



## Children's Services of Virginia, Inc.

**Assessment Treatment Level**—an assessment period of no more than 60 days in which a child's level of need will be determined after a thorough review of several factors, including but not limited to, child's current and past behavior, needs and strengths, number of placements the child has experienced, ratings on the CANS and VEMAT, available documentation such as psychological evaluations, foster parent logs, CSV worker observations and report, school records and reports, therapist reports and diagnoses, psychiatric records and reports, physical examination and physician recommendations, etc.

	Unit	#/Units	Rate from 7/1/23 to 6/30/24
Enhanced maintenance payment (per VEMAT score)	Day	365	<u>\$ range</u>
Placement Services	Day	365	<u>\$ 122.00</u>
*For Medicaid Eligible Children, \$326.50 per month will be billed to DMAS			
Foster Care Maintenance (Room & Board) Ages 0 thru 4	Month	12	<u>\$ 521.00</u>
Foster Care Maintenance (Room & Board) Ages 5 thru 12	Month	12	<u>\$ 609.00</u>
Foster Care Maintenance (Room & Board) Ages 13+	Month	12	<u>\$ 772.00</u>

**Foster Care Services – Kinship Care:** A program for children from birth to age 18 who are placed with an approved relative. The child receives non-treatment foster care services.

	Unit	#/Units	Rate from 7/1/23 to 6/30/24
Enhanced maintenance payment (per VEMAT score)	Day	365	<u>\$ range</u>
Placement Services	Day	365	<u>\$ 82.00</u>
Foster Care Maintenance (Room & Board) Ages 0 thru 4	Month	12	<u>\$ 521.00</u>
Foster Care Maintenance (Room & Board) Ages 5 thru 12	Month	12	<u>\$ 609.00</u>
Foster Care Maintenance (Room & Board) Ages 13+	Month	12	<u>\$ 772.00</u>
Kinship Homestudy			<u>\$1500.00</u>

**Non-Treatment Foster Care:** A program for children from birth to age 18 who have no special needs. The child receives Foster Care Services at a reduced rate.

	Unit	#/Units	Rate from 7/1/23 to 6/30/24
Enhanced maintenance payment (per VEMAT score)	Day	365	<u>\$ range</u>
Placement Services	Day	365	<u>\$ 82.00</u>
Foster Care Maintenance (Room & Board) Ages 0 thru 4	Month	12	<u>\$ 521.00</u>
Foster Care Maintenance (Room & Board) Ages 5 thru 12	Month	12	<u>\$ 609.00</u>
Foster Care Maintenance (Room & Board) Ages 13+	Month	12	<u>\$ 772.00</u>

**Treatment Foster Care – Level I:** For children from birth to age 18 who demonstrate a mild level of social/emotional/behavioral/medical/personal care needs or impairment for normal range of age and development.

	Unit	#/Units	Rate from 7/1/23 to 6/30/24
Enhanced maintenance payment (per VEMAT score)	Day	365	<u>\$ range</u>
Placement Services	Day	365	<u>\$ 112.00</u>
*For Medicaid Eligible Children, \$326.50 per month will be billed to DMAS			
Foster Care Maintenance (Room & Board) Ages 0 thru 4	Month	12	<u>\$ 521.00</u>
Foster Care Maintenance (Room & Board) Ages 5 thru 12	Month	12	<u>\$ 609.00</u>
Foster Care Maintenance (Room & Board) Ages 13+	Month	12	<u>\$ 772.00</u>

**Treatment Foster Care – Level II:** For children from birth to age 18 who demonstrate a moderate level of social/emotional/behavioral/medical/personal care needs or impairment for normal range of age and development.

	Unit	#/Units	Rate from 7/1/23 to 6/30/24
Enhanced maintenance payment (per VEMAT score)	Day	365	<u>\$ range</u>
Placement Services	Day	365	<u>\$ 117.00</u>
*For Medicaid Eligible Children, \$326.50 per month will be billed to DMAS			
Foster Care Maintenance (Room & Board) Ages 0 thru 4	Month	12	<u>\$ 521.00</u>
Foster Care Maintenance (Room & Board) Ages 5 thru 12	Month	12	<u>\$ 609.00</u>
Foster Care Maintenance (Room & Board) Ages 13+	Month	12	<u>\$ 772.00</u>

**Treatment Foster Care – Level III:** For children from birth to age 18 who demonstrate a significant level of social/emotional/behavioral/medical/personal care needs or impairment for normal range of age and development.

