an explanation for any observations of partial or non-compliance and include as an attachment to this document.			
<b>Reference</b>	<b>Description</b>	<b>Compliance Status</b>		
<a href="#">COV § 2.2-5211</a>	1. The target population shall be the following: a. Children and youth placed for purposes of special education in approved private school educational programs previously funded by the Department of Education through private tuition assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<p>b. Children and youth with disabilities placed by local social services agencies or the Department of Juvenile Justice in private residential facilities across jurisdictional lines in private, special education day schools, if the individualized education program (IEP) indicates such school is the appropriate placement while living in foster homes or child-caring facilities, previously funded by the Department of Education through the Interagency Assistance Fund for Non-educational Placements of Handicapped Children.</p>			
<p>COV <a href="#">§ 2.2-5211</a> Item D</p>	<p>2. Further, in any instance that an individual 18 through 21 years of age, inclusive, who is eligible for funding from the state pool and is properly defined as a school-aged child with disabilities pursuant to <a href="#">§ 22.1-213</a> is placed by a local social service agency that has custody across jurisdictional lines in a group home in the Commonwealth and the individual's IEP, as prepared by the placing jurisdiction, indicates that a private day school placement is the appropriate educational program for such individual, the financial and legal responsibility for the individual's special education services and IEP shall remain, in compliance with the provisions of federal law, Article 2 (<a href="#">§ 22.1-213</a>) of Chapter 13 of Title 22.1, and the Board of Education regulations, the responsibility of the placing jurisdiction until the individual reaches the age of 21, inclusive, or is no longer eligible for special education services. The financial and legal responsibility for such special education services shall remain with the placing jurisdiction, unless the placing jurisdiction has transitioned all appropriate services with the individual." <a href="#">COV § 2.2-5211D</a>.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compliance Supplemental Worksheets – Program Activities: SPECIAL EDUCATION (SPED)				
<p>Note: This document lists only the state level compliance criteria. Local CPMTs are encouraged also review compliance with the locally established policies and procedures for administering local CSA programs.</p>				
<p>PROCEDURE</p>	<p>Select a representative sample of all FAPT/MDT referrals made by local school divisions occurring in the selected audit period (e.g. most recent 12 months), document the sample selection methodology; and verify compliance. Links to SPED policy and related guidance are included for reference. Document an explanation for any observations of partial or non-compliance and include as an attachment to this document.</p>			
Reference	Description	Compliance Status		
		Full	Partial	Non
<p><a href="#">SEC Policy Manual and CSA User Guide</a> Policy Manual, Section 4.1.3</p>	<p>3. The special education mandate cited in COV <a href="#">§ 2.2-5211</a> B1 may be utilized to fund non-residential services in the home and community for a student with a disability when the needs associated with his/her disability extend beyond the school setting and threaten the student's</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	ability to be maintained in the home, community, or school setting.			
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**Compliance Supplemental Worksheets Program Activities:  
UTILIZATION MANAGEMENT AND UTILIZATION REVIEW**

**Note:** This document lists only the state level compliance criteria. Local CPMTs are encouraged also review compliance with the locally established policies and procedures for administering local CSA programs.

<b>PROCEDURE</b>	Determine whether a utilization management/utilization review (UM/UR) plan has been established by the CPMT. Review the established policy and procedure to verify existence of the required elements. Select a representative sample of all of active CSA files, documenting the sample selection methodology, and verify compliance with the approved UM/UR plan. Document an explanation for any observations of partial or non-compliance and include as an attachment to this document.
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Reference	Description	Compliance Status		
		Full	Partial	Non

Appropriation Act Chapter 836, 2017 General Assembly Session	1. Each locality receiving funds for activities under the Children's Services Act shall have a locally determined utilization management plan following the guidelines or use of a process approved by the Council for utilization management, covering all CSA funded services; COV <a href="#">§ 2.2-2648</a> D15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Utilizing a secure electronic site, each locality shall also provide information as required by the Office of Children's Services to include, but not be limited to case specific information, expenditures, number of youth served in specific CSA activities, length of stay for residents in core licensed residential facilities, and proportion of youth placed in treatment settings suggested by the uniform assessment instrument.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compliance Supplemental Worksheets – Program Activities: RECORDS MANAGEMENT				
Note: This document lists only the state level compliance criteria. Local CPMTs are encouraged also review compliance with the locally established policies and procedures for administering local CSA programs.				
PROCEDURE	<ol style="list-style-type: none"> <li>1. Determine whether the CPMT has established records management policy/procedures. See links for state records management policies.</li> <li>2. Review documentation evidencing records destruction schedules were completed.</li> <li>3. Select a representative sample of client files; assess compliance with stated requirements.</li> <li>4. Document an explanation for any observations of partial or non-compliance and include as an attachment to this document.</li> </ol>			
Reference	Description	Compliance Status		
		Full	Partial	Non



<p><a href="#">Title 42.1. Libraries</a> » <a href="#">Chapter 7. Virginia Public Records Act</a> Records Management Retention Schedules, General Schedules for Localities <a href="#">GS-15</a> and <a href="#">GS-19</a></p>	<p>This schedule is continuing authority under the provisions of the Virginia Public Records Act, § 42.1-76, et seq. of the <i>Code of Virginia</i> for the retention and disposition of the records as stated on the attached page(s).</p> <p>This schedule is used in conjunction with the Certificate of Records Destruction (RM-3 Form). A signed RM-3 Form must be approved by the designated records officer and on file in the agency or locality before records can be destroyed. After the records are destroyed, the original signed RM-3 Form must be sent to Library of Virginia.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Library of Virginia, Records Management Retention Schedules, General Schedules for Localities <a href="#">GS-19</a>, Administrative Records (April 2017)</p>	<p>1. <u>Annual Disclosure of Economic Interests</u> This series consists of the disclosure of economic interest forms filed by members of governing bodies, commissions, and boards. COV 2.2-3115; COV 2.2-3117; COV 2.2-3115C Series No. 010008 – 5 years after end of calendar year; confidential destruction.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>2. <u>Minutes: Entity having Enforcement, Regulatory, or Decision Powers</u> This series documents the proceedings of meetings of boards, councils, conferences, committees, offices, and other groups having enforcement, regulatory or decision powers. This series includes indexes to minutes. Series 010029 Permanent in Agency.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Library of Virginia, Records Management Retention Schedules, General Schedules for Localities <a href="#">GS-15</a>, Social Services (Feb 2012)</p>	<p>3. <u>Comprehensive Services Records</u> This series documents services to high-risk youth as part of the Comprehensive Services Act (CSA). This series may include, but is not limited to: counseling records, court-ordered program placement, and payment for foster care. <i>Code of Virginia</i> § 2.2-5206 and § 2.2-5208. Series No. 000174 - Retain 3 years after last review then destroy in compliance with No. 8 on the schedule cover page.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compliance Supplemental Worksheets – Program Activities: RECORDS MANAGEMENT							
<p>Note: This document lists only the state level compliance criteria. Local CPMTs are encouraged also review compliance with the locally established policies and procedures for administering local CSA programs.</p>							
<p>PROCEDURE</p>	<ol style="list-style-type: none"> <li>Determine whether the CPMT has established records management policy/procedures. See links for state records management policies.</li> <li>Review documentation evidencing records destruction schedules were completed.</li> <li>Select a representative sample of client files; assess compliance with stated requirements.</li> <li>Document an explanation for any observations of partial or non-compliance and include as an attachment to this document.</li> </ol>						
<p>Reference</p>	<p>Description</p>	<p>Compliance Status</p> <table border="1" data-bbox="1157 1944 1442 1976"> <tr> <td style="text-align: center;">Full</td> <td style="text-align: center;">Partial</td> <td style="text-align: center;">Non</td> </tr> </table>			Full	Partial	Non
Full	Partial	Non					

