



CITY OF RICHMOND
CITY AUDITOR

DATE: May 21, 2019

TO: Mrs. Selena Cuffee-Glenn
Chief Administrative Officer

FROM: Louis Lassiter *LL*
City Auditor

SUBJECT: Department of Social Services (DSS)
Children's Services Act (CSA) Audit

The City Auditor's Office has completed the DSS Children's Services Act (CSA) audit and the final report is attached.

We would like to thank the DSS staff for their cooperation and assistance during this audit.

Attachment

cc: The Richmond Audit Committee
The Richmond City Council
Reginald Gordon, DCAO Human Services
Shunda Giles, Director of DSS

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2019-11 Department of Social Services Children's Services Act

City of Richmond, VA
City Auditor's Office
May 21, 2019



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Highlights

*Audit Report to the Audit Committee,
City Council, and the Administration*

Why We Did This Audit

The Office of the City Auditor conducted this audit as part of the annual audit plan.

The audit focused on the controls and procedures in place to ensure compliance with program regulations, State requirements and local policies and procedures. Specifically, the auditors tested if funding was utilized to acquire allowable goods and services for eligible clients and accurate and complete data was reported to the State during FY2018.

What We Recommend:

- **CSA Program Administrator** implement oversight and monitoring to ensure compliance with the CANS requirements.
- **DSS Administrative Services Manager** implement a reconciliation process to ensure that RPS remits the correct local match amount to the City per agreement reached.
- **Deputy Director of DSS Finance and Administration** ensures the identified duplicate payments are recouped from the vendors.
- **CSA Program Administrator** implement procedures to ensure that Medicaid funding is maximized, denial documentation is obtained and retained and the use of CSA funding when Medicaid funded placements and services are unavailable or inappropriate for client is adequately documented.
- **Administrative Services Manager** reconciles LEDRS to Harmony and resolve any identified discrepancies prior to approving the State reporting.

The auditors also made other recommendations to improve operations.



Children's Services Act (CSA)

Background – CSA was enacted in 1993 to provide services to at-risk and troubled youths and their families. The purpose of CSA is to establish a collaborative system of services and funding that is child-centered, family-focused and community-based to assess and meet the strengths and needs of troubled and at-risk youths and their families in the Commonwealth. The City of Richmond CSA (City CSA) Office is located within the Department of Social Services (DSS).

The City CSA Office provided services totaling approximately \$16.5 million to 520 clients during fiscal year 2018. The majority of the funds were used to serve foster care youths.

Commendations

- The auditors obtained and reviewed case files and documentation for 30 clients that received CSA funding during FY2018 and determined that clients met the eligibility requirements.
- The auditors tested all of the FY2018 expenditures for 15 clients totaling approximately \$1,629,000. Generally, it was noted that expenditures were allowable, properly charged to CSA, adequately supported, correctly billed and paid, properly approved and in compliance with program requirements.
- The Community Policy and Management Team included the minimum required representatives as outlined in the Code of Virginia Section 2.2-5205.

Needs Improvement – The internal controls related to program compliance, expenditure processing, and oversight need improvement. Below are several of the key findings that were noted.

Finding #1 – Child and Adolescent Needs and Strengths (CANS) - The CANS assessments were not completed in accordance with the State and City CSA requirements. Failure to complete the CANS assessments in accordance with State requirements is a level 2 non-compliance audit finding, which could result in the City having to pay back reimbursement funds to the State for non-compliance payments. Using the non-compliance testing results for this audit, the potential fiscal impact to the City for the reviewed sample could have ranged between \$1 million and \$1.5 million if these findings were identified by the State and were repeat findings.

Finding #2 – Private Day Local Match - The City of Richmond CSA Office spent approximately \$4.18 million for special education private day placement services during FY18. The City processed and paid the vendor invoices and recouped the local match amount from Richmond Public Schools (RPS), although there is no formal agreement in place, the two agencies have engaged in this practice for several years. The auditor compared the local match that DSS recouped from RPS to local match paid to the State and identified a difference of approximately \$253,000. A portion of the above noted difference (\$174,005.03) was attributed to the fact that RPS did not remit the local match amount for the May 2018 billings. After collection of the May 2018 local match from RPS, a difference of \$78,904.27 still remains.

Finding #3 – Duplicate Payments – At least fourteen (14) duplicate payments totaling approximately \$42,000 were processed during FY2018, which is less than one percent of the reviewed expenditures. There could potentially be more duplicates. The audit analysis was designed to only identify duplicate payments for the same client, service code, service month and service year. Duplicate payments posted to different service codes or multiple service months consolidated into a single payment would not have been identified in this analysis.

Finding #4– Medicaid Funding – Adequate controls and procedures were not in place to track and monitor clients' Medicaid eligibility and placements. As such, Medicaid funding was not maximized, expenditures totaling approximately \$18,000 were inappropriately charged to CSA and the use of non-Medicaid providers was not substantiated.

Finding #5 – State Reporting - Incomplete and inaccurate data was reported to the State during the audit scope resulting in a misstatement of reported expenditures, incorrect local match calculations and reimbursements. Expenditures totaling approximately \$39,000 were not reported to State for reimbursement and CSA expenditure refunds (e.g. voids, vendor refunds, etc) totaling approximately \$24,000 were improperly reported to the State.

Management concurred with 22 of 22 recommendations. We appreciate the cooperation received from DSS and CSA management and staff while conducting this audit.

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BACKGROUND, OBJECTIVES, SCOPE, METHODOLOGY, MANAGEMENT RESPONSIBILITY and INTERNAL CONTROLS

This audit was conducted in accordance with the Generally Accepted Government Auditing Standards promulgated by the Comptroller General of the United States. Those Standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on the audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

BACKGROUND

The Children's Services Act (CSA) is a Virginia law enacted in 1993 to provide services for at-risk and troubled youth and their families. CSA was initially codified as the "Comprehensive Services Act for At-Risk Youth and Families" and was renamed effective July 1, 2015. The Department of Social Services serves as the fiscal agent for CSA. The purpose of CSA is to establish a collaborative system of services and funding that is child-centered, family-focused and community-based to assess and meet the strengths and needs of troubled and at-risk youths and their families in the Commonwealth. State funds and local community funds were pooled together and dispersed to the localities to provide services to children and their families.

The City of Richmond CSA (City CSA) Office provided services totaling approximately \$16.5 million to 520 clients during fiscal year 2018. The majority of the funds were used to serve foster care youths. Below is a trend analysis for the number of clients served and expenditures for the past three years.

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CSA Clients Served and Expenditures			
	FY2016	FY2017	FY2018
# of Clients	610	581	520
Pool Fund Expenditures	\$17.2 mil	\$18 mil	\$16.5 mil

Organizational Structure:

The City CSA Office is located within the Department of Social Services (DSS). During FY18, the Office consisted of nine FTE's. In FY19, four finance related positions were moved under the DSS Finance and Administration Unit to allow the CSA Program Administrator to focus on the program operations. In accordance with the Children's Services Act, the City has established a Community Policy and Management Team (CPMT) to coordinate agency efforts, manage the State pool Fund and ensure that eligible youths receive access to services. Additionally, the City has established a Family Assessment and Planning Team (FAPT) to review and assess children and families referred for services, develop individualized family service plans and provide recommendations for service funding. FAPT also must ensure that all other available community resources are exhausted prior to approving CSA funds.

