

## **CSA Service Name vs Applicable Service Name from Provider Rate Sheet**

### **Acute Psychiatric Hospitalization<sup>3</sup>**

**(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

Inpatient services 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 the worsening of a psychiatric illness and prevent injury to the recipient or others.

### **Applied Behavior Analysis<sup>6</sup>**

**(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

ABA is the design, implementation, and evaluation of environmental modifications to produce socially significant improvements in human behavior. ABA includes 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 ABA as a component of a private day special education program or public school special education transition services described in another service name.

### **Assessment/Evaluation<sup>3,6</sup>**

**(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

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

### **Brief Strategic Family Therapy**

**(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

BSFT uses a structured family systems approach to treat families with children or adolescents (6 to 17 years) who display or are at risk for developing problem behaviors, including substance abuse, conduct problems, and delinquency. BSFT counselors must participate in four training phases and are expected to have the training and/or experience with basic clinical skills common to many behavioral interventions and family systems theory. BSFT is listed as a Well-supported evidence-based intervention in the federal FFPSA Clearinghouse.

### **Case Support**

**(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

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 Intervention<sup>3</sup>**

**(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

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

### **Crisis Stabilization<sup>3</sup>**

**(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

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 rehospitalization; 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)**

**(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

Service 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 a 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**

**(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

A broad array of services targeted to assist, support, and/or training in various community settings to build natural supports and functional skills empowering 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 daycare, etc.) and behavioral interventions.

#### **Functional Family Therapy (FFT)**

**(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

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. FFT is listed as a Well-supported evidencebased intervention in the federal FFPSA Clearinghouse.

#### **Independent Living Services**

**(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

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

#### **Independent Living Stipend<sup>2</sup>**

**(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

Payments made to youth previously in foster care who are now in independent living arrangements for costs of housing, food, etc.

#### **Individualized Support Services**

**(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

Support and other structured services provided to strengthen individual skills and/or provide environmental support for individuals with behavioral/mental health problems. Services are based on the needs of the individual and include training and assistance. These services typically 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/High Fidelity Wraparound**

**(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

As defined by State Executive Council policy, a service provided by Intensive Care Coordinators for children at risk of entering or being placed in residential care. ICC providers must be trained in the High Fidelity Wraparound care coordination model 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 crises, 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. ICC Using High Fidelity Wraparound is listed as a Promising evidence-based intervention in the federal FFPSA Clearinghouse.

#### **Intensive Care Coordination Family Support Partner**

**(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

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 Services<sup>3</sup>**

**(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

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

#### **Maintenance – Basic<sup>2</sup>**

**(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

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 for a child, and reasonable travel for the child to visit with family or other caretakers and to remain in their previous school placement.

#### **Maintenance – Clothing Supplement<sup>2</sup>**

**(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

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

#### **Maintenance – Child Care Assistance**

**(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

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

#### **Maintenance – Enhanced<sup>2</sup>**

**(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

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

#### **Maintenance – Independent Living<sup>2</sup>**

**(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

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

#### **Maintenance – Basic KinGap**

**(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

A monthly amount paid to a KinGap provider for a child placed through the Federal Kinship Guardianship or the State-Funded Subsidy Program costs of food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance for a child, and reasonable travel for the child to visit with family or other caretakers and to remain in their previous school placement. This service name is used only after custody of the child transfers from the local department of social services to the KinGap caregiver.

**Maintenance – Enhanced KinGap****(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

A monthly amount paid to a KinGap for a child placed through the Federal Kinship Guardianship or the State-Funded Subsidy Program over and above the basic foster care maintenance payment. Payments are based on the child's needs for additional supervision and support by the foster parent as identified by the VEMAT. This service name is used only after custody of the child transfers from the local department of social services to the KinGap caregiver.

**Maintenance – Transportation<sup>2</sup>****(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

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

**Material Support****(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

Payment for items or services for families when such assistance is not otherwise available and is necessary to prevent out-of-home placement or assist with reunification. Payments may include support with housing and utility costs.

