



Founded in 1959  
by Sara O'Meara and Yvonne Fedderson  
PREVENTION and TREATMENT of CHILD ABUSE  
PРЕВЕНЦИЯ и ЛЕЧЕНИЕ ОУ ЧИЛД АБУЗЕ

CHILDHHELP  
ALICE C. TYLER VILLAGE  
23164 Dragoon Road  
Lignum, VA 22726  
T 540-399-1926  
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## RATE SHEET

July 1, 2021 - June 30, 2022

### RESIDENTIAL SERVICES

Residential Room and Board	\$ 236.61 per day
*Combined Residential Services	\$ 108.51 per day
Daily Supervision	\$ 78.20 per day
<b>Total Per Diem</b>	<b>\$ 423.32 per day</b>

### EDUCATION SERVICES

Regular/Special Education (Residential)	\$179.93 per day (Monday-Friday)
Day School Education (Non-Residential)	\$187.43 per day (Monday-Friday)

### SPECIAL EDUCATION RELATED SERVICES (IEP)

Individual/Group Therapy	\$ 30.00 per ½ hour
Speech Therapy	\$ 60.00 per ½ hour
Occupational Therapy	\$ 60.00 per ½ hour
One-To-One Supervision	\$ 21.00 per 1 hour

\***Combined Residential Services:** includes costs associated with nursing, counselors, Utilization Management, Case Management and clinical programming (activity therapy, vocational counseling, nursing groups and treatment team meetings).

*"For The Love of A Child"*



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### Services Breakdown in Accordance With CSA Standardized Service Descriptions

Our Service Name	CSA Terminology Equivalent	Detailed Description	Unit of Service	Unit Cost	Service is Medicaid Funding Eligible [Yes or No]
<b>Room and Board</b>	Residential Room and Board	Total daily cost for placement to include room, meals, snacks, and personal care.	1.0	\$236.61	Yes
<b>Combined Residential</b>	Residential Case Management	Total daily cost for nursing, counselors, Utilization Mgt., Case Mgt., treatment team meetings and clinical programming.	1.0	\$108.51	Yes
<b>Daily Supervision</b>	Residential Daily Supervision	Total daily cost for licensed facility 24 hour therapeutic supervision. Staff to resident ratio of, not less than, 1:4 during awake hours and 1:6 during sleeping hours. There are documented supervision checks every 15 minutes. This does not include any therapeutic services.	1.0	\$78.20	Yes
<b>Regular/Special Education (Residential)</b>	Residential Education	Total daily cost for instruction in our DOE licensed educational program to service children 5-14yrs old with or without IEP. M-F.	1.0	\$179.93	No
<b>Day School Education Special (Non-Residential)</b>	Non-Residential Education	Total daily cost for instruction in our DOE licensed educational program to service children 5-14yrs old with or without IEP. M-F.	1.0	\$187.43	No
<b>Special Education IEP Related Services (Individual/Group Therapy)</b>	Special Education Related Services	Total daily cost for instruction in our DOE licensed educational IEP related services for Individual/Group Counseling.	0.50 (per half hour)	\$30.00	No
<b>Special Education IEP Related Services (Speech Therapy)</b>	Special Education Related Services	Total daily cost for instruction in our DOE licensed educational IEP related services for Speech Therapy.	0.50 (per half hour)	\$60.00	No
<b>Special Education IEP</b>	Special Education	Total daily cost for instruction	0.50 (per	\$60.00	No



