

FREDERICK COUNTY CPMT AGENDA

April 26, 2021

1:00 PM

107 N Kent St

Winchester, VA

Microsoft Teams Video Conference

Microsoft Teams meeting

Join on your computer or mobile app

[Click here to join the meeting](#)

Or call in (audio only)

[+1 276-221-3203,241385505#](tel:+12762213203,241385505#) United States, Danville

Phone Conference ID: 241 385 505#

Agenda

- I. Introductions
- II. Adoption of Agenda
- III. Consent Agenda
 - A. March Minutes
 - B. Budget Request Forms
- IV. Executive Session
 - A. None
- V. Committee Member Announcements
 - A. As Needed
- VI. CSA Report Jackie Jury
 - A. Financial Report
 - B. Private Provider Resignation
- VII. Old Business Jackie Jury
 - A. Tabled until further Notice: Strategic Plan Update
 - B. EBP Regional Learning Collaborative
 - C. Access to funding by Non-CSA youth
 - D. Legislative Bills/JLARC Update Jury/Michele Sandy
 - E. Funding Authorization Practices
 - F. CSA Service Gap Survey
- VIII. New Business
 - A. Administrative Memo #21-05
 - B. Medicaid Bulletin
 - C. FY20 Contract & Rate Increases
- IX. Assigned Tasks
- X. Next Meetings
 - CPMT May 24, 2012 via Microsoft Teams- See Memo 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, March 22, 2021

The Community Policy and Management Team (CPMT) Committee met on March 22, 2021. Members participated via Microsoft Teams video conference.

The following members were present via Microsoft Teams video conference:

- Tamara Green, Frederick County Department of Social Services
- Jay Tibbs, Frederick County Government
- Michele Sandy, Frederick County Public Schools
- Jennifer Lowery, 26th District Juvenile Court Service Unit
- Denise Acker, Northwestern Community Services Board
- David Alley, Private Provider Representative, Grafton Integrated Health Network

The following members were not present:

- Dawn Robbins, Parent Representative
- Dr. Colin M. Greene, Lord Fairfax District Health Department

The following non-members were present:

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

Call to Order: Tamara Green called the meeting to order at 1:07pm.

Introductions: Jackie introduced Jennifer Lowery from the Court Service Unit who will replace Janie Grinnan.

Adoption of January Agenda: Michele Sandy made a motion to adopt the March agenda; David Alley seconded; CPMT approved.

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

- February 22, 2021 CPMT Minutes
- Budget Request Forms – Confidential Under HIPAA

Michele Sandy made a motion to approve the Consent Agenda as distributed, David Alley seconded, CPMT approved.

Executive Session: No session was needed this month.

Committee Member Announcements:

- Covid-19 Update – Dr. Greene was unable to attend, no COVID update was available.
- Tamara Green – Initiated the topic of Family First - the department did receive about \$186,000 to fund a position and a half for 2021 and 2022. In 2023, there would have to be a local match of 15.5%, which will equate to about \$69,000 to fund 1 position.
- Tamara Green – Verification of credentials at the time of contracting for each year. Jackie will include this verification during the upcoming contract renewals. Jay added, that if the credentialing was in the contract up front, it would alleviate any concern from a vendor about being singled out. This will now require each vendor to supply their certifications for

any specialty services they provide. Tamara also suggested some type of training to help everyone decipher between the services offered.

- Medicaid Providers – Tamara questioned how many Medicaid providers would need to be contacted before non-Medicaid providers could be used for community based services. OCS requires that a Medicaid provider be utilized unless unavailable or inappropriate. The CSA Coordinator clarified that FAPT had discussed and agreed that contacting 5 providers would be sufficient in their search.

CSA Financial Report:

- February 2021 Financial Report
 - Spent \$299,844.28, which was 8% of the budget for the year. To date, we have used a little less than half of our allocation.
 - § \$2,162,684.72 remaining funds which includes SpEd Wrap funds.
 - § YTD total remaining without Wrap is \$2,132,105.26
 - § Local funds spent is \$696,259.09
 - § Served 107 youth
 - 75 in Community Based Services
 - 22 in Private Day School
 - 15 in Congregate Care
 - 17 in TFC
 - § Non-mandated Funds: \$690.00 spent, \$59,490.00 remaining.
 - § SpEdWrap Funds: \$161,617.15 spent, \$30,579.46 remaining, and \$94,960.20 encumbered. Additional funds will have to be requested unless the Protected Funds can be used instead.
- Covid Relief Funds
 - CSA Coordinator distributed a flyer for COVID-19 relief funds for youth between the ages of 18-27. Young adults who were in foster care are eligible for COVID-19 financial relief.

Old Business:

- Tabled until further notice: Strategic Plan Update
- EBP Regional Learning Collaborative & FFPSA Integration Model -
 - Regional teams were created last year to assist localities in effectively integrating agency initiatives together. Trainings were put on hold due to COVID-19. With the upcoming implementation of some of these initiatives, virtual trainings are now being scheduled. Family First Preventions Services Act in one of the initiatives that will be going into effect on July 1st. The Behavioral Health redesign is another initiative that promotes better reimbursement rates from Medicaid.
- Access to funding of Non-CSA youth –
 - School staff had met with CPMT in 2020 to voice their concerns regarding youth who are not involved with CSA but might meet the eligibility criteria to utilize CSA funding. The team recommended a smaller group discussion to review current policy and procedure. First restart meeting for this project will be March 26.

- Legislative Bills/JLARC Update –
 - HB2117 and SB1313/JLARC Study – Jackie and Michelle will meet to discuss the impact of these bills and the JLARC study on FCPS and CSA interaction. Michele Sandy noted that DOE has not provided any guidance to determine how this will be managed.

New Business:

- Funding Authorization Practices -
 - Drug screens - Currently, case managers must request specific tests with exact funding for FAPT/CPMT approval. The CSA Coordinator proposed a new process to allow case managers more flexibility. The process will approve \$600 per month for urine screens for each individual identified, along with \$130.00/quarter for hair follicle screens. The CSA Coordinator will discuss with DSS supervisors to review the proposal for audit issues or unintended consequences. Permission to move forward with new procedure granted pending no barriers from DSS Supervisor discussion. The CPMT requested an update next month to discuss problems, if any.
 - Lateral transitions – CSA Coordinator proposed that CPMT authorize transitions between vendors without requiring additional FAPT/CPMT approval of increased cost when the service remains the same. The CPMT responded favorably, however the CSA Coordinator will verify current policies to see what, if an, changes need to be made and provide an update at the May meeting.
- FCPS Memorandum of Agreement (MOA) – CSA currently has a youth whose IEP requires but the Private Day School where the student receives academic instruction does not offer OT. The school would need to contract this service out. A previously established MOA for 1:1 has been revised to reflect the new service. David Alley made the motion to approve the MOA, Jennifer Lowery seconded and the motion carried.
- Administrative Memo #21-02 – Announcement of the Annual Service Gap survey needs to be completed by everyone on the CPMT and FAPT Teams. This survey needs to be completed by each CPMT member and returned to Jackie by April 30, 2021.
- Administrative Memo #21-03 –Requests for additional SpEd Wrap funds from OCS is now automated.
- Administrative Memo #21-04 – Changes were made to the software programs for the monthly data submissions required by OCS. Tamara made mention that the state is pursuing another software program to replace Thomas Brothers. About 90 out of 120 localities currently use the Thomas Brother’s program.

Assigned Tasks:

- Jackie will research further the policy and costs for the lateral transitions to report back to CPMT next month.
- Jackie will discuss the recommendation regarding the funding for the drug screening with Delsie, Jen, Rachel, and Diana.

Next Meeting: The next CPMT meeting will be held Monday, May 24, 2021 at 1:00 p.m. via video conference.

Adjournment: Michele Sandy made a motion to adjourn; David Alley seconded; the CPMT approved. The meeting was adjourned at 2:20 pm.

Minutes Completed By: Robbin Lloyd



Frederick County CSA Financial Update: March 2021

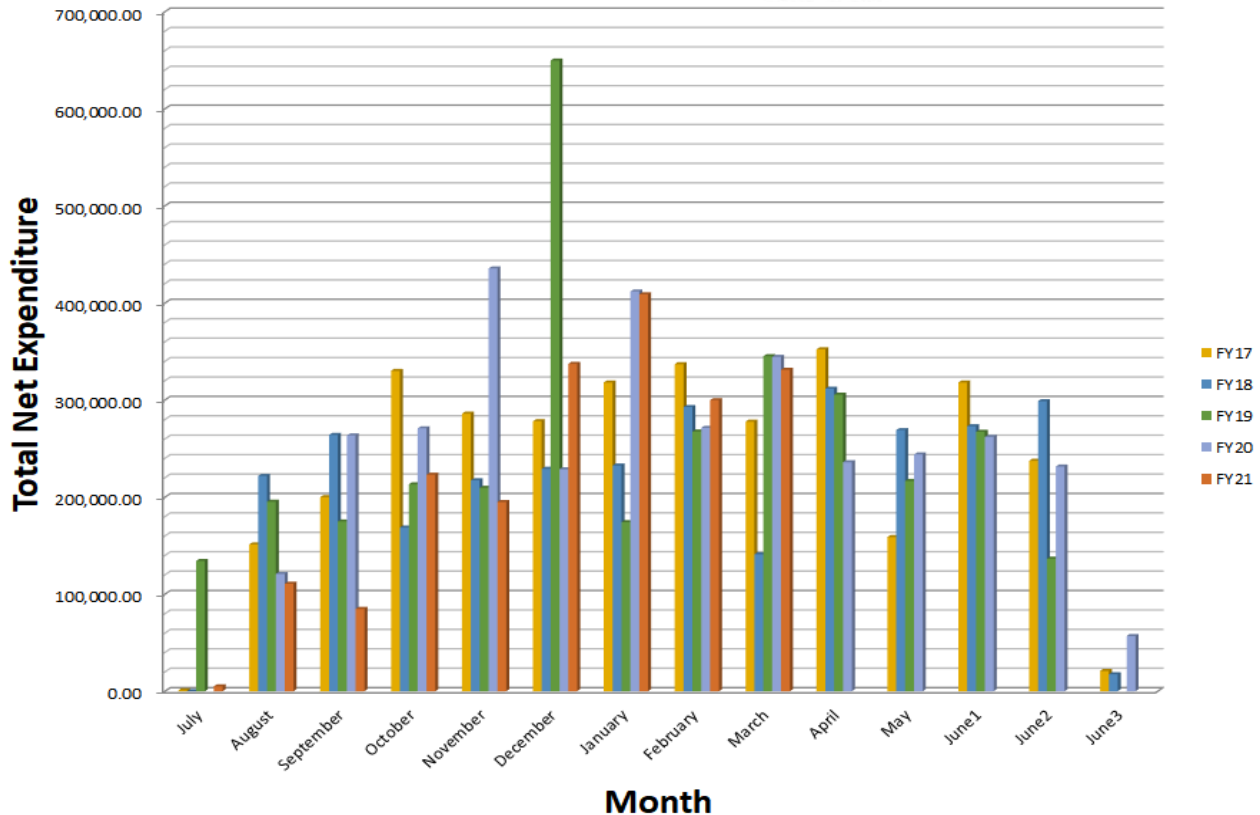
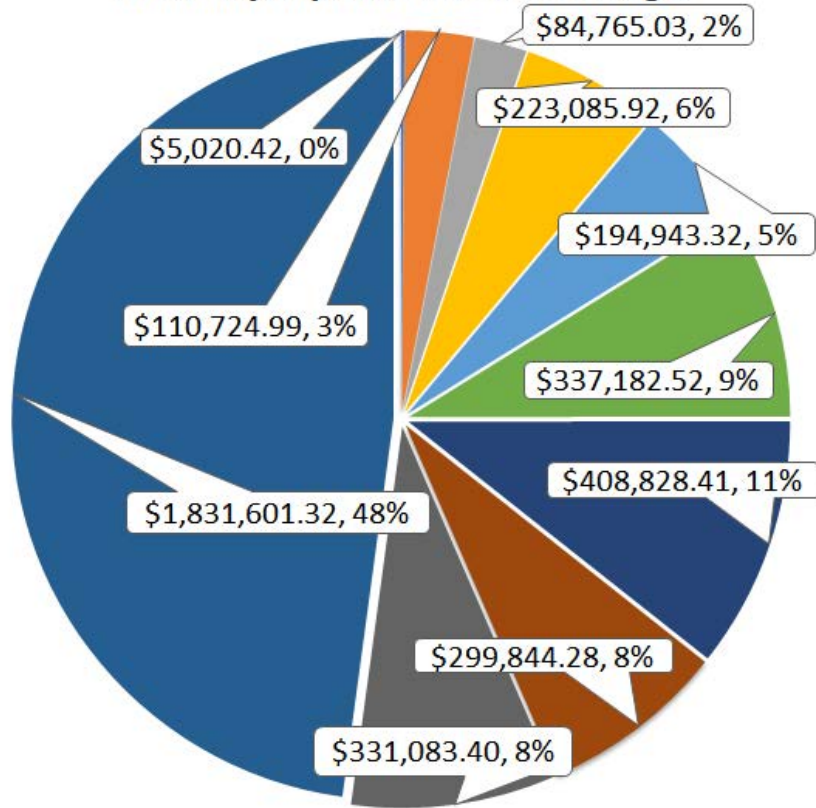
of Reports Submitted: 9