**Mental Health Case Management<sup>3</sup>****(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

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 Building<sup>3</sup>****(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

A 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 enable individuals with significant mental illness to achieve and maintain community stability and independence in the most appropriate, least restrictive environment.

**Mentoring****(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

Services in which children are matched appropriately with screened and trained adults for one-on-one relationships. Services include meetings and activities regularly 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)****(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

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 practice, and MI may be employed with youth and adults. MI is listed as a Well-supported evidence-based intervention in the federal FFPSA Clearinghouse.

**Multisystemic Therapy (MST)****A (Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

short-term, community- and evidence-based intervention for youth ages 11-17 with various emotional and behavioral problems at risk of out-of-home placement and other serious adverse outcomes. MST must be delivered by a team of trained and certified practitioners who meet national MST standards. MST is listed as a Well-supported evidence-based intervention in the federal FFPSA Clearinghouse.

**Other**

**(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

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<sup>3,6</sup>**

**(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

Treatment is provided to individuals on an hourly schedule, on an individual, group, or family basis, and usually in a clinic or similar facility or 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)**

**(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

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

**Private Day School<sup>4</sup>**

**(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

Special education services are identified through an IEP in which the "least restrictive environment" is a private day school. Services are provided in a licensed, privately owned school for students determined to have a disability as defined by the *Regulations Governing Special Education Programs for Children with Disabilities in Virginia*. Reflecting the legislative directive to establish a standardized rate structure for this service, there are 19 specific sub-codes to reflect the service tier and location of the private day program. These subcodes are seen in Appendix A of the document.

**Private Foster Care Support, Supervision and Administration<sup>1</sup>**

**(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

Services provided by a Licensed Child Placing Agency (LCPA) 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 the child to prepare for visits with biological family; providing support and education for LCPA foster parents regarding the management of child's behavior; providing ongoing information and counseling to the 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 a treatment and non-treatment level defined in CSA guidance.

**Private Residential School<sup>4,3</sup>**

**(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

Residential education services are provided to students with disabilities who are placed into a residential program through an IEP. The "least restrictive environment" is identified as a private residential school. Includes all services specified 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**

**(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

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 no more than 12 months.

**Residential Education<sup>3</sup>**

(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)

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

**Residential Room and Board<sup>1,3,5</sup>**

(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)

A component of the total daily cost for placement in a licensed congregate-care facility (PRTF, therapeutic group home (TGH), or Children's Residential Facility (CRF)). Residential Room and Board costs include room, meals and snacks, and personal care items.

**Residential Case Management<sup>3,1,5</sup>**

(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)

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<sup>3,1,5</sup>**

(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)

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

**Residential Supplemental Therapies<sup>3</sup>**

(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)

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

**Residential Medical Counseling<sup>3</sup>**

(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)

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

**Respite**

(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)

Short-term care, supervision, and support to youth providing relief to the primary caregiver while supporting the youth's and family/guardian's emotional and physical well-being. This service includes respite services licensed by the Department of Behavioral Health and Developmental Services.

**Special Education Related Services**

(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)

Services identified within an IEP to youth placed in private education schools. Services include but are not limited to occupational therapy, physical therapy, speech therapy, and applied behavior analysis. 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 Services<sup>3</sup>**

(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)

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

#### **Substance Abuse Case Management<sup>3</sup>**

**(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

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 mental health and substance use disorders. Only one type of case management may be billed concurrently.

#### **Transportation**

**(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

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

#### **Trauma-Focused Cognitive Behavioral Therapy (TC-CBT)**

**(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

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

#### **Therapeutic Day Treatment for Children and Adolescents<sup>3</sup>**

**(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

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 Management<sup>1</sup>**

**(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

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**

**(Applicable Service Name Listed on Provider Rate Sheet: \_\_\_\_\_)**

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

<sup>1</sup> Licensed by the Virginia Department of Social Services <sup>2</sup>Defined per title IV-E <sup>3</sup>Licensed by the Virginia Department of Behavioral Health and Developmental Services <sup>4</sup>Licensed by the Virginia Department of Education <sup>5</sup>Licensed by the Virginia Department of Juvenile Justice <sup>6</sup>Individual practitioners licensed by the Virginia Department of Health Professions