



Children's Services Act Program Newsletter

In this Issue:

- **Required Documentation When Purchasing Medicaid Eligible Services**
- **CSA Staff Changes**
- **Evidence-Based Treatment Resources**
- **Financial Year End Closing Procedures**

REQUIRED DOCUMENTATION WHEN PURCHASING MEDICAID ELIGIBLE SERVICES

When purchasing certain Medicaid-eligible services like Intensive In-Home, Therapeutic Day Treatment, and Mental Health Support Services, state policy requires that the need for such a service be documented. Your request for authorization for these services should include an assessment by a licensed mental health professional that clearly indicates the child/youth's need. Additionally, service authorization requests for Partial Hospitalization programs will also require the same level of documentation.



CSA STAFF CHANGES



Kim Jensen, who has served as the CSA Utilization Review Manager for more than four years, will be joining FCPS as a school social worker. Kim infused the UR Manager role with her passion to ensure that youth and families receive the most effective services possible. Kim has been a strong team member, works collaboratively, and tries to find solutions to challenges. As a supervisor, she has been extremely supportive—helping out when needed and adapting to the changing demands within our system.

Her clinical knowledge of evidence-based treatments, high standards and ethics, and close attention to detail allowed the UR unit to provide authorizations efficiently. We wish Kim well in her new position and are thrilled to be able to continue working with her in her new role as a system partner.



Children's Services Act Office

Question, concerns or compliments ... Please don't hesitate to let us know!

DFSCSA@fairfaxcounty.gov
703.324.7938

EVIDENCE-BASED TREATMENTS AND INTERVENTIONS

In the June, 2020 CSA Newsletter we shared that we have created a section on the CSA websites ([Sharepoint](#) and [County site](#)) where we will be sharing information on the Evidence-based Treatments and Interventions available in our community. We have added informational flyers from providers, referral forms and case manager aides to help you understand the differences between the various treatments. Links to the two new case manager aides are below and printable versions are included at the end of this newsletter. Make sure to check the sites for new updates. If you have suggestions about resources you would like to have made available, please let us know!

Multisystemic Therapy

- [NCG Referral Form](#)

Functional Family Therapy

- [UMFS Referral Form](#)
- [UMFS Informational Flyer](#)
- [Family Priority Informational Flyer](#)

Parent Child Interaction Therapy

- [Phillips PCIT Brochure](#)
- [Phillips PCIT Flyer](#)

Please remember that before sending a referral to a provider, you must first submit a request for authorization.

Case Manager Job Aides

- [Evidence-based Treatments funded through the Family First Prevention Services Act and CSA](#)
- [Evidence-based Treatments: Core Competencies, MATCH-ADTC, and Dialectical Behavioral Therapy](#)

ENTERING CANS RATINGS IN CANVAS

Starting July 1, 2020 case managers are expected to enter CANS (Child and Adolescents Needs and Strengths) ratings into the state information system—CANVaS. To ensure you're ready for the change, review the CANVaS training videos found on the state Office for Children's Services website at <https://www.csa.virginia.gov/Cans/Index> and create an account. Creating an account is easy ... just complete the [CANVaS New Case Manager Account form](#) and return it to CSA along with your CANS Training Certificate.

PROVIDER OPERATION STATUS

We're dealing with an unprecedented situation that is requiring tremendous agility and flexibility from all of us—including providers. They are quickly trying to make adjustments so that they can continue serving clients as safely and appropriately as possible. Staff are reaching out to providers on a weekly basis to stay informed about their operating status. You can find this information on [CSA's COVID-19 information page](#). Be sure to check out the page for the most up to date information.

VIRTUAL CSA

In Phase 3, all CSA staff continue to telework until further notice. Please submit all documents by central email or fax. dfsCSA@fairfaxcounty.gov
703-653-1369



CANS CERTIFICATION

The Child Adolescent Needs and Strengths Assessment (CANS) is a mandatory uniform assessment required for children and youth served through the Children’s Services Act. New CANS users and those who need to recertify can do so at

<https://www.Schoox.com/login.php>.

Users must pass the CANS exam with a score of .70 or more. Please send a copy of your certificate to CSA via fax at 703.653.1369.