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<b>Related Services</b> (Occupational Therapy)	Related Services	in our DOE licensed educational IEP related services for Occupational Therapy.	half hour)		
<b>Special Education IEP Related Services</b> (One to One Supervision)	Special Education Related Services	Total daily cost for instruction in our DOE licensed educational IEP related services for One-to-One Supervision.	1.0 (per hour)	\$21.00	No
<b>Psychosexual Testing</b>	Psychosexual Evaluation	A psychosexual evaluation focuses on an individual's sexual development, sexual history, paraphilic interests, sexual adjustment and recidivism risk level. The testing is used to identify a child's strengths and weaknesses to aide in treatment and discharge planning.	1.0 (2+hours)	See Table Below	No
<b>Psychological Testing</b>	Psychological Evaluation	Psychologists provide comprehensive testing and evaluations for children and adolescents who are suspected of having neurodevelopmental, learning and emotional/behavioral disorders.	1.0 (2+ hours)	See Table Below	No
<b>Neuropsychological Testing</b>	Neuropsychological Evaluation	Psychologists provide comprehensive testing and evaluations for children and adolescents who are suspected of having neurodevelopmental, learning and emotional/behavioral disorders. The test is used to show what neurological process may be causing the symptoms of said disorders.	1.0 (2+ hours)	See Table Below	No
<b>Therapy- Functional Family Therapy</b>	Functional Family Therapy		1.0	Included	Yes
<b>Therapy- Multi-systemic Therapy</b>	Multi-Systemic Therapy		1.0	Included	Yes
<b>Therapy- Cognitive Behavioral Therapy</b>	Cognitive Behavioral Therapy		1.0	Included	Yes
<b>Therapy- Motivational Interviewing</b>	Motivational Interviewing		1.0	Included	Yes



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## PsyD Solutions Assessments Contract Service Rates

<p>All provided assessments and evaluations include the following at a flat rate of \$2300</p> <ul style="list-style-type: none"> <li>• Mental Status Examination</li> <li>• Thorough review of relevant history</li> <li>• Estimate of intellectual functioning</li> <li>• Assessment of current emotional needs and strengths</li> <li>• A screening of nutritional impacts on emotional and behavioral functioning</li> <li>• Quality of Life assessment</li> <li>• Assessment of Character Strengths</li> <li>• Diagnostic impressions</li> <li>• Recommendations</li> <li>• Feedback Session</li> </ul>	
<p><b>Psychological Evaluation</b> Provides an assessment of an individual's level of functioning to identify their current needs and strengths</p>	
<p><b>Assessment of Sexual Behavior Problems (SBP)</b> Provides an assessment of a child (12 years and younger) vulnerability for Problematic or Abusive Sexual Behaviors</p>	<p><b>Psychosexual Evaluation</b> Provides an assessment of risk and needs for a youth between 13-17 years of age engaging in sexually abusive behaviors</p>
<p><b>Parental Capacity Evaluation</b> Provides an assessment of a parent's strengths and limitations in meeting the developmental needs of a specific child. (Additional \$300 for each child to be considered)</p>	<p><b>Threat Risk Assessment</b> Provides an assessment and recommendations specific to the factors contributing to an individual's threatening behaviors within the school setting</p>
<p>Additional testing needs can be addressed within any provided evaluation or assessment at an additional rate as defined:</p> <p><b>Achievement Testing (\$300)</b> - Assessment of basic academic skills</p> <p><b>Intelligence Testing (\$500)</b> - Assessment of general intellectual functioning (IQ) and cognitive abilities</p> <p><b>Neurodevelopmental Testing (\$1000)</b> - Assessment to rule out Autism Spectrum Disorder or an Intellectual Disability</p> <p><b>Substance Abuse Testing (\$300)</b> - Assessment of Substance Use Disorders</p> <p><b>Trauma Testing (\$300)</b> - Assessment of trauma exposures, symptoms, and impacts</p>	
<p><b>Consultation (\$150/hour)</b></p>	
<p><b>Travel (\$.58/mile)</b>- Beyond Culpeper, Fauquier, Madison, Orange, and Rappahannock</p>	
<p><b>Court Appearances (\$250/hour)</b> - To include preparation and consultation, travel, testimony and wait time</p>	
<p><b>Interpretive Services (\$4.00/minute)</b>-HIPAA compliant language services for parent/legal guardian(s) of English-speaking clients</p>	

## **Program Description/Description of Services 2021**

Name of Service: OUT OF HOME PLACEMENT: Level C Medicaid Provider for Psychiatric Residential Treatment Facilities

The Alice C. Tyler Village of Childhelp, Inc. (Childhelp East)  
23164 Dragoon Road  
Lignum, VA 22726  
Culpeper County, VA  
540-399-1926

Mission: The goal of the organization is to provide services that will enable the child to return to a healthy, productive role within his/her family, school, work, and community as quickly as possible, utilizing the least restrictive means of treatment; while collaborating with community resources and support systems.

