CSA Provider Directory

January 01, 2020 - June 30, 2024

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Please contact Barbara.Martinez@fairfaxcounty.gov if you have any questions

*This is produced for Fairfax County, Fairfax County Public Schools, and Falls Church City Public Schools staff reference while accessing services funded by the Fairfax-Falls Church Children's Services Act.

The preferred and most accurate CSA Provider Directory is located at https://csadirectory.fairfaxcounty.gov:7040/

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
Coop Management					
Case Management					
Fairfax-Falls Church Comr 12011 Government Center Fairfax, VA 22035 Ph: 703-324-7015 Fax: 703-324-3225		child not otherwise and for whom a case butine scope of work of any include and summary of and representation of AUTHORIZATION JITHORIZATION aison between the	N/A Case Support Services (Case Supp) CSA Case Management Case Support Services (Case Supp) CSA Case Management Case Support Services (Case Supp) CSA Case Management	Month Month	\$700.00 \$757.00 \$862.00
NORTHERN VIRGINIA FAM 10455 White Granite Drive, Oakton, VA 22124 Ph: 571-748-2500 Fax: 703-385-5176		N es.	Northern Virginia Family Service Case Support Services (Case Supp)	Month	\$757.00

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Fax:

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
Community Based					
Empowering Minds 4 Change 12157 Derriford Ct Woodbridge, VA 22192 Ph: 678-939-9070 Fax:	e , LLC Home Based Services	Υ	Empowering Minds 4 Change Applied Behavior Analysis (ABA) BCBA and Tech	Hour	\$85.00
Franklin & Topher, LLC 8401 Maryland Drive, Suite B Richmond, VA 23225 Ph: 804-475-2927	CSA Community Based Services Adolescent skill building/mentoring	N	Quadrant Family Services Mentoring (Mentor)	Hour	\$65.00

<u>Vendor</u> <u>Prog</u>	gram / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
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Day Program/Services

INOVA Kellar Center

11204 Waples Mill Rd. Fairfax, VA 22030 Ph: 703-218-8500

Fax: 703-359-0463

Day Treatment

Partial Hospitalization Program provides short-term clinically intensive services for adolescents and their families in a structured and supportive outpatient environment five days peweek.

Inova Kellar Center Fairfax 11204 Waples Mill Road Fairfax, VA 22030 703.218.8500

Inova Kellar Center Loudoun 46050 Manekin Plaza Suite 110 Sterling, VA 20166

Intensive Substance Abuse Program treats adolescents who have a history of alcohol or other drug use/abuse based on the 12-step model of recovery. Services include education, ongoing assessment, therapy, and follow-up groups. A group is available for adolescents who have established a recovery program and wish to continue support and treatment. Mental Health Intensive Outpatient Program treats adolescents who need treatment/support due to a psychiatric condition that is interfering with their ability to function successfully within the community. Program is designed to avoid a higher level of care or to use as a step-down.

Kellar Center

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Medication Management (MED Svcs) with therapy 30 minutes	Session	\$250.00
Evaluation-Other (Specify) intake assessment	Each	\$250.00
Therapeutic Day Treatment (DayTreat) Partial Hospitalization Day Treatment; Adolesce (13-18)	Day nt	\$450.00
Other (Specify) Urine Drug Profile	Each	\$46.00
Intensive Outpatient Services (OutPt-IOP) Substance Abuse Program 3 hours = session	Session	\$200.00
Therapeutic Day Treatment (DayTreat) Psychiatric Intensive Outpatient 3 hour = session	Session	\$200.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
Day School					
ACCOTINK ACADEMY INC 8519 Tuttle Road Springfield, VA 22152	Accotink Academy	N	Accotink Academy		
Ph: 703-451-8041 Fax: 703-923-9445	Services to students ages 5-21 years of ag and learning disabilities.		Day School - IEP Extended Year (D)S-Spe⊢Day	\$388.22
	·		Day School - IEP Extended Year (D)S-Spe⊢Day	\$354.39
			Private Day School - Tier 1 -Teache 3:1 Ratio	er 1:3 a Day	\$388.22
			Private Day School - Tier 1 -Teache 10:2 ratio	er 1:3 a Day	\$354.39
	Related Services	N			
	These apply to students at both Accotink Accotink Learning Center	Academy and	IEP Counseling/therapy Group (IEF Group	P-Grp) Hour	\$118.67
			IEP - Counseling/Therapy Individua Individual	al (IEP - Hour	\$201.06
			IEP - Counseling/Therapy Individua Art Therapy	al (IEP - Hour	\$146.20
			IEP Speech and Language Therap	y Grour Hour	\$126.73
			Day School - IEP Vocational Progra Employment Related Services	am (PE Hour	\$118.67
			IEP Occupational Therapy - Group	(IEP-O Hour	\$118.67
			IEP Speech and Language Therap	y Indivic Hour	\$174.29
			IEP Occupational Therapy - Individ	ual (IEF Hour	\$191.33

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<u>Vendor</u>	Program / Level Description	Medicaid Prov	ider?	Service Type	<u>Unit</u>	<u>Rate</u>
				One to One Supervision - IEP (IEP 1:1) designated aide	Day	\$230.63
Alternative Paths Training S 5632 Mt. Vernon Memorial H Alexandria, VA 22309			N	Alternative Paths Training School		
Ph: 703-766-8708 Fax: 703-766-8713	Serves M & F ages 6-22 w/ development Alexandria & Fredericksburg campuses.			IEP - Other (IEP-Oth) PT/OT/Speech Consult	Hour	\$130.00
				IEP Counseling/therapy Group (IEP-Grp)	Hour	\$101.00
				Day School IEP 1:1 supervision (DS IEP 1 Medical Intensive Supervision	Day	\$159.00
				IEP Physical Therapy Group (IEP-PT-Grp)	Hour	\$99.00
				IEP Physical Therapy Individual (IEP-PT-I	Hour	\$130.00
				Day School IEP 1:1 supervision (DS IEP 1 Intensive Educational & Behavioral Support	Day	\$106.00
				Applied Behavior Analysis (ABA) Community Outreach/ABA Behavioral Consultati	Hour on	\$137.00
				IEP Occupational Therapy - Individual (IEF	Hour	\$130.00
				IEP - Counseling/Therapy Individual (IEP - Consult/attendance at YFT, FRM, FPM, ICC mee	Hour etings	\$133.00
				Day School - IEP Extended Year (DS-Spe	Day	\$372.30
				IEP Occupational Therapy - Group (IEP-O	Hour	\$99.00
				IEP Speech and Language Therapy Group	Hour	\$99.00
				IEP Speech and Language Therapy Individ	Hour	\$130.00

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<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
			IEP - Other (IEP-Oth) Appearances of Special Education Related Servers personnel at IEP meetings up to one Hour	Hour vices	\$130.00
			Day School IEP 1:1 supervision (DS IEP 1 Intensive In-Home Behavioral Support	Day	\$204.00
			Crisis Intervention (Crisis Intv)	Hour	\$137.00
			Private Day School - Tier 1 -Teacher 1:3 a	Day	\$372.30
Center for Autism and Related Disorders 5400 Shawnee Road, Suite 208 Alexandria, VA 22312 CARD I K-8	N	CARD Academy			
Ph: 703-750-0633 Fax: 866-587-2383	CARD's primary objective is to help each client attain his of her maximum potential in the least restrictive environment behaviorally-based intervention. Each client's program is individualized in accordance with the particular deficits and skills identified through assessment, as well as the maladaptive behaviors exhibited by the client. Skill deficits maladaptive behaviors can be defined as those which imperson.	ch client attain his or	IEP Occupational Therapy - Individual (IEF	Hour	\$235.00
1 d.X. 000 001 2000			Private Day School - Tier 4 NOVA Teach	Day	\$550.00
			IEP Speech and Language Therapy Individual	Hour	\$235.00
		client. Skill deficits an	Day School - IEP Extended Year (DS-Spec	Day	\$550.00
	an individual; s overall functioning and		IEP Physical Therapy Individual (IEP-PT-I	Hour	\$235.00
	Did not apply for FY19 for open contract placements = Child specific.	t. IEP driven			
	CARD II 9-12	Υ	Divid Divid I To ANOVA To L		Φ.Ε.Ο. ΟΟ
			Private Day School - Tier 4 NOVATeach	•	\$550.00
			IEP Speech and Language Therapy Individual	Hour	\$235.00
			IEP Occupational Therapy - Individual (IEF	Hour	\$235.00
			Day School - IEP Extended Year (DS-Spec	Day	\$550.00
			IEP Physical Therapy Individual (IEP-PT-I	Hour	\$235.00

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<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
ELK HILL FARM P.O. Box 99 Goochland, VA 23063 Ph: 804-457-4866 Fax: 804-457-2830	The Harambee School at Elk Hill Farm	N	Elk Hill Farm, Inc. IEP Residential School One to One Super Private Day School - Tier 1 -Teacher 1:3 a		\$27.50 \$275.00
			Private Day School - Tier 1 -Teacher 1:3 a Transition Half Day	Day	\$190.19
	Elk Hill Charlottesville School	N	Private Day School - Tier 1 -Teacher 1:3 a	Day	\$275.00
			Private Day School - Tier 1 -Teacher 1:3 a Transition Half Day	Day	\$190.19
	Staunton Day School	N	IEP Residential School One to One Super Private Day School - Tier 1 -Teacher 1:3 a Private Day School - Tier 1 -Teacher 1:3 a Transition Half Day	Day	\$27.50 \$275.00 \$190.19
Grafton School, Inc. P. O. Box 2500 Winchester, VA 22604 Ph: 540-542-0200 Fax: 540-542-0318	Day School	N	Grafton One to One Supervision - IEP (IEP 1:1) 1:1 Supervision (non IEP (Placement) Private Day School - Tier 1 -Teacher 1:3 a	Hour Day	\$42.20 \$303.35