The teams consists of members from several organizations as denoted below.

Membership	CPMT	FAPT
City Council	✓	
Health Department	✓	
Social Services	✓	✓
Justice Services	✓	
Richmond Public Schools	✓	✓
Private Provider	✓	✓
Court Services Unit	✓	✓
Richmond Behavioral Health Authority	✓	✓
Parent	✓	✓

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Eligibility:

Pursuant to the Code of Virginia § 2.2-5212, clients must meet one or more of the below eligibility requirements in order to receive CSA funding.

1. The child has emotional or behavior problems that:
 - 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;
 - b. Are significantly disabling and are present in home, school, or social settings; and
 - c. Require services or resources that are unavailable or inaccessible beyond the normal agency services or require processes or collaboration among multiple agencies.
2. The child has emotional or behavior problems, and is currently or in imminent risk of entering purchased residential care.
3. The child requires placement for special education purposes in approved private school education programs.
4. The child requires foster care services as defined in the Code of Virginia § 63.2-905.

For eligibility purposes, "child" or "youth" is defined as (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 including special education and foster care services. The locality where the child legally resides is responsible for paying for the services identified in the child/family's Individual Family Service Plan.

CSA Referral and Payment Process:

Cases receiving CSA funding must be assessed and reviewed by FAPT except for those only receiving foster care maintenance¹ and specialized education services. Upon establishing

¹ Foster care maintenance payments are made on the behalf of the foster care client to cover the cost of food, clothing, shelter, daily supervision, school supplies, personal incidentals and transportation for school and visitation with family.

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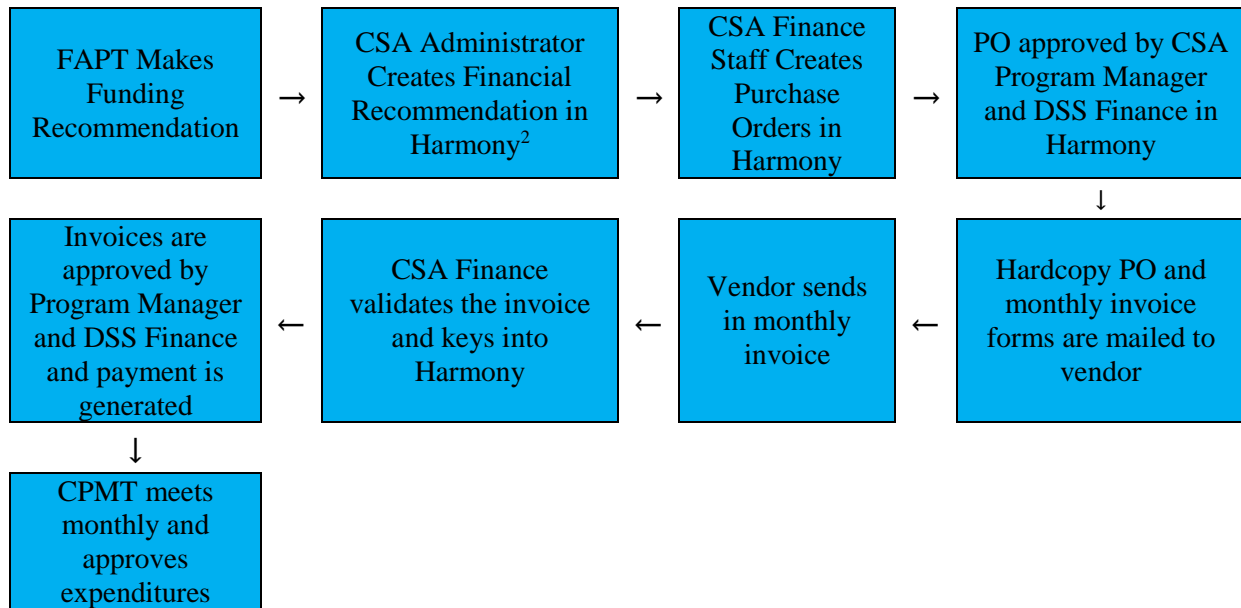
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eligibility, FAPT is responsible for identifying the child/family's service needs and recommending funding for such services including vendor, service period and service level. CSA funding requests are approved by the CPMT. The CPMT delegated its approval authority to the CSA Program Administrator to review and approve service and funding requests. The CPMT meets monthly and receives a report of CSA expenditures by vendor. CPMT approves expenditures via a vote, which is documented in the meeting minutes.

The CSA payment process is depicted below.



OBJECTIVES

The objectives for this audit were to test expenditures and compliance within the CSA program.

² Harmony is the City of Richmond's DSS client management system. Client services and expenditures are tracked in this system.

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SCOPE

The controls and procedures in place for the City CSA FY2018 program year were assessed and reviewed to ensure compliance with program regulations, State requirements and local policies and procedures. Specifically, the auditors ensured funding was utilized to acquire allowable goods and services for eligible clients and accurate and complete data was reported to the State.

METHODOLOGY

The auditors performed the following procedures to complete this audit:

- Interviewed management and staff;
- Reviewed and evaluated relevant policies and procedures and tested for compliance;
- Reviewed client case files to determine if eligibility requirements were met;
- Tested expenditures to determine if allowable;
- Reviewed expenditure reporting and reimbursement requests remitted to the State to ensure they were accurate and complete; and
- Performed other tests, as deemed necessary.

MANAGEMENT RESPONSIBILITY

City management is responsible for ensuring resources are managed properly and used in compliance with laws and regulations; programs are achieving their objectives; and services are being provided efficiently, effectively, and economically.

INTERNAL CONTROLS

According to the Government Auditing Standards, internal control, in the broadest sense, encompasses the agency's plan, policies, procedures, methods, and processes adopted by management to meet its mission, goals, and objectives. Internal control includes the processes for

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planning, organizing, directing, and controlling program operations. It also includes systems for measuring, reporting, and monitoring program performance. An effective control structure is one that provides reasonable assurance regarding:

- Efficiency and effectiveness of operations;
- Accurate financial reporting; and
- Compliance with laws and regulations.

Based on the audit test work, the auditors concluded that internal controls related to program compliance, expenditure processing, and oversight need improvement, which are discussed throughout this report.

FINDINGS and RECOMMENDATIONS

What Works Well

Eligibility Determination

Auditors obtained and reviewed case files and documentation for 30 clients that received CSA funding during FY2018 and determined that clients met the eligibility requirements.

Allowable Expenditures

Auditors tested all of the FY2018 expenditures for 15 clients totaling approximately \$1,629,000. Generally, it was noted that expenditures were allowable, properly charged to CSA, adequately supported, correctly billed and paid, properly approved and in compliance with program requirements.

CPMT Composition

The Community Policy and Management Team included the minimum required representatives as outlined in the Code of Virginia Section 2.2-5205.