YTD Total Net Spent
with Wrap:
\$1,995,478.29

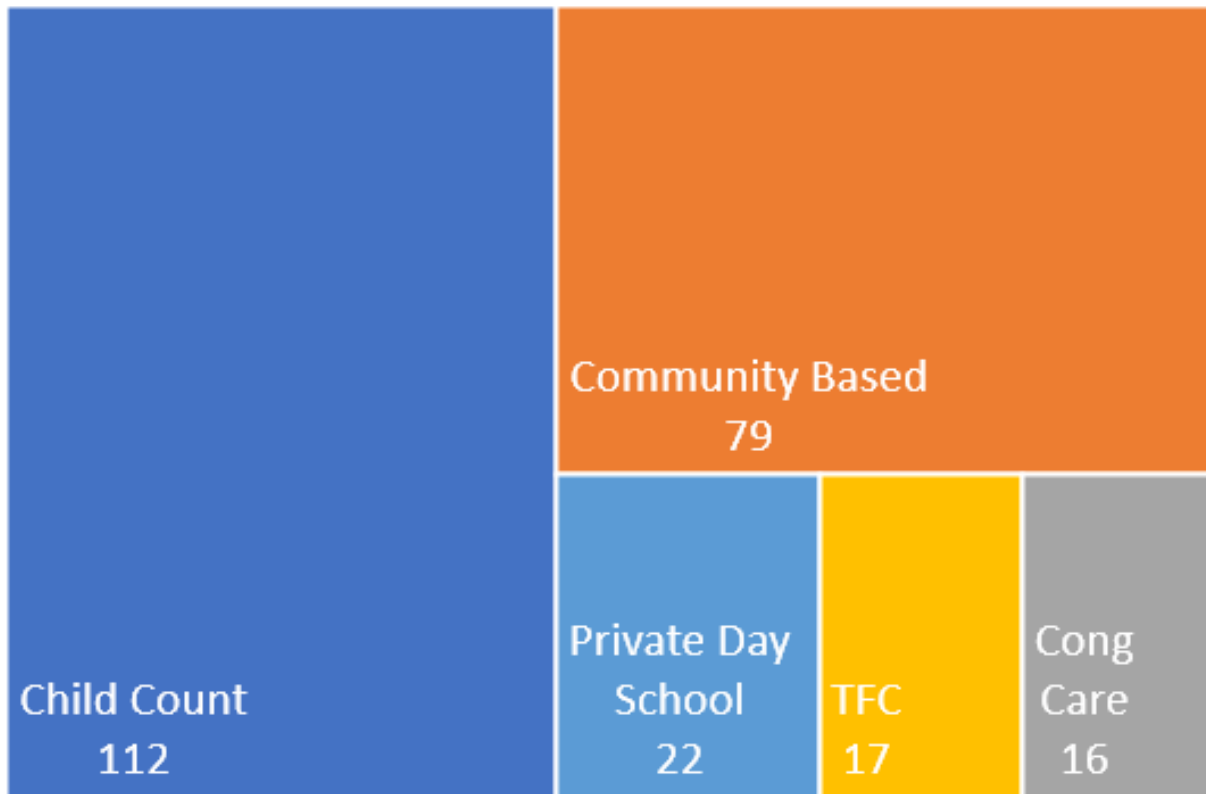
YTD Local
Net:
\$830,498.73

Remaining w/o
Wrap:
\$1,831,601.32

Monthly Expenditure Percentage



Placement Environment

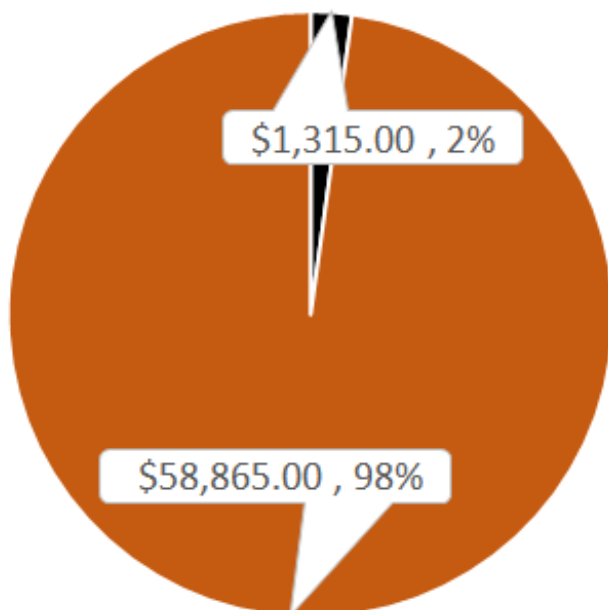


Unduplicated: Child Count, Congregate Care, Therapeutic Foster Care, Community Based Services

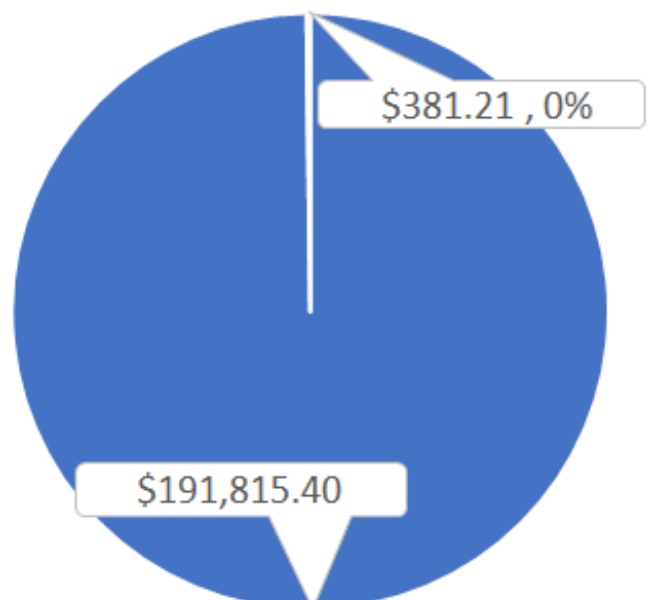
*Possible duplication of Private Day School students with youth in Congregate Care

NonMandated Encumbered: \$14,619.00.00 SpEd Wrap Encumbered: \$80,129.20

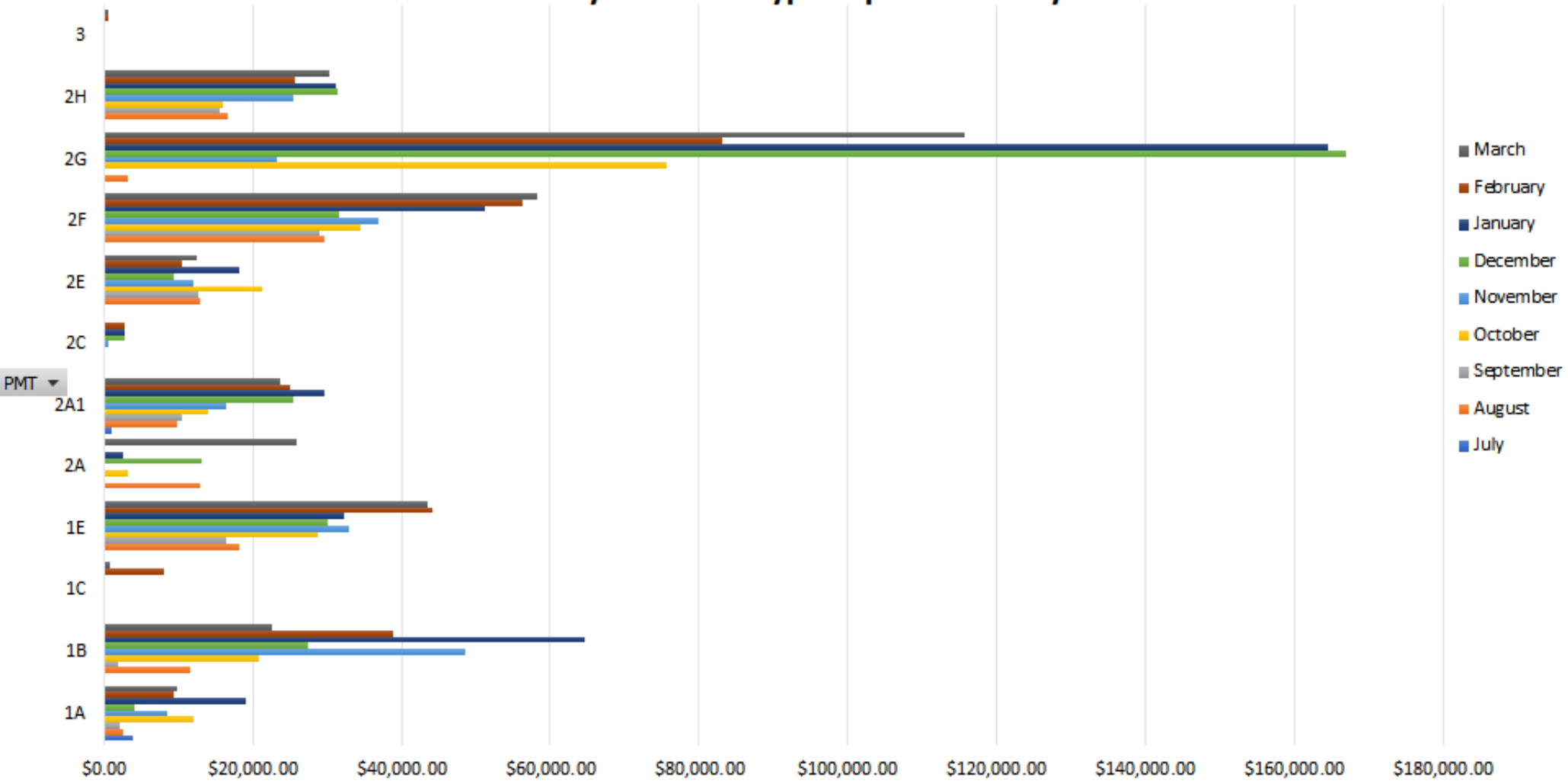
Protected Funds



SpEd Wrap



Primary Mandate Type Expenditures by Month



Primary Mandate Types (PMT):

- 1A- IV-E Congregate Care
*PMTs from 1A-1C do not include Daily Education payment of congregat care placements
- 1B- Non IV-E Congregate Care
- 1C- Parental Agreement Congregate Care
- 1E- Residential Education
*Includes all services for RTC IEP and Education only for all other RTC placements

- 2A- IV-E Treatment Foster Home
- 2A1- Non IV-E Treatment Foster Home
- 2A2- Parental Agreement Treatment Foster Home
- 2C- IV-E Community Based Services
*Only for youth placed in CFW Foster Homes
- 2E- Maintenance and Other Services
*Only Basic Maintenance and Daycare for youth in Foster Care

- 2F- Non IV-E Community Based Services
*Includes Daycare for youth not in Foster Care or IV-E CBS for youth placed in TFC or Cong Care
- 2G- Private Day School
- 2H- Special Education Wrap Around Services
- 3- Protected Funds
*NonMandated

From: [Erica Penn](#)
To: [Jackie Jury](#)
Subject: "[External]"FAPT
Date: Monday, March 22, 2021 3:23:17 PM

Hi Jackie,

I regret to inform you that I will no longer be able to serve in the position of "private provider" as of 4/9/2021. I will be leaving my current position with Embrace. Previously I had stated that I would be out on 4/6. With the change in circumstances, I rearranged my schedule and while I can be there on 4/6, I will not be able to attend on 3/30.