	Unit	#/Units	Rate from 7/1/23 to 6/30/24
Enhanced maintenance payment (per VEMAT score)	Day	365	<u>\$ range</u>
Placement Services	Day	365	<u>\$ 122.00</u>
*For Medicaid Eligible Children, \$326.50 per month will be billed to DMAS			
Foster Care Maintenance (Room & Board) Ages 0 thru 4	Month	12	<u>\$ 521.00</u>
Foster Care Maintenance (Room & Board) Ages 5 thru 12	Month	12	<u>\$ 609.00</u>
Foster Care Maintenance (Room & Board) Ages 13+	Month	12	<u>\$ 772.00</u>

#### Other Services

Case aid	Hour	as Needed	<u>\$ 14.00</u>
<b>Short Term Placement</b>			
Placement Services	Day	365	<u>\$ 122.00</u>
Foster Parent	Day	365	<u>\$ 50.00</u>
Non Medicaid mileage	Mile	as Needed	<u>\$ 0.56</u>
Transportation w/assistance	Hour	as Needed	<u>\$ 28.00</u>



# Children's Services of Virginia, Inc.

Treatment Foster Care

*Serving the community for 30 years*

Website: csv-inc.com

Dana Bowman, LPC  
Executive Director

Faye Lohr Ritchie, LCSW  
Executive Director

May 11, 2023

Frederick County CPMT/CSA  
107 N. Kent Street, 2<sup>nd</sup> Floor  
Winchester, VA 222601

Dear Frederick County CPMT/CSA:

It has been a pleasure working with you and your children and families. We are pleased to inform you that our rate increase remains modest for the upcoming fiscal year (approximately 1.6- 2.5%). The most significant factors requiring the rate increase are as follows:

- Staff shortages due to highly competitive landscape have made it difficult to find/hire needed employees requiring an increase in salaries/wages.
- The current economic climate of rising costs and inflation.

We hope that you and your team recognize our efforts in containing costs and minimizing increases. Please let us know if we can answer any questions. Thank you for letting us serve you.

Sincerely,

*Dana Bowman*

Dana L. Bowman, LPC, LSATP  
Executive Director

# Commonwealth of Virginia



## DEPARTMENT OF

## SOCIAL SERVICES

### CHILD PLACING AGENCY LICENSE

Issued to: Children's Services of Virginia  
Address: 311 Airport Road Winchester, Virginia 22602

This license is issued in accordance with provisions of Chapters 1, 17, and 18, Title 63.2, Code of Virginia and other relevant laws, the regulations of the State Board of Social Services, and the specific limitations prescribed by the Commissioner of Social Services, as follows:

CAPACITY	
36	
GENDER	AGE
Both	0 years 0 months through 17 years 11 months

Each client in care aged 18 or older is counted in the licensed capacity. This license authorizes the agency to provide foster care, treatment foster care, and short-term foster care placement services. This agency is certified to provide treatment foster care case management services. This agency is authorized to provide domestic adoption home study and post placement supervision services and to assist with the adoption placement of children in the custody of authorized child-placing agencies from its Virginia offices as listed above. This agency is not authorized to provide independent living arrangements or permanent foster care placements. This agency is not authorized to accept custody of children for adoptive placement or to provide parental placement or inter-country adoption services.

This license is not transferable and will be in effect July 9 2022 through July 8 2024 unless revoked for violations of the provisions of law or failure to comply with the limitations stated above.

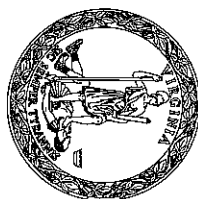
#### ISSUING OFFICE:

Virginia Department of Social  
Services Division of Licensing Programs  
1604 Santa Rosa Road, Suite 130  
Richmond VA 23229-5008  
Telephone (804) 382-3964

CPA 24  
LICENSE NUMBER

DANNY TKAVULA MD. MPH  
COMMISSIONER OF SOCIAL SERVICES  
By JAMIE SIPE Jamie Sipe  
Title Acting Licensing Administrator  
Date June 30, 2022

# Commonwealth of Virginia



## DEPARTMENT OF

## SOCIAL SERVICES

### CHILD PLACING AGENCY LICENSE

Issued to:

CHILDREN'S SERVICES OF VIRGINIA, INC.