For info on how to create an account on the CANS training website, please download the “How To” Guide at <https://praedfoundation.org/wp-content/uploads/2018/08/Schoox-How-To-08072018.pdf>.



YEAR END CLOSING PROCEDURES



For the CSA to receive reimbursement from the Commonwealth, all invoices for services delivered in FY2020 must be received by the CSA/DFS Finance Team **NO LATER THAN JULY 30, 2020.**

We would greatly appreciate it if you would please remind the providers you are working with to mail all invoices for CSA services to the following address:

Fairfax-Falls Church CPMT
 CSA/DFS Finance Team
 P.O. Box 3406
 Fairfax, VA 22038-3406

Remember that invoices sent directly to Case Managers, Fairfax or Falls Church Public Schools, or any location other than the above address will not be considered as received. Encrypted invoices that are received via email by HARMONY Payments Team staff are acceptable.



Questions/Concerns About Possible Fraud?

If you have concerns about service delivery, the Service Summaries distributed by CSA are a good mechanism for reporting those concerns. CSA program staff are also always available to discuss any questions or concerns you may have.

Additionally, a more formal process can be followed by contacting the Fairfax County Fraud Hotline at 703.787.3243 to report an allegation. The calls are reviewed and followed up on by the Internal Audit Office.



Case Manager Job Aide on Evidence Based Treatments

Core Competencies, MATCH-ADTC, and Dialectical Behavioral Therapy

COMMONALITIES

- Interventions based in cognitive behavioral theory/therapy (CBT)
- Psych-educational component to treatment
- Skills building intervention through teaching and practicing new skills
- Therapeutic homework (expected practice of skills) to work on between sessions
- Parent/Caregiver component to treatment
- Structured sessions to include review of skills practiced in the week, discuss barriers, teach/learn skills, practice skills, review skills with parent/caregiver(s) and set therapeutic homework

CORE COMPETENCIES IN COGNITIVE BEHAVIORAL THERAPY (CBT)

For adolescents with anxiety, depression, trauma, substance use and conduct problems

REFERRAL CRITERIA

- Ages 13-18
- Mood/Depressive Disorders
- Anxiety Disorders
- Post-Traumatic Stress Disorder (PTSD)
- Disruptive/Externalizing Behavioral Struggles, high risk behaviors
- Suicidal ideations and behaviors
- Non-suicidal self-harming behaviors
- Substance Use Disorders
- Risky Sexual Behaviors
- Family Communication and Connectedness
- School Refusal/Truancy

EXCLUSIONARY CRITERIA

- Age 12 and younger
- Primary diagnosis of psychosis, intellectual disability, Autism Spectrum Disorder (ASD), or eating disorder
- Sexually harmful behaviors
- Acute suicidality

May be authorized for 150 hours for up to 6 months through home-based counseling or 1x/week if through outpatient therapy

MATCH-ADTC

A Modular Approach to Therapy using CBT for Children with Anxiety, Depression, Trauma, and Conduct Problems

REFERRAL CRITERIA

- Ages 6-13
- Mood/Depressive Disorders
- Anxiety Disorders
- Post-Traumatic Stress Disorder (PTSD)
- Disruptive/Externalizing Behavioral Struggles

EXCLUSIONARY CRITERIA

- Age 13 and above
- Primary diagnosis of psychosis, intellectual disability, Autism Spectrum Disorder (ASD), or eating disorder
- Sexually harmful behaviors
- Acute suicidality

May be authorized for 150 hours for up to 6 months through home-based counseling or 1x/week if through outpatient therapy

DIALECTICAL BEHAVIORAL THERAPY (DBT)

For youth with affect/emotion regulation and high risk behavioral struggles

REFERRAL CRITERIA

- Ages 7 and above
- Mood lability or frequent shifts in mood
- Struggle managing anger
- Unstable relationships
- Efforts to avoid actual or perceived loss
- Impulsive behaviors (e.g. substance use, aggression, reckless behavior that could result in self harm, runaway behavior, school truancy)
- Frequent changes in self-image
- Feelings of emptiness
- Dissociation

EXCLUSIONARY CRITERIA

- Age 6 and younger
- Primary diagnosis of psychosis, intellectual disability, Autism Spectrum Disorder (ASD)
- Active psychosis
- IQ less than 70, severe learning disabilities and/or cognitive impairment
- Caregiver inability to participate in family skills based interventions
- Unwillingness or disinterest in reducing suicidal thoughts, self-harm or other risky behaviors