Client Specific Records				
COV <a href="#">§ 2.2-2648</a>	4. All client-specific information shall remain confidential and only non-identifying aggregate demographic, service, and expenditure information shall be made available to the public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COV <a href="#">§ 2.2-5210</a>	5. All public agencies that have served a family or treated a child referred to FAPT/MDT shall cooperate with this team. The agency that refers a youth and family to the team shall be responsible for obtaining the consent required to share agency client information with the team. After obtaining the proper consent, all agencies shall promptly deliver, upon request and without charge, such records of services, treatment or education of the family or child as are necessary for a full and informed assessment by the team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. Proceedings held to consider the appropriate provision of services and funding for a particular child or family or both who have been referred to the Family Assessment and Planning Team/Multi-Disciplinary Team and whose case is being assessed by this team or reviewed by the Community Management and Planning Team shall be confidential and not open to the public, unless the child and family who are the subjects of the proceeding request, in writing, that it be open. All information about specific children and families obtained by the team members in the discharge of their responsibilities to the team shall be confidential.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7. Utilizing a secure electronic database, the CPMT and the FAPT/MDT shall provide the Office of Children's Services with client-specific information from the mandatory uniform assessment and information in accordance with subdivision D 11 of <a href="#">§ 2.2-2648</a> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compliance Supplemental Worksheets – Program Activities: RECORDS MANAGEMENT		
<p><b>Note:</b> This document lists only the state level compliance criteria. Local CPMTs are encouraged also review compliance with the locally established policies and procedures for administering local CSA programs.</p>		
PROCEDURE	<ol style="list-style-type: none"> <li>Determine whether the CPMT has established a records management policy/procedure. Verify existence of state required elements. Links to records management policy are included for reference.</li> <li>Review records retention files for documentation of completed destruction schedules (if applicable).</li> <li>Select a representative sample of client case files and assess compliance.</li> <li>Document an explanation for any observations of partial or non-compliance and include as an attachment to this document.</li> </ol>	
Reference	Description	Compliance Status

		Full	Partial	Non
<a href="#">SEC Policy Manual and CSA User Guide</a> Policy Manual, Section 3.5	8. Each CPMT shall ensure collection of child specific documentation to demonstrate compliance with the CSA. Such documentation shall include, at minimum, the following:			
	1. Case Manager designation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Parent/guardian consent to release information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Assessment data, including completed CANS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Parental co-payment assessed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Service Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. Desired outcomes and time frames	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7. Identification of services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8. FAPT or MDT recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9. Parent/Guardian participation and consent to service plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10. CPMT authorization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11. Signed vendor contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12. Vendor treatment plan(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	13. Vendor progress report(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	14. Utilization review data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Updated Service Plan(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Compliance Supplemental Worksheets – Program Activities:  
DATA ACCESS, INTEGRITY, AND SECURITY**

**Note:** This section includes some compliance criteria that are not cited in CSA laws, statutes, and/or policies adopted by the SEC. However, they represent internal control activities established by the Virginia Information Technology Agency to govern information technology practices that are applicable to CSA operations. Non-compliance with these criteria represents a significant breakdown of internal controls established to ensure data integrity and security.

**PROCEDURE**

1. Determine whether the CPMT has established and/or adopted data security policies and procedures to ensure integrity and validity of the data collected and that access is limited to authorized personnel.
2. Select a sample of CANVaS users and Pool Fund Report Preparers. Review data security activities for verification that policies/procedures/practices are working as intended.

	3. Document an explanation for any observations of partial or non-compliance and include as an attachment to this document.			
Reference	Description	Compliance Status		
		Full	Partial	Non
Virginia Information Technology Agency <a href="#">IT Information Security Policy (SEC 519-00)</a> (06/17/2014) - ( <a href="#">Word version</a> )	The policy of the COV is to secure its electronic information using methods based on the sensitivity of the information and the risks to which the information are subject, including the dependence of critical agency business processes on the information and related systems.			
Virginia Information Technology Agency <a href="#">IT Information Security Standard (SEC501-09.1)</a> (12/08/2016) - ( <a href="#">Word version</a> )	2.11. <u>IT System Users</u> All users of COV IT systems including, but not limited to, employees and contractors are responsible for the following: 1. Reading and complying with agency information security program requirements. 2. Reporting breaches of IT security, actual or suspected, to their agency management and/or the CISO. 3. Taking reasonable and prudent steps to protect the security of IT systems and data to which they have access.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">SEC Policy Manual and CSA User Guide Policy Manual, Section 3.6</a>	<u>CANVAS 2.0</u> The Office of Children's Services operates a secure software platform, CANVaS 2.0, for the use of all CSA programs across the Commonwealth.			
	1. Only employees of local government agencies (local department of social services, court services unit, school divisions, community services boards/behavioral health authorities, and CSA offices) may create accounts in CANVaS 2.0 to carry out their job responsibilities in working with children and families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Prior to account creation, all users requesting access shall agree to the terms of the User Agreement required to access the CANVaS 2.0 site. The agreement addresses access, security and confidentiality, and closure (completion) of assessments within a specified time frame.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Compliance Supplemental Worksheets – Program Activities  
DATA ACCESS, INTEGRITY, AND SECURITY**

**Note: This section includes compliance criteria that are not cited in CSA laws, statutes, and/or policies adopted by the SEC. The criteria below are internal control activities established by state agencies (Virginia Information Technology Agency and the Office of Children's Services) to govern information technology practices that are applicable to CSA operations. Non-compliance with these criteria represents a significant breakdown of internal controls established to ensure data integrity and security.**