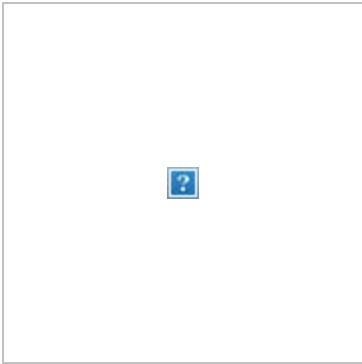
Thank you for the opportunity to serve as a FAPT member. It has been a wonderful experience being a part of this team!

Thank you,
Erica

--

Erica Penn, LPC

Site Director



(o) 540-376-3968 | (c) 619-838-9022

erica.penn@embracetfc.com | embracetfc.com



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Proposed change to Policy/Procedure Manual

3.5 Funding Authorization

The FAPT/MDT shall make recommendations to the Community Policy and Management Team regarding expenditures from CSA funds in accordance with COV § 2.2-5208. All services must be identified on the IFSP/Budget Request Form and/or Child & Family Team Meeting (CFTM) Care Plan and should justify the need for services to be eligible for CSA state pool funds. Services not identified on the CFTM Care Plan or IFSP/Budget Request Form are not eligible for state pool fund reimbursement.

The CPMT shall authorize and monitor the expenditure of funds by each FAPT/MDT in accordance with COV § 2.2-5206.

- All recommendations for funding must be authorized by the CPMT. All expenditures must be reported to the CPMT monthly.
- Service recommendations are presented to the CPMT by the CSA Coordinator on a Budget Request Form.
- Any recommendation for services totaling \$3,500 per month/family or more, or evaluations exceeding \$1000.00 must be reviewed by FAPT prior to approval by the CPMT.
- Additions and extensions to the IFSP that require funding changes must be approved by CPMT before payment.
- Transition to less restrictive services may occur after being reviewed and approved by the FAPT as clinically appropriate. In this case, a new budget form must be completed along with a FAPT review who will approve the transition. Services can be initiated after a Purchase of Service Order (POSO) is generated, and CPMT will review the new budget sheet at the next scheduled CPMT meeting.
- CPMT authorizes transition between vendors without requiring additional FAPT/CPMT approval or Emergency Funding of increased costs, when the service remains the same and the rate increase no more than 25%.
- Any treatment services being provided to a family through MDT/IDT for more than 1 year shall be reviewed by FAPT.
- Any requests for Emergency Funding are subject to the Emergency Funding Policy.
- Special Education private day school or residential placements through an IEP cannot be delayed by the CPMT funding process. Emergency funding is not required; however, a Budget Request form must be submitted to the CSA office, along with required CSA documentation prior to the initiation of services. Once documentation is submitted, a purchase of service order will be generated, and the case will be scheduled for review at the next available FAPT meeting.
- Reimbursements (i.e. SSI, child support, SSA, trust funds) shall be credited to child specific accounts according to policies set by the State.



One of the primary responsibilities of the Community Policy and Management Team (CPMT) is to coordinate long range, community-wide planning to develop resources and services needed by children and families in their community (§2.2-5206).

In 2006, the Virginia General Assembly amended the Code of Virginia to further specify this requirement. This amendment included language that requires CPMTs to annually report to the Office of Children's Services (OCS) on gaps and barriers in services needed to keep children in their local community (§2.2-5211.1.2). CPMTs will satisfy this requirement by completing this survey.

Thank you!



- Q1) What is your locality? _____
- Q2) What is the name of the contact person for your locality? _____
- Q3) What is the contact person's title? _____
- Q4) What is the contact person's telephone number including area code? _____
- Q5) What is the contact person's email address? _____
- Q6) We are interested in learning more about the most critical service gaps that are impacting your community's ability to serve children in their home, school and/or community. From the following list, please identify three (3) to five (5) services which are most important to further develop in your community. Consider services that do not exist in your community, as well as those that exist but do not adequately meet your locality's needs due to constraints such as insufficient capacity, poor quality, or prohibitive costs.

Residential Services

- Short-term Diagnostic
- Group Home
- Residential Treatment

Crisis Services

- Crisis Intervention/Stabilization
- Acute Psychiatric Hospitalization

Family Support Services

- Family Partnership Facilitation
- Respite
- Intensive Care Coordination (ICC)
- Family Support Partner
- Child Mentoring Parent Coaching

Community-Based Behavioral Health Services

- Assessment
- Group Therapy
- Family Therapy
- Intensive In-Home
- Therapeutic Day Treatment
- Case Management
- Medication Management
- Applied Behavior Analysis
- Trauma Focused/Informed Services

Educational Services

- Private Day School
- Residential School
- School-based Mental Health Services

Evidence-based Behavioral Health Services

- Multi-systemic Therapy
- Functional Family Therapy
- Parent Child Interaction Therapy
- Cognitive Behavioral Therapy
- Motivational Interviewing

Foster Care Services

- Family Foster Care Homes
- Therapeutic Foster Care Homes
- Independent Living Services

Other Services

- Other: _____
- Other: _____
- Other: _____



Q7) Please identify any specific populations and age groups where there are gaps in the services that your locality has identified in Q6.

First Identified Service Gap: _____

Are there any specific populations where there are gaps in these services in your locality? (Please choose all that apply)

- Autism
- Intellectual Disability/Developmental Disability
- Potentially Disrupting or Disrupted Foster Care Placements
- Potentially Disrupting or Disrupted Adoptions
- Sex Offending/Sexually Reactive Behaviors
- Youth with Multiple Mental Health Diagnoses
- Youth Involved with the Juvenile Justice System
- Substance Abuse
- No, there are not any specific populations
- Other: _____

Are there any specific age groups where there are gaps in these services? (Please choose all that apply)

- Pre-School Age (0-5)
- Elementary School Age (6-10)
- Middle School Age (11-13)
- High School Age (14-18)
- Transition Age (19-21)
- No, there are not any specific age groups

Second Identified Service Gap: _____

Are there any specific populations where there are gaps in these services in your locality? (Please choose all that apply)

- Autism
- Intellectual Disability/Developmental Disability
- Potentially Disrupting or Disrupted Foster Care Placements
- Potentially Disrupting or Disrupted Adoptions
- Sex Offending/Sexually Reactive Behaviors
- Youth with Multiple Mental Health Diagnoses
- Youth Involved with the Juvenile Justice System
- Substance Abuse
- No, there are not any specific populations
- Other: _____



Are there any specific age groups where there are gaps in these services? (Please choose all that apply)

- Pre-School Age (0-5)
- Elementary School Age (6-10)
- Middle School Age (11-13)
- High School Age (14-18)
- Transition Age (19-21)
- No, there are not any specific age groups

Third Identified Service Gap: _____

Are there any specific populations where there are gaps in these services in your locality? (Please choose all that apply)

- Autism
- Intellectual Disability/Developmental Disability
- Potentially Disrupting or Disrupted Foster Care Placements
- Potentially Disrupting or Disrupted Adoptions
- Sex Offending/Sexually Reactive Behaviors
- Youth with Multiple Mental Health Diagnoses
- Youth Involved with the Juvenile Justice System
- Substance Abuse
- No, there are not any specific populations
- Other: _____

Are there any specific age groups where there are gaps in these services? (Please choose all that apply)

- Pre-School Age (0-5)
- Elementary School Age (6-10)
- Middle School Age (11-13)
- High School Age (14-18)
- Transition Age (19-21)
- No, there are not any specific age groups

Fourth Identified Service Gap (if needed): _____

Are there any specific populations where there are gaps in these services in your locality? (Please choose all that apply)

- Autism
- Intellectual Disability/Developmental Disability
- Potentially Disrupting or Disrupted Foster Care Placements
- Potentially Disrupting or Disrupted Adoptions
- Sex Offending/Sexually Reactive Behaviors
- Youth with Multiple Mental Health Diagnoses
- Youth Involved with the Juvenile Justice System
- Substance Abuse
- No, there are not any specific populations
- Other: _____



Are there any specific age groups where there are gaps in these services? (Please choose all that apply)

- Pre-School Age (0-5)
- Elementary School Age (6-10)
- Middle School Age (11-13)
- High School Age (14-18)
- Transition Age (19-21)
- No, there are not any specific age groups

Fifth Identified Service Gap (if needed): _____

Are there any specific populations where there are gaps in these services in your locality? (Please choose all that apply)

- Autism
- Intellectual Disability/Developmental Disability
- Potentially Disrupting or Disrupted Foster Care Placements
- Potentially Disrupting or Disrupted Adoptions
- Sex Offending/Sexually Reactive Behaviors
- Youth with Multiple Mental Health Diagnoses
- Youth Involved with the Juvenile Justice System
- Substance Abuse
- No, there are not any specific populations
- Other: _____

Are there any specific age groups where there are gaps in these services? (Please choose all that apply)

- Pre-School Age (0-5)
- Elementary School Age (6-10)
- Middle School Age (11-13)
- High School Age (14-18)
- Transition Age (19-21)
- No, there are not any specific age groups



Q8) On a 5-point scale, with 1 being 'Not At All' and 5 being 'A Great Deal', please indicate the level of impact the following barriers have had on your community's ability to develop the services the you have identified. Also, please add specific comments under each barrier, as needed. Barriers related to COVID-19 (i.e. lack of Internet service, lack of in-person meetings, etc.) can be described in the comments and/or the "Other barrier" response category.

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Need for greater collaboration and consensus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: _____

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Lack of funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: _____

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Lack of transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: _____

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Provider availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: _____

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Need more information and data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: _____

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Other barrier (please list): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: _____

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Other barrier (please list): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: _____



Q9) Has your locality initiated actions over the past year to address the perceived services barriers?

- Yes
- No

If yes, then please describe below:



COMMONWEALTH of VIRGINIA

OFFICE OF CHILDREN'S SERVICES

Administering the Children's Services Act

Scott Reiner, M.S.
Executive Director

ADMINISTRATIVE MEMORANDUM #21-05

To: CPMT Chairs
CSA Coordinators
CSA Fiscal Agents
CSA Report Preparers

From: Scott Reiner, Executive Director
Preetha Agrawal, Information Technology Director

Date: April 21, 2021

Subject: Updated CSA Reference Documents

On March 5, 2021 you received Administrative Memo #21-04 informing you of upcoming changes to the CSA LEDRS file layout beginning with FY2022 (July 1, 2021). This is a follow up memo providing final version of key documents and a summary of the key changes. These documents will be posted to the Resources section of the OCS website, as we get closer to July 1. All relevant entities are aware of these changes so that various software applications can be accomplished.

The following are the key changes to these definitional documents:

1. Addition of a new Mandate Type (MT) for capturing eligibility through both state and federal Kinship Guardianship Assistance (MT 12)
2. Addition of two new Expenditure Categories (EC) for capturing allowable foster care maintenance costs for the State (EC 2e1 and basic maintenance only) and Federal (EC 2e2 and basic and enhanced maintenance) Kinship Guardianship programs
3. Addition of new Service Name for Public School Special Education Transitional Services to align with legislation (HB2117/SB1313) passed in the 2021 General Assembly
4. Update of the Service Placement Type (SPT) definition for Special Education Private Day Placement (SPT 6) to include the public school transitional services referenced in the prior item.

Please note that separate guidance will be forthcoming on the implementation of the new Public School Special Education Transitional Services.