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Improvements Needed

Finding #1 – Child and Adolescent Needs and Strengths (CANS)

The CANS assessments were not completed in accordance with the State and City CSA requirements. The auditors tested 30 clients and noted that:

- The initial comprehensive CANS assessments were not completed for three of the reviewed clients. The initial CANS were inappropriately completed as re-assessments. The re-assessment is an abbreviated version of the comprehensive CANS and does not contain all of the required domains and applicable modules. As such, all of the required information was not input and assessed.
- The initial CANS documentation was not included in the file for one client. As such, the auditor was unable to determine if the initial CANS was conducted.
- An annual comprehensive CANS was required to be completed for 21 of the reviewed clients. However, they were not completed for 19 of the clients. The annual comprehensive CANS conducted for the other two clients were not done timely.
- The discharge CANS were not completed for the two clients that were discharged from foster care during the audit scope and no longer received CSA services.
- The periodic CANS reassessments were not completed timely in accordance with the City of Richmond FAPT Utilization Review Guidelines for the majority of the reviewed clients.

Per State requirements, all children and youth, regardless of eligibility criteria, age, or referral source, who receive services funded by the CSA State pool, shall be assessed using CANS, which is the mandatory uniform assessment instrument approved by the State Executive Council (SEC). The CANS assessments guide service planning, assist in identifying appropriate placements and

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services for clients and provide data to assess clients' progress towards achieving measurable outcomes. During the audit scope, at a minimum, the State required a comprehensive CANS to be completed at the initiation of services, yearly thereafter and at discharge from CSA³. The State also recommended that periodic reassessments be conducted based upon the needs of the child and family and the intensity of services provided. The State allowed localities to establish their own reassessment schedule.

Pursuant to the City CSA Utilization Review Standard Operating Procedures, CANS assessments were required to be submitted to initiate CSA services and periodic reassessments were required every 90 or 120 days based upon the client's needs and services received. The assessments were completed by the referring agency case manager and priority items requiring interventions were discussed during the FAPT meetings.

The above CANS observations were attributed to the below factors.

- The CANS reassessments were conducted in conjunction with the FAPT meeting dates. However, the FAPT frequencies were different from the CANS reassessment timeframes for some of the services. Also, the FAPT meetings were not always conducted timely.
- There appears to be a training issue as the annual and discharge CANS were not being done. The City of Richmond FAPT Utilization Review Guidelines do not address the annual and discharge CANS requirement.
- There was no oversight or monitoring within the City CSA Office to ensure compliance. Per the CSA Program Administrator, there is no way to track the CANS due date in Harmony. Also, the CSA Program Administrator indicated the referring case manager was responsible for the daily oversight and monitoring to ensure compliance.

³ Effective January 2019, the State granted the localities the discretion of using either the comprehensive or reassessment versions of CANS for the annual assessment.

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Per the State Executive Council Policy 4.7, failure to complete the CANS assessments in accordance with State requirements is a Level 2 non-compliance audit finding⁴. For Level 2 non-compliance audit findings, localities are required to develop a corrective action plan for the first instance of non-compliance. For repeat or subsequent findings, in addition to the corrective action plan, localities are required to pay back State pool funds. The State defines a repeat or subsequent violation as a locality violating the same policy, regulatory, or statutory requirement (e.g., failure to complete the CANS assessment) in two successive audit cycles.

Using the reviewed sample size, non-compliance percentage for annual and discharge CANS and the clients' FY18 CSA expenditures, the fiscal impact to the City for non-compliance of this sample selection could range between \$1 million and \$1.5 million if these findings were identified by the State's Office of Children Services (OCS) and were repeat findings.

	1st Time Finding	2nd Time Finding	3rd Time Finding
Locality Requirement	Corrective Action Plan	Corrective Action Plan Return State funds in proportion to the percentage of sample found to be in non-compliance	Corrective Action Plan Return 100% of State funds found to be in non-compliance
Potential Fiscal Impact	-	\$ 995,600.95	\$ 1,493,401.44

It should be noted that a finding regarding lack of annual CANS was previously identified in the CSA Program Audit Report issued by OCS on February 16, 2016.

⁴ Level 2 findings are case specific and involve a violation of an applicable statute, regulation or policy. If the requirements were followed, the expenditures would have been eligible for reimbursement through State pool funds.

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Recommendations:

- 1. We recommend that the CSA Program Administrator implement oversight and monitoring to ensure compliance with the State and City CSA CANS requirements.***
- 2. We recommend that the CSA Program Administrator update policies and procedures to include annual and discharge CANS requirements.***
- 3. We recommend that the CSA Program Administrator ensure the case managers and individuals responsible for completing the CANS are trained on the State and local requirements.***

Finding #2 – Private Day Local Match:

The City of Richmond CSA Office spent approximately \$4.18 million for special education private day placement services during FY18. Private-day placements are used to provide educational services for students with disabilities receiving special education and related services in a private day school in accordance with the placement decision in their Individualized Education Plan (IEP). RPS places the youth in private day placements and notifies CSA via funding sheets which include the vendor, service, service period and rate. The City of Richmond CSA Office creates the purchase orders and processes the corresponding invoices. The local match amount is deducted from the CSA pool reimbursement amount. The City recoups the local match from RPS although there is no formal agreement in place, the two agencies have engaged in this practice for several years.

The private day placement local match rate for FY2018 was 36.91%, which equated to approximately \$1.5 million. The auditor compared the local match that DSS recouped from RPS to the local match paid to the State and identified a difference of approximately \$253,000. A portion of the noted difference (\$174,005.03) was attributed to the fact that RPS did not remit the local match amount for the May 2018 billings. After collection of the May 2018 local match from RPS, a difference of \$78,904.27 still remains. Per the CSA Program Administrator, some of the remaining difference may be attributed to clients placed in private day services that do not have an IEP (e.g. cannot attend public school due to behavioral issues). As such, RPS would not be

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responsible for the local match. However, the expenditure amount associated with this was unknown. It is unknown what source RPS used to determine monthly billing amounts, which was used to calculate the local match amounts.

Controls and procedures were not in place to reconcile the amounts due from RPS to what was remitted to DSS. RPS calculated the local match amount, remitted funds and DSS staff simply processed the pay-ins for the deposits. As such, the local match amount may be incorrectly calculated and remitted by RPS resulting in the City absorbing the local portion of the cost.

Recommendations:

- 4. We recommend the DSS Director enters into an agreement with RPS that outlines the roles and responsibilities of each party including financial obligations.***
- 5. We recommend the DSS Administrative Services Manager implement a reconciliation process to ensure that RPS remits the correct local match amount to the City per agreements reached.***

Finding #3 – Duplicate Payments

The auditor analyzed 20,747 expenditures totaling approximately \$27.5 million to determine if duplicate payments were processed. This analysis included expenditures for CSA and other DSS funding sources (Title IV-E, Adoption and Independent Living) as these funding sources may also be used to fund some of the services (e.g. room and board) for CSA clients. Testing revealed 14 duplicate payments totaling approximately \$42,000 were processed during FY2018, which represents 0.15% of the reviewed expenditures. There could potentially be more duplicates. The audit analysis was designed to only identify duplicate payments for the same client, service code, service month and service year. Duplicate payments posted to different service codes or multiple service months consolidated into a single payment would not have been identified in analysis.

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It was generally noted that adequate controls and procedures were in place to process payments and minimize duplicate payments. Each expenditure required a multi-level review process before a payment could be issued. Prior to payments being approved, the CSA Finance staff researched Harmony to ensure the services were approved and verified payments were not already issued for billed services. Any identified discrepancies were forwarded to the CSA Office for resolution.