<b>PROCEDURE</b>	<ol style="list-style-type: none"> <li>Determine whether the CPMT has established and/or adopted data security policies and procedures to ensure confidentiality of sensitive CSA information.</li> <li>Select a sample of CANVaS users and Pool Fund Report Preparers. Review data security activities for verification that policies/procedures/practices are working as intended.</li> <li>Document an explanation for any observations of partial or non-compliance and include as an attachment to this document.</li> </ol>
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Reference	Description	Compliance Status		
		Full	Partial	Non
<a href="#">SEC Policy Manual and CSA User Guide Policy Manual, Section 3.6</a>	3. Any individual who administers the CANS shall be appropriately certified on the use of the assessment. "Appropriately certified" means the individual has:			
	a. Completed one or more of the Virginia CSA training courses offered on the Praed Foundation CANS training and certification site;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Attained a score of 70 percent or higher on the certification exam;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Received a certificate granted by the Praed Foundation for the approved time frame of one year from the date of certification; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Administers the CANS only during the approved time frame of his or her certification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. CANS completed by individuals who are not appropriately certified are not valid and shall not be used for any purpose, including service planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Paper CANS score sheets may only be used if the individual administering the CANS is a. Appropriately certified, and b. The information from the score sheet is entered into CANVaS within 60 days by the assessor or an authorized data entry person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Sharing of specific information such as ratings of items on a certification vignette to enable another individual to pass the certification exam is prohibited. Individuals who share or receive such information may lose access to CANVaS 2.0 at the discretion of the Office of Children's Services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Compliance Supplemental Worksheets – Fiscal Activities: POOL FUND CLIENT ELIGIBILITY				
<p><b>Note:</b> This document lists only the state level compliance criteria. Local CPMTs are encouraged also review compliance with the locally established policies and procedures for administering local CSA programs.</p>				
PROCEDURE	<p>Select a representative sample of all FAPT/MDT referrals processed in the selected audit period (e.g. most recent 12 months), documenting the sample selection methodology. Review the file documentation for evidence of compliance with CSA statutes, policies, and procedures as listed below. Attach a list of the FAPT/MDT referrals selected for review. Document an explanation for any observations of partial or non-compliance.</p>			
Reference	Description	Compliance Status		
		Full	Partial	Non

COV <a href="#">§ 2.2-5212</a>	In order to be eligible for funding for services through the state pool of funds, a youth, or family with a child, shall meet one or more of the criteria specified in subdivisions 1 through 4 and shall be determined through the use of a uniform assessment instrument and process and by policies of the CPMT to have access to these funds.			
	1. The child or youth has emotional or behavioral problems that: <ul style="list-style-type: none"> <li>a. Have persisted over a significant period of time or, though only in evidence for a short period of time, are of such a critical nature that intervention is warranted;</li> <li>b. Are significantly disabling and are present in several community settings, such as at home, in school or with peers; and</li> <li>c. Require services or resources that are unavailable or inaccessible, or that are beyond the normal agency services or routine collaborative processes across agencies, or require coordinated interventions by at least two agencies.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. The child or youth has emotional or behavior problems, or both, and currently is in, or is at imminent risk of entering, purchased residential care. In addition, the child or youth requires services or resources that are beyond normal agency services or routine collaborative processes across agencies, and requires coordinated services by at least two agencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. The child or youth requires placement for purposes of special education in approved private school educational programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. The child or youth requires foster care services as defined in <a href="#">§ 63.2-905</a> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. For purposes of determining eligibility for the state pool of funds, "child" or "youth" means (i) a person younger than 18 years of age or (ii) any individual through 21 years of age who is otherwise eligible for mandated services of the participating state agencies including special education and foster care services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compliance Supplemental Worksheets – Fiscal Activities: POOL FUND CLIENT ELIGIBILITY				
<p><b>Note:</b> This document lists only the state level compliance criteria. Local CPMTs are encouraged also review compliance with the locally established policies and procedures for administering local CSA programs.</p>				
PROCEDURE	<p>Select a representative sample of all FAPT/MDT referrals processed in the selected audit period (e.g. most recent 12 months), documenting the sample selection methodology. Review the file documentation for evidence of compliance with CSA statutes, policies, and procedures as listed below. Attach a list of the FAPT/MDT referrals selected for review. Document an explanation for any observations of partial or non-compliance.</p>			
Reference	Description	Compliance Status		
		Full	Partial	Non

COV <a href="#">§ 2.2-5211</a> Item B	The state pool shall consist of funds that serve the target populations identified in subdivisions 1 through 5 of this subsection in the purchase of residential and nonresidential services for children and youth. References to funding sources and current placement authority for the targeted populations of children and youth are for the purpose of accounting for the funds in the pool. It is not intended that children and youth be categorized by individual funding streams in order to access services. The target population shall be the following:			
	1. Children and youth placed for purposes of special education in approved private school educational programs, previously funded by the Department of Education through private tuition assistance;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Children and youth 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 Noneducational Placements of Handicapped Children;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Children and youth for whom foster care services, as defined by <a href="#">§ 63.2-905</a> , are being provided;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Children and youth placed by a juvenile and domestic relations district court, in accordance with the provisions of <a href="#">§ 16.1-286</a> , in a private or locally operated public facility or nonresidential program, or in a community or facility-based treatment program in accordance with the provisions of subsections B or C of <a href="#">§ 16.1-284.1</a> ; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Children and youth 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 <a href="#">§ 66-14</a> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compliance Supplemental Worksheets – Fiscal Activities: POOL FUND CLIENT ELIGIBILITY				
Note: This document lists only the state level compliance criteria. Local CPMTs are encouraged also review compliance with the locally established policies and procedures for administering local CSA programs.				
PROCEDURE	Select a representative sample of all FAPT/MDT referrals processed in the selected audit period (e.g. most recent 12 months), documenting the sample selection methodology. Review the file documentation for evidence of compliance with CSA statutes, policies, and procedures as listed below. Attach a list of the FAPT/MDT referrals selected for review. Document an explanation for any observations of partial or non-compliance.			
Reference	Description	Compliance Status		
		Full	Partial	Non