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Vendor	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
INOVA Kellar Center 11204 Waples Mill Rd. Fairfax, VA 22030	Day School	N	Kellar Center		
Ph: 703-218-8500 Fax: 703-359-0463	Therapeutic education program serving through 12 identified as eligible for spec	ial education services	Evaluation-Speech/Language 3 Hours	Each	\$800.00
	The structured, individualized program is needs of students with emotional and/or		Day School - IEP Extended Year (DS-Spe	Day	\$285.00
	Students may also have social, behavio issues that significantly interfere with the		One to One Supervision - IEP (IEP 1:1) Related Services	Hour	\$30.00
	Inova Kellar Center Fairfax 11204 Waples Mill Road Fairfax, VA 22030		IEP Speech and Language Therapy Individual 30 min session	Session	\$80.00
	703.218.8500 Inova Kellar Center Loudoun 46050 Manekin Plaza Suite 110 Sterling, VA 20166		IEP Occupational Therapy - Individual (IEF 60 minute Session	Session	\$160.00
			IEP Occupational Therapy - Individual (IEF 45 minute session	Session	\$120.00
			IEP Occupational Therapy - Individual (IEF 30 minute session	Session	\$80.00
			IEP Occupational Therapy - Individual (IEF 45 minute session	Session	\$120.00
			IEP - Other (IEP-Oth) Speech Therapist attendance at IEP meeting.	Hour	\$160.00
			IEP Speech and Language Therapy Group 45 minute session	Session	\$120.00
			IEP Speech and Language Therapy Individe 60 minute Session	Session	\$160.00
			IEP Speech and Language Therapy Indivi- 30 minute session	Session	\$80.00

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<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
	SAILS Program The SAILS program is specifically designed students on the autism spectrum directed a instruction in the areas of life skills and soc supporting the academic courses required access general education curriculum/diplor Students have direct access to a Registere Technician (RBT) as well as behavioral intebeing independently designed by a Board (Analyst. The program has embedded ABA students are supported by a Masters level, special education teach as well as a gradual certified in Autism Education. That SAILS pimplements elements from peer reviewed sprograms, including Unstuck and on Target the Adolescent on a daily basis.	and scripted cial skills, 2while for students to ma requirements. cd Behavior erventions that are Certified Behavior a principles and board certified ate level counselor program social skills	IEP Speech and Language Therapy Indivi Day School - IEP Extended Year (DS-Spe SAILS Program Private Day School - Tier 1 -Teacher 1:3 a SAILS Program	Day	\$160.00 \$401.00 \$401.00
Lab School of Washington, 4759 Reservoir Rd. NW Washington, DC 20007	The Day School	N	Lab School of Washington, The		
Ph: 202-965-6600	A private day school (K through 12) for stud	students of average to	Private Day SchoolOut of State (DS-Ou	1 Day	\$308.78
Fax: 202-454-2270	above average intelligence with moderate t disabilities.		IEP Speech and Language Therapy Grou	Hour	\$106.73
			IEP Counseling/therapy Group (IEP-Grp) Psychologist with no more than 4 in the group	Hour	\$125.55
			IEP Occupational Therapy - Individual (IEF	Hour	\$154.41
			IEP - Counseling/Therapy Individual (IEP - Psychological	- Hour	\$172.95
		IEP Speech and Language Therapy Indivi	Hour	\$142.06	
			Day School - IEP Extended Year (DS-Spe	Day	\$204.83

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<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
			IEP - Other (IEP-Oth) Audiology IEP Occupational Therapy - Group (IEP-C	Hour) Hour	\$213.00 \$127.80
Matthew's Center for Visual 10651 Lomond Dr.	-		Matthew's Center		
Manassas, VA 20109 Ph: 703-369-2976 Fax: 703-366-2777	Day School NO AFTER SCHOOL PROGRAM ALL STUDENTS ARE PLACED AT THE	N	Private Day School - Tier 1 -Teacher 1:3 a Educational Day Placement w/ 1:1 assistant	ı Day	\$414.71
	ADMISION THROUGH THE FIRST 30 DAYS ASSESSMENT TO DETERMINE INDIVIDUAL	0 DAYS DURING AN		F Hour	\$137.17
			IEP Speech and Language Therapy Indivi	Hour	\$137.17
			Day School IEP 2:1 supervision (DS IEP 2 2:1 Supervision (rate is in addition to the Daily education rate with 1:1)	? Day	\$146.94
			Day School IEP 2:1 supervision (DS IEP 2 2:1 Supervision (rate is in addition to the Daily education rate with 1:1)	? Day	\$182.87
			Private Day School - Tier 1 -Teacher 1:3 a Educational Day Placement w/ 1:1 assistant	ı Day	\$516.12
			IEP Occupational Therapy - Individual (IE	f Hour	\$153.63
			IEP Speech and Language Therapy Indivi	Hour	\$153.63
New Beginnings Vocational 2060 West Virginia Ave NE Washington, DC 20002 Ph: Fax:	l School		New Beginnings Vocational School		

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Vendor	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
DUIL LIDO DDOODAMO	Vocational Education	N	Private Day SchoolOut of State (DS-Out IEP - Counseling/Therapy Individual (IEP - IEP Occupational Therapy - Individual (IEF IEP Speech and Language Therapy Individual One to One Supervision - IEP (IEP 1:1)	Hour \$ Hour \$	\$320.00 \$85.28 \$130.38 \$115.28 \$35.00
PHILLIPS PROGRAMS 7010 Braddock Road Annandale, VA 22003 Ph: 703-941-8810 Fax: 703-658-2378	Day School Day school and related services for ED/L MR/MH/autistic clients). PHILLIPS School ~ Annandale Contact patty.jett@phillipsprograms.orgg	·	Phillips Programs- Annandale IEP Speech and Language Therapy Individual (IEP Physical Therapy Individual (IEP-PT-II) One to One Supervision - IEP (IEP 1:1) Child specific attendant. Day School - IEP Extended Year (DS-Specific Private Day School - Tier 1 - Teacher 1:3 a	Hour \$ Day \$ Day \$ Hour \$	\$136.29 \$116.81 \$227.50 \$344.28 \$145.68 \$351.79
	Special/Voc Ed	N	Phillips Programs Building Futures, Fairfa Loudoun	x &	

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Vendor	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
	PHILLIPS Building Futures ~ Fairfax: Contact: patty.jett@phillipsprograms.org PHILLIPS Building Futures ~ Loudoun: Contact: jeananne.breisch@phillipsprograms.org PHILLIPS Building Futures ~ Loudoun Alan.peck@phillipsprograms.org	rams.org	IEP Speech and Language Therapy Individual (IEF IEP Physical Therapy Individual (IEP-PT-II Day School - IEP Extended Year (DS-Speech One to One Supervision - IEP (IEP 1:1) child specific attendant. Private Day School - Tier 1 -Teacher 1:3 a	Hour Hour Day Day	\$134.15 \$142.33 \$116.81 \$316.70 \$227.50 \$341.65
	Phillips School - Fairfax PHILLIPS School ~ Fairfax Yolanda Dos rebecca.larson@phillipsprograms.org (703) 591-1146 (703) 591-1148		Phillips School ~ Fairfax IEP Physical Therapy Individual (IEP-PT-II IEP - Other (IEP-Oth) Art Therapy Day School - IEP Extended Year (DS-Special IEP Occupational Therapy - Individual (IEF IEP Speech and Language Therapy Individual One to One Supervision - IEP (IEP 1:1) child specific assistant IEP - Counseling/Therapy Individual (IEP - Private Day School - Tier 1 - Teacher 1:3 a	Hour Day Hour Hour Day Hour	\$141.19 \$85.47 \$340.26 \$141.43 \$141.43 \$227.50 \$146.71 \$352.26

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Vendor	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
SAINT COLETTA OF GREATER WASHINGTON INC 207 South Peyton Street Alexandria, VA 22314 Day School		N	St. Coletta Society of Greater Washington,	, Inc.	
Ph: 202-350-8680 Fax: 202-350-8656	Day School serving students ages 4-22	years. Students have	Private Day SchoolOut of State (DS-Out	Day	\$247.67
Fax. 202-330-6030	multiple disabilities, function in the ment and have significant impairments in the	ally retarding range, motor and	One to One Supervision - IEP (IEP 1:1)	Day	\$218.46
	communication domains. They also may emotional and behavioral problems. It has Primary, Intermediate, and Senior. The	as three programs,	IEP - Other (IEP-Oth) Consultive Services (Hearing, Vision)	Hour	\$93.59
	provides vocational training, job samplinemployment.		IEP - Counseling/Therapy Individual (IEP -	Hour	\$127.25
			IEP Occupational Therapy - Individual (IEF	Hour	\$118.59
		IEP - Other (IEP-Oth) Intensive Initial Intervention/Trail Training	Day	\$63.62	
			IEP - Counseling/Therapy Individual (IEP - Parent Counseling & Training	Hour	\$127.25
			IEP Physical Therapy Individual (IEP-PT-I	Hour	\$134.64
SH Varsity Acquisition Sub L P.O. Box 780455	LC		Rivermont School- NoVA		
Philadelphia, PA 19178-0455	Rivermonth School-NOVA	N			
Ph: 434-200-2163 Fax:	The Rivermont School NOVA provides a educational program for students, ages		Private Day School - Tier 1 -Teacher 1:3 a ABA Program Tier 1 (includes 1:1 support)	Day	\$438.00
	needs, including autism, who have difficulty learning in a traditional school setting. Rivermonti 2½ mission is to help students learn to manage their behaviors so they can return t	Private Day School - Tier 1 -Teacher 1:3 a ABA Program Tier 2 (includes 2:1 supervisiton)	Day	\$613.00	
	their home schools, graduate and become Rivermonti 1/2s professional staff include education teachers, mental health counse	ne productive citizens es certified special	Private Day School - Tier 1 -Teacher 1:3 a PBIS Program	Day	\$354.00
	professional counselors, school administrators and board certified behavior analysts.		Private Day School - Tier 1 -Teacher 1:3 a PBIS Program (includes 1:1 assistance)	Day	\$438.00