However, the established payment controls and procedures were not fully executed throughout the year. There was a breakdown in the controls and procedures at the end of the program year during the close out period. Per CSA staff, the identified duplicate payments occurred as a result of:

- issuing one-time payments in an attempt to pay all outstanding expenditures by both the City's and CSA's fiscal deadlines;
- the decreased effectiveness of the multi-level review around the start and end of the fiscal year due to increased workload and time constraints; and
- A lack of system controls in Harmony to mitigating the risk of duplicate payments from being issued using both one-time only payments and purchase orders.

A breakdown in the established controls and procedures resulted in duplicate payments totaling approximately \$42,000 being processed. These payments reduced the amount of funding available for services; resulted in overstated expenditure reporting to the State; and increase DSS out of pocket expenditures due to the local match requirements. Also, DSS staff will have to invest resources to identify, recoup, and post refunds in Harmony.

Recommendations:

- 6. We recommend that the Deputy Director of DSS Finance and Administration ensures the identified duplicate payments are recouped from the vendors.***

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- 7. We recommend that the Deputy Director of DSS Finance and Administration ensure that the vendor refunds are recorded in Harmony and prior period adjustments are properly captured in the State reporting.*
- 8. We recommend that the Deputy Director of DSS Finance and Administration ensure that established payment procedures and controls are fully executed throughout the entire year to minimize the risk of duplicate payments.*
- 9. We recommend that the Deputy Director of DSS Finance and Administration implement a process to periodically review and analyze payments for duplicates.*

Finding #4 – Medicaid Placements

Many youth and families served through CSA are eligible for Medicaid. All children in foster care, with very limited exceptions (i.e., children without legal presence in the United States) are enrolled in the Medicaid program which provides coverage for medical and dental services, as well as specific behavioral health services. Additionally, children not in foster care whose families meet income eligibility criteria may be enrolled in the Medicaid program. Per Section 4.4.2 of the State CSA Policy Manual, Medicaid-funded services shall be used whenever they are available for the treatment of children and youth receiving services under the CSA. State pool funds shall not be spent for any service that can be funded through Medicaid (for Medicaid-eligible children and youth) except when Medicaid-funded services are unavailable or inappropriate for meeting the needs of the child.

Medicaid expenditures require a multi-level process of recommendations and approvals by Magellan⁵ before a payment can be issued. Effective July 1, 2017, authorization for Medicaid-funding for Therapeutic Group Home or Psychiatric Residential Treatment Facility placements are handled by an Independent Assessment, Certification and Coordination Team (IACCT). IACCT approval must be obtained for Medicaid funding of residential placements. Per the CSA Program

⁵ Magellan is the Behavioral Health Services Administrator (BHSA) selected by the Virginia Department of Medical Assistance Services. Magellan administers behavioral health services for members enrolled in Virginia's Medicaid and FAMIS programs.

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Administrator, FAPT must document justification for using non-Medicaid funded placements/services and service recommendations not in agreement with IACCT and Magellan when CSA funding is used.

Six hundred seventy-two (672) CSA payments totaling approximately \$950,000 were coded to Medicaid eligible expenditures such as therapeutic foster (TFC) case management, residential daily supervision, and outpatient counseling during FY2018 program year. The auditor tested 546 expenditures⁶ totaling approximately \$671,000 to determine if CSA funds were properly used and noted adequate controls and procedures were not in place to monitor and track Medicaid placements. Specifically, the auditor noted that:

- One hundred forty-five expenditures (145) totaling approximately \$119,000 were properly charged to CSA without any other observations.
- Supporting documentation for Medicaid denials was not maintained for 45 expenditures totaling approximately \$22,000. As such, the auditor could not conclude if expenditures were properly charged to CSA.
- Seventeen expenditures totaling approximately \$18,000 were inappropriately charged to CSA. Eleven of these expenditures totaling approximately \$6,600 were related to a single vendor. The vendor did not reapply for Medicaid funding after the client was denied for services in 2016. Services were continually funded by CSA until June 2018. The remaining expenditures were for services that were paid both by Medicaid and DSS resulting in an overpayment to the vendor(s) and the City paying a duplicate local match (one for CSA and one for Medicaid).
- Medicaid funding was not maximized.
 - Clients were placed in ineligible Medicaid placements with expenditures totaling approximately \$464,000 for 285 of the reviewed expenditures. Justifications or

⁶ Clients that were reviewed during the expenditure testing were excluded from this analysis.

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comments explaining the use of non-Medicaid facilities/placements were not documented in Harmony or the clients' hardcopy case folders.

- The IACCT reviews were not requested for short term (7 days or less) stays in residential placements. As such, Medicaid funding could not be used for 23 of the reviewed expenditures, which totaled approximately \$13,000.
- The clients' Medicaid status was inactive during a portion of the audit scope as such CSA funding was used to pay for seven of the reviewed expenditures totaling approximately \$9,000. Some of these payments may have qualified for retroactive payment. However, it is unknown if payments were sought and approved.
- Fourteen expenditures totaling approximately \$11,000 were paid by CSA during the IAACT approval process. Expenditures may have qualified for retroactive payments. However, due to lack of notes and information in the clients' case files, it is unknown if retroactive payments were sought and approved.
- FAPT recommended services and placements that were not in agreement with IACCT/Magellan recommendations for ten expenditures totaling approximately \$15,000. However, notes and comments were not captured to explain why such placements and services were needed.
- There were conflicting notes in Harmony regarding the clients' Medicaid eligibility status. This coupled with the lack documentation prevented the auditor from determining if the client was Medicaid eligible.
- Providers did not file Medicaid reconsiderations for denials. Also, Medicaid was not reapplied for upon termination of denial period. In addition, vendors did not submit Medicaid paperwork if they believe the client would be denied, based on past results.

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The CSA Program Administration attributed the Medicaid observations to the below factors.

- Staffing constraints prohibited the City CSA Office from adequately monitoring and tracking Medicaid eligibility and placements.
- Purchase orders were issued prior to the completion of the Medicaid determination in order to prevent delaying payments to the vendors.
- Some of the clients' placements were on an emergency basis. Sometimes the only places that take the youth are non-Medicaid programs.

A breakdown in the established controls and procedures resulted in payments totaling approximately \$18,000 being incorrectly funded by CSA. These payments reduced the amount of funding available for services; resulted in overstated expenditure reporting to the State; and increased DSS out of pocket expenditures due to the payment of the local match. Also, Medicaid funding is not being maximized placing more strain on available CSA funding.

In addition, the use of a non-Medicaid provider for an eligible client without substantiating that a Medicaid provider was unavailable or inappropriate, is a level 3 non-compliance audit findings pursuant to Section 4.7.4.1 of the State's CSA Manual that results in repayment of State pool reimbursements.

Recommendations:

- 10. We recommend the CSA Program Administrator develop and implement controls to track and monitor Medicaid placements, eligibility and expenditures.***
- 11. We recommend the CSA Program Administrator implement procedures to ensure that Medicaid funding is maximized, denial documentation is obtained and retained, and the use of CSA funding when Medicaid funded placements and services are unavailable or inappropriate for client is adequately documented.***

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12. We recommend the CSA Program Administrator require the vendors to apply for Medicaid funding for eligible placements and services regardless of the length of the service period and resubmit funding denials.