<p><a href="#">SEC Policy Manual and CSA User Guide</a> Policy Manual, Section 4.1.1</p>	<p><b>Child in Need of Services (CHINS)</b> The FAPT or approved alternative MDT, in accordance with the policies of the CPMT, shall determine that a child is eligible for CSA funding as a "child in need of services" (CHINS) when the FAPT or MDT determines and documents that there are sufficient facts that a child meets all four of the following criteria:</p>			
	<p>1. The child meets the statutory definition of a "child in need of services" (COV § 16.1-228). Specifically, "the child's behavior, conduct, or condition presents or results in a serious threat to the well-being and physical safety of the child, or the well-being and physical safety of another person if the child is under the age of 14." This determination of facts shall be made in one of two ways:</p> <ul style="list-style-type: none"> <li>i. The FAPT and/or approved MDT shall determine that the child's behavior, conduct, or condition meets this specific statutory definition as is of sufficient duration, severity, disabling and/or self-destructive nature that the child requires services.</li> <li>ii. A court finds that a child falls within these provisions, based on "(i) the conduct complained of must present a clear and substantial danger to the child's life or health or to the life or health of another person, (ii) the child or his family is in need of treatment, rehabilitation or services not presently being received, and (iii) the intervention of the court is essential to provide the treatment, rehabilitation services needed by the child or his family." (COV § 16.1-228)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>2. The child has emotional and/or behavior problems where either:</p> <ul style="list-style-type: none"> <li>a. the child's problems: <ul style="list-style-type: none"> <li>i. have persisted over a significant period of time or, though only in evidence for a short period of time, are of such a critical nature that intervention is warranted; and</li> </ul> </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Compliance Supplemental Worksheets – Fiscal Activities: POOL FUND CLIENT ELIGIBILITY**

**Note:** This document lists only the state level compliance criteria. Local CPMTs are encouraged also review compliance with the locally established policies and procedures for administering local CSA programs.

<p><b>PROCEDURE</b></p>	<p>Select a representative sample of all FAPT/MDT referrals processed in the selected audit period (e.g. most recent 12 months), documenting the sample selection methodology. Review the file documentation for evidence of compliance with CSA statutes, policies, and procedures as listed below. Attach a list of the FAPT/MDT referrals selected for review. Document an explanation for any observations of partial or non-compliance.</p>
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Reference	Description	Compliance Status		
		Full	Partial	Non



<a href="#">SEC Policy Manual and CSA User Guide</a> <b>Policy Manual, Section 4.1.1</b>	<ul style="list-style-type: none"> <li>ii. are significantly disabling and are present in several community settings, such as at home, in school or with peers; and</li> <li>iii. require services or resources that are unavailable or inaccessible, or that are beyond the normal agency services or routine collaborative processes across agencies, or require coordinated interventions by at least two agencies.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>b. the child: is currently in, or at imminent risk of entering, purchased residential care; and               <ul style="list-style-type: none"> <li>i. requires services or resources that are beyond normal agency services or routine collaborative processes across agencies; and</li> <li>ii. requires coordinated services by at least two agencies.</li> </ul> </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. The child requires services: <ul style="list-style-type: none"> <li>a. to address and resolve the immediate crises that seriously threaten the well-being and physical safety of the child or another person; and</li> <li>b. to preserve and/or strengthen the family while ensuring the safety of the child and other persons; and</li> <li>c. the child has been identified by the Team as needing:               <ul style="list-style-type: none"> <li>i. services to prevent or eliminate the need for foster care placement. Absent these prevention services, foster care is the planned arrangement for the child; or</li> <li>ii. placement outside of the home through an agreement between the public agency designated by the CPMT and the parents or legal guardians who retain legal custody. A discharge plan for the child to return home shall be included.</li> </ul> </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. The goal of the family is to maintain the child at home (for foster care prevention services) or return the child home as soon as appropriate (for parental agreements).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Compliance Supplemental Worksheets – Fiscal Activities: EXPENDITURE ELIGIBILITY**

**Note: This document lists only the state level compliance criteria. Local CPMTs are encouraged to also review compliance with the locally established policies and procedures for administering local CSA programs.**

<b>PROCEDURE</b>	Select a representative sample of all FAPT/MDT referrals processed in the selected audit period (e.g. most recent 12 months), documenting the sample selection methodology. Review the file documentation for evidence of compliance with CSA statutes, policies, and procedures as listed below. Attach a list of the FAPT/MDT referrals selected for review. Document an explanation for any observations of partial or non-compliance.
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Reference	Description	Compliance Status		
		Full	Partial	Non

<p>COV <a href="#">§ 2.2-5209</a></p>	<p>1. All youth and families for which CSA-funded treatment services are requested are to be assessed by the family assessment and planning team or an approved collaborative, multidisciplinary team process and shall consider the criteria set out in subdivisions A 1 and A 2 of § <a href="#">2.2-5212</a>. Except for cases involving only the payment of foster care maintenance that shall be at the discretion of the local community policy and management team, cases for which service plans are developed outside of this family assessment and planning team process or approved collaborative, multidisciplinary team process shall not be eligible for state pool funds.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>2. Nothing in this section shall prohibit the use of state pool funds for emergency placements, provided the youth are subsequently assessed by the family assessment and planning team or an approved collaborative, multidisciplinary team process within 14 days of admission and the emergency placement is approved at the time of placement.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>COV <a href="#">§ 2.2-5211</a> Item D</p>	<p>3. <u>Other Funding Sources.</u> When a community services board established pursuant to <a href="#">§ 37.2-501</a>, local school division, local social service agency, court service unit, or the Department of Juvenile Justice has referred a child and family to a family assessment and planning team and that team has recommended the proper level of treatment and services needed by that child and family and has determined the child's eligibility for funding for services through the state pool of funds, then the community services board, the local school division, local social services agency, court service unit or Department of Juvenile Justice has met its fiscal responsibility for that child for the services funded through the pool. However, the community services board, the local school division, local social services agency, court service unit or Department of Juvenile Justice shall continue to be responsible for providing services identified in individual family service plans that are within the agency's scope of responsibility and that are funded separately from the state pool.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p align="center"><b>Compliance Supplemental Worksheets – Fiscal Activities: EXPENDITURE ELIGIBILITY</b></p>		
<p><b>Note:</b> This document lists only the state level compliance criteria. Local CPMTs are encouraged to also review compliance with the locally established policies and procedures for administering local CSA programs.</p>		
<p><b>PROCEDURE</b></p>	<p>Select a representative sample of all FAPT/MDT referrals processed in the selected audit period (e.g. most recent 12 months), documenting the sample selection methodology. Review the file documentation for evidence of compliance with CSA statutes, policies, and procedures as listed below. Attach a list of the FAPT/MDT referrals selected for review. Document an explanation for any observations of partial or non-compliance.</p>	
<p><b>Reference</b></p>	<p><b>Description</b></p>	<p><b>Compliance Status</b></p>