As indicated previously, OCS is making the required changes for the CBDRS application and the local software providers (e.g., Thomas Brothers, Harmony, locally developed systems) have been made aware of these new requirements.

Final copies of the relevant revised documents are attached to the distribution of this Administrative Memo:

- Mandate Type Definitions
- CSA Service Names
- Pool Fund Expenditure Categories and Definitions
- CSA Service Placement Types

Please feel free to contact us with any questions you may have. Thank you for your cooperation.



STANDARDIZED SERVICE NAMES CSA Purchased Services

Purpose of document: This document provides the definitions of service categories for use by localities in reporting in order to receive state reimbursement for expenditures under the Children's Services Act.

Acute Psychiatric Hospitalization³

Inpatient services that are generally short term and in response to an emergent psychiatric condition. The individual experiences mental health dysfunction requiring immediate clinical attention. The objective is to prevent exacerbation of a condition and to prevent injury to the recipient or others.

Applied Behavior Analysis⁶

ABA is the design, implementation, and evaluation of environmental modifications to produce socially significant improvement in human behavior. ABA includes the use of direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA uses changes in environmental events, including antecedent stimuli and consequences, to produce practical and significant changes in behavior. This category should not be used when the student is receiving public school special education transition services described in another service name.

Assessment/Evaluation^{3,6}

Service conducted by a qualified professional utilizing a tool or series of tools to provide a comprehensive review with the purpose to make recommendations, provide diagnosis, identify strengths and needs, risk level, and describe the severity of the symptoms.

Case Support

Service may be purchased from a public child-serving agency and includes basic case oversight for a child not otherwise open to a public child-serving agency, for whom a case manager is not available through the routine scope of work of a public child-serving agency, and for whom the worker's activities are not funded outside of the State Pool. Services may include administration of the CANS, collection and summary of relevant history and assessment data and representation of such information to the FAPT; with the FAPT, development of an IFSP; liaison between the family, service providers and the FAPT.

Crisis Intervention³

Crisis intervention services are mental health care services, available 24 hours a day, seven days per week, and provide assistance to individuals experiencing acute mental health dysfunction requiring immediate clinical attention. The objectives are to prevent exacerbation of a condition; to prevent injury to the individual or others; and to provide treatment in the least restrictive setting.

Crisis Stabilization³

Crisis Stabilization services are direct mental health care services to non-hospitalized individuals experiencing an acute crisis of a psychiatric nature that may jeopardize their current community living situation. The goals are to avert hospitalization or re-hospitalization; provide normative environments with a high assurance of safety and security for crisis intervention; stabilize individuals in psychiatric crisis; and mobilize the resources of the community support system, family members, and others for ongoing maintenance, rehabilitation, and recovery.

Family Partnership Facilitation (LDSS)

Service is provided by a facilitator specifically trained to conduct Family Partnership Meetings for a local department of social services. The meeting is a relationship focused approach that provides structure for decision-making that empowers both the family and the community in the decision making process. It extends partnership messages to caregivers, providers, and neighborhood stakeholders.

Family Support Services

A broad array of services targeted to provide assistance, support, and/or training in various community settings to build natural supports and functional skills that empower individuals and families towards autonomy, attaining and sustaining community placement, preserving the family structure, and assisting parents in effectively meeting the needs of their children in a safe, positive and healthy manner. The services may include but are not limited to skill building (parenting skills, fiscal management, coping skills, communication, interpersonal skills, supervised visitation, babysitting, non-foster care/maintenance day care etc.) and behavioral interventions.

Functional Family Therapy (FFT)

A short-term, community- and evidence-based intervention for youth ages 11-18 with various emotional and behavioral problems. FFT must be delivered by trained and certified practitioners who meet national FFT standards.

Independent Living Services

Services specifically designed to help adolescents make the transition to living independently as an adult. Includes training in daily living skills, case management, as well as vocational and job training.

Independent Living Stipend² Payments made to youth previously in foster care who are now in independent living arrangements for the purposes of payments for housing, food, etc.

Individualized Support Services

Support and other structured services provided to strengthen individual skills and/or provide environmental supports for individuals with behavioral/mental health problems. Services are based on the needs of the individual and include training and assistance. These services normally do not involve overnight care by the provider; however, due to the flexible nature of these services, overnight care may be provided on an occasional basis. Service includes "Supportive In-home Services" licensed by the Department of Behavioral Health and Developmental Services.

Intensive Care Coordination

Services, as defined by State Executive Council policy, conducted by Intensive Care Coordinators for children at risk of entering or placed in residential care. ICC providers must be trained in the High Fidelity Wraparound model of care coordination and receive weekly clinical supervision. The purpose of the service is to safely and effectively maintain the child in, or transition/return the child home, to a relative's home, family-like setting, or community at the earliest appropriate time that addresses the child's needs. Services must be distinguished as above and extend beyond the regular case management services provided within the normal scope of responsibilities for the public child serving agencies. Services and activities include identifying the strengths and needs of the child and his family through conducting comprehensive family-centered assessments; developing plans in the event of crisis situations, identifying specific formal services and informal supports necessary to meet the identified needs of the child and his family, building upon the identified strengths; implementing, regular monitoring of and making adjustments to the plan to determine whether the services and placement continue to provide the most appropriate and effective services for the child and his family.

Intensive Care Coordination Family Support Partner

A family support partner is part of the High Fidelity Wraparound (HFW) team that offers various levels of support for families based on the family's needs and HFW plan. The support partner works closely with the HFW Facilitator to support positive outcomes for the family.

Intensive In-Home Services³

IIH services for Children/Adolescents under age 21 are intensive, time-limited interventions provided typically but not solely in the residence of a child who is at risk of an out-of-home placement or who is being transitioned to home from out-of-home placement due to documented clinical needs of the child. These services provide crisis treatment; individual and family counseling; and communication skills (e.g. counseling to assist the child and his parents to understand and practice appropriate problem solving, anger management, and interpersonal interaction, etc.); and coordination with other required services. Service also includes 24-hour emergency response.

Maintenance – Basic²

Payments made on behalf of a child in foster care to cover the cost of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to a child, and reasonable travel for the child to visit with family or other caretakers and to remain in his or her previous school placement. Effective 7/1/2021, this service also includes basic maintenance payments under the State Kinship Guardianship Assistance program.

Maintenance – Clothing Supplement²

Payments, as determined and scheduled by VDSS, for clothing outside of basic maintenance for children in foster care.

Maintenance – Child Care Assistance

Provides daily supervision during the foster parents' working hours when the child is not in school, facilitates the foster parent's attendance at activities that are beyond the scope of "ordinary parental duties," and is provided in a licensed day care facility or home.

Maintenance – Enhanced²

The amount paid to a foster parent over and above the basic foster care maintenance payment. Payments are based on the needs of the child for additional supervision and support by the foster parent as identified by the VEMAT.

Maintenance – Independent Living²

Payments made to youth in foster care who are in independent living situations for the purposes of payments for housing, food, etc. May include independent living situations licensed by VDSS as an LCPA.

Maintenance – Transportation²

In accordance with Title IV-E and Fostering Connections regulations, payments made to support a child/youth in foster care. Includes: visits to family including parents, relatives and siblings; costs for the child to be transported to a non-resident/non-zone school in accordance with a best interest determination. Costs may include purchased contracted services, cost of the child's bus/plane tickets; or mileage (at the state rate) for a driver to transport the child.

Material Support

Payment for items or services for families when such assistance is not otherwise available but is necessary to prevent an out of home placement of a youth or assist with reunification. Payments may include, but are not limited to, support with housing and utilities costs.

Mental Health Case Management³

Mental health case management is defined as a service to assist individuals with behavioral/mental health problems who reside in a community setting in gaining access to needed medical, social, educational, and other services. Case management does not include the provision of direct treatment or habilitation services.

Mental Health Skills Building³

A training service for individuals with significant psychiatric functional limitations designed to train individuals in functional skills and appropriate behavior related to the individual's health and safety, activities of daily living, and use of community resources; assistance with medication management; and monitoring health, nutrition, and physical condition. These services are intended to enable individuals with significant mental illness to achieve and maintain community stability and independence in the most appropriate, least restrictive environment.

Mentoring

Services in which children are matched appropriately with screened and trained adults for one-on-one relationships. Services include meetings and activities on a regular basis intended to meet, in part, the child's need for involvement with a caring and supportive adult who provides a positive role model.

Motivational Interviewing (MI)

An evidence-based, outpatient counseling approach designed to promote behavior change. It is often combined with other counseling approaches. MI practitioners should have received specific training in the approach. MI may be employed with youth and adults.

Multisystemic Therapy (MST)

A short-term, community- and evidence-based intervention for youth ages 11-17 with various emotional and behavioral problems who are at risk of out of home placement and other serious negative outcomes. MST must be delivered by a team of trained and certified practitioners who meet national MST standards.

Other

A uniquely designed service, or one not otherwise named and defined, that will ensure the safety and well-being of a child at risk of or in an out of home placement, support family preservation, or enhance reunification efforts.

Outpatient Services^{3, 6}

Treatment provided to individuals on an hourly schedule, on an individual, group, or family basis, and usually in a clinic or similar facility or in another location (including the home). Outpatient services may include counseling, dialectical behavioral therapy, psychotherapy, behavior management, laboratory and other ancillary services, medical services and medication services.

Parent-Child Interaction Therapy (PCIT)

An evidence-based outpatient parent training model focused on youth ages 2 – 7 years old designed to reduce problematic externalizing behaviors by increasing positive parenting behaviors and improving the quality of the parent-child relationship. PCIT is general conducted in weekly sessions in the office of the therapist. PCIT must be delivered by master's level trained practitioners who have received specialized training and meet national PCIT standards.

Private Day School⁴

Special Education services identified through an IEP in which the “least restrictive environment” is identified as a private day school. Services are provided in a licensed, privately owned school for persons determined to have a disability as defined by the *Regulations Governing Special Education Programs for Children with Disabilities in Virginia*.

Private Foster Care Support, Supervision and Administration¹

Services provided by a Licensed Child Placing Agency (LCPA) which include, but are not limited to, recruiting, training, assessing and retaining foster parents for the LCPA; making placement arrangements; purchasing/ensuring child has adequate clothing; providing transportation; counseling with child to prepare for visits with biological family; providing support and education for LCPA foster parents regarding management of child’s behavior; providing ongoing information and counseling to child regarding permanency goals; preparing a child for adoption; 24/7 crisis intervention and support for both child and LCPA foster family; developing and writing reports for FAPT; attending and presenting at FAPT meetings; administering LCPA foster parent payments; identifying adoption placements; assessment of adoption placements; and arranging adoption placements. The provision of services will vary for each child based on that child’s specific needs and the identified level of care. Services are provided at non-treatment level of foster care as well as treatment levels of foster care.

Private Residential School^{4,3}

Residential education services provided to students with disabilities who are placed into a residential program through an IEP in which the “least restrictive environment” is identified as a private residential school. Includes all services identified in the IEP as necessary to provide special education and related services, including non-medical care and room and board.

Public School Special Education Transitional Services

Transitional services delivered in a public school setting, specified on a student’s Individualized Education Program (IEP), to facilitate and support students returning to public school after at least six months in a private day special education program. Transitional services include one-on-one aides, speech and/or occupational therapy, counseling, applied behavior analysis, and specially designed instruction delivered directly to the student. These services may be provided for a period of no more than 12 months.

Residential Education³

A component of the total daily cost for placement in a licensed level C residential treatment facility. These education services are provided in a licensed, privately owned and operated Level C residential treatment facility to a child/youth with or without an individualized education program (IEP) who has been placed for non-educational reasons.

Residential Room and Board^{1,3,5}

A component of the total daily cost for placement in a licensed congregate care facility. Residential Room and Board costs include room, meals and snacks, and personal care items.

Residential Case Management^{3,1,5}

A component of the total daily cost for placement in a licensed congregate care facility. Activities include maintaining records, making calls, sending e-mails, compiling monthly reports, scheduling meetings, discharge planning, etc.

Residential Daily Supervision^{3,1,5}

A component of the total daily cost for placement in a licensed congregate care facility. Activity includes around the clock supervision.

