

**FISCAL YEAR FY 2022**  
**PSYCHIATRIC RESIDENTIAL TREATMENT SERVICES**

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<b>Purchase Order Rate Structure</b>			
<b>SERVICE/DESCRIPTION</b> (If your service is not listed, please add)	<b>UNITS OF SERVICE</b> (List Hourly, Monthly or Daily)	<b>RATE FOR MEDICAID ELIGIBLE SERVICES ONLY</b>	<b>RATE FOR NON-MEDICAID ELIGIBLE SERVICES</b>
<b>PSYCHIATRIC RESIDENTIAL TREATMENT SERVICES</b>			
<b>Residential Room &amp; Board</b> (Includes Room, Meals and Snacks and Personal Care Items)	Daily		\$255.00
<b>Residential Daily Supervision</b>	Daily		\$130.00
<b>Residential Case Management</b>	Daily		\$30.00
<b>Residential Supplemental Therapies</b>	Daily		\$45.00
<b>Residential Medical Counseling</b>	Daily		\$25.00
<b>Assessment/Evaluation</b> (If applicable)	Hourly		\$125.00
<b>1:1 Staff Supervision</b> (If applicable)	Hourly		\$30.00
<b>TOTAL PSYCHIATRIC RESIDENTIAL RATE</b>	Daily		\$480.00
<b>EDUCATION (Residential School-give details if rates are different for different populations so it is clear what rate to enter on PO)</b>			
<b>Residential Education:</b> (per school day) (Non IEP) Indicate # School days per week <u>5</u> total schools days/yr. <u>212</u>	<b>Per School Day only</b>		\$125.00
<b>Residential Education:</b> (per school day) (IEP) Indicate # School days per week <u>5</u> total schools days/yr. <u>212</u>	<b>Per school day only</b>		\$144.00

**RATE SHEET INSTRUCTIONS****INSTRUCTIONS FOR ALL SERVICES:**

- If there are rate reductions or increases by Medicaid during the term of this contract, CSA will adjust the approved rates to match the approved Medicaid rate whether it is an increase or decrease on the effective date of the new Medicaid rate.
- The Provider must provide the unit type in the 2<sup>nd</sup> column for every itemized rate on the rate sheet (indicating whether the rate is monthly, weekly, daily, hourly, etc.)
- Any column for **Rate for Medicaid Eligible Services** should only contain approved Medicaid Rates for your services that are eligible to be paid by Medicaid.
- Any column for **Rate for Non-Medicaid Eligible Services** refers to the “services” that are not Medicaid reimbursable and not the client’s eligibility.
- If you have a service for which you have two different rates—Medicaid eligible client rate and Non-Medicaid insured client rate—you must submit your rates for Non-Medicaid insured clients on the **Un-negotiated Rate Sheet for Non-Medicaid Insured Clients**. If you are honoring the same Medicaid rate for non-Medicaid insured clients, you can write that on the Medicaid rate sheet and do not have to complete the Un-Negotiated Rate Sheet.
- If you serve infants/children of foster children, clearly identify the rates and services for the children vs. the parent.

**STANDARDIZED SERVICE NAMES AND DESCRIPTIONS:****Applied Behavior Analysis**

ABA is the design, implementation, and evaluation of environmental modifications to produce socially significant improvement in human behavior. ABA includes the use of 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.

**Assessment/Evaluation**

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

**Case Support**

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**

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

**Crisis Stabilization**

## Rate Sheets

## Attach Service Fee Directory Rate Sheet for this service

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 re-hospitalization; 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 Support Services

A broad array of services targeted to provide assistance, support, and/or training in various community settings to build natural supports and functional skills that empower 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 day care etc.) and behavioral interventions.

### Independent Living Services

Services specifically designed to help adolescents make the transition to living independently as an adult. Services include training in daily living skills as well as vocational and job training.

### Individualized Support Services

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

Services, as defined by State Executive Council policy, conducted by an Intensive Care Coordinator for children who are at risk of entering or who are placed in residential care. ICC providers must be trained in the High Fidelity Wraparound model of care coordination 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 crisis situations, 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.

### Intensive Care Coordination Family Support Partner

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

## Rate Sheets

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

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

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

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

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

### **Maintenance – Independent Living<sup>1,2</sup>**

Payments made to foster care youth who are in independent living arrangements.

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

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

### **Mental Health Skills Building<sup>3</sup>**

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

### **Mentoring**

Services in which children are appropriately matched with screened and trained adults for one-on-one relationships. Services include meetings and activities on a regular basis intended to meet, in part, the child's need for involvement with a caring and supportive adult who provides a positive role model.

### **Other**

A uniquely designed service, 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</sup>**

Treatment provided to individuals on an hourly schedule, on an individual, group, or family basis, and usually in a clinic or similar facility or in another location (including the home). Outpatient services may include counseling, dialectical behavioral therapy, psychotherapy, behavior management, psychological testing and assessment, laboratory and other ancillary services, medical services and medication services.

## Rate Sheets

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

Special Education services identified through an IEP in which the “least restrictive environment” is identified as a private day school. Services are provided in a licensed, privately owned school for persons determined to have a disability as defined by the *Regulations governing Special Education Programs for Children with Disabilities in Virginia*.

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

Services provided by a Licensed Child Placing Agency (LCPA) which 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 child to prepare for visits with biological family; providing support and education for LCPA foster parents regarding management of child’s behavior; providing ongoing information and counseling to 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 non-treatment level of foster care as well as treatment levels of foster care.

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

Residential education services provided to students with disabilities who are placed into a residential program through an IEP in which the “least restrictive environment” is identified as a private residential school. Includes all services identified in the IEP as necessary to provide special education and related services, including non-medical care and room and board.

### Residential Education<sup>3</sup>

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

### Residential Room and Board<sup>1,3</sup>

A component of the total daily cost for placement in a licensed congregate care facility. Residential Room and Board costs include room, meals and snacks, and personal care items.

### Residential Case Management<sup>3,1</sup>

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</sup>

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

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

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

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

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

### **Respite**

Service that provides short term care, supervision, and support to youth for the purpose of providing relief to the primary care giver while supporting the emotional, physical, and mental wellbeing of the youth and the family/guardian. This service includes respite services licensed by the Department of Behavioral Health and Developmental 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).

### **Transportation**

Transportation to support attainment of the goals in a child's service plan, either through contracted services or 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.

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

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>**

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.

<sup>1</sup> Licensed by Virginia Department of Social Services

<sup>2</sup> Defined in accordance with Title IV-E

<sup>3</sup> Licensed by Virginia Department of Behavioral Health and Developmental Services

<sup>4</sup> Licensed by Virginia Department of Education