		Full	Partial	Non
COV <a href="#">§ 2.2-5211</a> Item E	4. <u>Court Ordered Services.</u> In any matter properly before a court for which state pool funds are to be accessed, the court shall, prior to final disposition, and pursuant to <a href="#">§§ 2.2-5209</a> and <a href="#">2.2-5212</a> , refer the matter to the CPMT for assessment by a local FAPT authorized by policies of the CPMT for assessment to determine the recommended level of treatment and services needed by the child and family. The FAPT making the assessment shall make a report of the case or forward a copy of the IFSP to the court within 30 days of the court's written referral to the CPMT. The court shall consider the recommendations of the FAPT and the CPMT. If, prior to a final disposition by the court, the court is requested to consider a level of service not identified or recommended in the report submitted by the FAPT, the court shall request the CPMT to submit a second report characterizing comparable levels of service to the requested level of service. Notwithstanding the provisions of this subsection, the court may make any disposition as is authorized or required by law. Services ordered pursuant to a disposition rendered by the court pursuant to this section shall qualify for funding as appropriated under this section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COV <a href="#">§ 2.2-5211.1</a> <a href="#">SEC Policy Manual and CSA User Guide</a> Policy Manual, Section 4.4.1	5. <u>Certain Restrictions on Reimbursement and Placements of Children in Residential Facilities.</u> Notwithstanding any provision of this chapter to the contrary or any practice or previous decision-making process of the state executive council, Office of Children's Services, state and local advisory team, any community policy and management team, any family assessment and planning team or any other local entity placing children through the Children's Services Act (CSA), the following restrictions shall control:			

Compliance Supplemental Worksheets – Fiscal Activities: EXPENDITURE ELIGIBILITY				
Note: This document lists only the state level compliance criteria. Local CPMTs are encouraged to also review compliance with the locally established policies and procedures for administering local CSA programs.				
PROCEDURE	Select a representative sample of all FAPT/MDT referrals processed in the selected audit period (e.g. most recent 12 months), documenting the sample selection methodology. Review the file documentation for evidence of compliance with CSA statutes, policies, and procedures as listed below. Attach a list of the FAPT/MDT referrals selected for review. Document an explanation for any observations of partial or non-compliance.			
Reference	Description	Compliance Status		
		Full	Partial	Non
COV <a href="#">§ 2.2-5211.1</a> <a href="#">SEC Policy Manual and CSA User Guide</a>	a. In the event that any group home or other residential facility in which CSA children reside has its licensure status lowered to provisional as a result of multiple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>Policy Manual, Section 4.4.1</p>	<p>health and safety or human rights violations, all children placed through CSA in such facility shall be assessed as to whether it is in the best interests of each child placed to be removed from the facility and placed in a fully licensed facility and no additional CSA placements shall be made in the provisionally licensed facility until and unless the violations and deficiencies relating to health and safety or human rights that caused the designation as provisional shall be completely remedied and full licensure status restored.</p>			
	<p>b. Prior to the placement of a child across jurisdictional lines, the family assessment and planning teams shall (i) explore all appropriate community services for the child, (ii) document that no appropriate placement is available in the locality, and (iii) report the rationale for the placement decision to the CPMT. The CPMT shall report annually to the Office of Children's Services on the gaps in the services needed to keep children in the local community and any barriers to the development of those services.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>c. Community policy and management teams, family assessment and planning teams or other local entities responsible for CSA placements shall notify the receiving school division whenever a child is placed across jurisdictional lines and identify any children with disabilities and foster care children to facilitate compliance with expedited enrollment and special education requirements.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><a href="#">Appropriation Act Chapter 836, 2017 General Assembly Session, Item E</a>  <a href="#">SEC Policy Manual and CSA User Guide</a> Policy Manual, Section 4.4.2</p>	<p>6. <u>Medicaid Funded Services.</u> CPMTs shall use Medicaid-funded services whenever they are available for the appropriate treatment of children and youth receiving services under CSA. Effective July 1, 2009, pool funds shall not be spent for any service that can be funded through Medicaid for Medicaid-eligible children and youth except when Medicaid-funded services are unavailable or inappropriate for meeting the needs of a child.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Compliance Supplemental Worksheets – Fiscal Activities: EXPENDITURE ELIGIBILITY</b></p>				
<p><b>Note:</b> This document lists only the state level compliance criteria. Local CPMTs are encouraged to also review compliance with the locally established policies and procedures for administering local CSA programs.</p>				
<p><b>PROCEDURE</b></p>	<p>Select a representative sample of all FAPT/MDT referrals processed in the selected audit period (e.g. most recent 12 months), documenting the sample selection methodology. Review the file documentation for evidence of compliance with CSA statutes, policies, and procedures as listed below. Attach a list of the FAPT/MDT referrals selected for review. Document an explanation for any observations of partial or non-compliance.</p>			
<p>Reference</p>	<p>Description</p>	<p><b>Compliance Status</b></p>		
		<p>Full</p>	<p>Partial</p>	<p>Non</p>

<a href="#">SEC Policy Manual and CSA User Guide</a> <b>Policy Manual, Section 4.2</b>	<b>Legal Residency/Jurisdiction</b> The CPMT jurisdiction where the child legally resides shall be responsible for payment for the services identified in the child/family's Individual Family Service Plan. Issues of legal residence should be addressed by the legal services assigned to the CPMT. In the event that the child/family's legal residence changes, the following policy should govern payment for services:			
	1. The former CPMT jurisdiction is responsible for (a) providing written notification to the new CPMT jurisdiction of the fact that the child/family's residence has changed and (b) forwarding child's/family's IFSP and other FAPT or MDT documents to the new CPMT jurisdiction; and (c) informing service providers of changes in the child/family's residence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. The former CPMT jurisdiction pays for services until 30 calendar days after the new CPMT receives written notification of the child/family's residence in the new CPMT locality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. When the residence of the child/family transfers to a new CPMT jurisdiction, the receiving CPMT jurisdiction must review the current IFSP and adopt or revise and implement within 30 calendar days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Community Policy and Management Team jurisdictions are encouraged to: <ul style="list-style-type: none"> <li>a. Keep track of the child/family's residence status;</li> <li>b. Notify receiving CPMTs as soon as they know of the child/family's pending move, to facilitate planning; and</li> <li>c. To work cooperatively to resolve issues related to legal residence.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Compliance Supplemental Worksheets – Fiscal Activities: PARENTAL CONTRIBUTIONS</b>			
<b>Note:</b> This document lists only the state level compliance criteria. Local CPMTs are encouraged to also review compliance with the locally established policies and procedures for administering local CSA programs.			
<b>PROCEDURE</b>	Determine whether policy and procedures have been established by the CPMT governing parental contributions. Select a representative sample of client referrals processed during the selected audit period (e.g. most recent 12 months), document the sample selection methodology, and verify compliance. Document an explanation for any observations of partial or non-compliance and include as an attachment to this document.		
<b>Reference</b>	<b>Description</b>	<b>Compliance Status</b>	
		<b>Full</b>	<b>Partial</b>
		<b>Non</b>	