We believe that all children, regardless of race, color, religion, education, sexual orientation, financial status, gender, age, or national origin possess a basic need and desire for healthy, productive, and rewarding lives. Throughout their life span, people may find themselves unsuccessful in their societal interactions and unable to manage their personal lives. It is for these people and their families that this program has been established. It has been designed to create and foster a stable environment providing individualized, high quality psychiatric residential services in a humanistic atmosphere of caring and concern. This offers the child an individualized treatment plan, which serves his needs in a cost-effective, clinically appropriate manner.

Alice C. Tyler Village of Childhelp's residential programs consist of a cognitive behavioral treatment model with a trauma-informed focus that encourages youth to safely explore thoughts and feelings related to the development of positive and desirable behavior within their homes and communities. The program is designed to provide a safe therapeutic environment to each child who has a history of and exhibits trauma responses related to emotional, behavioral, psychological, as well as physical and sexual abuse. This treatment model includes, but is not limited to:

- Cognitive Behavioral Therapy
- Trauma Focused-CBT
- Functional Family Therapy
- Multi Systemic Therapy
- Dialectical Behavioral Therapy
- EMDR
- Individual, Group and Family Therapies
- Equine Therapy
- Recreation Therapy
- Play Therapy, Sand Tray
- OT, ST
- Specialized Trauma Based Services/ Trauma-Informed Models
- Individual Treatment Planning
- Multi-Treatment Approach
- 24-hour Psychiatric and Medical Care



- Therapeutic Recreation Services
- Art Therapy
- Music Therapy
- Educational Services
- Trauma Symptom Checklist for Children
- Depression Self-Rating Scale for Children

Family therapy is an essential component of the treatment program at the Alice C. Tyler Village of Childhelp. Therefore, family members are requested to participate at least weekly. Family Engagement activities are provided every weekend and staff is made available after hours all week to facilitate the involvement of families. These sessions are conducted by licensed or license-eligible, Master's Prepared Therapists. When geographic distance or hardship prevents more frequent face-to-face therapy sessions, telephone conference calls on a regular basis are employed as a supplement, rather than a substitute, for face-to-face sessions.

#### Clinical Plan of Services:

##### CAPACITY:

The Alice C. Tyler Village of Childhelp is a 67 bed residential program for boys and girls. The Village is rarely full; however, children reside in cottages grouped by age and gender so therefore waiting lists do occur. Time of wait ranges between 24 hours and 30 plus days. Village Academy of Childhelp is a therapeutic, special education, private residential and day school, supporting up to 80 students to include 13 day students.

##### TARGET POPULATION:

The program is designed specifically for children who exhibit disturbances of behavior and/or impulse control due to diagnoses of mental illness. In our day school program, Students, upon admittance into Village Academy of Childhelp, will be placed into an educational setting based on current school information, placement agency supplied information, and record review. Our students are educated with disabled and non-disabled peers by grade level. The goal of the program is to minimize the impairments contributing to the maladaptive behaviors, teach the youth cognitive skills, anger management and pro-social skills to enhance their abilities to self-control behaviors. This program will provide a positive structured environment, utilizing short frequent interventions, redirection, praise, encouragement, and positive reinforcement. The residential living milieu consists of daily therapeutic programming and consistently provided by competent, well-trained mental health professionals utilizing a continuum of services and a variety of treatment modalities. We treat boys and girls that are between the ages of 5 and 14 years of age that have the cognitive ability to be successful in a cognitive behavioral program (Full Scale IQ of at least 55 is required for admission). Children admitted to the program must have a diagnosis other than Conduct Disorder. The children must have proven to be unsuccessful in lesser structured environment and require the structured setting of 24 hour care.