Residential Supplemental Therapies³

A component of the total daily cost for placement in a licensed Level C residential treatment facility. Activity includes a minimum of 21 group interventions (outside of the 3-5 group therapies lead by a licensed clinician). The 21 interventions are goal-based with clear documentation/notes regarding the goal addressed, the intervention used, the resident’s response/input, and plan for follow-up.

Residential Medical Counseling³

A component of the total daily cost for placement in a licensed Level C residential treatment facility. Activities include around the clock nursing and medical care through on-campus nurses and on-campus/on-call physician. Activities also include the doctor and nurse at every treatment planning meeting for resident.

Respite

Service that provides short term care, supervision, and support to youth for the purpose of providing relief to the primary care giver while supporting the emotional, physical, and mental well-being of the youth and the family/guardian. This service includes respite services licensed by the Department of Behavioral Health and Developmental Services.

Special Education Related Services

Services identified within an IEP delivered to youth placed in private education schools. Services include, but are not limited to occupational therapy, physical therapy, speech therapy. This category should not be used when the student is receiving public school special education transition services described in another service name.

Sponsored Residential Home Services³

A short-term residential treatment service provided in a private home which is supervised by a licensed provider. Providers arrange for, supervise, and provide programmatic, financial, and services support to sponsors providing care or treatment for individuals placed in the sponsors' homes.

Substance Abuse Case Management³

Substance Abuse case management assists children, adults, and their families with accessing needed medical, psychiatric, substance abuse, social, educational, vocational services and other supports essential to meeting basic needs. If an individual has co-occurring mental health and substance abuse disorders, the case manager shall include activities to address both the mental health and substance use disorders. Only one type of case management may be billed at one time.

Transportation

Transportation to support attainment of the goals in a child's service plan, either through contracted services or payment of mileage. Services may be designed to enable a child or family member to attend counseling, parenting classes, court, visitation with family members, or other appointments.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

A counseling approach for children and adolescents who have a variety of symptoms associated with exposure to trauma. The intervention also supports caregivers in implementing positive parenting skills and positive interactions with the child/adolescent. TF-CBT is typically delivered in an office setting over 12 – 16 weeks, although this may vary. TF-CBT is delivered by licensed mental health professionals who have received specific TF-CBT training and certification.

Therapeutic Day Treatment for Children and Adolescents³

Covered services are a combination of psychotherapeutic interventions combined with medication, education, and mental health treatment offered in programs of two or more hours per day with groups of children and adolescents.

Treatment Foster Care Case Management¹

A component of treatment foster care through which a case manager provides treatment planning, monitors the treatment plan, and links the child to other community resources as necessary to address the special identified needs of the child. TFC-CM focuses on a continuity of services that is goal-directed and results-oriented. The provision of services will vary for each child based on that child's specific needs and the identified level of care.

Utilization Review

Activities that provide oversight of purchased services. Activities of UR include review of IFSPs, review of services delivered by providers, review of a child or youth's progress toward goals, and the provision of recommendations for service planning and revision of service plans/goals.

¹ Licensed by Virginia Department of Social Services

² Defined in accordance with Title IV-E

³ Licensed by Virginia Department of Behavioral Health and Developmental Services

⁴ Licensed by Virginia Department of Education

⁵ Licensed by Virginia Department of Juvenile Justice

⁶ Individual practitioners licensed by the Virginia Department of Health Professions

Publication Version Control: This chart contains a history of this publication's revisions.

Version	Date	Comments
Original	June 2014	Original, Effective July 1, 2015
Revision 1	January 2015	Technical Edits, Effective July 1, 2015
Revision 2	July 2016	Technical Edits, Effective July 1, 2016
Revision 3	February 2020	Additional Services Added, Effective July 1, 2020
Revision 4	March 2021	Additional Services Added, Technical Edits Effective July 1, 2021



CSA Service Placement Types and Definitions Effective 7/1/2021

Purpose of document: This document delineates service categories and associated match rates for use by localities in reporting in order to receive state reimbursement for expenditures under the Children's Services Act.

COMMUNITY-BASED SERVICES (50% of local base match rate)

Community-Based Services: Community services provided to youth while living at home, in the home of extended family, in a regular foster family home, or in an independent living situation (including independent living programs supervised by a private provider or independent living arrangements supervised by the local department of social services). This category includes community services provided to the youth's planned permanent caregiver in the family home or home community. *(It does not include payments for family foster care basic or enhanced maintenance, family foster care basic activities, or maintenance payments to youth in independent living. Those payments are reported under the categories specific to those services, (e.g., Family Foster Care Maintenance and Activities).*

Community Transition Services: Community transition services provided directly to the planned permanent caregiver (e.g., parents, relatives and foster families) of youth in congregate/residential placements for the primary purpose of preparing the planned permanent caregiver and youth for the youth's discharge and transitioning from a residential/congregate care setting to the family's home. The settings for these services are primarily in the planned permanent caregiver's home and home community, but may also be in the residential care setting or its local community if provided directly to the planned permanent caregiver with the primary purpose of helping transition the youth home.

Intensive Care Coordination: Services conducted by an intensive care coordinator, as defined under the State Executive Council guidelines, for youth at risk of entering or placed in residential care. *(Community-based services provided concurrent to Intensive Care Coordination are reported in the community-based services category.)*

Intensive In-home Services: Services provided to youth and their families when the youth are living at home. Intensive in-home services are provided typically, but not solely, in the residence of a youth who is at risk of being removed from the home or who is being transitioned home from an out-of-home placement. These services may include crisis intervention/treatment; individual and family counseling; life, parenting, and communication skills; and 24-hour per day emergency response. By delivering the service in the home, clinicians are able to address family system issues and support parents in effective behavioral techniques.

CSA Service Placement Types and Definitions **Effective 7/1/2021**

EDUCATION SERVICES AND FOSTER CARE SERVICES (Local base match rate)

Wrap-Around Services for Students with Disabilities: Non-IEP services in the IFSP and approved by the FAPT provided to a student with a disability and/or the student's family that are necessary to keep the student out of a more restrictive placement. Wrap-around services are non-residential and are provided outside of the school setting in the home and community when the needs associated with the student's disability extend beyond the school setting and threaten the student's ability to be maintained in the home, community, or school setting. The wrap-around services may be provided to a student who is placed in a public school setting, a private day school, or being transitioned back to the community from a residential educational program or from a juvenile correction center.

Special Education Private Day Placement: Educational services for students with disabilities receiving special education and related services in a private day school in accordance with the placement decision in the IEP. *(Non-IEP services provided to a youth in a private day placement are reported as Community-based services or as Wrap-Around Services for Students with Disabilities, as determined appropriate by the FAPT and specified in the IFSP.)*

Also included in this category are the **transitional services, delivered in a public school setting** to facilitate and support students returning to public school after at least six months in a private day special education program (authorized by the 2021 General Assembly). These services may be provided for a period of no more than 12 months.

Family Foster Care Basic Maintenance and Activities Payments: Payments for basic maintenance for foster care youth who are living in a local agency foster home. The families are receiving foster care maintenance payments consistent with Title IV-E definitions (i.e. room, board, daily basic supervision, school supplies, youth's personal incidentals, the basic clothing allowance, child care and/or travel costs) and the youth do not meet requirements for Title IV-E funding. This category also includes the enhanced maintenance payment (determined by the VEMAT) for additional daily supervision.

This category also includes maintenance (room and board) payments for foster care youth ages 18-21 (Fostering Futures) who have been placed by the local DSS board or a licensed child-placing agency in an independent living circumstance in which the child does not have daily substitute parental supervision (e.g., college dormitory, individual apartment, apartments licensed by child placing agencies). It does not include group homes or residential facilities. *(Community-based services provided directly to the child and/or biological/adoptive family should be reported in the Community Based Services category. Educational placements and non-instructional services in the public schools provided to these children should be reported in the Special Education Private Day Placement category or Wraparound Services for Students with Disabilities. The Foster Care Supplemental Clothing Allowance is reported as a Community Based Service).*

Specialized Foster Care: This category has been retired.

CSA Service Placement Types and Definitions **Effective 7/1/2021**

Treatment Foster Care: Payment for services and treatment of children who are living in a foster home where a trained foster parent provides care through a licensed child placing agency or local agency's defined treatment foster care program. The package of services included in the treatment payment rate may include: assessment; development of the case plan; home visits; referral to services; direct provision of services, treatment, and counseling for children, parents, and/or substitute care providers in their own homes or outside of their homes; respite care; parent support services; 24 hour supervision and crisis intervention; casework, case management and supervision; placement of the child; preparing and participating in judicial determination; recruitment and training. This category includes all services, including any community-based services, provided to these children while they are living in the treatment foster home, except as provided below. *(Community-based services provided directly to the child and/or biological/adoptive family should be reported in the appropriate expenditure category, either Community Based Services or the Treatment Foster Care as detailed in the CSA Pool Fund Expenditure Categories and Definitions document. Educational placements and non-instructional services in the public schools provided to these children should be reported in the Special Education Private Day Placement category or Wraparound Services for Students with Disabilities.)*

Independent Living Stipend: The standard statewide payment rate made for the care and support of a youth age 16 – 18 placed in independent living status. Covered costs are not limited to but generally include room and board, rent, household equipment, utilities, clothing, personal care and transportation. Payments cannot be made from Title IV-E, but are made from CSA pool funds. Payments may be made directly to the youth or, if the youth is living with an individual to whom the youth pays rent, the costs may be paid to that individual. The method of payment must be in a written agreement signed by the youth. *(Community based services provided to these youth or their families, while the children are receiving an independent living stipend, are reported in the community-based services category. Educational placements and non-instructional services in the public schools provided to these children should be reported in the Special Education Private Day Placement category or Wraparound Services for Students with Disabilities.)*

Independent Living Arrangement: Payments for youth in foster care, 16 - 21 years of age who have been placed by the local DSS or licensed child-placing agency in a living arrangement in which the child does not have daily substitute parental supervision (e.g., college dormitory, individual apartment, apartments licensed by child placing agencies). This category does not include programs licensed as group homes. *(Community-based services provided to the youth or planned permanent caregiver are reported in the community-based services category. Private educational placements are reported in the Special Education Private Day Placement category or Wraparound Services for Students with Disabilities.)*

Psychiatric Hospital/Residential Crisis Stabilization Unit: Placement of youth outside of their family home for acute care in an acute care psychiatric unit of a licensed medical hospital or licensed free-standing psychiatric hospital or a crisis stabilization unit for 24 hours or more (i.e., for crisis stabilization of harmful behaviors to self or others and/or serious mental health issues). This category includes all services provided to the youth while staying in the psychiatric hospital/crisis unit. Residential Crisis Stabilization length of stay should not exceed 15 days per incident. *(Community-based services provided directly to the youth and/or planned permanent caregiver in the family's home should to be reported in the Community-based Services category.)*

CSA Service Placement Types and Definitions **Effective 7/1/2021**

Congregate Care Educational Services for Medicaid Funded Placements: Educational services provided to youth who are placed in a residential setting for non-educational purposes or who have an IEP specifying residential educational services. The youth is Medicaid eligible and placed in a Medicaid facility, but Medicaid funds cannot be used to pay for the educational services.

Congregate Care Educational Services for Non-Medicaid Funded Placements: Educational services provided to youth who are placed in a residential setting for non-educational purposes, or who have an IEP specifying residential educational services. The youth is not eligible for Medicaid or is not placed in a Medicaid funded placement because appropriate Medicaid programs are not available to meet the youth's needs.