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<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type Un	it Rate
			IEP Occupational Therapy - Individual (IEF Ho	
	Autism Disorder Program	N	IEP Speech and Language Therapy Individ Ho	ur \$149.00
	Alexandria, Sterling, and Stafford		Private Day School - Tier 1 -Teacher 1:3 a Da Autism Program	y \$550.00
			IEP Speech and Language Therapy Individ Ho	ur \$235.00
			IEP Occupational Therapy - Individual (IEF Ho	ur \$235.00
			IEP Physical Therapy Individual (IEP-PT-Iı Ho	ur \$235.00
Sheppard Pratt Non-Contra 6501 N. Charles St. P.O. Bo	ox 6815		Frost School	
Baltimore, MD 21285-6815 Ph: 301-330-4359	,	N	Private Day SchoolOut of State (DS-Out Da	y \$436.90
Fax: 410-933-3406	Day school for children ages 5-15 with a development disorder (PDD), development		,	
	behavior problems, and other related dis	•	IEP Occupational Therapy - Individual (IEF Ho	
			IEP Physical Therapy Individual (IEP-PT-Ii Ho	ur \$115.80
			One to One Supervision - IEP (IEP 1:1) Ho	ur \$38.76
			IEP - Counseling/Therapy Individual (IEP - Ho	ur \$150.00
			Gaithersburg Location	

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Vendor	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
	Day School	N	Private Day SchoolOut of State (DS-Out IEP - Counseling/Therapy Individual (IEP - IEP Occupational Therapy - Individual (IEF IEP Physical Therapy Individual (IEP-PT-II One to One Supervision - IEP (IEP 1:1) IEP - Other (IEP-Oth) RN 1:1 per IEP	Hour Hour	\$451.56 \$150.00 \$150.60 \$115.80 \$38.76 \$96.84
	Oakmont Program - Secondary Oakmont Secondary description should students with Autism Spectrum Disorder disabilities grades 6-12		The Frost School Private Day SchoolOut of State (DS-Out IEP Occupational Therapy - Individual (IEF IEP Speech and Language Therapy Individual One to One Supervision - IEP (IEP 1:1)	Hour	\$393.39 \$132.60 \$121.20 \$38.76
The Arc of Loudoun 601 Catoctin Circle NE. Leesburg, VA 20176 Ph: 703-777-1939 Fax: 703-777-1935	Day School	N	The Aurora School IEP - Other (IEP-Oth) Behavior Consultation (BCBA/BCaBA) IEP - Counseling/Therapy Individual (IEP - Individual Music Therapy Private Day School - Tier 1 -Teacher 1:3 a		\$156.00 \$134.00 \$383.00

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<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
The Ivymount School Inc 11614 Seven Locks Road Rockville, MD 20854 Ph: 301-469-0223 Fax: 301-469-0778	Elementary Middle School Program The Ivymount Multiple Learning Needs Pastudents with disabilities including Autism developmental delays, speech/language impairments. The program, currently seen non-graded program and Grades 2-8 in a Elementary/Secondary graded program. therapeutic, social and pragmatic skills pedepending on the ages and learning nee	N Program serves n/PDD, and other health rving ages 6-21 in a an The school provides rogramming ds of the students.	Day Program includes all staff ratios, 12 month of management and ABA certified consultation IEP Speech and Language Therapy Individual (IEF APT) IEP Occupational Therapy - Individual (IEF IEP Physical Therapy Individual (IEP-PT-In IEP Occupation; IEP) Ivymount School One to One Supervision - IEP (IEP 1:1) Education; IEP IEP Occupational Therapy - Individual (IEF Private Day SchoolOut of State (DS-Out Elementary/Middle School Program) IEP - Counseling/Therapy Individual (IEP -	Hour Hour Hour Day	\$134.00 \$134.00 \$134.00 \$33.10 \$92.84 \$411.49 \$83.21
	depending on the ages and learning needs of the students. Career development is embedded in the educational program Students exiting the Post High School at age 21 receive a Certificate of Completion.		IEP - Counseling/Therapy Individual (IEP -	Hour	\$83.21
	Day School - Autism Program	N			

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<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
	The Autism programs serve students ber Students learn functional life skills necessand engage in recreational activities in the studenti 2½s daily schedule is individuali specific content areas and skills where he demonstrates need. Instruction occurs is two-to-one, and small group settings base needs of the student and the instructional technology rich environment facilitates a curriculum and supports a dynamic and environment. Speech and language the therapy are delivered through a consultate mbedded instruction of language, communicated skills objectives throughout the scoof natural settings and contexts. Function used as needed to replace and reduce smaladaptive behaviors.	ssary to live, work, he community. Each ized to focus on the ne or she none-to-one, sed on the individual al content. A access to the interactive learning rapy and occupationative model resulting imunication, motor, and shool day in a variety onal assessment is studenti; ½s	IEP Occupational Therapy - Individual (IEF IEP Physical Therapy Individual (IEP-PT-II One to One Supervision - IEP (IEP 1:1) Private Day SchoolOut of State (DS-Out Autism Program IEP Speech and Language Therapy Individ	Hour Hour Day	\$92.84 \$95.74 \$33.10 \$475.49 \$89.90
	Secondary School	N	IEP Occupational Therapy - Individual (IEF	Hour	\$92.84
			IEP Physical Therapy Individual (IEP-PT-I	Hour	\$95.74
			IEP - Counseling/Therapy Individual (IEP -	Hour	\$83.21
			One to One Supervision - IEP (IEP 1:1)	Hour	\$33.10
			Private Day SchoolOut of State (DS-Out Secondary Program	Day	\$411.25

The Treatment and Learning Centers, Inc. 2092 Gaither Road, Suite 100 Rockville, MD 20850

Ph: Fax: The Katherine Thomas School

Vendor	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
	High School	N			
	The typical Katherine Thomas High Scho		IEP - Counseling/Therapy Individual (IEP -	Hour	\$103.00
	average intelligence or higher. These stresources and individualized instruction.		Day School - IEP Extended Year (DS-Spec	Day	\$243.18
	provide all students with a positive, succ curriculum. Our student body includes the	cess-oriented	IEP Occupational Therapy - Individual (IEF	Hour	\$96.68
	specialized help can expect to attend co students who expect to transition into er	ollege as well as	IEP Physical Therapy Individual (IEP-PT-I	Hour	\$146.52
	completing high school. Students enjoy	many opportunities to	Day School IEP 1:1 supervision (DS IEP 1	Hour	\$32.08
	build leadership skills and excel in athletics thro student government and Peer Mediation progra		IEP Speech and Language Therapy Individual	Hour	\$74.88
			IEP - Other (IEP-Oth) Vision Therapy	Hour	\$147.20
			Private Day SchoolOut of State (DS-Out	Day	\$282.82
UNITED METHODIST FAMILY	Y SERVICES				
3900 West Broad Street Richmond, VA 23230	Day School (Charterhouse School - Ric	chmond) N	UMFS		
Ph: 804-254-9662 Fax: 804-353-7683	,		Private Day School - Tier 1 -Teacher 1:3 a Elementary Day Services	Day	\$305.99
			Private Day School - Tier 1 -Teacher 1:3 a Applied Curriculum Day Services (ID,DD)	Day	\$426.50
			Day School - IEP Extended Year (DS-Spec	Day	\$202.03
			One to One Supervision - IEP (IEP 1:1) Classroom Behavior Support	Hour	\$39.03
			Private Day School - Tier 1 -Teacher 1:3 a Neuro Differences (ASD, ID)	Day	\$301.27
			Private Day School - Tier 1 -Teacher 1:3 a	Day	\$246.92

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<u>Vendor</u> <u>Program / Level Description</u> <u>Medicaid Provider?</u> <u>Service Type</u> <u>Unit</u> <u>Rate</u>

General Curriculum (ED, LD, OHI)

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Vendor	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
Education					
The Treatment and Learning 2092 Gaither Road, Suite 100 Rockville, MD 20850		N	The Katherine Thomas School		
Ph:	K-0 BOOST Flogram	N	Private Day SchoolOut of State (DS-Out	Day	\$350.00
Fax:			IEP - Counseling/Therapy Individual (IEP -	Hour	\$103.00
			IEP Occupational Therapy - Individual (IEF	Hour	\$96.68
			IEP Physical Therapy Individual (IEP-PT-I	Hour	\$146.52
			One to One Supervision - IEP (IEP 1:1) Classroom Aide	Hour	\$32.08
	Special Education Program	N			
			Day School - IEP Extended Year (DS-Spe	Day	\$221.05
			IEP - Counseling/Therapy Individual (IEP -	Hour	\$103.00
			IEP Occupational Therapy - Individual (IEF	Hour	\$96.68
			IEP Physical Therapy Individual (IEP-PT-I	Hour	\$146.52
			Day School IEP 1:1 supervision (DS IEP 1	Hour	\$32.08
			Private Day SchoolOut of State (DS-Out	Day	\$258.57

