

Vendor Rate Documentation Form – 7/1/2019 – 6/30/2020
Vendor Name: Riverside Behavioral Health Center

| Service Name | CSA Standardized Service Name | Standardized Definition | Detailed Description of Service | Unit of Service | Unit Cost | Service Eligible for Medicaid Funding? Yes or No |
|-----------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| Acute Psychiatric Hospitalization | Acute Psychiatric Hospitalization | 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. | Short-term acute care psychiatric services to assist children and adolescents, ages 12 through 17, who are experiencing emotional, psychological and behavioral problems that cannot be managed outside a 24 hour per day structured treatment setting. Treatment is crisis-oriented. | Bed Day | To be announced when new rates have been provided by DMAS An Amendment to be sent once finalized | Yes |
| Residential Education | Residential Education | A component of the total daily cost for placement in a licensed private residential treatment facility (PRTF). These education services are provided in a licensed, privately owned and operated private residential treatment facility (PRTF) to a child/youth with or without an individualized education program (IEP) who has been placed for non-educational reasons. | Licensed by the Department of Education to provide general and special education curriculum for grades 6-12. | Day | \$135.00 | No |
| Residential Room and Board | Residential Room and Board | A component of the total daily cost for placement in a licensed | Provides supportive and therapeutic care for | Bed Day | \$188.88 | Yes |

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Signature of Authorized Vendor Representative:

Date: 05/10/20

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| | | residential treatment facility. Residential Room and Board costs are maintenance costs associated with placement in a licensed residential treatment facility. Service includes semi-private room, three meals and two snacks per day, and personal care items. | adolescents ages 12 to 17 who require a highly structured environment and intensive therapy. These young people are experiencing emotional, behavioral, and psychological difficulties requiring more than outpatient treatment but not requiring inpatient hospitalization. | | | |
| Residential Supplemental Therapies | Residential Supplemental Therapies | A component of the "Combined Residential Services" in a congregate care facility. Service includes a minimum of three interventions per 24 hour period that are goal-based with clear documentation/notes regarding the goal addressed, the intervention used, the resident's response/input, and plan for follow-up. | All inclusive including Art Therapy, Psycho-educational groups, Recreation Therapy, Nursing Care. It does not include non-Psych medical care. | Bed Day | \$204.62 | Yes |
| Special Education Related Services | Special Education Related Services | Services identified within an IEP to be delivered to youth placed in private education schools. Services include but are not limited to: occupational therapy, physical therapy, speech therapy. | Individual Occupational Therapy, Physical Therapy and Speech Therapy | Hour/session | \$80.00 | No |
| Transportation | Transportation | Transportation to support attainment of the goals in a child's service plan, either through contracted services or | Non-contractual transportation | Hour/mileage reimbursement | \$25.00 per hour | No |

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Signature of Authorized Vendor Representative:

Date: 5-10-19

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| | | 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. | | | | |
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Signature of Authorized Vendor Representative



Date: 8.10.19