13. We recommend the CSA Finance staff seek a refund for the duplicated payments identified where both Medicaid and CSA paid for services.

Finding #5 – State Reporting

The CSA program period is from July to June. Localities have a 90- day (July - September) close out period to process outstanding expenditures and request reimbursement. Local Expenditure and Data Reimbursement System (LEDRS) files are submitted to the State monthly. LEDRS is an integrated reporting for CSA reimbursement and data collection. The report includes client level details including demographics (i.e. date of birth, race, gender), expenditure details (provider and amount), placement types, service types, service dates, refunds, voided payments, etc. The LEDRS report is generated from the information exported from Harmony and electronically remitted to the State. The information from the LEDRS file is used to generate the pool reimbursement reports. The State reimburses the City gross expenditures minus expenditure refunds (e.g. refunds, voided checks, exp. re-class, etc.) and local match amounts. The City's FY18 base local match for pool fund expenditures was 36.91% and ranged between 4.43% and 23.07% for Medicaid expenditures based upon service type.

The auditor compared the Harmony, RAPIDS and LEDRS data to ensure accurate and complete information was reported to the State. Specifically,

- The LEDRS files were compared to the Harmony expenditures and adjustments (e.g. voids, refunds, etc.) to ensure all expenditures were captured and the required adjustments were processed and reported to the State.
- Checks voided in RAPIDS were compared to Harmony to ensure the voids were captured in Harmony.

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Testing revealed that incomplete and inaccurate data was reported to the State during the audit scope resulting in a misstatement of reported expenditures, incorrect local match calculations and reimbursements. The auditor noted that:

- The Harmony expenditure report contained CSA expenditures totaling approximately \$39,000 that were not included in the LEDRS file that was submitted to the State. The expenditures were not reported to the State for reimbursement. As a result, the City absorbed the entire amount as the window to seek reimbursement for FY18 is closed and monies cannot be requested.
- The total CSA expenditure amount included in the September 2017 LEDRS file was not fully captured in the State's pool reimbursement report. The pool reimbursement report was \$768 less than what was captured in LEDRS.
- CSA expenditures totaling approximately \$3,100 were voided in RAPIDS during the audit scope. However, the payments were not voided in Harmony. As such, the voided payments were not captured in LEDRS and prior period adjustments were not processed.
- CSA expenditure refunds (e.g. payment cancellations, vendor refunds) were not properly captured and reported to the State.
 - Vendor refunds totaling approximately \$14,000 were incorrectly captured and reported to State as refund reversals. Instead of reducing the reported CSA expenditures, these transactions overstated the reported expenditures.
 - Expenditures totaling approximately \$2,200, which were transferred from IV-E to CSA, were incorrectly captured in Harmony resulting in the transactions being reported as credits. As such, the CSA expenditures were understated.

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- Adjustments totaling approximately \$4,800 to transfer expenditures from CSA to other funding sources (e.g. DSS local only) were not captured in LEDRS and reported to the State.
- CSA recoveries of payments made on behalf of the children (SSI, SSA and child support) were not properly reported to the State during FY14 – FY18. An adjustment totaling approximately \$1.3 million was processed and reported to State at the end of the FY18.

Per Section 4.7.4.1 of the State's CSA Policy Manual, failure to report recoveries (e.g. expenditures transferred to IV-E) of previously claimed CSA expenditures, is a level 3 non-compliance audit finding resulting in the repayment of State pool reimbursements.

Per the DSS staff, COR DSS rolled out LEDRS in March 2017. Initially, the services were not set up in accordance with the State's LEDRS layout requirements. As such, some of the Harmony data (e.g. CSA recoveries from Child Welfare accounts) was not captured in the LEDRS files and reported to the State. During the audit scope, there were no controls in place to ensure that accurate and complete information was reported to the State. Therefore, the reporting discrepancies were not identified and corrected until June or July 2018. In addition, staff responsible for keying the CSA refunds and adjustments in Harmony were not properly trained and did not understand how LEDRS. Per the DSS staff, a process to reconcile LEDRS to Harmony was not implemented until November 2018.

Recommendations:

- 14. We recommend that the Administrative Services Manager reconciles LEDRS to Harmony and resolve any identified discrepancies prior to approving the State reporting.***
- 15. We recommend that the DSS Deputy Director of Finance and Administration ensures that responsible parties are properly trained on how to key the various CSA refunds into Harmony.***

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16. We recommend that the Administrative Services Manager and CSA Program Administrator ensure the above identified CSA refunds are reported to the State.

Finding #6– Expenditure Testing

The auditors tested expenditures totaling approximately \$1.6 million for 15 clients. It was noted that expenditures were allowable, properly charged to CSA, adequately supported, correctly billed and paid, properly approved and in compliance with program requirements with the below exceptions.

- Payments totaling \$30,334 were inappropriately charged to CSA. However, DSS staff identified these errors and subsequently reclassified the expenditures to the appropriate funding sources.
- Payments totaling approximately \$113,000 were issued on a client's behalf for independent living services during the audit scope. A copy of the client's independent living service agreement could not be located and provided to the auditor. Per the Virginia Department of Social Services foster care requirements, clients must sign an independent living service agreement to continue to receive independent living services.

Oversight and monitoring to ensure compliance with the different programs' requirements was not in place. The CSA Program Administrator relied on the referring agency to ensure that different program requirements (e.g. IL agreement) were met. Per the CSA Program Administrator, it would be impossible for the CSA Office to manage all of the different agencies' requirements along with the CSA requirements. If an agency is bringing a case to FAPT, they operate under the understanding that the agency is meeting all of its requirements.

However, without adequate oversight and monitoring in place, program requirements may not be met resulting in expenditures being incorrectly charged to CSA. Per Section 4.6 of the State's CSA Manual Policy, CSA State pool funds may be denied if a locality fails to comply with or violate statutory requirements and policy specific to CSA or those promulgated by participating agencies.

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In addition, Section 4.7.4.1 of the State's CSA Policy Manual, indicates the use of CSA funding for services for which another funding source was available and violations of statutory and policy requirements, are level 3 non-compliance audit findings. Localities are required to develop a corrective action plan to address the findings as well as repay non-compliant State pool reimbursement funds.

Recommendation:

- 17. We recommend the CSA Program Administrator implement oversight and monitoring procedures to ensure that all applicable program requirements are met.***

Finding #7 – File Documentation

The auditors reviewed 30 client case files and noted:

- Fully executed Consent to Exchange Information Forms were not included for three of the clients. The form was missing for two of the clients. The form was not signed by the parent of one of the client.
- Individual Education Plan (IEP) not included for one client.
- Initial CSA referral form was not included for one client.

Per the State's CSA Policy Manual (Section 3.5), localities are required to collect child specific documentation (e.g. consent to release information, FAPT recommendations, CPMT authorization, service plan, IEP, etc.) to demonstrate compliance with CSA requirements. All opened CSA cases must have Consent to Release Information forms completed and signed by a legal guardian. The referring agency is responsible for obtaining the written consent(s) required to share information with the team. Consent forms must be included in the initial CSA referral packet. The forms are good for one year from date of signature and are kept in the clients' CSA case files.