<a href="#">SEC Policy Manual and CSA User Guide</a> <b>Policy Manual, Section 4.5.4</b>	<p>The CPMT shall consider the following criteria when determining whether parental contributions are appropriate:</p>			
	<p>1. Parents of children in out-of-home placements should not be charged a payment for services in addition to the child support order. Instead, for out-of-home care, the CPMT shall implement existing state law and policy requiring referral of such cases to the Division of Child Support Enforcement (DCSE). The non-custodial parents of children in out-of-home care are to be referred to DCSE for the collection of child support. §63.2-1910</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>2. Parents of children in home care should be charged a standard parental co-payment based both on the ability of each parent to pay and the cost of the service. Parents and legal guardians of children receiving in-home care are expected contribute financially to the cost of services.</p> <p>a. Each local government shall develop policies to assess this fee.</p> <p>b. Local governments are encouraged to assess a fee based on a locally developed scale.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Appropriation Act</b> <a href="#">Chapter 836, 2017 General Assembly Session, Item F</a>	<p>3. Pursuant to subdivision 3 of §2.2-5206, Code of Virginia, CPMTs shall enter into agreements with the parents or legal guardians of children receiving services under CSA. The Office of Children's Services (OCS) shall be a party to any such agreement. If the parent or legal guardian fails or refuses to pay the agreed upon sum on a timely basis and a collection action cannot be referred to the DCSE, upon the request of the CPMT, OCS shall make a claim against the parent or legal guardian for such payment through the Department of Law's Division of Debt Collection in the Office of the Attorney General.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Compliance Supplemental Worksheets – Fiscal Activities: BUDGET AND MONITORING</b>				
<b>Note: This document lists only the state level compliance criteria. Local CPMTs are encouraged also review compliance with the locally established policies and procedures for administering local CSA programs.</b>				
<b>PROCEDURE</b>	Determine whether the CPMT has mechanisms in place for budgeting and monitoring use of CSA fund allocations. Document an explanation for any observations of partial or non-compliance and include as an attachment to this document.			
<b>Reference</b>	<b>Description</b>	<b>Compliance Status</b>		
		<b>Full</b>	<b>Partial</b>	<b>Non</b>
<a href="#">COV § 2.2-5204</a>	1. The county or city that comprises a single team and the county or city whose designated official serves as the fiscal agent for the team in the case of joint teams shall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	annually audit the total revenues of the team and its programs.			
	2. The county or city that comprises a single team and any combination of counties or cities establishing a team shall arrange for the provision of legal services to the team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COV <a href="#">§ 2.2-5211</a> Item C	3. The General Assembly and the governing body of each county and city shall annually appropriate such sums of money as shall be sufficient to (i) provide special education services and foster care services for children and youth identified in subdivisions B 1, B 2, and B 3 and (ii) meet relevant federal mandates for the provision of these services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. The community policy and management team shall anticipate to the best of its ability the number of children and youth for whom such services will be required and reserve funds from its state pool allocation to meet these needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Nothing in this section prohibits local governments from requiring parental or legal financial contributions, where not specifically prohibited by federal or state law or regulation, utilizing a standard sliding fee scale based upon ability to pay, as provided in the appropriation act.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriation Act <a href="#">Chapter 836, 2017 General Assembly Session</a> Items B.2.9; C.2	6. All localities are required to appropriate a local match for the base year funding consisting of the actual aggregate local match rate based on actual total 1997 program expenditures for CSA.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COV <a href="#">§ 2.2-5213</a> Item B	7. <b>State Trust Fund.</b> There is established a state trust fund with funds appropriated by the General Assembly. The fund shall consist of moneys from the state general fund, federal grants, and private foundations. Proposals for requesting these funds shall be made by community policy and management teams to the Office of Children's Services. The Office of Children's Services shall make recommendations on the proposals it receives to the Council, which shall award the grants to the community teams in accordance with the policies developed under the authority of <a href="#">§ 2.2-5202</a> .	<i>Note: For the current legislative biennium, the Virginia General Assembly has not appropriated any funds to the State Trust Fund to fund requested grant proposals.</i>		

**Compliance Supplemental Worksheets – Fiscal Activities: “CARVE-OUT” OF ALLOCATION**

Note: This document lists only the state level compliance criteria. Local CPMTs are encouraged also review compliance with the locally established policies and procedures for administering local CSA programs.

PROCEDURE	Assess compliance with policies adopted by the State Executive Council (SEC) governing “carve-out” of allocations for development of new/expanded services. Document an explanation for any observations of partial or non-compliance and include as an attachment to this document.			
Reference	Description	Compliance Status		
		Full	Partial	Non
<a href="#">SEC Policy Manual and CSA User Guide</a>	<i>Note and Fiscal Impact: Implementation of this policy has the potential fiscal impact of \$2,000,000. Implementation of the</i>			