Education Page 1 of 1

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
Evaluations					
Gil Institute for Trauma Reco 8626 Lee Hwy Suite 200	overy and Ed		Gil Institute		
Fairfax, VA 22031 Ph: 703-560-2600 Fax:	Evaluations	N	Evaluation-Other (Specify) Sexual Behavior Problems in Childre LMF: Up to 10 sessions (includes int sessions, and feedback session). Th developmentally-sensitive assessme childâ¿¿s sexual development, priori management of identified or suspect behaviors. Max of 4 hours for assess writing	ake, assessment is is a int of the itizing on the direct ed problem sexual	\$125.00
			Evaluation - Mental Health Asses LCSW, LPC, LMFT, up to 4 hours ind writing		\$125.00
			Evaluation - Mental Health Asses PsyD, PhD, Clinical Psychologist-up including report writing		\$139.00
			Evaluation - Substance Abuse (Evaluation - Substance Abuse (Evaluation LCSW, LPC, LMFT up to 4 hours incommitting		\$125.00
			Evaluation - Substance Abuse (Evaluation - Substance Abuse (Evaluation - PsyD, PhD, Clinical Psychologist up including report writing		\$139.00
			Evaluation - Mental Health Asses Trauma Informed Mental Health Asse up to 4 hours including report writing	essment by LCSW,	\$125.00
			Evaluation - Mental Health Asses Trauma Informed Mental Health Asse PhD, Clinical Psychologist up to 4 ho report writing	essment by PsyD,	\$139.00

Evaluations Page 1 of 3

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
			Evaluation-Other (Specify) Sexual Behavior Problems in Children-PsyD, Phl Clinical Psychologist: Up to 10 sessions (include intake, assessment sessions, and feedback sess. This is a developmentally-sensitive assessment childâ¿¿s sexual development, prioritizing on the management of identified or suspected problem behaviors. Max of 4 hours for assessment report writing	sion). of the e direct sexual	\$139.00
			Evaluation-Other (Specify) Psychosexual by CSOPT	Hour	\$62.00
			Evaluation - Parent/child (Eval SVCS - Pa	Each	\$1,051.00
			Evaluation-Other (Specify) Extended Play Based Developmental Assessment LCSW, LPC, LFMT: Up to 12-14 sessions comprehensive assessment of childrenâ¿¿s functioning. It includes intake, assessment sessionand feedback session. Max 4 hours of assessment report writing.	ons,	\$125.00
			Evaluation-Other (Specify) Extended Play Based Developmental Assessment PsyD, PhD, Clinical Psychologist: Up to 12-14 secomprehensive assessment of childrenâ¿¿s functioning. It includes intake, assessment sessionand feedback session. Max 4 hours of assessment report writing.	essions ons,	\$139.00
			Evaluation-Other (Specify) Trauma Assessment and Intervention by LCSW, LMFT: Post-trauma Assessment of Type 1 and T traumas. Up to 10-12 sessions. Includes intake, assessment sessions, and feedback session. Integrated, trauma-focused approach. Services adjusted for children ages 2 to 17 years. Max 4 h for assessment written reports	ype 2	\$125.00

Evaluations Page 2 of 3

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
			Evaluation-Other (Specify) Trauma Assessment and Intervention by PsyD, Clinical Psychologist: Post-trauma Assessment 1 and Type 2 traumas. Up to 10-12 sessions. Ir intake, assessment sessions, and feedback ses Integrated, trauma-focused approach. Services adjusted for children ages 2 to 17 years. Max 4 for assessment written reports	of Type acludes ssion.	\$139.00
			Evaluation-Other (Specify) Theraplay by LCSW, LPC, LMFT: Utilizes struct parent-child assessment (MIMS) to ascertain parents and weaknesses, allowing trained clir to target specific relational dimensions	arental	\$125.00
			Evaluation-Other (Specify) Theraplay by PsyD, PhD, Clinical Psychologist: structured parent-child assessment (MIMS) to ascertain parental strengths and weaknesses, allowing trained clinicians to target specific reladimensions		\$139.00

Evaluations Page 3 of 3

<u>Vendor</u> <u>Program / Level Description</u> <u>Medicaid Provider?</u> <u>Service Type</u> <u>Unit</u> <u>Rate</u>

Evidence-Based Treatments

Compass Counseling Services of No. VA

10715 Spotsylvania Ave Fredericksburg, VA 22408

Ph: 540-760-5708

Fax:

MST N

Multisystemic Therapy (MST) provides home-based treatmen to children, youth, and family in their home and community. MST is appropriate for youth (ages 12-17) with significant clinical impairment in disruptive behavior, mood, and/or substance use.

MST addresses core causes of delinquent and antisocial conduct by identifying key drivers of the behaviors through ar ecological assessment of the youth, his or her family, school, peers and community. Intervention strategies are personalize to address the identified drivers of behavior.

To provide MST services, Compass has partnered with MST Services, Inc. This partnership between MST Services Inc. ar Compass ensures the implementation and efficacy of MST services being provided. Adherence to the MST model includes a quality assurance process that focuses on achieving outcomes through maintaining treatment fidelity and developing strategies to overcome barriers to behavior change.

National Counseling Group, Inc.

5540 Falmouth Street Richmond, VA 23230 Ph: 540-819-6699

Fax:

Evidence Based Treatments N

Service provision meeting strict fidelity to models backed by empirical evidence. Provided in home, in clinic, or in another location depending on EBT model.

https://fairfaxcounty.sharepoint.com/sites/DFS/csa/SitePages/Evidence.aspx

N/A

N/A

Multisystemic Therapy (MST)

5-7 hours per week; 4 to 5 months

Functional Family Therapy (FFT) Bed Day/D \$73.60

Hour

\$247.64

Multisystemic Therapy (MST) Bed Day/D \$116.00

<u>Vendor</u> <u>Program / Level Description</u> <u>Medicaid Provider?</u> <u>Service Type</u> <u>Unit</u> <u>Rate</u>

UNITED METHODIST FAMILY SERVICES

3900 West Broad Street Richmond, VA 23230 Ph: 804-254-9662

Fax: 804-353-7683

Evidence Based Treatments

Service provision meeting strict fidelity to models backed by

empirical evidence.

https://fairfaxcounty.sharepoint.com/sites/DFS/csa/SitePages/Evidence.aspx

Functional Family Therapy(FFT) is defined as a short-term, evidenced based intervention program with an average of 12 14 sessions over three to five months. FFT works primarily with 11 to 18-year-old youth who have been referred for behavioral or emotional problems by the juvenile justice, mental health, school or child welfare systems. Services are conducted in both office and home settings, and can also be provided in schools, child welfare facilities, probation and parole offices/aftercare systems and mental health facilities.

N/A

Ν

Functional Family Therapy (FFT) Bed Day/D \$77.28

Per the FFT model, clinicians aim to conduct three sessions within the first 10 days. FFT will maintain weekly contact with the family to assess progress, utilization of skills learned through FFT and to identify additional supportive services needed by the family

Vendor	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
Group Home					
		tment of Juvenile and short-term of up to 12 girls. ucture, and support adolescents through louse also gives girls e positive changes ouse residents is to arent(s) or family ring Aurora House receive regular home	Aurora House Residential Room & Board (RES - R&B) Residential Daily Supervision - Additional Transportation (TRAN-Svcs) Independent Living Services (IL Svcs) Other (Specify) Transitional Services	Bed Day Bed Day Hour Bed Day Hour	\$58.00 \$279.00 \$40.00 \$279.00 \$70.00
ELK HILL FARM P.O. Box 99 Goochland, VA 23063 Ph: 804-457-4866 Fax: 804-457-2830	Level B Services QRTP	N	Elk Hill Farm, Inc. Residential Case Management (RES-CM) IEP Residential Case Management (IEP-F		\$164.50 \$164.50

Group Home Page 1 of 6

Residential Room & Board (RES - R&B) Bed Day

IEP Residential School Room & Board (IE Bed Day

\$285.50

\$285.50

Ph: 804-612-3315 Fax: 804-440-3711

Vendor	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
Gloeckner Weber LLC 517 Park Street Charlottesville, VA 22902 Ph: Fax:	Group Home QRTP. STARS offers 4 group homes for youth 13-19. Two, houses are for DSS grants an Independent Living lie uses the Daniel Memorial curriculum working towards IL goals. Daily psyca part of the structure of care. Youth therapeutic, psychiatric and educatic community. The website for STARS, www.thestarsprogram.com offers a criteria for appropriate referrals. Staflicensing and Medicaid requirements emphasis on trauma informed care) Currently in the 18th yr of business, who meet the criteria for possible ad are in special need of opportunities. with Medicaid (Level A).	refemales, two for males. cense as the program and offers support, on hoeducational groups are receive medical, onal services in the detailed list of services ar f qualifications meet both s for both skill (with an and staff/resident ratios. STARS believes those mission to the program	STARS Residential Room & Board (RES - R&B) Residential Daily Supervision - Additional	· · · · · · · · · · · · · · · · · · ·	\$282.34 \$164.50
Grace Haven Management, P.O. Box 2012 Mechanicsville, VA 23116 Ph: 804-779-2356 Fax: 804-779-7566	Inc. Group Home A Medicaid level A group home for fe located in Mechanicsville, VA. Offers abused, neglected, and at-risk youth	s an environment for	Grace Haven House Residential Supplemental Therapies (RES Residential Room & Board (RES - R&B)		\$146.22 \$175.34
Intercept Youth Services 5511 Staples Mill Rd., Suite Richmond, VA 23228-5445	102		Fresh Start		