The Richmond CSA Office is not in compliance with its internal policies and State regulations. Without parental consent, the school division cannot release student educational information

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including IEPs to CPMT. Without such information, CPMT cannot determine the student's eligibility for CSA funding and would be unable to authorize the use of CSA funds to cover the cost of private day placement services required by the IEP. Disclosure of such information without parental consent would be a violation of the Family Educational Rights and Privacy Act (FERPA). In addition, per Section 4.7.4.1 of the State's CSA Policy Manual, lack of documentation to demonstrate eligibility (e.g. IEP) is a level 3 non-compliance audit finding resulting in the repayment of State pool reimbursements.

Recommendation:

18. We recommend that the CSA Program Administrator implement procedures to ensure that the required file documentation is completed and retained.

Finding #8 – FAPT Parent Representative

The City of Richmond CSA FAPT composition was in compliance with the Children's Services Act requirement and the City of Richmond CSA Manual. FAPT does not have a parent representative. The parent position has been vacant since January 2017.

Per State requirements, at a minimum FAPT shall consist of representatives from the community services board, juvenile court services unit, department of social services, local school division; and a parent representative. FAPT may also include a member from the Department of Health and a private provider (that serves children and families) at the discretion or request of the CPMT.

Per the CSA Program Administrator, they encountered difficulties in recruiting parent representatives due to the time commitment that is required. FAPT meets four days per week from 9:00 am to 4:00 pm and the parent representative position is currently volunteer with no pay. In the past, COR DSS provided a minimal daily stipend to the parent representative to serve on the FAPT team. However, the CSA Program Administrator indicated this funding was removed from the budget.

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Per State Executive Council Policy 4.7, this a Level 1 non-compliance audit finding. For Level 1 non-compliance audit findings, localities are required to develop a corrective action plan for the first instance of non-compliance. For repeat or subsequent findings, the State will temporarily deny State pool fund reimbursements until a corrective action plan is submitted and implemented. Documentation of reasonable and ongoing efforts to meet FAPT or CPMT membership requirement is considered implementation of the corrective action plan. This finding was also identified in the Office of Children Services FY2017 Program Audit Self- Assessment Validation review issued in December 2017.

Recommendation:

- 19. We recommend that the Richmond CSA FAPT team continue efforts to recruit and fill the parent representative position and document ongoing recruitment efforts until filled.***

Finding #9 – FAPT Meetings Not Conducted Timely

FAPT meetings were not held timely in accordance with the City of Richmond CSA Office Utilization Review Standard Operating Procedures. FAPT meetings were required for 25 (out of 30) of the reviewed clients⁷. However, meetings were conducted untimely for 64% of the required clients.

Cases receiving CSA funding (except for foster care maintenance only and private day placement) are required to be presented to FAPT for review. Cases are initially reviewed upon referral and periodically thereafter based upon the client's needs and intensity of provided services. FAPT shall review and approve services prior to commencement of those services except for emergency placements. Cases must be presented to FAPT within 14 days of emergency placements. Per the City's Utilization Review Standard Operating Procedures, the frequency of the FAPT meetings ranged between three and six months depending upon the client's needs.

⁷ FAPT assessment and reviews were not required for five of the reviewed clients that received foster care only maintenance payments or private day education.

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Per the CSA Administrator, the reason for the missed FAPT deadline should be documented in the FAPT minutes. Ensuring that FAPT meetings are held timely is the responsibility of the FAPT Coordinator. Currently, the CSA Office has no oversight procedures in place to ensure FAPT meetings are conducted timely. Also, explanations for the delays were not documented.

The Richmond CSA Office is not in compliance with its internal policies. This may result in:

- The commencement of services using CSA funding prior to FAPT review and recommendations.
- Changes and updates in the client's case and status not being reviewed and addressed timely.

This could result in CSA funding being inappropriately used or used for services and placements that no longer meet the client's needs. Thereby, creating a financial liability for the City due to repayment of funds or State's denial of pool funds. Also, the best interest of the clients may not be served.

Recommendations:

20. We recommend that the CSA Program Administrator implement oversight procedures to ensure the FAPT meetings are conducted timely.

21. We recommend that explanations for missed or untimely FAPT meetings be documented in Harmony.

Other Observations

Contractor Rates

We benchmarked the City's contractor rates for the top six FY2018 high dollar expenditures totaling approximately \$11.4 million, which represents 69% of the total expenditures, to surrounding localities. The contractor rates for a sample of vendors were compared to the rates obtained by Chesapeake, Chesterfield, Henrico, Fairfax, Norfolk, and VA Beach to determine if the

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City received comparable rates and if negotiation opportunities exist to obtain lower rates. The auditor noted that on average, the City of Richmond CSA contractor rates are comparable to other localities with minimal variances.

However, upon further analysis of the contract rates for the City's highest service expenditure among the City's network of contractors, it was noted the daily rates varied notably as demonstrated below.

Private Foster Care Support, Supervision and Administration Services	Lowest	Median	Highest	Dif (High-Low)
Assessment Level	\$94.61	\$124.24	\$145.00	\$50.39
Level 1	\$91.86	\$101.50	\$125.00	\$33.14
Level 2	\$94.61	\$127.50	\$135.35	\$40.74
Level 3	\$131.00	\$145.15	\$155.00	\$24.00
Nontreatment Level	\$72.77	\$75.90	\$88.00	\$15.23
Infant/dependent care	\$25.00	\$26.05	\$27.10	\$2.10

Some of the above rate differences may be attributed to the use of non-profit and for profit vendors and the types of services the contractors provide for each level of care. However, an opportunity for negotiation may exist to obtain lower rates. There was no process in place for negotiating contract rates. The CSA contracts were processed by a single CSA staff, who also had other responsibilities and duties. Per the CSA Program Administrator, the contractors are required to provide justification for large rate increases.

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The City may not be obtaining the most advantageous rates for procured services resulting in paying higher costs for client services. This could result in the City paying higher out pocket costs due to local match requirements. Negotiating rates among the City's network of providers may generate cost savings.

Recommendation:

- 22. We recommend that the CSA Program Administrator recommend to the Community Policy and Management Team (CPMT) to implement a negotiation process to ensure the best contract rates are obtained.***