Address:

250 EAST ELIZABETH STREET, SUITE 105, HARRISONBURG, VIRGINIA 22802

This license is issued in accordance with provisions of Chapters 1, 17, and 18, Title 63.2, Code of Virginia and other relevant laws, the regulations of the State Board of Social Services, and the specific limitations prescribed by the Commissioner of Social Services, as follows:

CAPACITY		Each client in care aged eighteen (18) or older is counted in the licensed capacity. This license authorizes the agency to provide foster care, short-term foster care, and treatment foster care placements. This agency is authorized to provide independent living arrangements. The agency is certified to provide treatment foster care case management services. This agency is not authorized to provide adoption services or permanent foster care.
GENDER	AGE	
Both	0 years, 0 months (birth) through 17 years, 11 months	

This license is not transferable and will be in effect July 9, 2021 through July 8, 2023 unless revoked for violations of the provisions of law or failure to comply with the limitations stated above.

#### ISSUING OFFICE:

Virginia Department of Social Services  
Division of Licensing Programs  
1604 Santa Rosa Road, Suite 130  
Richmond VA 23229-5008  
Telephone: 804-662-7040

CPA 408  
LICENSE NUMBER

By

S. DUKE STOREN  
COMMISSIONER OF SOCIAL SERVICES  
*S. Duke Storen*  
Robin Orser Ely

Title

Licensing Administrator

Date

June 17, 2021

# Commonwealth of Virginia

## DEPARTMENT OF



## SOCIAL SERVICES

### CHILD PLACING AGENCY LICENSE

Issued to: Children's Services of Virginia, Inc. Operated By: Children's Services of Virginia, Inc.

Address: 150 Olde Greenwich Drive, Fredericksburg, Virginia 22408 (P.O. Box 1596 Fredericksburg, Virginia 22402)

This license is issued in accordance with provisions of Chapters 1, 17, and 18, Title 63.2, Code of Virginia and other relevant laws, the regulations of the State Board of Social Services, and the specific limitations prescribed by the Commissioner of Social Services, as follows:

CAPACITY	
36	
GENDER	AGE
Both	0 years 0 months through 17 years 11 months

Each client in care aged eighteen (18) or older is counted in the licensed capacity. This license authorizes the agency to provide foster care, short-term foster care, and treatment foster care placement. This agency is authorized to provide independent living arrangements. The agency is certified to provide treatment foster care case management services. This license authorizes the agency to conduct adoption home studies, provide post-placement adoption supervision, and assist with the adoption placement of children in the custody of authorized child-placing agencies. This agency is not authorized to accept custody of children for adoption or to provide parental placement services or inter-country placement adoptions. This agency is not authorized to provide permanent foster care.

This license is not transferable and will be in effect July 9, 2022 through July 8, 2025 unless revoked for violations of the provisions of law or failure to comply with the limitations stated above.

#### ISSUING OFFICE:

Virginia Department of Social Services  
Division of Licensing Programs  
1604 Santa Rosa Road, Suite 130  
Richmond VA 23229-5008  
Telephone: (804) 543-5188

CPA 409  
LICENSE NUMBER

By Danny TK Ayala MD, MPH  
COMMISSIONER OF SOCIAL SERVICES  
Edward Q. Richardson, Jr.  
Edward Richardson, Jr.

Title Associate Director Senior, Field Operations  
Date June 17, 2022

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

5/18/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>McGriff Insurance Services</b> <b>38 Rouss Avenue Suite 100</b> <b>Winchester, VA 22601</b> <b>540 662-3865</b>		<b>CONTACT NAME:</b> <b>Stephanie Jetton</b> <b>PHONE (A/C, No, Ext):</b> <b>540 662-3865</b> <b>FAX (A/C, No):</b> <b>888-746-8791</b> <b>E-MAIL ADDRESS:</b> <b>certificatesvawv@McGriff.com</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A : Berkley Regional Insurance Company</b>	
		<b>INSURER B : Wesco Insurance Company</b>	
		<b>INSURER C :</b>	
		<b>INSURER D :</b>	
		<b>INSURER E :</b>	
		<b>INSURER F :</b>	

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			HHS852897013	03/31/2023	03/31/2024	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			HHS852897013	03/31/2023	03/31/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$0			HHS852897013	03/31/2023	03/31/2024	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WWC3644114	03/31/2023	03/31/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Professional Liability			HHS852897013	03/31/2023	03/31/2024	Each Acc. \$1,000,000 Aggregate \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Frederick County CPMT is included as Additional Insured with respect to General Liability Coverage where required by written contract. Waiver of Subrogation is included with respect to Workers Compensation Coverage where required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

Frederick County CPMT  
 107 North Kent Street  
 3rd Floor  
 Winchester, VA 22601

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Stephanie A. Jetton*

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