## CUMBERLAND HOSPITAL FOR CHILDREN & ADOLESCENTS - CSA SERVICE FEE DIRECTORY LISTINGS FY 2025-2026

| SERVICE   | DAILY ROOM<br>& BOARD            | DAILY<br>COMBINED<br>SERVICES                     | DAILY<br>PHYSICIAN<br>FEES | TOTAL PER DIEM RATE (excluding Education) | ANNUAL (365)<br>RATE<br>(excluding<br>Education) | Private Day School  | ANNUAL (240) SPECIAL ED |  |
|---|----------------------------------|---|----------------------------|---|--|---|-------------------------|--|
| Medical Chronic Illness & Rehabilitation Hospital | \$554.09                         | \$1,075.58  | \$60.00                    | \$1,689.67                                | \$616,729.55                                     | \$270.00  | \$64,800.00             |  |
|   | DAILY ROOM<br>& BOARD            | DAILY<br>COMBINED<br>SERVICES                     |                            | TOTAL PER<br>DIEM RATE                    | ANNUAL (365)<br>RATE                             |   |                         |  |
| Inpatient Psychiatric Unit                        | \$575.98                         | \$669.12  |                            | \$1,245.10                                | \$454,461.50                                     |   |                         |  |
|   | Residential<br>Room and<br>Board | Residential Daily Supervision and Case Management |                            |   |  | Residential<br>Education (240<br>Days)                              |                         |  |
| Behavioral/Medical<br>Residential Program         | \$292.87                         | \$295.34  |                            | \$588.21                                  | \$214,696.65                                     | \$270.00  | \$64,800.00             |  |
|   | mandatory staff r                | atio and all corre                                | esponding chec             | cks of residents fo                       | r all shifts. This do                            | n \$176.45 (Daily super<br>pes not include Adminis<br>eling \$22.22 |                         |  |
| RELATED SERVICES                                  |                                  |   |                            |   |  |   |                         |  |
| Psych Testing Evaluation \$150.00/hour            |                                  |   |                            |   |  |   |                         |  |
| Educational Testing                               | <u> </u>                         |   |                            |   |  |   |                         |  |
| Physical Therapy Occupational Therapy             |                                  |   |                            |   |  |   |                         |  |
| Speech Therapy \$110.00/hour                      |                                  |   |                            |   |  |   |                         |  |
| One-to-One Supervision                            |                                  |   |                            | \$45/hour                                 |  |   |                         |  |
| Non Physician Ordered Transportation \$45/hour    |                                  |   |                            |   |  |   |                         |  |

<sup>\*\*</sup>Rates reflect the present VA Medicaid Rates effective at July 1, 2025 at \$1,629.67 per patient day (plus \$60.00 physician professional fee). Any future revisions to the reimbursement rate by VA DMAS will cause the rates to change effective on the date identified by DMAS. The rates quoted above in Grid include \$60.00/day physician fee. Children with acute medical needs may require additional ancillary services and charges. Future revisions to the FY 2026 reimbursement rate by DMAS will be communicated in writing within 10 days of receipt from DMAS.

Effective date: JULY 1, 2025