

**FISCAL YEAR 2023**  
**RESIDENTIAL SERVICES RATE SHEET**  
**July 1, 2023 - June 30, 2024**

Agency Name: Hallmark Youth Care

Type of Program/Service: Residential – Level C

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Program/Facility(s): **Hallmark Youth Care**

Purchase Order Rate Structure				
SERVICE/DESCRIPTION (If your service is not listed, please add)	UNITS OF SERVICE (Unit/Hourly/Weekly/ Monthly/Daily/School Day)	RATE FOR MEDICAID ELIGIBLE SERVICES ONLY	RATE FOR NON- MEDICAID ELIGIBLE SERVICES ONLY	RATE FOR NON-MEDICAID Services Only RTA/A&D
<b>RESIDENTIAL SERVICES</b>				
Residential Room and Board	Daily	\$228.00	\$228.00	\$228.00
Residential Daily Supervision	Daily	\$175.03	\$175.03	\$175.03
Residential Medical Counseling	Daily	\$105.00	\$105.00	\$105.00
Residential Case Management	Daily	\$22.00	\$22.00	\$22.00
Assessments	Daily	N/A	N/A	\$55.00
<b>TOTAL RATE FOR EACH COLUMN</b>		<b>\$530.03</b>	<b>\$530.03</b>	<b>\$585.03</b>
Ancillary Therapies/MD Charges	Daily	Billed to DMAS	\$55.00	\$55.00
<b>Total with Therapies</b>		<b>\$530.03</b>	<b>\$585.03</b>	<b>\$640.03</b>
<b>Other Optional Services: (itemize)</b>				
One to One Instruction/Supervision	Hourly	Billed to DMAS	\$35	\$35
Single Room-when requested/clinically required	Daily	N/A	\$300	\$300
Psychological Testing as Required	Single Occurrence	N/A	\$1500-2000	\$1500-2000
Transportation >10 mile radius	Hourly	N/A	\$40/staff member	\$40/staff member
Transportation-Lodging	Single Occurrence	N/A	Market price	Market price
Certified Sexual Offender Treatment Provider – Risk Assmt/Treatment	Per Session	N/A	\$90	\$90
<b>RESIDENTIAL EDUCATION</b>				
Regular Education (per school day) Indicate # School days per week <u>5</u> total days/year <u>242</u>	Daily	N/A	\$163.00	\$163
Special Education (per school day) Indicate # School days per week <u>5</u> total days/year <u>242</u>	Daily	N/A	\$202.00	\$202.00

\*1 DMAS requires ancillary therapy and physician services, billable and excluded from daily rates above.

\*\*Hallmark Youth Care will not charge for transports within a 10 mile radius of the facility for required medical treatment scheduled by the facility.

\*\*\*Please note, reimbursement for treatment services will be utilized first by Medicaid. If and when Medicaid funding is not available, the CSA/CPMT will be responsible.