**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(003).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** |

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

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| --- | --- | --- | --- | --- |
| **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