Group Home Page 2 of 6

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
	Group Homes QRTP. Step-down program for sex offen ages 12-19. Rates same as for children boys; 3 homes for girls ages 14-19, includepression, ADHD, conduct disorder, bip borderline personality disorder. All are Napproved.	7-12. 5 homes for diding those with bolar disorder &	Residential Supplemental Therapies (RES Medicaid eligible Level B Residential Room & Board (RES - R&B)	Bed Day Bed Day	\$164.50 \$274.50
	Gateway House and Fountain House	Υ			
	QRTP. Assessment & Diagnostic Home	service to address	Evaluation - Diagnostic	Day	\$29.60
QRTP. Assessment & Diagnostic Home so youth with troubl behavior that manifest su necessitating swift interv. to stabilize and of and psychological assessments. Accept 2 referals with length of stay of 45-60 days. males and Fountain House serves up to 8 Medicaid Level B approved. Homes are respectively.		•	Residential Room & Board (RES - R&B)	Bed Day	\$274.50
	. Serves up to 8	Residential Supplemental Therapies (RES Medicaid Eligible Level B	Bed Day	\$164.50	
		residences located ir	Residential Education - Special Education	Day	\$242.30
Т	The Fresh Start program also offers foster care prevention by allowing respite and intensive individual / family counseling fo		Residential Daily Supervision - Additional	Bed Day	\$95.30
	youth who are at risk to come into care.	, ,	Residential Education - Regular Education Education	Day	\$242.30
	Fresh Start For Children- Vision House	N			
	QRTP		Residential Room & Board (RES - R&B)	Bed Day	\$274.50
			Residential Supplemental Therapies (RES	Bed Day	\$164.50
			Residential Daily Supervision - Additional	Bed Day	\$95.30
			Residential Education - Special Education	Day	\$242.30
			Evaluation - Diagnostic	Bed Day	\$29.60

Group Home Page 3 of 6

Vendor	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
Restorative Youth Services P.O. Box 547 Stafford, VA 22555 Ph: 703-309-9852 Fax:	All Girls House	Y	Hope Road Group Home Residential Supplemental Therapies 1:1 s Residential Room & Board (RES - R&B) Residential Daily Supervision - Additional	Bed Day	\$28.00 \$230.00 \$164.50
	All Boys House	Y	Whispering Pines Group Home Residential Supplemental Therapies 1:1 strength Residential Room & Board (RES - R&B) Residential Daily Supervision - Additional	Bed Day	\$28.00 \$215.00 \$164.50
Fax. 703-300-0949	N/A An 8 bed, 3 week co-ed program for 13-18 classified as mandated foster care, or as y care prevention guidelines. DFS/FC may with child's foster care case manager's wri Provider offers a Prompt Payment Discour authorization is acceptable.	outh meeting foste get 7 extra days tten authorization.	Emergency Shelter for Youth Residential Daily Supervision - Additional Residential Room & Board (RES - R&B)	Bed Day Bed Day	\$115.00 \$129.00
TURNING POINT HOME FOR 4701 Stonehurst Drive Woodbridge, VA 22192 Ph: 703-580-6372 Fax: 703-580-9260	BOYS INC		Turning Point Home for Boys, Inc.		

Group Home Page 4 of 6

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
	Group Home Transitional therapeutic home for adoles 18. This primary focus is to keep childre community while providing a safe and su for children whose socially destructive be functioning across environments.	en within the upportive environmen	Residential Daily Supervision - Additional Residential Room & Board (RES - R&B) Residential Supplemental Therapies (RES	Bed Day	\$160.00 \$160.00 \$40.00
Virginia Home for Boys and 8716 W. Broad St. Henrico, VA 23294 Ph: 804-270-6566 Fax: 804-270-6574	Girls Teaching Family Home QRTP	N	Group Home Residential Case Management (RES-CM) Residential Daily Supervision - Additional Residential Room & Board (RES - R&B) Residential Supplemental Therapies (RES	Bed Day Bed Day	\$47.00 \$128.00 \$90.00 \$35.00
Youth for Tomorrow-New Li 11835 Hazel Circle Drive Bristow, VA 20136 Ph: 703-396-7234 Fax: 703-361-4335	fe Center, Inc. Group Homes QRTP. Residential youth home and alter adolescent boys and girls ages 11 to 17. management, counseling/therapy, reside service, as well as transition services.	Provides case	Youth for Tomorrow - New Life Center, Inc. Residential Room & Board (RES - R&B) Residential Education - Regular Education Residential Daily Supervision - Additional Residential Education - Special Education One to One Supervision - IEP (IEP 1:1)	Bed Day Day Bed Day	\$100.00 \$189.00 \$129.00 \$215.00 \$155.00

Group Home Page 5 of 6

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
	Mommy and Me Program	N			
	Moning and Me Frogram	IN	Decidential Daily Cupervision Additional	Pod Dov	\$206.00
	Pregnant Teen/Teen Mom program Eduction based on school days.	cation costs are	Residential Daily Supervision - Additional Teen	вес рау	ֆ200.00
			Residential Room & Board (RES - R&B)	Bed Day	\$191.00
			Residential Room & Board (RES - R&B) per child ages 1 to 4.	Bed Day	\$28.00
			Residential Room & Board (RES - R&B) Resident Care for infant, age 0 to 1 yr.	Bed Day	\$25.00
			Residential Daily Supervision - Additional Care for child 1 to 4 year	Bed Day	\$32.00
			Residential Education - Regular Education	Day	\$189.00
			Residential Education - Special Education	Day	\$215.00

Group Home Page 6 of 6

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
Homebased Services					
Autumnleaf Group, Inc. 8983 Hersand Drive Suite 2 Burke, VA 22015 Ph: 703-658-7103	Homebased	Υ	Autumnleaf Group, Inc. Individualized Support Services (ISS)	Hour	\$60.00
Fax: 703-426-7105			In-Home Services	rioui	ψου.σο
			Supervised Visit - Therapeutic (Visit-Thera	Hour	\$75.00
			Intensive Family Preservation Services (F	Hour	\$70.00
			Individualized Support Services (ISS) Behavior Therapy/Management (non ABA)	Hour	\$70.00
			Other (Specify) Legal/Court Appearance	Hour	\$70.00
Avail Outreach, Inc. 5415 C Backlick Road Springfield, VA 22151	ABA	N	N/A		
Ph: 202-368-9543 Fax:	. —		Applied Behavior Analysis (ABA) BCBA	Hour	\$125.00
			Applied Behavior Analysis (ABA) BCaBA	Hour	\$75.00
			Applied Behavior Analysis (ABA) RBT	Hour	\$50.00
			Applied Behavior Analysis (ABA) Protocol Modification by BCBA	Hour	\$125.00
			Applied Behavior Analysis (ABA) Family Adaptive Treatment Training with BCBA	Hour	\$125.00
			Applied Behavior Analysis (ABA)	Hour	\$125.00

Homebased Services Page 1 of 25

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
			Behavioral Assessment by BCBA		
Behavioral Therapy Solution 5501 Merchants View Square Haymarket, VA 20169		N	Behavioral Therapy Solutions		
Ph: 571-306-3609 Fax:	ABA services are in-person; in the home.		Applied Behavior Analysis (ABA) BCBA	Hour	\$150.00
			Applied Behavior Analysis (ABA) Parent Training by BCBA	Hour	\$150.00
			Applied Behavior Analysis (ABA) Tech	Hour	\$60.00
			Applied Behavior Analysis (ABA) Registered Behavior Tech (RBT)	Hour	\$75.00
Braley and Thompson, Inc. 2965 Colonnade Dr. Ste 130		N	Braley and Thompson, Inc.		
Roanoke, VA 24018 Ph: 540-989-7175	Homebased Services		Mentoring (Mentor)	Hour	\$150.00 \$150.00 \$60.00
Fax: 540-989-9141			Supervised Visit - Therapeutic (Visit-Thera	Hour	\$82.40
Bridging the Gap Family Ser					
10432 Balls Ford Road Suite Manassas, VA 20109 Ph: 908-698-7413 Fax:	Homebased	Y	N/A	1010000	# 00.00
			Intensive Family Preservation Services (F		
			Supervised Visit - Therapeutic (Visit-Thera Mentoring (Mentor)	Hour	
			,		

Homebased Services Page 2 of 25

Vendor	Program / Level Description	Medicaid Provide	er?	Service Type	<u>Unit</u>	<u>Rate</u>
				Individualized Support Services (ISS) In-Home Services	Hour	\$60.00
				Other (Specify) Legal/Court Appearance	Hour	\$60.00
Circles of Hope Mental Health Center 3000 Connecticut Ave NW Ste. 321 Washington, DC 20008 Homebased Services			•	Circles of Hope Mental Health Center		
Ph: 202-997-1448 Fax: 202-248-9076	Services provided in the home, except for			Supervised Visit - Therapeutic (Visit-Thera	Hour	\$80.50
202 2 000 0				Intensive Family Preservation Services (F	Hour	\$80.50
				Individualized Support Services (ISS) In-Home Services	Hour	\$80.50
				Other (Specify) Legal/Court Appearance	Hour	\$80.50
				Mentoring (Mentor) Therapeutic Mentoring	Hour	\$73.50
				1:1 Supervision-therapeutic (Emergency S	Hour	\$100.00
				1:1 Supervision-therapeutic (Emergency S emergency planning/referral fee; up to 5 hours princident		\$100.00
				1:1 Supervision-therapeutic (Emergency S emergency visitation prior to 5 day hearing for n children coming into care		\$100.00

Homebased Services Page 3 of 25

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
Compass Counseling Service 10715 Spotsylvania Ave Fredericksburg, VA 22408	es of No. VA Homebased Services	Υ	N/A		
Ph: 540-760-5708	Homebased Services	Ť	Mental Health Skill Building (MHSB)	Hour	\$70.00
Fax:			Mentoring (Mentor)	Hour	\$57.00
			Intensive Family Preservation Services (F	Hour	\$67.50
			Individualized Support Services (ISS) In-Home Services	Hour	\$67.50
			Applied Behavior Analysis (ABA)	Hour	\$60.00
			Crisis Intervention (Crisis Intv) 15 minute session	Session	\$30.79
			Transportation (TRAN-Svcs) Clients needing services that are placed out of a localities zone will be billed.	Mile	\$0.45
			Applied Behavior Analysis (ABA) ABA Tech	Hour	\$60.00
			Applied Behavior Analysis (ABA) LBA/BCBA	Hour	\$186.52
Continuum Associates, Inc. 8230 Leesburg Pike Suite 740 Vienna, VA 22182) Homebased Services	N	N/A		
Ph: 703-564-1639 Fax:	Homebased Services	IV.	Applied Behavior Analysis (ABA) BCBA	Hour	\$165.80
			Applied Behavior Analysis (ABA) RBT	Hour	\$53.32
			Applied Behavior Analysis (ABA)	Hour	\$100.00