CSA Policy Manual, Section 4.3	<i>policy shall therefore be dependent upon appropriation of necessary funds.</i>			
	In any 12-month period two or more localities may submit a proposal to allocate ("carve-out") a portion of their state and local pool fund allocation to defray one-time program start-up costs for new or expanded CSA services.	<input type="checkbox"/> Check box and skip questions 1 through 4 if the locality does not have a "carve out allocation"		
	1. The allocation shall not exceed, per jurisdiction, \$100,000 or 5% of their allocation in the fiscal year of application, whichever is smaller.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Programs for which these funds may be applied, must be designed to: <ul style="list-style-type: none"> <li>a. Provide CSA services for which a demonstrated need exists in the locality, based on assessment using the Service Gap Survey distributed by the OCS and align with the goals of the Commonwealth; and</li> <li>b. Become financially self-sustaining beyond the start-up phase. Services designed to be supported through "fee for service" arrangements may be considered financially self-sustaining.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. The proposal for use of funds shall be submitted to and approved by the OCS and will include, but not be limited to: <ul style="list-style-type: none"> <li>a. Description of the service,</li> <li>b. Support for the need,</li> <li>c. Cost assessment,</li> <li>d. Evaluation of public/private collaborations,</li> <li>e. Information related to financial sustainability of the program, and</li> <li>f. Expected outcomes and mechanism for providing program evaluation.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. All fiscal accountability requirements of CSA shall be applicable to use of funds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Compliance Supplemental Worksheets – Fiscal Activities: Administrative Funds				
Note: This document lists only the state level compliance criteria. Local CPMTs are encouraged also review compliance with the locally established policies and procedures for administering local CSA programs.				
PROCEDURE	For the current and prior fiscal year, review documentation for evidence of compliance with CSA statutes, policies, and procedures as listed below. Document an explanation for any observations of partial or non-compliance.			
Reference	Description	Compliance Status		
		Full	Partial	Non
<a href="#">SEC Policy Manual and CSA User Guide</a>	1. To receive administrative funds, each locality is required to appropriate a local match based on the match rate used in the pool formula.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Policy Manual, Section 4.5.3	2. Each year the CPMT must submit to the State Fiscal Agent budget plans for using administrative funds (state and local combined). The local government should submit the administrative plan to the state fiscal agent by June 15 <sup>th</sup> of the fiscal year to ensure payment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. If, during the course of the year, the Community Policy and Management Team elects to use its administrative funds in a manner other than proposed in the Budget Plan, it may do so without amending the plan, provided the funds are expended for administrative and coordinating expenses or direct services to eligible youth and families. The decision on specific use of administrative funds rests with the Community Policy and Management Team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. The local fiscal agent must account for CSA administrative expenditures such that they are clearly identifiable as CSA administrative expenditures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compliance Supplemental Worksheets – Fiscal Activities: POOL FUND REIMBURSEMENTS				
Note: This document lists only the state level compliance criteria. Local CPMTs are encouraged also review compliance with the locally established policies and procedures for administering local CSA programs.				
PROCEDURE	Examine all expenditure reimbursements requests processed during the selected audit period (e.g. most recent 12 months). Review the file documentation for evidence of compliance with CSA statutes, policies, and procedures as listed below. Document an explanation for any observations of partial or non-compliance.			
Reference	Description	Compliance Status		
		Full	Partial	Non
<a href="#">SEC Policy Manual and CSA User Guide</a>	1. Final claims for reimbursement for prior year payments will not be accepted after the first quarter of the next fiscal year (i.e. September 30).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Policy Manual Section 4.52	2. With the exception of the final year-end report referenced above, request for reimbursement of local pool expenditures must be submitted no later than thirty (30) days after the close of the quarter in which the expenditure was paid. Localities may continue to report as often as monthly, but must report at least every quarter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. A report should be submitted at the end of the quarter even if it indicates no expenditures were made during that quarter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Localities that have not submitted their Quarterly Services Utilization report will have their pool reimbursements held in abeyance until the quarterly report is submitted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. A locality may request a waiver to the September 30 final year-end report requirement, either by written request for an extension to the OCS prior to the September 30 cutoff date, or post September 30, only if local governments demonstrate mitigating circumstance beyond their control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. Each Pool Fund Reimbursement Request requires certification of compliance with CSA requirements per the following: "The expenditures and refunds reported herein were incurred in accordance with the provisions of CSA, and have not been reported on a previous claim. Documentation is maintained to support the expenditure and refund amounts reported, and to demonstrate that each expenditure and refund was made on behalf of a specific child (or list of specific children) and complies with the CSA Manual, COV and Appropriation Act requirements including utilization management and FAPT criteria.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compliance Supplemental Worksheets – Fiscal Activities: SUPPLEMENTAL REQUESTS				
Note: This document lists only the state level compliance criteria. Local CPMTs are encouraged also review compliance with the locally established policies and procedures for administering local CSA programs.				
PROCEDURE	Examine all supplemental requests processed during the selected audit period (e.g. most recent 12 months). Review the file documentation for evidence of compliance with CSA statutes, policies, and procedures as listed below. Document an explanation for any observations of partial or non-compliance.			
Reference	Description	Compliance Status		
		Full	Partial	Non
<a href="#">SEC Policy Manual and CSA User Guide</a>	A CPMT may request a supplemental allocation at any time before the close of the program year. In order to be			

Policy Manual Section 4.5.5	approved for a supplemental allocation, the CPMT must demonstrate each of the following:			
	1. A known cost has been, or will be, incurred for a specific child or children in the MANDATED TARGET population.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Any amount of the allocation for the non-mandated population (NON-MANDATED TARGET + OTHER ELIGIBLE in the Allocation Plan) which, a) exceeds the protection level established for that year and b) is not yet expended or obligated, may be re-allocated for use with the MANDATED TARGET population. For this purpose, obligations are unpaid purchase orders, contracts, or any other agreements, which bind the CPMT to pay for goods or services to be delivered to specific children, at a specified cost, over a defined period of time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Localities requesting supplemental funds must also demonstrate that they are in compliance with the provisions of CSA including, but not limited to, instituting and operating effective cost control measures as recommended by the Council.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Requests for supplemental allocations are filed electronically via the CSA website: <a href="http://www.csa.virginia.gov">http://www.csa.virginia.gov</a> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. It is no longer necessary to submit a hard copy of the Request for Supplemental Allocation form to the OCS; however, a hard copy containing all necessary signatures should be maintained by the local CPMT.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. Localities whose mandated expenditures have increased more than 10% over the previous year's total mandated expenditures <u>will be required</u> to complete the "Comment" portion of the Supplemental Allocation Request form. These comments should provide additional information related to locality trends that are affecting CSA costs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION V: COMPLIANCE

### LOCAL CPMT COMPLIANCE ASSESSMENT WORKSHEET

The purpose of the Children's Services Act is to: "1. Ensure that services and funding are consistent with the Commonwealth's policies of preserving families and providing appropriate services in the least restrictive environment, while protecting the welfare of children and maintaining the safety of the public." Code of Virginia Section [§ 2.2-2648](#) states that the Council shall "deny state funding to a locality, in accordance with subdivision 19, where the CPMT fails to provide services that comply with the Children's Services Act ([§ 2.2-5200](#) et seq.), any other state law or policy, or any federal law pertaining to the provision of any service funded in accordance with [§ 2.2-5211](#)."