**APPENDIX A: MANAGEMENT RESPONSE FORM
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#	RECOMMENDATION	CONCUR Y/N	ACTION STEPS
1	We recommend that the CSA Program Administrator implement oversight and monitoring to ensure compliance with the State and City CSA CANS requirements.	Y	The City CSA manual will be updated to reflect the new State CANS policy. The CSA UR Manager will monitor annual and discharge CANS to ensure compliance with State and City policies. In order to fully implement this an additional UR staff will be needed. During the FY21 budget process the CSA office will request an additional position.
	TITLE OF RESPONSIBLE PERSON		TARGET DATE
	UR Manager		7/1/2020
	IF IN PROGRESS, EXPLAIN ANY DELAYS		IF IMPLEMENTED, DETAILS OF IMPLEMENTATION
#	RECOMMENDATION	CONCUR Y/N	ACTION STEPS
2	We recommend that the CSA Program Administrator update policies and procedures to include annual and discharge CANS requirements.	Y	At the June, 2019 CPMT meeting the CSA Program Administrator will present to CPMT an updated City CANS policy and procedure for annual and discharge CANS.
	TITLE OF RESPONSIBLE PERSON		TARGET DATE
	CSA Program Administrator		7/1/2019
	IF IN PROGRESS, EXPLAIN ANY DELAYS		IF IMPLEMENTED, DETAILS OF IMPLEMENTATION
#	RECOMMENDATION	CONCUR Y/N	ACTION STEPS
3	We recommend that the CSA Program Administrator ensure the case managers and individuals responsible for completing the CANS are trained on the State and local requirements.	Y	Throughout the month of June the CSA office will conduct trainings for all CSA stakeholders who must complete the CANS. This training will focus on the state and local CANS requirements and be conducted by the CSA Program Administrator.
	TITLE OF RESPONSIBLE PERSON		TARGET DATE
	CSA Program Administrator		6/30/2019
	IF IN PROGRESS, EXPLAIN ANY DELAYS		IF IMPLEMENTED, DETAILS OF IMPLEMENTATION
#	RECOMMENDATION	CONCUR Y/N	ACTION STEPS
4	We recommend the DSS Director enters into an agreement with RPS that outlines the roles and responsibilities of each party including financial obligations.	Y	RDSS and RPS have scheduled a meeting to discuss an agreement on 6/6/19.
	TITLE OF RESPONSIBLE PERSON		TARGET DATE
	DSS Director		12/31/2019
	IF IN PROGRESS, EXPLAIN ANY DELAYS		IF IMPLEMENTED, DETAILS OF IMPLEMENTATION

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#	RECOMMENDATION	CONCUR Y/N	ACTION STEPS
5	We recommend the DSS Administrative Services Manager implement a reconciliation process to ensure that RPS remits the correct local match amount to the City per agreements reached.	Y	Reconciliation of RPS Private Day Local Share reimbursement to DSS implementation upon signed agreement between DSS and RPS (recommendation #4).
	TITLE OF RESPONSIBLE PERSON		TARGET DATE
	Administrative Services Manager		4/30/2020
	IF IN PROGRESS, EXPLAIN ANY DELAYS		IF IMPLEMENTED, DETAILS OF IMPLEMENTATION
#	RECOMMENDATION	CONCUR Y/N	ACTION STEPS
6	We recommend that the Deputy Director of DSS Finance and Administration ensures the identified duplicate payments are recouped from the vendors.	Y	All vendors for identified duplicate payments were notified in writing on January 7, 2018. Included in the notification was the amount due per client. All vendor payments were received and entered in Harmony using the A/R screen tab.
	TITLE OF RESPONSIBLE PERSON		TARGET DATE
	Deputy Director DSS Finance and Administration		5/13/2019
	IF IN PROGRESS, EXPLAIN ANY DELAYS		IF IMPLEMENTED, DETAILS OF IMPLEMENTATION
			All identified duplicate payment reimbursements have been received and processed.
#	RECOMMENDATION	CONCUR Y/N	ACTION STEPS
7	We recommend that the Deputy Director of DSS Finance and Administration ensures that the vendor refunds are recorded in Harmony and prior period adjustments are properly captured in the State reporting.	Y	Upon receipt of duplicate vendor refunds the CSA Financial Program Manager enters each receipt in Harmony using the A/R screen. The checks and supporting documentation are submitted to the DSS Finance cashier's office. Reimbursements are posted to the appropriate Rapids revenue account. Vendor refunds and prior period adjustments are entered into Harmony. Any transactions that are identified after the month is closed are adjusted by prior period adjustments (Harmony accounts receivable report is generated for CSA prior period adjustments).
	TITLE OF RESPONSIBLE PERSON		TARGET DATE
	CSA Finance Program Manager		6/30/2019
	IF IN PROGRESS, EXPLAIN ANY DELAYS		IF IMPLEMENTED, DETAILS OF IMPLEMENTATION
			Implemented August 2018 after Harmony system enhancements.

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#	RECOMMENDATION	CONCUR Y/N	ACTION STEPS
8	We recommend that the Deputy Director of DSS Finance and Administration ensures that established payment procedures and controls are fully executed throughout the entire year to minimize the risk of duplicate payments.	Y	To ensure that all established payment procedures and controls are fully executed throughout the entire year the Deputy Director of Finance and Administration has assigned an additional Administrative Support Staff Member to assist with tracking payments, producing payment reports as well as identifying duplicate payments. A detailed review and update of these procedures will be implemented to minimize and eliminate potential risk for duplicate payments.
	TITLE OF RESPONSIBLE PERSON		TARGET DATE
	Deputy Director-DSS Finance & Administration		7/1/2019
	IF IN PROGRESS, EXPLAIN ANY DELAYS		IF IMPLEMENTED, DETAILS OF IMPLEMENTATION
#	RECOMMENDATION	CONCUR Y/N	ACTION STEPS
9	We recommend that the Deputy Director of DSS Finance and Administration implement a process to periodically review and analyze payments for duplicates.	Y	On a quarterly basis the Finance Program Manager will re-implement the previous business practice of comparing the encumbrance report to the paid OTO invoices for each client. Harmony reports have also been identified to assist with this review.
	TITLE OF RESPONSIBLE PERSON		TARGET DATE
	CSA Finance Program Manager		7/1/2019
	IF IN PROGRESS, EXPLAIN ANY DELAYS		IF IMPLEMENTED, DETAILS OF IMPLEMENTATION
#	RECOMMENDATION	CONCUR Y/N	ACTION STEPS
10	We recommend the CSA Program Administrator develop and implement controls to track and monitor Medicaid placements, eligibility and expenditures.	Y	The UR Manager will track and monitor all Medicaid placements. All Medicaid approvals and denials will be tracked by the UR Manager.
	TITLE OF RESPONSIBLE PERSON		TARGET DATE
	UR Manager		7/1/2019
	IF IN PROGRESS, EXPLAIN ANY DELAYS		IF IMPLEMENTED, DETAILS OF IMPLEMENTATION

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#	RECOMMENDATION	CONCUR Y/N	ACTION STEPS
11	We recommend the CSA Program Administrator implement procedures to ensure that Medicaid funding is maximized, denial documentation is obtained and retained and the use of CSA funding when Medicaid funded placements and services are unavailable or inappropriate for client is adequately documented.	Y	In order to fully implement this an additional UR staff will be needed. During the FY21 budget process the CSA office will request an additional position. Once a 2nd UR staff is added, this position's responsibility will be to ensure Medicaid funding is maximized. This position will work with vendors to ensure they apply for Medicaid. When there is a Medicaid denial this position also work with the vendors to apply for Medicaid appeals. This position will also work with FAPT when CSA funding is needed to cover Medicaid services.
	TITLE OF RESPONSIBLE PERSON		TARGET DATE
	2nd UR Manager Position		7/1/2020
	IF IN PROGRESS, EXPLAIN ANY DELAYS		IF IMPLEMENTED, DETAILS OF IMPLEMENTATION
#	RECOMMENDATION	CONCUR Y/N	ACTION STEPS
12	We recommend the CSA Program Administrator require the vendors to apply for Medicaid funding for eligible placements and services regardless of the length of the service period and resubmit funding denials.	Y	The CSA Program Administrator will be conducting focus groups with various Medicaid providers over June and July to discuss Medicaid submissions. The CSA Program Administrator will meet with the Department of Medical Assistance Services (DMAS) to discuss submission timeline requirements of DMAS.
	TITLE OF RESPONSIBLE PERSON		TARGET DATE
	CSA Program Administrator		9/1/2019
	IF IN PROGRESS, EXPLAIN ANY DELAYS		IF IMPLEMENTED, DETAILS OF IMPLEMENTATION
#	RECOMMENDATION	CONCUR Y/N	ACTION STEPS
13	We recommend the CSA Finance staff seek a refund for the duplicated payments identified where both Medicaid and CSA paid for services.	Y	CSA Finance staff will continue, upon notification from program staff, to immediately implement the recovery process for payments made from multiple sources for the same services.
	TITLE OF RESPONSIBLE PERSON		TARGET DATE
	CSA Finance Program Manager		9/1/2019
	IF IN PROGRESS, EXPLAIN ANY DELAYS		IF IMPLEMENTED, DETAILS OF IMPLEMENTATION