Homebased Services Page 4 of 25

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			BCaBA		
Cornerstones Missions, Inc. 15507 Gossoms Store Court			N/A		
Haymarket, VA 20169 Ph: 703-753-5848 Fax:	Homebased Services	N	Applied Behavior Analysis (ABA) BCBA	Hour	\$186.52
			Applied Behavior Analysis (ABA) ABA Technician	Hour	\$90.00
			Applied Behavior Analysis (ABA) BCaBA	Hour	\$120.00
Cristy A. Corbin 8005-C Creighton Pkwy Suite	246		N/A		
Mechanicsville, VA 23111	Family Peer Support Partner (FPSP)	N	N/A		
Ph: 804-723-1215 Fax:	Serving residents of Fairfax County and t and Falls Church. Only serving families N services.		Family Peer Support Partner (FPSP) Previously referred to as Family Support F Parent Support Partner. NON-ICC CASES		\$70.66
	Youth Support Partner(YSP)	N	Youth Support Partner NON-ICC CASES ONLY	Hour	\$70.66
Dwight Pestell Vick 9401 Centreville Road, Suite Manassas, VA 20110 Ph: 703-398-0183 Fax:	201		N/A		

Homebased Services Page 5 of 25

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
	Therapeutic Mentoring	N	Mentoring (Mentor) Therapeutic Mentoring Therapy - Group (Outpt-Grp) Independent Life Skills Group Evaluation-Other (Specify) Initial Assessment for Therapuetic Mentoring	Hour Hour Each	\$75.00 \$50.00 \$150.00
Embrace Foster Care 5510 Falmouth Street, Suite 20 Richmond, VA 23230 Ph: Fax:	00 Homebased Services	N	N/A Supervised Visit - Therapeutic (Visit-Thera	Hour	\$65.00
Extra Special Parents, Inc. 711 N. Courthouse Road Richmond, VA 23236 Ph: 804-714-1776 Fax:	Homebased Services	Y	N/A Mentoring (Mentor) Therapeutic Supervised Visit - Therapeutic (Visit-Thera	Hour	\$63.36 \$72.52
Family Insight 6800 Paragon Place Suite 200 Richmond, VA 23230 Ph: 571-208-0592 Fax: 571-379-4331) Homebased Services	Y	N/A		

Homebased Services Page 6 of 25

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
	Licensing: "Intensive in-home service" mereservation interventions for children and have or are at-risk of serious emotional disturbant individuals who also have a diagnosis of retardation. Services are usually time liming in the residence of an individual who is a moved to out-of-home placement or who back home from an out-of-home placement services include crisis treatment; individual counseling; life, parenting, and communication and emergency response.	id adolescents who lice, including such mental ited provided typicall t risk of being is being transitioned ent. These lal and family cation skills; case	Mentoring (Mentor) Mentoring will only be offered in conjunction with contracted services Intensive Family Preservation Services (F: Mental Health Skill Building (MHSB) Supervised Visit - Therapeutic (Visit-Thera	Hour Hour	\$67.50 \$78.75 \$67.50 \$73.13
Family Priority, LLC 11350 Random Hills Rd. Suite Fairfax, VA 22030 Ph: 703-537-0700 Fax: 703-537-0688	e 240 Homebased Services	Y	N/A Applied Behavior Analysis (ABA) Approximately 10 - 15 hours/week	Hour	\$85.00
Farr Beyond, LLC 10530 Warwick Avenue, Suite Fairfax, VA 22030 Ph: 703-994-4754 Fax:	e C2 Homebased Services	N	N/A Applied Behavior Analysis (ABA)	Hour	\$83.00

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<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
For Children's Sake 14900 Bogle Drive Suite 200 Chantilly, VA 20151 Ph: 703-817-9890	Homebased Services	Y	For Children's Sake Therapy - Individual (Outpt-Ind)	Hour	\$90.00
Fax: 703-817-9860			Therapy - Group (Outpt-Grp)	Hour	\$50.00
			Therapy - Family (Outpt-Fam)	Hour	\$90.00
			Independent Living Services (IL Svcs)	Hour	\$55.00
			Other (Specify) Supvervised Visitation Venue	Hour	\$55.00
			Transportation (TRAN-Svcs)	Mile	\$0.58
			Mental Health Skill Building (MHSB) Adult Mental Health Support Skilss	Hour	\$91.00
			Applied Behavior Analysis (ABA) EPSDT/Medicaid eligible	Hour	\$60.00
			Mentoring (Mentor)	Hour	\$55.80
			Intensive Family Preservation Services (F: Family Support Services	Hour	\$90.00
			Supervised Visit - Therapeutic (Visit-Thera Only one youth charged for a sibling group of up youth		\$65.00
			Other (Specify) Legal/Court Appearance	Hour	\$75.00
			Individualized Support Services (ISS)	Hour	\$65.00

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<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
Good Neighbor Intensive In-H 7501 Boulder View Drive, Suit North Chesterfield, VA 2322! Ph: 703-728-8358 Fax:	e 601	Y	N/A Mental Health Skill Building (MHSB) Intensive Family Preservation Services (F: Mentoring (Mentor)	Hour Hour Hour	\$69.00 \$69.00 \$50.00
Grafton School, Inc. P. O. Box 2500 Winchester, VA 22604 Ph: 540-542-0200 Fax: 540-542-0318	Applied Behavioral Analysis (ABA)	N	Grafton Applied Behavior Analysis (ABA) BCBA/BCaBA Applied Behavior Analysis (ABA) ABA Assessment Applied Behavior Analysis (ABA) Paraprofessional Applied Behavior Analysis (ABA) ABA Treatment Plan Review Applied Behavior Analysis (ABA) ABA Group	Hour Hour Hour Hour	\$93.92 \$91.28 \$60.00 \$60.00
Health Connect America, Inc. 5695 King Centre Drive, Suite Alexandria, VA 22315 Ph: 703-680-9527 Fax:	B-101 Homebased Services	Y	N/A Individualized Support Services (ISS) Intensive Family Preservation Services (F: Mentoring (Mentor)	Hour Hour Hour	\$74.25 \$74.25 \$64.80

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<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
			Individualized Support Services - Behavic	Hour	\$40.00
			One-on-one Supervised Visit - Therapeutic (Visit-Thera	Hour	\$70.00
	ABA	N	Applied Behavior Analysis (ABA) Initial Behavior Assessment by BCBA in 15 minuincrements	Session te	\$46.63
			Applied Behavior Analysis (ABA) Initial Behavior Assessment by BCaBA in 15 miningerements	Session ute	\$23.48
			Applied Behavior Analysis (ABA) Direct ABA Services (1:1) by RBT in 15 minute increments	Session	\$25.00
			Applied Behavior Analysis (ABA) Direct ABA Services (1:1) by BCBA in 15 minute increments	Session	\$46.63
			Applied Behavior Analysis (ABA) Direct ABA Services (1:1) by BCaBA in 15 minute increments	Session	\$23.48
			Applied Behavior Analysis (ABA) Group ABA Services (2-8 clients) in 15 minute increments per client	Session	\$17.50
			Applied Behavior Analysis (ABA) RBT Support in Group Environment (up to 4 clier with minimum of 6 hours per day	Hour nts)	\$100.00
			Applied Behavior Analysis (ABA) ABA Coaching/Consulting by Tier 3 RBT/BCBA/E in 15 minute increments	Session BCaBA	\$25.00

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<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
			Applied Behavior Analysis (ABA) RBT	Hour	\$60.00
Heeling House, Inc. 20789 Great Falls Plaza #170 Sterling, VA 20165	Homebased Services	N	N/A		
Ph: Fax:			Therapy - Other (Specify) Animal Assisted Therapy	Hour	\$40.00
			Therapy - Group (Outpt-Grp) Pack Social Club Membership	Each	\$15.00
Heritage Multicultural Prgms 17844 Oyster Bay Court			Heritage Multicultural Prgms. & Svs. Inc.		
Dumfries, VA 22026 Ph: 703-898-8760 Fax: 703-221-9105	Homebased Services	Y	Intensive Family Preservation Services (F	Hour	\$93.00
1 d.K. 100 221 0100			Supervised Visit - Therapeutic (Visit-Thera in office	Hour	\$80.00
			Supervised Visit - Therapeutic (Visit-Thera out of office	Hour	\$85.00
			Individualized Support Services - Behavic	Hour	\$93.00
			Mentoring (Mentor)	Hour	\$70.00
			Mentoring (Mentor) Therapeutic	Hour	\$80.00
			Transportation (TRAN-Svcs) Mileage in connection to visit with child	Mile	\$0.90
			Other (Specify) Legal/Court Appearance	Hour	\$93.00

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Vendor	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
IMPROVING OUTCOMES LLC 101 Rowell Court. Suite 200 Falls Church, VA 22046 Ph: 703-533-1996 Fax: 703-533-2100	C Homebased Services	Υ	Improving Outcomes Individualized Support Services (ISS) Behavior Therapy/Management (non ABA)	Hour	\$70.00
			Individualized Support Services (ISS) In-Home Services	Hour	\$70.00
			Intensive Family Preservation Services (F	Hour	\$70.00
			Supervised Visit - Therapeutic (Visit-Thera	Hour	\$70.00
			Other (Specify) Legal/Court Appearance	Hour	\$70.00
			Evaluation-Other (Specify) Functional Behavioral Assessment	Hour	\$101.00
Intercept Youth Services 5511 Staples Mill Rd., Suite 1 Richmond, VA 23228-5445	02 Homebased Services	N	Fresh Start		
Ph: 804-612-3315 Fax: 804-440-3711	MST is only offered within a 90 mile radi		Other (Specify) Parent Coaching	Hour	\$62.00
			Applied Behavior Analysis (ABA) Direct Svces by RBT (1:1), bllled in 15 min incre	Session ments	\$15.00
			Applied Behavior Analysis (ABA) Initial behav assessment by BCBA billled in 15 n increments	Session	\$46.63
			Mental Health Skill Building (MHSB) (Urban) unit is up to three hours.	Session	\$102.38
			Crisis Intervention (Crisis Intv)	Session	\$124.27