RESIDENTIAL/CONGREGATE CARE (25% above local base match rate)

Temporary Care Facility and Services: Placement of children outside of their family homes in licensed facilities or emergency shelters that serve groups of youth and are specifically approved to provide a range of services, as needed, on an individual basis not to exceed 90 days. Includes all services provided to children while they are living in the temporary care facility, except as specified. *(Community and community transition services provided directly to the child and/or family for the primary purpose of discharging and transitioning the child home from residential care are reported in the appropriate community-based services category. Educational services provided in this setting are reported in the Educational Services – Congregate Care category. Does not include secure detention facilities.)*

Group Home: Placement of children outside of their family homes in licensed residential programs that are characterized by a supervised homelike environment in a single family residence that serves groups of children (up to 8 youth) who have behavioral/emotional difficulties and/or physical or mental disabilities. Includes placement of children in apartments located in one complex where daily substitute parental supervision is provided and the programs are licensed as residential programs. Group homes may provide social, life or vocational skills training. They may provide emergency placements. Includes all services provided to children while living in the group home, except as specified. *(Community and community transition services provided directly to the child and/or family for the primary purpose of discharging and transitioning the child home from residential care are reported in the appropriate community-based services category. Educational services provided in this setting are reported in the Educational Services – Congregate Care category.)*

Residential Treatment Facility: Placement of youth outside of their family homes in licensed residential care programs that provide 24-hour supervised care to groups of youth (e.g., secure residential treatment facilities, campus-style residential programs, group homes on the campus of a residential facility, group homes that serve more than nine youth). Programs may provide intensive treatment services such as medication management, nursing care, occupational therapy, crisis stabilization, assessment, social skills training, group therapy, individual therapy, family therapy, etc. This category includes services provided to youth while living in the residential program (e.g., outpatient, respite care, crisis stabilization, assessment, child behavioral aides) and includes services that are provided in the residential facility and residential facility community to the youth's family. This category does not include secure detention facilities. *(Community and*

CSA Service Placement Types and Definitions **Effective 7/1/2021**

community transition services provided directly to the child and/or family for the primary purpose of discharging and transitioning the child home from residential care are reported in the appropriate community-based services category. Educational services provided in this setting are reported in the Educational Services – Congregate Care category.)

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Version	Date	Comments
Original	June, 2008	Adopted by State Executive Council June 12, 2008
Revision 1	June, 2010	
Revision 2	March, 2011	Effective: July 1, 2011
Revision 3	December, 2011	Technical edits
Revision 4	April, 2016	Technical edits; Effective: July 1, 2016
Revision 5	March, 2021	Effective July 1, 2021

Definitions of Mandate Types (MTs)

Purpose: This document delineates definitions of Mandate Types for localities for use by localities in reporting in order to receive state reimbursement for expenditures under the Children's Services Act.

- MT 1 Foster Care Abuse/Neglect Prevention**
Use this MT for children and families receiving home/community-based foster care prevention services following referral from a local Department of Social Services (LDSS) because of abuse/neglect concerns in the family.
- MT 2 Foster Care Abuse/Neglect – DSS Non-Custodial Agreement**
Use this MT when a child is placed in a foster care placement through a DSS Non-Custodial Foster Care Agreement (NCFC) and the parent retains legal custody; NCFC agreements are typically used for out of home treatment placements for children with emotional/behavioral needs.
- MT 3 Foster Care Abuse/Neglect – Local DSS Entrustment/Custody**
Use this MT for children and families when a child is in the custody of, or entrusted to, the LDSS because of abuse/neglect concerns.
- MT 4 Foster Care Child in Need of Services (CHINS) Prevention**
*Use this MT for children and families receiving home/community-based services to prevent **either** DSS foster care placement **or** placement through a CSA Parental Agreement based on the Family Planning and Assessment Team (FAPT) or court's determination that the child's "behavior, conduct or condition" meets the CHINS definition.*
- MT 5 Foster Care CHINS – CSA Parental Agreement**
Use this MT for children and families when a child is determined to be a CHINS by the court or the FAPT and placed in a behavioral health treatment setting through an agreement between an agency designated by the Community Policy and Management Team (CPMT) and the parent/guardian who retains legal custody ("CSA Parental Agreement").
- MT 6 Foster Care CHINS – Entrustment/Custody**
Use this MT for children and families when a child is determined to be a CHINS by the court and placed in the custody of, or entrusted to, the local DSS.
- MT 7 Foster Care – Court Ordered for Truancy**
Use this MT for children and families when a child is determined to be a Child in Need of Supervision due to truancy and then court-ordered into foster care placement with custody granted to the local DSS
- MT 8 Foster Care – Court Ordered for Delinquent Behaviors**
Use this MT when a child is adjudicated as delinquent and then court-ordered into foster care placement with custody granted to the local DSS.

Definitions of Mandate Types (MTs)

- MT 9** **Wrap-Around Services for Students with Disabilities**
Use this MT for children and families when a student with educational disabilities receives Special Education Wrap-around funded services in the home/community to prevent a more restrictive placement; services must be related to the child's disability as noted on the Individualized Education Program (IEP).
- MT 10** **Special Education Services in an Approved Educational Placement**
Use this MT for students with educational disabilities whose IEP requires an educational placement in private day or residential programs. The IEP team has determined that the private day or residential placement is the least restrictive environment in which the child can receive a "free and appropriate education" (FAPE). Effective July 1, 2021, also use this MT for students eligible for 12 months of transitional services in the public school settings as defined in COV, §2.2-5211.B.6.
- MT 11** **Non-Mandated**
Use this MT for children who meet the statutory requirements for eligibility in a CSA target population (e.g., children with mental health needs who do not rise to the level of CHINS, youth served by the Court Services Unit) but do not meet the criteria for sum sufficient funding. (COV §2.2-5211 and COV §2.2-5212).
- MT 12** **Kinship Guardianship**
Use this MT for children who meet the criteria for the Federal or State Kinship Guardianship Assistance program as specified in COV §16.2-1305 and §16.2-1306, respectively.
- Notes:** The Code of Virginia allows for two categories of children and families who are to receive sum-sufficient funding. These two categories are 1) children receiving foster care services as broadly defined in COV §63.2-905, which includes services through as CSA Parental Agreements (consequently MTs 1 – 8 and 12 refer to "Foster Care" even though they include services which are provided by agencies other than the local DSS); and 2) students with educational disabilities receiving either Special Education Wraparound funds (MT 9), and those whose IEPs require education in a private setting other than the public school or who are receiving time-limited transitional services in the public school setting (MT 10).
- "Special Education Wraparound" refers to a specific limited allocation of CSA funds which are available for "students with educational disabilities" who meet the eligibility requirements found in SEC Policy 4.1.3.
- Children served through the Non-mandated category (MT 11) have funding limited to the "protected" amount established for each locality each year.

Definitions of Mandate Types (MTs)

Publication Version Control: This chart contains a history of this publication's revisions.

Version	Date	Comments
Original	June, 2008	Adopted by State Executive Council June 12, 2008
Revision 1	March, 2021	Addition of MT 12. Effective July 1, 2021

CSA Pool Fund Expenditure Categories and Definitions

Row #	Expenditure Description	Definition	Allowable LEDRS SPT	Allowable LEDRS MT
		<p>Residential Facility: Placement of children outside of their family homes in licensed residential care programs that provide 24-hour supervised care to groups of children (e.g., secure residential treatment facilities, campus-style residential programs, group homes on the campus of a residential facility, group homes that serve more than 9 youth). Programs may provide intensive treatment services such as medication management, nursing care, occupational therapy, crisis stabilization, assessment, social skills training, group therapy, individual therapy, family therapy, etc. Includes all non-Title IV-E fundable services provided to children while living in the residential program, except as specified below.</p> <p><i>Community-based and community transition services provided directly to the child and/or family for the primary purpose of discharging and transitioning the child home from residential care should be reported in the appropriate community-based services category (2f or 2f1) and the appropriate SPT for that service (i.e., SPT 1 – SPT 4).</i></p> <p><i>Educational services provided in this setting are reported in the Educational Services – Congregate Care category (1e) and the appropriate SPT for that service.</i></p>	SPT 16	MT 3 MT 6 MT 7 MT 8
1b	Foster Care: All Others in Licensed Residential Congregate Care	See definitions in Row #1a above – Includes all services for non-Title IV-E eligible children.	SPT 14 SPT 15 SPT 16	MT 3 MT 6 MT 7 MT 8
1c	Residential Congregate Care: DSS Non-custodial Agreements CSA Parental Agreements	See definitions in Row #1a above – Includes all services for children via a DSS non-custodial agreement or a CSA parental agreement. The parent retains legal custody and the child is placed through: (a) a non-custodial agreement where DSS serves as case manager and the child is in foster care; or (b) there is a signed parental agreement, an agency other than DSS serves as case manager, and the child meets the “Children In Need of Services” eligibility criteria.	SPT 14 SPT 15 SPT 16	MT 2 MT 5
1d	Non-Mandated Services: Licensed Residential Congregate Care	See definitions in Row #1a above – Includes all services for non-sum sufficient (non-mandated) children.	SPT 14 SPT 15 SPT 16	MT 11

CSA Pool Fund Expenditure Categories and Definitions

Row #	Expenditure Description	Definition	Allowable LEDRS SPT	Allowable LEDRS MT
2a	Treatment Foster Care – Title IV-E	<p>Treatment Foster Care: Payment for non-Title IV-E reimbursable services and treatment for Title IV-E eligible children who are living in a foster home where a trained foster parent provides care through a licensed child placing agency or local agency's defined treatment foster care program. The package of services included in the treatment payment rate may include: assessment; development of the case plan; home visits; referral to services; direct provision of services, treatment, and counseling for children, parents, and/or substitute care providers in their own homes or outside of their homes; respite care; parent support services; 24 hour supervision and crisis intervention; casework, case management and supervision; placement of the child; preparing and participating in judicial determination; recruitment and training. This definition includes community-based services provided to the child while residing in the treatment foster home except as specified below.</p> <p><i>Transition services and Intensive Care Coordination provided to the youth or planned permanent caregivers are reported in the community-based services category (2f) and the appropriate SPT for that service (i.e., SPT 2 or SPT 3).</i></p> <p><i>Educational placements and non-instructional services in the public schools provided to these children are reported in the Special Education Private Day Placement category (2g) or Wraparound Services for Students with Disabilities (2h) and the appropriate SPT for that service.</i></p>	SPT 10	MT 3 MT 6 MT 7 MT 8
2a1	Treatment Foster Care	Same as 2a – includes all services for non-Title IV-E children in a treatment foster care setting including basic maintenance, enhanced maintenance and other services described in 2a.	SPT 10	MT 3 MT 6 MT 7 MT 8
2a2	Treatment Foster Care: DSS Non-custodial Agreements CSA Parental Agreements	Same as 2a – includes all TFC services. The parent retains legal custody and the child is placed through: (a) a non-custodial agreement where DSS serves as case manager and the child is in foster care; or (b) there is a signed parental agreement, an agency other than DSS serves as case manager, and the child meets the "Children In Need of Services" eligibility criteria.	SPT 10	MT 2 MT 5



CSA Pool Fund Expenditure Categories and Definitions

Row #	Expenditure Description	Definition	Allowable LEDRS SPT	Allowable LEDRS MT
2b	Specialized Foster Care – Title IV-E: Community Based Services	This category is retired effective 7/1/2016	SPT 9 (retired)	
2b1	Specialized Foster Care	This category is retired effective 7/1/2016	SPT 9 (retired)	
2c	Family Foster Care – Title IV-E: Community Based Services	The child meets the eligibility requirements for Title IV-E funding. Any community-based service (as defined in 2f) provided to the child or their family and the service is not eligible for reimbursement under Title IV-E.	SPT 1	MT 3 MT 6 MT 7 MT 8
2d	Family Foster Care: Maintenance only	This category is retired effective 7/1/2016	SPT 7 (retired)	