##### PROGRAM GOALS & MEASURED OUTCOMES:

For our program the expected outcomes are the development of enhanced self-management skills, social interactive skills and positive response to educational training which will enable the child to become more productive and better able to thrive in a less restrictive environment. Through supportive family therapy, family members gain insight regarding the resident's biological and emotional problems and how these problems can be managed through specific medical and therapeutic interventions. Furthermore, our discharge planning begins the day of admission with the initial discharge criteria and estimated length of stay. Discharge planning shall be clearly reflected in each treatment plan review,

and begins upon admission. The plan for discharge and continuing care shall describe and facilitate the transfer of the child and the responsibility for his or her continuing care to other programs or agencies. The plan is in accordance with the child's needs as reassessed at the time of discharge. Specific outcome data is obtained regarding CANS scores, reading and math levels and scores, stage levels, and changes in IEPs. LOS is also a key outcome factor, as is place and disposition of a discharge. Annual discharge outcome reports are given to agencies in August, or with contract renewal.

#### ADMISSION CRITERIA:

##### Acceptable Criteria – Appropriate Referrals:

- The individual is admitted after the age of 5 and prior to reaching his/her 15th birthday
- The individual is in Grades K- 8
- The individual has the cognitive ability and social skills sufficient to participate in group and individual therapy, that is a functional IQ of fifty five (55) or greater. The individual has the capacity to understand the levels system utilized in our therapeutic model. Where the individual presents emotional or behavioral symptoms that impede or preclude accurate testing of cognitive ability, an evaluation by a licensed clinician may determine that the individual is able to participate meaningfully in residential treatment services.
- The child is able to demonstrate self-management skills sufficient enough to ensure that he does not present an acute danger to the safety of the other residents and/or staff members or to himself.
- The child must meet the locality or insurance providers criteria for admission to a PRTF.
- The child is found to be non-compliant or unsuccessful in outpatient treatment, TFC, and/or foster care and requires structured and supervised environments provided by a PRTF.
- Upon discharge from acute stabilization, the child continues to display psychiatric symptoms or behavior problems of such severity or complexity that he is not capable of assuming full responsibility of his life, and requires 24 hours structured and supervised residential treatment to prevent exacerbation of symptoms.

##### Exclusion Criteria – Unacceptable Referrals:

- The child is unable to participate in treatment planning or to respond to therapeutic interventions.
- The child is actively suicidal or homicidal and requires acute hospitalization.
- The child is severely disorganized and/or psychotic, so as to render them a danger to self for others and requires acute hospitalization.
- The child is presently addicted to substances, and currently requires detoxification or medical care.
- The child has been adjudicated or currently charged with felony offense in the past year involving assault or battery.
- The child has been assessed as a sexual predator, adjudicated as a sex offender, and/or has a history of sexual aggression toward peers.
- The child has medical problems that would require acute or skilled nursing or medical care.

#### PLANNED DISCHARGE/Termination of Services Criteria:

The children that receive care at Childhelp are not safe to be in the community and are not responding to community services. The treatment process includes identifying the barriers that prevent the child from being safe. The treatment team works with the guardian and others involved in the child's life to identify a discharge placement. The work towards discharge planning begins with admission. Each



monthly treatment team meeting the team will discuss the progress being made toward that goal. Each quarter the child has an assessment to address an area of concern. Throughout the stay the child is able to reach stages from 1-5. During this progression they are able to go on outings with the peer group. Families are encouraged to take the children off grounds. These are ways to identify when the child is able to be safe in several settings. When the behaviors are maintained and the team agrees that the behaviors are consistent the child is moving closer to discharge. This is not a linear process because sometimes the anxiety of home passes creates relapse in behaviors. The team sets a date and the therapists work with the guardian to develop a smooth transition plan.