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#	RECOMMENDATION	CONCUR Y/N	ACTION STEPS
14	We recommend that the Administrative Services Manager reconciles LEDRS to Harmony and resolve any identified discrepancies prior to approving the State reporting.	Y	The reconciliation of the Harmony data (LEDRS and Harmony Reporting Detail by Fund Code) by the CSA Fiscal Agent was implemented in November 2018.
	TITLE OF RESPONSIBLE PERSON		TARGET DATE
	CSA Fiscal Agent		11/1/2018
	IF IN PROGRESS, EXPLAIN ANY DELAYS		IF IMPLEMENTED, DETAILS OF IMPLEMENTATION
			Reconcile data from 2 reports, approve LEDRS report when 2 reports reconcile.
#	RECOMMENDATION	CONCUR Y/N	ACTION STEPS
15	We recommend that the DSS Deputy Director of Finance and Administration ensures that responsible parties are properly trained on how to key the various CSA refunds into Harmony.	Y	On 5/2/19 all CSA Finance Staff received an in-depth refresher training as it relates to the CSA Harmony Check Pay-In Process. This training is one component of the current tool utilized for all Finance and Administration Staff responsible for keying various CSA refunds. This training was facilitated by the Program Manager for the Finance and Administration staff responsible for processing all agency check pay-
	TITLE OF RESPONSIBLE PERSON		TARGET DATE
	CSA Finance Program Manager		5/2/2019
	IF IN PROGRESS, EXPLAIN ANY DELAYS		IF IMPLEMENTED, DETAILS OF IMPLEMENTATION
			Training included is new worker on-board, refresher training and other training as needed.
#	RECOMMENDATION	CONCUR Y/N	ACTION STEPS
16	We recommend that the Administrative Services Manager and CSA Program Administrator ensure the above identified CSA refunds are reported to the State.	Y	Adjustments and refunds are reported to the State on the LEDRS report. Additional staff training for processing refunds are included in recommendation #15.
	TITLE OF RESPONSIBLE PERSON		TARGET DATE
	DSS Administrative Services Manager		9/1/2019
	IF IN PROGRESS, EXPLAIN ANY DELAYS		IF IMPLEMENTED, DETAILS OF IMPLEMENTATION
#	RECOMMENDATION	CONCUR Y/N	ACTION STEPS
17	We recommend the CSA Program Administrator implement oversight and monitoring procedures to ensure that all applicable program requirements are met.	Y	The CSA Program Administrator will provide on-going quarterly training to CSA staff and FAPT to assist with ensuring program requirements are met. This will include, but not limited to documentation requirements, CANS requirements and eligibility.
	TITLE OF RESPONSIBLE PERSON		TARGET DATE
	CSA Program Administrator		12/1/2019
	IF IN PROGRESS, EXPLAIN ANY DELAYS		IF IMPLEMENTED, DETAILS OF IMPLEMENTATION

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#	RECOMMENDATION	CONCUR Y/N	ACTION STEPS
18	We recommend that the CSA Program Administrator implement procedures to ensure that the required file documentation is completed and retained.	Y	The CSA Program Administrator, FAPT Coordinator and UR Manager will use the CSA Documentation Inventory to ensure the proper documents are retained in CSA files. On a monthly basis a sample of cases will be selected and reviewed.
	TITLE OF RESPONSIBLE PERSON		TARGET DATE
	CSA Program Administrator, FAPT Coordinator & UR Manager		7/1/2019
	IF IN PROGRESS, EXPLAIN ANY DELAYS		IF IMPLEMENTED, DETAILS OF IMPLEMENTATION
#	RECOMMENDATION	CONCUR Y/N	ACTION STEPS
19	We recommend that the Richmond CSA FAPT team continue efforts to recruit and fill the parent representative position and document ongoing recruitment efforts until filled.	Y	By the end of May TFC providers will be contacted by the CSA Program Administrator seeking TFC Foster Parents to serve as the FAPT parent rep. Multiple parent reps will be needed due to FAPT meeting Mondays-Thursdays.
	TITLE OF RESPONSIBLE PERSON		TARGET DATE
	CSA Program Administrator		9/1/2019
	IF IN PROGRESS, EXPLAIN ANY DELAYS		IF IMPLEMENTED, DETAILS OF IMPLEMENTATION
#	RECOMMENDATION	CONCUR Y/N	ACTION STEPS
20	We recommend that the CSA Program Administrator implement oversight procedures to ensure the FAPT meetings are conducted timely.	Y	The FAPT manual has been updated. The length of time between FAPT meetings was incorrectly documented in the FAPT manual. This error resulted in FAPT meetings being scheduled too far apart.
	TITLE OF RESPONSIBLE PERSON		TARGET DATE
	CSA Program Administrator		4/5/2019
	IF IN PROGRESS, EXPLAIN ANY DELAYS		IF IMPLEMENTED, DETAILS OF IMPLEMENTATION
			The FAPT manual has been updated and FAPT members has been informed of the proper frequency of meetings based on service type.

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#	RECOMMENDATION	CONCUR Y/N	ACTION STEPS
21	We recommend that explanations for missed or untimely FAPT meetings be documented in Harmony.	Y	FAPT has been retrained by the FAPT Coordinator to add notes when meetings are not held timely. The notes will include the reason why meeting was not held timely and when the meeting has been rescheduled for.
	TITLE OF RESPONSIBLE PERSON		TARGET DATE
	FAPT Coordinator		4/30/2019
	IF IN PROGRESS, EXPLAIN ANY DELAYS		IF IMPLEMENTED, DETAILS OF IMPLEMENTATION
			FAPT has been instructed to document when meetings are not held or need to be rescheduled.
#	RECOMMENDATION	CONCUR Y/N	ACTION STEPS
22	We recommend that the CSA Program Administrator recommend to the Community Policy and Management Team (CPMT) to implement a negotiation process to ensure the best contract rates are obtained.	Y	On May 13,2019 the CSA Program Administrator recommended to the CPMT that they implement a negotiation process to ensure the best contracted rates are obtained.
	TITLE OF RESPONSIBLE PERSON		TARGET DATE
	CSA Program Administrator		5/13/2019
	IF IN PROGRESS, EXPLAIN ANY DELAYS		IF IMPLEMENTED, DETAILS OF IMPLEMENTATION
			CPMT agreed to further discussion on the recommendation.