CSA Pool Fund Expenditure Categories and Definitions

Row #	Expenditure Description	Definition	Allowable LEDRS SPT	Allowable LEDRS MT
2e	<p>Family Foster Care:</p> <p>Basic Maintenance and Activities</p> <p>Enhanced Maintenance</p>	<p>Family Foster Care Basic Maintenance and Activities Payments: Payments for basic maintenance for foster care youth who are living in a local agency foster home. The families are receiving foster care maintenance payments consistent with Title IV-E definitions (i.e. room, board, daily basic supervision, school supplies, youth's personal incidentals, the basic clothing allowance, childcare and/or travel costs) and the youth do not meet requirements for Title IV-E funding.</p> <p><i>Community-based services provided directly to the child and/or biological/adoptive family should be reported in the appropriate community-based services categories (2f) and the appropriate SPT for that service (i.e., SPT 1 – SPT 4, SPT 11, SPT 12).</i></p> <p><i>Non-instructional services provided to these children should be reported in the Special Education Private Day Placement category (2g) or Wraparound Services for Students with Disabilities (2h) and the appropriate SPT for that service.</i></p> <p><i>The Foster Care Supplemental Clothing Allowance is reported as a Community Based Service in this expenditure category 2f.</i></p> <p>Family Foster Care Enhanced Maintenance: Payments in this category are for foster care youth in a local agency foster home and include the enhanced maintenance payment (currently determined by the VEMAT) for additional daily supervision as well as the basic maintenance payment. This definition includes community-based services provided to the child while residing in the foster home except as specified below.</p> <p><i>Transition services and Intensive Care Coordination provided to the youth or planned permanent caregivers are to be reported in the community-based services category (2f) and the appropriate SPT for that service (i.e., SPT 2 or SPT 3).</i></p> <p><i>Non-instructional services provided to these children should be reported in the Special Education Private Day Placement category (2g) or Wraparound Services for Students with Disabilities (2h) and the appropriate SPT for that service.</i></p>	SPT 8	<p>MT 3</p> <p>MT 6</p> <p>MT 7</p> <p>MT 8</p>

CSA Pool Fund Expenditure Categories and Definitions

Row #	Expenditure Description	Definition	Allowable LEDRS SPT	Allowable LEDRS MT
2e	<p>Family Foster Care:</p> <p>Independent Living Stipend</p>	<p>Independent Living Stipend: The standard statewide payment rate made for the care and support of a youth over age 16 placed in independent living status. Covered costs are not limited to but generally include room and board, rent, household equipment, utilities, clothing, personal care and transportation. Payment cannot be made from Title IV-E funds, but is made from CSA pool funds. Payments may be made directly to the youth or, if the youth is living with an individual to whom the youth pays rent, the costs may be paid to that individual. The method of payment must be in a written agreement signed by the youth. This category does not include programs licensed as group homes or residential programs. <i>Community based services provided to these youth or their families, while the children are receiving an independent living stipend, are be reported in the community-based services category (2f).</i></p> <p><i>Non-instructional services provided to these children should be reported in the Special Education Private Day Placement category (2g) or Wraparound Services for Students with Disabilities (2h) and the appropriate SPT for that service</i></p>	SPT 11	MT 3 MT 6 MT 7 MT 8
	<p>Independent Living Arrangement</p>	<p>Independent Living Arrangement: Payment for foster care youth at least 16 years of age who have been placed by the local DSS board or licensed child-placing agency in a living arrangement in which the child does not have daily substitute parental supervision (e.g., college dormitory, individual apartment, apartments licensed by child placing agencies). This category does not include apartments located in one complex where daily substitute parental supervision is provided and the programs are licensed as group homes. It does not include group homes or residential facilities.</p> <p><i>Community based services provided to these youth or their families, while the children are receiving an independent living stipend, are be reported in the community-based services category (2f).</i></p> <p><i>Non-instructional services provided to these children are reported in the Special Education Private Day Placement category (2g) or Wraparound Services for Students with Disabilities (2h) and the appropriate SPT for that service.</i></p>	SPT 12	MT 3 MT 6 MT 7 MT 8



CSA Pool Fund Expenditure Categories and Definitions

Row #	Expenditure Description	Definition	Allowable LEDRS SPT	Allowable LEDRS MT
2e1 (new)	State Kinship Guardianship: Basic Maintenance	Basic maintenance payments made to children enrolled in the State Kinship Guardianship Assistance program (established effective July 1, 2021). <i>Community based services provided to these youth or their families, while the children are receiving an independent living stipend, are reported in the community-based services category (2f).</i>	SPT 8	MT 12 (new)
2e2 (new)	Federal Kinship Guardianship: Basic Maintenance Enhanced Maintenance	Basic maintenance and enhanced payments made to children enrolled in the Federal Kinship Guardianship Assistance program. <i>Community based services provided to these youth or their families, while the children are receiving an independent living stipend, are reported in the community-based services category (2f).</i>	SPT 8	MT 12 (new)
2f	Community Based Services	Community services provided to children and families while they are living at home, in the home of extended family, in a regular foster family home, or in independent living. Includes community services provided to the child's family in their home or home community. Community based services may include outpatient assessment (e.g., family, psychiatric, psychological, substance abuse, developmental, health screening); crisis stabilization, or intervention services provided in child's home; outpatient individual, family or group therapy; outpatient psychiatric visits; therapeutic day treatment services (non-educational); outpatient substance abuse services and day treatment; mentoring; behavioral aides; parent or family skill training; family support services; supportive in-home services; short-term respite or crisis stabilization provided in the home of extended family or regular family foster home; informal supports; education support or tutoring; life and social skills training; job coaching; vocational services; wraparound services; after school services; non-residential summer camps; emergency rent, utilities or other emergency necessities to prevent foster care placement; transportation for the child or family that is not eligible under other funding sources; environmental modifications of the home to enable child to remain, transition or return to living at home. <i>All expenditures for Intensive Care Coordination are reported in this expenditure category (SPT 3).</i>	SPT 1 SPT 3 SPT 4 SPT 12	MT 1 MT 2 MT 3 MT 4 MT 5 MT 6 MT 7 MT 8

CSA Pool Fund Expenditure Categories and Definitions

Row #	Expenditure Description	Definition	Allowable LEDRS SPT	Allowable LEDRS MT
2f	Community Based Services (continued)	<p><i>This category does not include payments for family foster care basic or enhanced maintenance, family foster care basic activities, independent living stipends, or independent living arrangements. These payments are reported under their respective categories.</i></p> <p><i>The Foster Care Supplemental Clothing Allowance is reported as a Community Based Service in this expenditure category regardless of service placement type or expenditure category.</i></p>	<p>SPT 1 SPT 3 SPT 4 SPT 12</p>	<p>MT 1 MT 2 MT 3 MT 4 MT 5 MT 6 MT 7 MT 8</p>
2f1	Community Transition Services: Direct Family Services to Transition from Residential to Community	<p>Community transition services provided directly to the families (e.g., parents, relatives and foster families) of children who are in congregate/residential placements for the primary purpose of preparing the family and child for the child's discharge and transitioning from residential/congregate care to the family's home. The settings for these services are primarily in the family's home and home community, but may also be in the residential care setting or its local community if provided directly to the family with the primary purpose of helping transition the child home.</p>	<p>SPT 2</p>	<p>MT 2 MT 3 MT 5 MT 6 MT 7 MT 8</p>
2g	SPED Private Day	<p>Services for children who are receiving services for purposes of special education and related services; these services include approved private day school education. These children are living at home, in the home of extended family, in a regular foster family home, in a specialized or treatment foster care home or in an independent living arrangement.</p> <p>Transitional services provided in a public school setting for up to 12 months after the child has returned to the public school after at least six months in a private day school.</p> <p><i>Non-IEP, community-based services provided to the child and/or family are reported in the appropriate community-based services category.</i></p>	<p>SPT 6</p>	<p>MT 10</p>

CSA Pool Fund Expenditure Categories and Definitions

Row #	Expenditure Description	Definition	Allowable LEDRS SPT	Allowable LEDRS MT
2h	Wrap-Around Services for Students With Disabilities*	<p>Non-IEP services in an IFSP and approved by the FAPT provided to a student with an educational disability and/or the student's family that are necessary to keep the student out of a more restrictive placement. Wrap-around services are non-residential and are provided outside of the school setting in the home and community when the needs associated with the student's disability extend beyond the school setting and threaten the student's ability to be maintained in the home, community, or school setting. The wrap-around services may be provided to a student who is placed in a public school setting, a private day school, or being transitioned back to the community from a residential educational program or a juvenile correctional center.</p> <p><i>*A "student with a disability" is a student who has been determined eligible for special education and related services under the Individuals with Disabilities Education Act (IDEA).</i></p>	SPT 5	MT 9
2i	Psychiatric Hospitals / Crisis Stabilization Units	<p>Placement of children outside of their family home for acute care in an acute care psychiatric unit of a licensed medical hospital or licensed free-standing psychiatric hospital or a crisis stabilization unit for 24 hours or more (e.g., ten days based on the needs of youth) for crisis stabilization of harmful behaviors to self or others and/or serious mental health issues, such as psychosis. Includes all services provided to children while staying in the psychiatric hospital/crisis unit.</p> <p><i>Community-based services provided directly to the child and/or family in the family's home are reported in the community-based services categories.</i></p>	SPT 13	MT 2 MT 3 MT 5 MT 6 MT 7 MT 8
3	Non-Mandated Services: Community Based	<p>See Community Based Services (2f) above. This category is used for children who are in a non-sufficient funding eligibility category.</p>	SPT 1 SPT 3 SPT 4	MT 11

CSA Pool Fund Expenditure Categories and Definitions

Definitions:

Service Placement Types (SPT)	Primary Mandate Types (MT)
SPT 1 Community-based Services	MT 1 Foster Care Abuse/Neglect – Prevention
SPT 2 Community Transition Services	MT 2 Foster Care Abuse/Neglect – DSS Non-Custodial Agreement
SPT 3 Intensive Care Coordination	MT 3 Foster Care Abuse/Neglect – DSS Entrustment/Custody
SPT 4 Intensive In-home Services	MT 4 Foster Care CHINS – Prevention
SPT 5 Wraparound Services for Students with Disabilities	MT 5 Foster Care CHINS – Parental Agreement
SPT 6 Special Education Private Day Placement	MT 6 Foster Care CHINS – DSS Entrustment/Custody
SPT 7 Retired	MT 7 Foster Care – Court Ordered – Truancy
SPT 8 Foster Care Basic Maintenance / Basic Activities Payments	MT 8 Foster Care – Court Ordered – Delinquent Behavior
SPT 9 Retired	MT 9 Wraparound Services for Students with Disabilities
SPT 10 Treatment Foster Home	MT 10 Special Education Services
SPT 11 Independent Living Stipend	MT 11 Non-mandated
SPT 12 Independent Living Arrangement	MT 12 Kinship Guardianship
SPT 13 Psychiatric Hospital/Crisis Stabilization Unit	
SPT 14 Temporary Care Facility	
SPT 15 Group Home	
SPT 16 Residential Treatment Facility	
SPT 17 Congregate Educational Services – Medicaid	
SPT 18 Congregate Educational Services – Non-Medicaid	

Document Version Control: This chart contains a history of this document's revisions.

Version	Date	Comments
Original	June, 2008	Adopted by State Executive Council June 12, 2008
Revision 1	April, 2016	Retired SPTs & Expenditure Categories, Effective July 1, 2016
Revision 2	March, 2021	Added new MT & Expenditure Categories, Effective July 1, 2021



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

<http://www.dmas.virginia.gov>

MEDICAID Bulletin

TO: All Providers Participating in the Virginia Medicaid and FAMIS Programs, Managed Care Organizations and the Behavioral Health Services Administrator

FROM: Department of Medical Assistance Services (DMAS) **DATE:** 03/02/2021

SUBJECT: Enhanced Behavioral Health Services / Project BRAVO: Behavioral Health Redesign for Access, Value & Outcomes

As the Commonwealth's largest payer of behavioral health care services, the Department of Medical Assistance Services (DMAS) recognizes that it has an important role in driving the provision of high quality, evidence-based, trauma-informed and person-centered behavioral health services and treatment. Consequently, DMAS has been working for the last two years with our committed partners at the Department of Behavioral Health and Developmental Services (DBHDS) and hundreds of stakeholders to build the long-term vision for enhancing behavioral health services to address our most critical member and system needs. The vision for this process is to keep Virginians well and thriving in their communities, shift our system's current dependency on high acuity services such as psychiatric hospitalization to a focus on prevention and early intervention for behavioral health disorders, and support global alignment of services across the systems that serve our members. Both DMAS and DBHDS recognize that this work will not happen all at once, and that our authority to move forward with this long-term vision will be based on the Commonwealth's resources and priorities over time.