Task Description	Describe activity performed to validate/verify assessment criteria. (May attach additional sheets , if needed)	Is there evidence to demonstrate achievement of criteria? (May attach additional sheets, if needed)			
		Y	N	N/A	Comments
<b>PROGRAM ACTIVITIES</b>					
1. Review program activities of the selected audit period (e.g. most recent 12 months) to assess compliance with local CPMT policies and procedures that govern CSA services.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Document the assessment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Itemize deficiencies and the corresponding plan of action.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Document CPMT discussion of deficiencies and plan of action.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FISCAL ACTIVITIES</b>					
5. Review fiscal activities of the selected audit period (e.g. most recent 12 months) to assess compliance with local CPMT policies and procedures governing CSA pool fund expenditures.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Document the assessment.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Itemize deficiencies and the corresponding plan of action.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Document CPMT discussion of deficiencies and plan of action.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Completed By:</b>		<b>Date:</b>	<a href="#">Click here to enter a date.</a>
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## SECTION VI: QUALITY IMPROVEMENT

- Quality Improvement Plan Worksheet

- Quality Improvement Plan Worksheet Supplement

## SECTION VI: QUALITY IMPROVEMENT QUALITY IMPROVEMENT PLAN WORKSHEET

Significant weaknesses in internal control and incidences of non-compliance must be documented and a quality improvement plan developed. A quality improvement plan includes the following elements, at minimum:

- Summary description of the deficiency,
- Description of the quality improvement action to be taken; actions taken should be measurable.
- Target date for the completion of quality improvement action; target date should within the next 12 months following the date of the self-assessment.
- Personnel responsible for implementing quality improvement action and for monitoring progress.

Source: [https://www.doa.virginia.gov/reference/ARMICS/ARMICS\\_Standards.pdf](https://www.doa.virginia.gov/reference/ARMICS/ARMICS_Standards.pdf)

Task Description	Describe activity performed to validate/verify assessment criteria. (May attach additional sheets , if needed)	Is there evidence to demonstrate achievement of criteria? (May attach additional sheets, if needed)			
		Y	N	N/A	Comments
1. Review worksheets completed in Sections I through V. Prepare a summary listing internal control weaknesses and/or non-compliance observations identified.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Prepare a quality improvement plan to address the deficiencies identified. The Quality Improvement Plan Worksheet Supplement or a reasonable facsimile may be used.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Notify the Office of Children's Services of control weaknesses and non-compliance deficiencies; accompanied with quality improvement plan.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Verify that quality improvement action is implemented timely (in accordance with the target dates established).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Provide periodic reports to the CPMT and the OCS regarding quality improvement status.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Completed By:</b>		<b>Date:</b>	<a href="#">Click here to enter a date.</a>
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## SECTION VI: QUALITY IMPROVEMENT PLAN QUALITY IMPROVEMENT PLAN WORKSHEET SUPPLEMENT

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

QUALITY IMPROVEMENT PLAN DETAILS						
Observation No.	Quality Improvement Task	Responsible Party	Target Date	Self-Reporting Status		
				In Progress	Completed	Date Completed

Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter a date.	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter a date.
<input type="checkbox"/> Please check if attachments are included.						
If quality improvement task is not complete, please explain: Click here to enter text.						

<b>QUALITY IMPROVEMENT PLAN APPROVAL</b>		
<b>Signature:</b>	<b>Title:</b>	<b>Date:</b> Click here to enter a date.
<b>Print Name:</b>		

**SECTION VII: CERTIFICATION**

- Certification Worksheet

- Statement of Acknowledgement and Certification

## SECTION VII: CERTIFICATION CERTIFICATION WORKSHEET

The CSA Self-Assessment Workbook provides guidance for establishing and assessing locally administered program's compliance and internal controls in order to more effectively manage risk and maintain accountability. The governing CPMT will certify to the Office of Children's Services that:

- (1) They have evaluated their local CSA programs to ensure that they are accomplishing the objectives of the Children's Services Act and that the decisions of the State Executive Council (SEC) are implemented accordingly.



(2) They have established, maintained and evaluated their programs' internal control framework, as well as compliance with applicable statutes, laws, policies, procedures, etc.

Task Description	Describe activity performed to validate/verify assessment criteria. (May attach additional sheets , if needed)	Is there evidence to demonstrate achievement of criteria? (May attach additional sheets, if needed)			
		Y	N	N/A	Comments
1. Complete the Statement of Acknowledgement and Certification.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Ensure that the quality improvement plan is attached, if applicable.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Forward Certification and accompanying quality improvement plan (if any) to the Office of Children's Services by the established due date in accordance with the scheduled audit plan.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Completed By:</b>		<b>Date:</b>	<a href="#">Click here to enter a date.</a>
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## SECTION VII: CERTIFICATION

### STATEMENT OF ACKNOWLEDGEMENT AND CERTIFICATION

The \_\_\_\_\_ Community Policy and Management Team (CPMT) is responsible for establishing and maintaining an effective system of internal control to ensure compliance with the Children's Services Act (CSA). The \_\_\_\_\_ CPMT has completed its control and compliance self-assessment for the 12-month period starting \_\_\_\_\_ and ending \_\_\_\_\_.

The basis for these conclusions relates to our assessment of compliance and the internal controls operating within the \_\_\_\_\_ CPMT. Based on the results of this evaluation, the \_\_\_\_\_ CPMT can provide reasonable assurance that:

*Note: Non-compliance is significant when it pertains to criteria established by federal and/or state laws and regulations (i.e. Children's Services Act) and/or policies adopted by the State Executive Council. An adequate system of internal controls is contingent upon consistent and proper application of established policies and procedures affecting CSA funded activities, as well as monitoring oversight by the governing authority to ensure that the program is operating accordingly. Such breakdowns in an organizations internal control structure are considered significant.*

<input type="checkbox"/>	A self-assessment has not been completed at this time. The CPMT is providing assurance that a self-assessment will be completed no later than _____, 20____. (Note: Must be complete no later than 60 days after the calendar year ending.)	
<input type="checkbox"/>	No significant non-compliance observations and/or weakness were found in the design or operation of the internal controls applicable to the processes or services conducted on behalf of CSA.	
<input type="checkbox"/>	No significant observations of non-compliance and/or weakness were found in the design or operation of the internal controls applicable to the processes or services conducted on behalf of CSA. However, other (non-significant) non-compliance issues and internal control weaknesses were identified. The CPMT is providing assurance that they <input type="checkbox"/> will/ <input type="checkbox"/> will not address these minor weaknesses by _____, 20____.	
<input type="checkbox"/>	Significant non-compliance observations and/or weakness were found in the design or operation of the internal controls applicable to the processes or services conducted on behalf of CSA. A list of these weaknesses and a copy of the Corrective Action Plan is attached to this certification. The CPMT is providing assurance that they will address these significant weaknesses by _____, 20____.	
<b>Signature</b>		<b>Date:</b>
<b>Print Name</b>		
<b>Title</b>	Community Policy & Management Team Chairperson	

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



## CONTACT INFORMATION

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Richmond, VA 23228  
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[www.csa.virginia.gov](http://www.csa.virginia.gov)  
Scott Reiner, Executive Director

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