

FY'22 RATE SHEET

Provider Name:	Rest Assured, LLC.	
Billing Address:	3830 Monza Drive North Chesterfield, Virginia 23234	
Office Phone:	(804) 275-3565	
Office Fax:	(804) 275-3555	
Contact Persons	Henry W. Dupree, Acting Program Director Phone: 804-267-3565 Nealie V. Pitts, Owner & CEO Phone: 804-279-9347	
Resident Service Program Name: REST ASSURED THERAPEUTIC GROUP HOME (Females)		
Description	Medicaid Rate	Non-Medicaid Rate
Room and Board	\$328.78	\$328.78
Daily Supervision Includes costs associated with nursing, mental health technician staff, utilization review and administrative oversight.	\$146.22	\$146.22
Medical Services Includes costs associated with the Medical Director, other medical consults, medications (Tylenol, Advil, etc.), X-rays, Lab Services, emergency transfers and psychological testing.	\$-0-	\$-0-
Counseling/Case Management Includes behavioral observations and support, case management (activity therapy, vocational counseling, physical health counseling, and treatment team assistance, one-to-one Supervision, Mentorship)	\$35.00 an hour for One-To-One Supervision \$55.00 an hour for Mentorship	\$35.00 an hour for One-To-One Supervision \$55.00 an hour for Mentorship
Physician Charges	Billed to Medicaid	\$ _____ Billed to Guarantor
Therapy Charges	Billed to Medicaid	\$ _____ Billed to Guarantor
Transportation Services Special Needs, Home Visits, Out-of-Area School Zones (includes Virginia State Public Schools), etc.	\$40.00 an hour	\$40.00 an hour
TOTAL of ABOVE	\$475.00	
For Medicaid Providers, Medicaid and Non-Medicaid Rate must be equivalent	May not exceed maximum Medicaid approved rate	\$475.00

Medicaid Approved Provider

Rates Effective: July 1, 2021 through June 30, 2022
(Revised 05/01/2021)

FY'22 RATE SHEET

Provider Name: Rest Assured, LLC. Billing Address: 3830 Monza Drive North Chesterfield, Virginia 23234 Office Phone: (804) 267-3565 Office Fax: (804) 267- 3555 Contact Persons: Henry W. Dupree, Acting Program Director Phone: 804-267-3565 Nealie V. Pitts, Owner & CEO Phone: 804-279-9347		
Resident Service Program Name: REST ASSURED THERAPEUTIC GROUP HOME (MALES)		
Description	Medicaid Rate	Non-Medicaid Rate
Room and Board for Boys Home	\$303.78	\$303.78
Daily Supervision Includes costs associated with nursing, mental health technician staff, utilization review and administrative oversight.	\$146.22 \$146.22
Medical Services Includes costs associated with the Medical Director, other medical consults, medications (Tylenol, Advil, etc.), X-rays, Lab Services, emergency transfers and psychological testing.	\$-0-	\$-0-
Counseling/Case Management Includes behavioral observations and support, case management (activity therapy, vocational counseling, physical health counseling, and treatment team assistance)	\$35.00an hour for One-to-One Supervision \$55.00 an hour for Mentorship	\$35.00an hour for One-to-One Supervision \$55.00 an hour for Mentorship
Physician Charges	Billed to Medicaid	\$ _____ Billed to Guarantor
Therapy Charges	Billed to Medicaid	\$ _____ Billed to Guarantor
Transportation Services Special Needs, Home Visits, Out-of-Area School Zones, (includes Virginia State Public Schools), etc.	\$40.00 per hour-	\$40.00 per hour
TOTAL of ABOVE	\$450.00	\$450.00
For Medicaid Providers, Medicaid and Non-Medicaid Rate must be equivalent	May not exceed maximum Medicaid approved rate	

Medicaid Approved Provider

Rates Effective: July 1, 2021 through June 30, 2022
(Revised 05/01/2021)