In January 2019, DMAS and DBHDS released a document summarizing the long-term vision for developing an enhanced, robust continuum of behavioral health services. The *Virginia Medicaid Continuum of Behavioral Health Services* document can be found on DMAS' website [here](#).

On November 18, 2020, the amended and reenacted 2020 Virginia Acts of Assembly, Chapter 56, Item 313 YYY (2020 Appropriations Act) authorized the Department of Medical Assistance Services (DMAS) to implement programmatic changes and develop new service definitions, prior authorization and utilization review criteria, provider qualifications, and reimbursement rates for Assertive Community Treatment, Mental Health Partial Hospitalization, Crisis Intervention, Crisis Stabilization, Multisystemic Therapy, Functional Family Therapy, Intensive Outpatient Programs, Mobile Crisis, 23-hour Observation and Residential Crisis Stabilization services.

In accordance with the 2020 Acts of Assembly, DMAS will phase in the enhanced services. This implementation will henceforth be referred to as Project BRAVO, an acronym that stands for Behavioral Health Redesign for Access, Value and Outcomes and is dedicated to the memory of Dr. Hughes Melton, whose commitment and servant-leadership continues to inspire the efforts of this cross-agency team in this work. The first set of enhanced services will begin on **July 1, 2021** and the second set of services will begin on **December 1, 2021**. The enhanced behavioral health services expand access to individual services that are a part of a more comprehensive continuum of behavioral health services for all enrolled members in Medicaid, FAMIS (Family Access to Medical Insurance Security) and FAMIS MOMS.

Services to begin on July 1, 2021:

- **Assertive Community Treatment (ACT):** ACT is a person-centered approach that has demonstrated strong evidence both in Virginia and on a national scale to significantly reduce the need for psychiatric hospitalization and support recovery for individuals with serious mental illness in the community. ACT is a highly coordinated set of services offered by a team of medical, behavioral health, and rehabilitation professionals in the community who work to meet the complex needs of individuals with severe and persistent mental illness.
 - ACT will replace and serve as an enhancement of the current Intensive Community Treatment (ICT) [H0039] service.
 - Implementation will include support to teams currently operating as ICT to bring them to base fidelity levels of ACT.
 - ACT will be a service for adults living with serious mental illness.
 - ACT will use procedure code H0040 and modifiers U1-U5.

- **Mental Health Partial Hospitalization Program (MH-PHP):** Mental Health Partial Hospitalization Programs (MH-PHPs) are highly structured clinical programs designed to provide an intensive combination of interventions and services which are similar to an inpatient program, but on a less than 24-hour basis.
 - MH-PHP will replace and serve as an enhancement to the current Day Treatment/Partial Hospitalization Program [H0035 HB].
 - This service will be using the billing code currently used for Therapeutic Day Treatment (TDT), which will result in a billing code change for TDT but no other change to TDT policy or service delivery requirements.
 - MH-PHP will be a service for youth and adults.
 - MH-PHP will use procedure code H0035.

- **Mental Health Intensive Outpatient Program (MH-IOP):** Mental Health Intensive Outpatient Programs (MH-IOP) are highly structured clinical programs designed to provide a combination of interventions that are less intensive than Partial Hospitalization Programs, though more intensive than traditional outpatient psychiatric services.
 - MH-IOP is a new service for youth and adults.
 - MH-IOP will use procedure code S9480.

Services to begin on December 1, 2021:

- **Multisystemic Therapy (MST):** Multisystemic therapy (MST) is an evidence-based, intensive home- and community-based treatment for youth with significant clinical impairment in disruptive behavior, mood, and/or substance use. MST has a large evidence base that has demonstrated robust clinical and systems outcomes, including reducing the need for inpatient hospitalization, residential treatment and other out-of-home placements for youth. MST involves significant training, supervision, monitoring and fidelity practices.
 - MST is a new service for youth; it does not replace any existing services.
 - MST will use procedure code H2033. Modifiers are to be determined.
- **Functional Family Therapy (FFT):** Functional Family Therapy (FFT) is a short-term, evidence-based treatment program for at-risk and justice-involved youth, who have been referred for behavioral or emotional problems by the juvenile justice, mental health, and school or child welfare systems. FFT has a large evidence base that has demonstrated robust clinical and systems outcomes, including reducing the need for inpatient hospitalization, residential treatment and other out-of-home placements for youth. FFT involves significant training, supervision, monitoring and fidelity practices.
 - FFT is a new service for youth; it does not replace any existing services.
 - FFT will use the procedure code H0036. Modifiers are to be determined.
- **Mobile Crisis:** Mobile Crisis is brief, focused assessment and treatment that reviews precipitating events leading to the crisis, history of crisis, mental status exam and disposition planning. Service components include: 1) the mobilization of resources to defuse the crisis and restore safety, 2) implementing interventions that minimize the potential for psychological trauma and prevent further deterioration of functioning and 3) facilitating linkage to other supports and services to avert inpatient hospitalization.
 - Mobile Crisis will replace and serve as an enhancement of the current Crisis Intervention [H0036] service for youth and adults.
 - Mobile Crisis will serve both youth and adults.
 - Mobile Crisis will use procedure code H2011. Modifiers are to be determined.
- **Community Stabilization:** Community Stabilization services are short-term services designed to support continued de-escalation and crisis stabilization following initial crisis intervention/response that are provided to an individual in their natural environment.
 - Community Stabilization will replace and serve as an enhancement of the current Crisis Stabilization [H2019] service for youth and adults.
 - Community Stabilization will serve both youth and adults.
 - Community Stabilization will use the procedure code S9482. Modifiers are to be determined.
- **23-Hour Observation:** 23-Hour Observation provides short-term, walk-in

psychiatric/substance related crisis evaluation and brief intervention services to support an individual who is experiencing an abrupt and substantial change in behavior noted by severe impairment of functioning typically associated with a precipitating situation or a marked increase in personal distress. Services are accessible 24/7. Individuals participate in the service for up to 23-hours in a residential crisis stabilization unit.

- 23-Hour Observation is a new service and will use procedure code S9485.
 - 23-Hour Observation will serve both youth and adults.
 - 23-Hour Observation is a service provided within a Residential Crisis Stabilization Unit.
- **Residential Crisis Stabilization:** Residential Crisis Stabilization Units provide short-term, 24/7, facility-based psychiatric/substance related crisis evaluation and brief intervention services to support an individual who is experiencing an abrupt and substantial change in behavior noted by severe impairment of functioning typically associated with a precipitating situation or a marked increase in personal distress.
 - Residential Crisis Stabilization will replace and serve as an enhancement of the current Crisis Stabilization [H2019] service for youth and adults.
 - Residential Crisis Stabilization will serve both youth and adults.
 - Residential Crisis Stabilization will use procedure code H2018.

In an effort to come into alignment with the Center for Medicare and Medicaid Services National Correct Coding Initiative, the implementation of some of the enhanced services will cause disruption to current service procedure codes. This effort seeks to pair the correct and appropriate procedure codes with their intended services. For example, Therapeutic Day Treatment (TDT) currently uses the code H0035 that should be paired with MH-PHP, and thus that enhanced service will “reclaim” that correct code and TDT will be assigned a new procedure code H2016.

Crosswalk / Summary of New and Affected Procedure Codes

Service Name	Start Date	End Date	Procedure Code	Modifier	Modifier Meaning
Therapeutic Day Treatment (TDT): The TDT procedure code is changing. Current TDT policy and service delivery will not change.		6/30/2021	H0035	HA	Child
	7/1/2021		H2016	None	School Based TDT
				UG	After School TDT
				U7	Non-school Based TDT
Day Treatment/Partial Hospitalization		6/30/2021	H0035 HB		
Mental Health Partial Hospitalization Program (MH-PHP)	7/1/2021		H0035		
Mental Health Intensive Outpatient Services (MH-IOP)	7/1/2021		S9480		
	7/1/2021		S9480	GO	With Occupational Therapy

Medicaid Bulletin: Enhanced Behavioral Health Services Project BRAVO: Behavioral Health Redesign
for Access, Value & Outcomes

DATE: 03/02/2021

Page 5

Intensive Community Treatment (ICT)		6/30/2021	H0039		
Assertive Community Treatment (ACT)	7/1/2021		H0040	none	Contracted as Base Large Team
				U1	Contracted as Base Medium Team
				U2	Contracted as Base Small Team
				U3	Contracted as High Fidelity Large Team
				U4	Contracted as High Fidelity Medium Team
				U5	Contracted as High Fidelity Small Team
Behavioral Therapy Program		11/30/2021	H2033	New code(s) to be determined	
Multisystemic Therapy (MST)	12/1/2021		H2033	To be Determined	To be Determined
Service Name	Start Date	End Date	Procedure Code	Modifier	Modifier Meaning
Crisis Intervention		11/30/2021	H0036		
Functional Family Therapy (FFT)	12/1/2021		H0036	To be Determined	To be Determined
Mobile Crisis	12/1/2021		H2011	To be Determined	To be Determined
Crisis Stabilization		11/30/2021	H2019		
Community Stabilization	12/1/2021		S9482	To be Determined	To be Determined
23-Hour Observation	12/1/2021		S9485	None	
Residential Crisis Stabilization	12/1/2021		H2018	None	

The DBHDS regulatory actions related to changes necessary to create and implement these services can be found here:

- Amendments to align with enhanced behavioral health service <https://townhall.virginia.gov/L/ViewAction.cfm?actionid=5565>
- Amendments to align with ASAM criteria in children's residential facilities <https://townhall.virginia.gov/L/ViewAction.cfm?actionid=5564>
- Amendments to align with ASAM criteria <https://townhall.virginia.gov/L/ViewAction.cfm?actionid=5563>

Specific licensing information will be posted on the DBHDS website under Announcements: <https://dbhds.virginia.gov/quality-management/Office-of-Licensing>

DMAS Provider Manual

Policy and regulatory information will be posted on the Regulatory Town Hall for a 30-day public comment period. Please refer to DMAS Memo dated 06/01/2017, *How to Receive Notice of and Submit Comments on DMAS Manual and Regulatory Changes* for instructions on how to sign up for notifications here:

<https://www.virginiamedicaid.dmas.virginia.gov/ECMPdfWeb/ECMServlet?memospdf=Medicaid+Memo+2017.05.19.pdf>.

After public comment has ended and the policies have received approval, the policies will be posted here:

<https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual>

Training

DMAS is developing training sessions on the enhanced services. These sessions will review the new services including provider requirements, covered services, documentation and billing requirements. Information will be released about these trainings as soon as it is available.

If you have additional questions about this memo, you may also email enhancedbh@dmas.virginia.gov.

Have questions about or want updates on Behavioral Health Enhancement (BHE) please visit our website here: <https://www.dmas.virginia.gov/#/behavioralenhancement>

PROVIDER CONTACT INFORMATION & RESOURCES	
Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	www.virginiamedicaid.dmas.virginia.gov
Medicall (Audio Response System)	1-800-884-9730 or 1-800-772-9996

Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	
KEPRO Service authorization information for fee-for-service members.	https://dmas.kepro.com/
Managed Care Programs Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.	
Medallion 4.0	http://www.dmas.virginia.gov/#/med4
CCC Plus	http://www.dmas.virginia.gov/#/cccplus
PACE	http://www.dmas.virginia.gov/#/longtermprograms
Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.	www.MagellanHealth.com/Provider For credentialing and behavioral health service information, visit: www.magellanofvirginia.com , email: VAProviderQuestions@MagellanHealth.com , or call: 1-800-424-4046
Provider HELPLINE Monday–Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.	1-804-786-6273 1-800-552-8627
Aetna Better Health of Virginia	aetnabetterhealth.com/virginia 1-800-279-1878
Anthem HealthKeepers Plus	www.anthem.com/vamedicaid 1-800-901-0020
Magellan Complete Care of Virginia	www.MCCofVA.com 1-800-424-4518 (TTY 711) or 1-800-643-2273
Optima Family Care	1-800-881-2166
United Healthcare	Uhccommunityplan.com/VA and myuhc.com/communityplan 1-844-752-9434, TTY 711
Virginia Premier	1-800-727-7536 (TTY: 711),