**For requests for non-contracted providers of congregate care and residential services**

**located in Virginia and out of State.**

**Child’s Harmony #:** enter text. **Child’s Gender:** Choose an item. **Child’s DOB:** enter a date.

In the table below, identify all **clinically appropriate** CSA contracted **MEDICAID ENROLLED** providers explored and other potential providers considered. Indicate if contact with provider was made by telephone and/or an application has been submitted. Briefly describe the reasons the provider denied the youth, or the provider was determined not appropriate for this youth. **If not applicable, please explain briefly, such as “male only” or “not a locked facility.”**

**\*If it has taken 30 or more days to locate a placement after the FAPT approval, complete the** [**DBHDS required form.**](https://fairfaxcounty.sharepoint.com/sites/DPMM/CSA%20%20HMF%20Contracts/Child%20Specific%20Contract%20Request/RTC%20Report%20Form%20-%2030%20Days%20after%20FAPT%20without%20Placement%20%28003%29.pdf)

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| **Tier 1: Open Contracts** **Contracted In-State Facilities** |
| **Provider Name** | **Telephone****Contact****Date** | **Application Submitted****Date** | **Accepted/Denied****Admission** | **Reason for denial or why determined inappropriate** |
| **Bridges Hospital** (Centra Health Systems) *PRTF* | enter a date. | enter a date. | Choose an item. | Click or tap here to enter text. |
| **Childhelp USA, Inc***PRTF* | enter a date. | enter a date. | Choose an item. | Click or tap here to enter text. |
| **Fairwinds** (Ed Murphy & Assoc.)*PRTF* | enter a date. | enter a date. | Choose an item. | Click or tap here to enter text. |
| **Grafton School** *PRTF* | enter a date. | enter a date. | Choose an item. | Click or tap here to enter text. |
| **Hallmark YouthCare Inc**. *PRTF* | enter a date. | enter a date. | Choose an item. | Click or tap here to enter text. |
| **Jackson Feild Homes***PRTF* | enter a date. | enter a date. | Choose an item. | Click or tap here to enter text. |
| **Poplar Springs Hospital** *Female Only* *PRTF* | enter a date. | enter a date. | Choose an item. | Click or tap here to enter text. |
| **Timber Ridge School** *Male Only*(Leary Educational Foundation)*PRTF* | enter a date. | enter a date. | Choose an item. | Click or tap here to enter text. |
| **Timber Ridge School** *Male Only* (Leary Educational Foundation)*NON-Medicaid* | enter a date. | enter a date. | Choose an item. | Click or tap here to enter text. |
| **Southstone Behavioral Health***PRTF* | enter a date. | enter a date. | Choose an item. | Click or tap here to enter text. |
| **Youth for Tomorrow** – New Life Center, Inc.*PRTF* | enter a date. | enter a date. | Choose an item. | Click or tap here to enter text. |
| **Youth for Tomorrow** –New Life Center, Inc.*NON-Medicaid* | enter a date. | enter a date. | Choose an item. | Click or tap here to enter text. |
| **UMFS-United Methodist Family Services***PRTF* | enter a date. | enter a date. | Choose an item. | Click or tap here to enter text. |
| **Elk Hill Farm** *Medicaid TGH* | enter a date. | enter a date. | Choose an item. | Click or tap here to enter text. |
| **Grace Haven House** *Female Only* *Medicaid TGH* | enter a date. | enter a date. | Choose an item. | Click or tap here to enter text. |
| **Intercept Youth Services***Medicaid TGH* | enter a date. | enter a date. | Choose an item. | Click or tap here to enter text. |
| **Outreach Services***Female Only**Medicaid TGH* | enter a date. | enter a date. | Choose an item. | Click or tap here to enter text. |
| **Restorative Youth Services***Medicaid TGH* | enter a date. | enter a date. | Choose an item. | Click or tap here to enter text. |
| **STARS***Medicaid TGH* | enter a date. | enter a date. | Choose an item. | Click or tap here to enter text. |
| **Aurora House** (City of Falls Church)*Female Only* *NON-Medicaid*  | enter a date. | enter a date. | Choose an item. | Click or tap here to enter text. |
| **Turning Point** *Male Only**NON-Medicaid* | enter a date. | enter a date. | Choose an item. | Click or tap here to enter text. |

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| **Tier 2: CPMT Approved Child Specific Contracts**The following **Medicaid Enrolled In-State Providers** That**REQUIRE A CHILD SPECIFIC CONTRACT REQUEST & APPROVAL BY THE CSA MANAGEMENT TEAM PRIOR TO PLACEMENT WITH CSA FUNDING** |
| **Cumberland Hospital**(RTC, Specialized Care & Hospital Program)*PRTF* | enter a date. | enter a date. | Choose an item. | Click or tap here to enter text. |
| **Cumberland Hospital** (RTC, Specialized Care & Hospital Program) *Hospital Medicaid* | enter a date. | enter a date. | Choose an item. | Click or tap here to enter text. |
| **Harbor Point Behavioral Health Center** *PRTF* | enter a date. | enter a date. | Choose an item. | Click or tap here to enter text. |
| **Hughes Center for Exceptional Children** *PRTF* | enter a date. | enter a date. | Choose an item. | Click or tap here to enter text. |
| **Kempsville Behavioral Health** *PRTF* | enter a date. | enter a date. | Choose an item. | Click or tap here to enter text. |
| **Liberty Point Behavioral Health** *(BOYS ONLY)* *PRTF* | enter a date. | enter a date. | Choose an item. | Click or tap here to enter text. |
| **Newport News Behavioral Health** *PRTF* | enter a date. | enter a date. | Choose an item. | Click or tap here to enter text. |
| **North Springs Behavioral Health***PRTF*  | enter a date. | enter a date. | Choose an item. | Click or tap here to enter text. |
| **Rest Assured***Medicaid TGH* | enter a date. | enter a date. | Choose an item. | Click or tap here to enter text. |

Prior to considering non-contracted providers located outside of Virginia, the following out of state providers that accept Virginia Medicaid were considered.

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| **Tier 3: Child Specific (Require CPMT approval of a Child Specific Contract)****Out of State—Virginia Medicaid Participants and Non-Medicaid Participants**  |

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| --- | --- | --- | --- | --- |
| **Provider Name** | **Telephone****Contact** | **Application Submitted** | **Accepted/****Denied** | **Admission Reason for denial or why determined inappropriate** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Devereux Foundation***VA Medicaid participation varies by location* | enter a date. | enter a date. | Choose an item. | Click or tap here to enter text. |
| **New Hope Treatment Center Carolinas***PRTF* | enter a date. | enter a date. | Choose an item. | Click or tap here to enter text. |
| **Springbrook Behavioral Health***PRTF-VA Medicaid participant* | enter a date. | enter a date. | Choose an item. | Click or tap here to enter text. |
| **UHS Foundations Pennsylvania***NON-Medicaid* | enter a date. | enter a date. | Choose an item. | Click or tap here to enter text. |

Based on these steps, there are no appropriate Medicaid providers of residential treatment services for youth under contract able to serve this youth.

***All clinically appropriate providers currently under open contract were considered and none were available or appropriate based on the youth’s diagnosis and situation*.** (Provide the youth’s diagnosis and specific need to be addressed by the requested provider.)

**Explain:** Click or tap here to enter text.

Case Manager Date Supervisor Date