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Vendor	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
			2:1 mobile crisis services povided by 2 QMHPs, in 15 min increments	billed	
			Crisis Intervention (Crisis Intv) 1:1 mobile crisis services provied by LMHP, bille min increments	Session ed in 15	\$71.08
			Crisis Stabilization (Crisis Stablz) 1:1 community crisis stab services provided by L billed in 15 min increments	Session MHP,	\$48.30
			Crisis Stabilization (Crisis Stablz) 1:1 community crisis stab services provided by 0 billed in 15 min increments	Hour QMHP,	\$40.23
			Intensive Family Preservation Services (F Raising Our Children	Hour	\$80.50
			Crisis Stabilization (Crisis Stablz) 2:1 community crisis stab services provided by 1 LMHP and 1 QMHP, billed in 15 min increments		\$85.83
			Other (Specify) Legal/Court Appearance (3 hr minimum/day)	Hour	\$100.00
			Mental Health Skill Building (MHSB) (Rural) unit is up to three hours.	Session	\$93.38
			Applied Behavior Analysis (ABA) Supervision/Prog Development/Parent Training BCBA billed in 15 min increments	Session	\$46.63
			Applied Behavior Analysis (ABA) Group services by RBT/BT (small grp) billed in 1 increments	Session 5 min	\$17.50
			Applied Behavior Analysis (ABA) ABA Coaching by RBT/BCBA/BCaBA billed in 19 increments	Session 5 min	\$25.75

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<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Applied Behavior Analysis (ABA) RBT Support grp environ (4 max client) 6 hour n	Hour ninimum	\$105.00
			Applied Behavior Analysis (ABA) Initial behav assessment by BCaBA billed in 15 increments	Session _{min}	\$23.48
			Applied Behavior Analysis (ABA) Supervision/Prog Development/Parent Training BCaBA billed in 15 min increments	Session by	\$23.48
			Applied Behavior Analysis (ABA) Direct Svces by BCBA (1:1), billed in 15 min increments	Session	\$46.63
			Applied Behavior Analysis (ABA) Direct Svces by BCaBA (1:1), billed in 15 min increments	Session	\$23.48
			Applied Behavior Analysis (ABA) Care coordination by BCBA, billed in 15 min inc	Session rements	\$46.63
			Applied Behavior Analysis (ABA) Care Coordination by BCaBA, billed in 15 min increments	Session	\$23.48
			Applied Behavior Analysis (ABA) Care Coordination by RBT, billed in 15 min incre	Session ements	\$15.00
			Crisis Intervention (Crisis Intv) 2:1 mobile crisis services provided by 1 LMPH a QMHP, billed in 15 min increments	Session and 1	\$131.93

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<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
KidsPeace Natl Ctrs of N. Am 4085 Independence Drive Schnecksville, PA 18078 Ph: Fax:	erica, Inc. Community Based Services	N	N/A Supervised Visit - Therapeutic (Visit-Thera Intensive Family Preservation Services (F: Parent Coaching 1:1 Supervision-therapeutic (Emergency S	Hour	\$89.88 \$89.88 \$85.00
Lifework Outreach Services, 14300 Ridgewood Center Dr., 16 Woodbridge, VA 22192 Ph: 703-580-7210 Fax: 703-580-7213		Y	Family Teamwork, Inc. Intensive Family Preservation Services (F: Supervised Visit - Therapeutic (Visit-Thera Mental Health Skill Building (MHSB) 1 unit equals 2.99 hours		\$69.18 \$63.95 \$91.00
MENTAL HEALTH SVCS EN E			Mentoring (Mentor) Respite - IN HOME (Respite-InHome) Individualized Support Services (ISS)	Hour Hour Hour	\$47.96 \$44.57 \$69.18
3541 Chain Bridge Road, Suit Fairfax, VA 22030 Ph: 703-218-6599 Fax: 703-218-2012	e 204 Home-Based Services	Y	Applied Behavior Analysis (ABA) BCBA Applied Behavior Analysis (ABA) Parent Training with BCBA	Hour	\$186.52 \$186.52

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Fax:

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Applied Behavior Analysis (ABA) ABA Family Group Training with BCBA	Hour	\$70.00
MULTICULTURAL CLINICAL 6563 Edsall Road Springfield, VA 22151	CENTER Home-Based	Υ	Multicultural Clinical Center		
Ph: 703-354-0000 Fax: 703-354-1129	Home-based	'	Mentoring (Mentor)	Hour	\$67.00
rax. 703-354-1129			Individualized Support Services (ISS) Behavior Therapy/Management (non ABA)	Hour	\$67.00
			Individualized Support Services (ISS) In-Home Services	Hour	\$67.00
			Intensive Family Preservation Services (F	Hour	\$67.00
			Supervised Visit - Therapeutic (Visit-Thera	Hour	\$67.00
			Other (Specify) Legal/Court Appearance	Hour	\$67.00
			Applied Behavior Analysis (ABA)	Hour	\$67.00
			Intensive Family Preservation Services (F: Crisis Stabilization/In-Home Residential Services	Hour (IHRS)	\$67.00
			Intensive Family Preservation Services (F: Home Based Reunification Services	Hour	\$67.00
			Intensive Family Preservation Services (F	Hour	\$67.00
National Counseling Group, 5540 Falmouth Street Richmond, VA 23230 Ph: 540-819-6699	Inc.		National Counseling Group, Inc.		

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<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
	Home-Based	Y			
			Transportation (TRAN-Svcs)	Mile	\$0.58
			Individualized Support Services (ISS)	Hour	\$75.00
			Intensive Family Preservation Services (F	Hour	\$75.00
			Mentoring (Mentor)	Hour	\$68.00
			Supervised Visit - Therapeutic (Visit-Thera	Hour	\$75.00
			Independent Living Services (IL Svcs)	Hour	\$78.00
			Individualized Support Services - Behavic	Hour	\$75.00
			Mental Health Skill Building (MHSB)	Each	\$102.38
			Other (Specify) Legal/Court Appearance	Hour	\$75.00
NORTHERN VIRGINIA FAMIL 10455 White Granite Drive, So Oakton, VA 22124		Y	Northern Virginia Family Service		
Ph: 571-748-2500 Fax: 703-385-5176			Transportation (TRAN-Svcs)	Mile	\$0.65
1 ax. 700-000-0170			Supervised Visit - Therapeutic (Visit-Thera	Hour	\$82.25
NUSTART INTERVENTION SE 6564 LOISDALE COURT SUI SPRINGFIELD, VA 22150 Ph: 571-395-3520 Fax:			N/A		

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Vendor	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
	Homebased	N	Intensive Family Preservation Services (F: Mental Health Skill Building (MHSB)	Hour Hour	\$60.00 \$91.00
Presbyterian Homes and Far 150 Linden Avenue Lynchburg, VA 24503	mily Services Homebased Services	N	N/A		
Ph: 434-384-3131 Fax:		·	Mentoring (Mentor) family coaching	Hour	\$60.00
PRS INC 10455 White Granite Drive, S Oakton, VA 22124	uite 400 Homebased	N	CSA		
Ph: 703-531-6306 Fax: 703-533-9858			Mental Health Skill Building (MHSB) Intensive Family Preservation Services (F:	Hour	\$91.00 \$55.00
	FPSP	N			
	FPSP Contact: Brittney White, CPRS, QMHP-Trainee Director of Peer Services Phone: (571) 585-8808 Fax: (703) 448-3723 Email: bwhite@prsinc.org	N	Family Peer Support Partner (FPSP) Previously referred to as Family Support Partner Parent Support Partner. Available to all CSA function		\$59.00

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<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
Solution Focused Family Intervention,Inc 5610 Southpoint Center Blvd., Suite 103 Fredericksburg, VA 22407 Homebased Se		Y	N/A		
Ph: 877-582-6363 Fax:			Individualized Support Services (ISS)	Hour	\$70.00
			Transportation (TRAN-Svcs) Driver; 2 unit minimum per ride	Hour	\$45.00
			Transportation (TRAN-Svcs) Behavior Aid	Hour	\$45.00
			Transportation (TRAN-Svcs) Mileage over 30 miles	Mile	\$0.58
			Mentoring (Mentor) Therapeutic Mentoring NOVA	Hour	\$60.00
			Intensive Family Preservation Services (FS Caroline, King George, Spotsylvania and Staffor known collectively as Planning District 16		\$70.00
			Intensive Family Preservation Services (F: NOVA	Hour	\$80.00
			Supervised Visit - Therapeutic (Visit-Thera NOVA	Hour	\$80.00
			Supervised Visit - Therapeutic (Visit-Thera Caroline, King George, Spotsylvania and Staffor known collectively as Planning District 16		\$70.00
			Other (Specify) Legal/Court Appearance when FSS or Therapeu Mentoring have been provided	Hour itic	\$80.00
			Mentoring (Mentor) Therapeutic Mentoring Outside of NOVA (Planni District 16)	Hour ng	\$55.00