May be authorized for individual, family and group therapy sessions for up to 6 months

Case Manager Job Aide on Evidence-Based Treatments Funded Through Children's Services Act and the Family First Prevention Services Act

Functional Family Therapy (FFT)

Intensive in-home family therapy for youth with behavioral or emotional problems including substance use

* see footnote

Referral Criteria

- Ages 11-18
- Caregiver must agree to attend all sessions
- Externalizing Adolescent Behavior
 - Conduct Disorder
 - Oppositional Defiant Disorder
 - Drug use/abuse
 - Violence
 - Truancy
 - Anxiety/Depression with externalizing behaviors
- Parent-Child Conflict/Family Issues
- Youth have to be in the community or ready to return to the community
- Youth have to have a family and the family has to be willing to participate

Exclusionary Criteria

- Youth 10 years or below as primary referral
- Youth has identified family with a shared history, sense of future, and some level of cohabitation
- Youth is scheduled to be placed outside of the home (RTC, DJJ foster care, etc.)
- Treatment for sexually offending behavior is primary
- Youth who have severe psychiatric illness
- Youth who are currently experiencing acute psychosis
- Actively suicidal and/or homicidal

Authorizations are for 120 days over 4-6 months.

Multisystemic Therapy (MST)

Intensive community-based treatment for youth with disruptive behavior, mood, and/or substance use that may result in community sanctions

* see footnote

Referral Criteria

- Ages 11-17
- At risk of being removed from home due to disruptive, delinquent, substance-using, and antisocial behavior
- Youth who have significant emotional or behavioral problems and may be at risk of residential placement
- Department of Juvenile Justice populations

Exclusionary Criteria

- Youth living independently or youth for whom a primary caregiver committed to longer-term care of the youth cannot be identified
- Youth whose psychiatric needs are the primary reason leading to referral, or who have severe and serious psychiatric issues
- Actively suicidal and/or homicidal
- Treatment for sexually offending behavior is primary
- Youth with moderate to severe difficulties with social communication, social interaction, and repetitive behaviors, which may be captured by a diagnosis on the autism spectrum
- Youth for whom an intellectual disability is the only influence, or is the most powerful, direct contributor to the youth's referral behaviors

Authorized for 5 months up to 150 days. Unit of service is a daily rate. MST is a stand alone treatment that cannot be combined with other interventions.

Parent-Child Interaction Therapy (PCIT)

Parent training/coaching in a clinic setting for young children with behavioral problems

Referral Criteria

- Ages 2.5-7
- Children experiencing relational problems with caregivers
- Refusal/Defiance of adult requests
- Difficulty in childcare/school settings
- Easy loss of temper
- Frequent aggression/fights
- Destruction of belongings/property
- Difficulty staying seated, playing quietly, or taking turns
- Behavior can be the result of trauma or other mental health concerns
- At least one caregiver willing to attend weekly sessions regularly and with ability to practice at least 3 times weekly with the child

Exclusionary Criteria

- Caregiver IQ <75

Authorizations are for 25 hours over 5 months. Unit of service is hourly.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Treatment for youth who are impacted by trauma and their families offered in a variety of settings

Referral Criteria

- Ages 3-21
- Youth who have experienced trauma such as:
 - Sexual Abuse
 - Domestic Violence
 - Traumatic Grief
 - Disasters
 - Terrorism
- Multiple or Complex Trauma
- Response to trauma includes symptoms such as:
 - Depression
 - Anxiety
 - Externalizing Behavior Problems
 - Relationship and Attachment
 - Sexually Reactive Behavior
 - School Problems
 - Cognitive Problems
- Participation of a non-offending parent or caregiver

Exclusionary Criteria

- Youth who are acutely suicidal or homicidal

Authorized as an outpatient therapy service; typically, 5X/month for up to 6 months. Unit of service is hourly.

* While FFT and MST serve overlapping populations, FFT may be preferred when the youth's behaviors are believed to be rooted in family issues (high conflict, histories of abuse/neglect) or psychiatric concerns. MST may be preferred when the youth's behaviors are believed to be driven primarily by peer, school, or community influences, and are more chronic or severe in nature.