#### EARLY DISCHARGE/Termination of Services Criteria:

There may be times that Childhelp determines the Village is not a good placement to address the needs of the child. The child may have behaviors that are unsafe in this open campus. All efforts are made to help the child be successful but in some situations it may be necessary to suggest an alternative placement. This is rare but if it occurs the referring agency would get a 30 day written notice. There are occasions that a guardian may override the suggestions of the treatment team and choose to remove a child. Every effort will be made to help the guardian make a wise choice that meets the needs of the child but ultimately there may be no choice as the guardian may be determined to discharge the child. Often times this is identified as an Against Medical Advice discharge and does come with some consequences for the child and family. There are also, rarely, discharges that are unexpected due to insurance benefit terminations or refusal to extend stays that may be identified last minute. Childhelp works to ensure this does not occur and when and if it does that the most possible supports are given to the family to accommodate said discharge.

#### PRE-PLACEMENT AND/OR ADMISSION PROCESS:

For our program, all calls for Admissions are triaged through our Admissions Department. We have a Business Development Department that is able to field calls and answer basic referral inquiries, but all referrals are processed through the Admissions Director. Referral sources are contacted by the admissions department and clinical information is obtained to determine if the child meets criteria for residential services. Following the admission screening, the clinical team is presented with the referral packet, to include information gathered from the referral source and possible family. The Admissions Review Committee determines if the referral is appropriate and gives approval to proceed with admission. Clinical information needed includes: demographics, previous placements, outpatient documentation, current diagnosis and medications, medical records, discharge summaries from previous acute care stays, legal history, etc. The process for determining the eligibility and medical necessity for an admission involves the completion and review of an admissions application with supporting documentation. The application addresses the following areas and needs:

- Educational needs
- Physical needs
- Physical health needs
- Mental health, emotional and psychological needs
- Protection needs
- Suitability of prospective resident's admission
- Significant risk to prospective resident and others
- Treatment goals
- Discharge plans
- Treatment history
- Current placement with current behaviors
- Medical history and physical examination and diagnostic lab tests



- Legal status screening

Upon receipt of the above-referenced items necessary for pre-admission, the Admissions department reviews the packet for completeness. The packet is then presented to the Pre-Admission Review Committee as soon as possible. The Pre-Admission review committee consists of the Medical Director or designee, Executive Director, Clinical Director, Director of Admissions, Nursing, and the Director of Residential Services or another licensed individual.

#### TREATMENT PLAN/ SERVICE PLAN PROCESS:

The Treatment Planning Process is a multidisciplinary approach to creating goals and objectives to utilize a child's individual strengths to address areas of deficit. The team includes the child, guardian, and professionals across each discipline of the Village. The plan is intended to be a working document that is regularly reviewed and updated throughout the course of the child's stay. The plan combines information from all aspects of the child's life; including, physical, psychological, social, cultural, educational, and vocational factors into a document that directs the child's care. Information gathered utilizing an integrated assessment tool.

The initial assessment is done the day of admission followed by a registered nursing assessment (within 24 hours), psychosocial history, recreation assessment (within 7 days), and a physician's psychiatric evaluation (within 24 hours). A licensed independent practitioner conducts a history and physical within 24 hours of admission as well.

The date of the first Treatment Team Meeting (MTT) is scheduled based on the Date of Admission, between 7-13 days of the Date of Admission. MTTs are held usually between 12:00 – 4:00PM. The following MTTs are scheduled NO MORE than 30 days after the first MTT. Usually 28 days. If the Legal Guardian/Locality is requesting a specific day/time – we will accommodate, as long as it is within the 30 days. The date of the next MTT is listed in the header of the Comprehensive Individual Plan of Care (CIPOC). This is the report that is reviewed at the MTT. The therapist will invite all of the parties that are involved with the child's case to the treatment team meeting. During these meetings everyone has the opportunity to ask questions as well as give input to the goals and progress. The therapist will also communicate during the month with other agencies involved such as joining the FAPT meetings by phone or in person, contact with social workers or case managers as well as GAL if there is one. This ensures that all of the interests of the child are addressed.

#### TESTING/EVALUATIONS:

The Village is contracted with PsyD Solutions Assessments to complete any testing requested, per diem and indicated on rate sheets and forms separate of daily charges. Testing's include; Psychological, Neuropsychological and developmental, Achievement, Threat Risk, Parental Capacity Evaluations, SBP-Psychosexual Evaluations, IQ Testing, Substance Abuse Testing and Trauma Testing.