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<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
The PICF Training Institute, L P.O. Box 1371 Chesterfield, VA 23832 Ph: Fax:	LC Mentoring	N	N/A Mentoring (Mentor)	Hour	\$56.10
Therapeutic Alliance, LLC 10696 Crestwood Drive, Suite Manassas, VA 20109 Ph: 703-492-2686 Fax:	A Homebased Services	Y	N/A Individualized Support Services (ISS) In-Home Services	Hour	\$67.50
			Intensive Family Preservation Services (F	Hour	\$67.50
			Supervised Visit - Therapeutic (Visit-Thera	Hour	\$60.00
			Applied Behavior Analysis (ABA) ABA Tech	Hour	\$75.00
			Mentoring (Mentor) Therapeutic	Hour	\$75.00
			Other (Specify) Legal/Court Appearance	Hour	\$67.50
			Applied Behavior Analysis (ABA) ABA Assessment- BCBAs conduct comprehensis assessments to evaluate a client's strengths, challenges, and developmental needs. These assessments serve as the foundation for personalized ABA treatment plans, ensuring that interventions are tailored to each individual's univequirements.	t	\$185.00

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<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Applied Behavior Analysis (ABA) ABA Supervision by a BCBA- BCBAs provide e clinical supervision to ensure the effective implementation of ABA programs. They overse progress of behavior technicians, offer guidanc make necessary adjustments to treatment plar while maintaining the highest standards of care	e the ee, and as, all	\$185.00
			Applied Behavior Analysis (ABA) Parent Training by a BCBA- BCBA-led Parent program empowers caregivers with the knowle and skills needed to support their loved ones effectively. Through training and coaching usin strategies and interventions, we help parents a caregivers become active participants in their of treatment and progress.	dge g ABA nd	\$185.00
			Mentoring (Mentor) Therapeutic Mentoring: Therapeutic mentoring one-on-one support for individuals with specific emotional or behavioral needs. Our mentors w help clients develop coping strategies, build reand achieve therapeutic goals.	ork to	\$75.00
Trauma and Hope 5417 Backlick Road, Suite C Springfield, VA 22151	Homebased Services	N	Trauma and Hope		
Ph: 571-366-0086 Fax:	Tiomebased dervices	· ·	Intensive Family Preservation Services (F Therapeutic HB Services	Hour	\$65.00
			Mentoring (Mentor) Parent Mentoring/Coaching	Hour	\$65.00
			Supervised Visit - Therapeutic (Visit-Ther	a Hour	\$65.00

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<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
U.S. Care, LLC 927 S. Street NW Washington, DC 20001	Homebased Services	Y	N/A		
Ph: 888-978-3801 Fax:			Intensive Family Preservation Services (F	Hour	\$72.00
			Mental Health Skill Building (MHSB)	Hour	\$72.00
			Other (Specify) Legal/Court Appearance	Hour	\$72.00
			Transportation (TRAN-Svcs)	Mile	\$0.63
			Mentoring (Mentor)	Hour	\$68.00
			Supervised Visit - Therapeutic (Visit-Thera	Hour	\$72.00
UNITED METHODIST FAMILY 3900 West Broad Street	SERVICES		UMFS		
Richmond, VA 23230	Homebased Services	Y		.,,	
1 ax. 004-335-7005	Includes Functional Family Therapy:(FF short-term, evidenced based interventio	n program with an	Supervised Visit - Therapeutic (Visit-Thera Supportive Visitation- No VA	Hour	\$77.28
	average of 12 to 14 sessions over three to five months. FFT works primarily with 11 to 18-year-old youth who have been referred for behavioral or emotional problems by the juvenile justice, mental health, school or child welfare systems. Services are conducted in both office and home settings, and can also be provided in schools, child welfare facilities,		Respite - Out of home (Respite-OutHome All areas except No VA	Bed Day	\$143.46
			Respite - Out of home (Respite-OutHome No VA	Bed Day	\$148.06
	probation and parole offices/aftercare systems and mental health facilities.		Intensive Family Preservation Services (Fintensive Family Preservation Services	Hour	\$59.40
			Supervised Visit - Therapeutic (Visit-Thera Supportive Visitation-All areas except No VA	Hour	\$74.60
			Family Peer Support Partner (FPSP)	Hour	\$59.40

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Manassas, VA 20109 Ph: 703-367-7800 Fax: 703-368-8454

Vendor	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Previously refered to as Family Sup Parent Support Partner. Available to eligible families		
Verbal Beginnings 7175 Columbia Gateway Driv Columbia, MD 21046	ve, Ste. A Homebased Services	N	N/A		
Ph: 888-344-5977 Fax:	Verbal Beginnings provides Applied Behavior Analysis (ABA) therapy to children, ages 1.5-18, diagnosed with Autism Spectrum Disorder (ASD). Using positive reinforcement and measurable goals, ABA is used to teach and increase desired behavior across a variety of settings and social environments Itâ¿¿s an individualized approach tailored to a childâ¿¿s specific needs. Verbal Beginnings offers services in Northern Virginia and Maryland. Currently, this provider has a long waitlist for evaluations.	Applied Behavior Analysis (ABA) BCBA	Hour	\$156.00	
		and increase desired	Applied Behavior Analysis (ABA) ABA Technician	Hour	\$84.00
		services in Northern	Evaluation - Diagnostic Children Ages 4 and Under. Assess Spectrum Disorder via a licensed ps Evaluations consist of tasks that me and language functioning, along with the Autism Diagnostic Observation S Edition (ADOS-2). Typically three ap VB's psychologist across three to fo	ychologist. asure intellectual a administration of Schedule, Second pointments with	\$500.00
			Evaluation - Diagnostic Children Ages 5 and Over. Assessm Spectrum Disorder via a licensed ps Evaluations consist of tasks that me and language functioning, along with the Autism Diagnostic Observation S Edition (ADOS-2). Typically three ap VB's psychologist across three to fo	ychologist. asure intellectual a administration of Schedule, Second pointments with	\$2,000.00
Virginia Home Based Couns 8140 Ashton Ave., Suite 200			Virginia Home Based Counseling	, P.C.	

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Vendor	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
	Home-Based Counseling	Y			
			Mentoring (Mentor)	Hour	\$45.00
			Individualized Support Services (ISS) In-Home Services	Hour	\$65.00
			Intensive Family Preservation Services (F	Hour	\$65.00
			Other (Specify) Legal/Court Appearance	Hour	\$65.00
			Mental Health Skill Building (MHSB)	Hour	\$65.00
			Supervised Visit - Therapeutic (Visit-Thera	Hour	\$65.00
Walking With You, LLC 5900 Fort Drive, Ste. 207 Centerville, VA 20121 Ph: 703-659-1292	Homebased Services		N/A Intensive Family Preservation Services (FS	Hour	\$55.00
Fax:	***Please note that this provider may only be used on a ch specific basis. For more information, please contact your of Management Team representative or DPMM staff.	se contact your CS/	Individualized Support Services (ISS) In-Home Services	Hour	\$55.00
			Other (Specify) Legal/Court Appearance	Hour	\$55.00
Youth for Tomorrow-New Life 11835 Hazel Circle Drive Bristow, VA 20136	e Center, Inc. Homebased Services	N	Youth for Tomorrow - New Life Center, Inc.		
Ph: 703-396-7234 Fax: 703-361-4335	Tiomosacca Colmoso		Individualized Support Services - In-Home	Hour	\$70.00
гах. 100-001-4000			Intensive Family Preservation Services (F	Hour	\$70.00
			Mentoring (Mentor)	Hour	\$60.00
			Supervised Visit - Therapeutic (Visit-Thera	Hour	\$62.00

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<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Other (Specify)	Hour	\$70.00
			Legal/Court Appearances		
			Respite - Out of home (Respite-O	utHome Bed Day	\$161.00

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<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
Independent Living Servic	es				
Braley and Thompson, Inc. 2965 Colonnade Dr. Ste 130 Roanoke, VA 24018	Independent Living	N	Braley and Thompson, Inc.		
Ph: 540-989-7175 Fax: 540-989-9141	indopondoni Living	.,	Independent Living Services (IL Svcs) IL Apartment Program: Stability Level	Bed Day	\$206.88
			Independent Living Services (IL Svcs) IL Apartment Program: Competency Level	Bed Day	\$187.78
			Maintenance - Independent Living Stipend under 18	Month	\$800.00
			Maintenance - Independent Living Stipend Fostering Futures eligible youth; pass thru to you		\$772.00
Fostering Acadia 5402 Glenside Dr Suite D			N/A		
Richmond, VA 23228	IL Services	N			
Ph: Fax:			Maintenance - Independent Living Stipend Fostering Futures eligible youth; youth who are over; pass thru to youth		\$772.00
			Independent Living Services (IL Svcs) Mother and Child or Father and Child	Bed Day	\$187.00
			Independent Living Services (IL Svcs) Case Management	Month	\$2,000.00
			Independent Living Services (IL Svcs) Level of Care 3 (daily supervison plus 28-31 day services per month)	Bed Day es of	\$152.00
			Independent Living Services (IL Svcs) Level of Care 2 (up to 20 days of services per m	Bed Day onth)	\$152.00

Vendor	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Independent Living Services (IL Svcs) Level of Care 1 (up to 12 days of services per n	Bed Day nonth)	\$152.00
			Maintenance - Independent Living Stipeno For youth who are 17	Month	\$800.00
Impact Living Services 316 Brook Park PI STE A Forest, VA 24551	Independent Living Services	N	N/A		
Ph: 434-533-1088 Fax:			Maintenance - Independent Living Stipeno Fostering Futures eligible youth; pass thru to yo		\$772.00
			Independent Living Services (IL Svcs)	Bed Day	\$225.00
			Independent Living Services (IL Svcs) parent/child	Bed Day	\$69.00
			Independent Living Services (IL Svcs) additional child	Bed Day	\$35.00
			Maintenance - Independent Living Stipeno youth ages 16 and 17	Month	\$800.00
Intercept Youth Services 5511 Staples Mill Rd., Suite 10 Richmond, VA 23228-5445 Ph: 804-612-3315 Fax: 804-440-3711	02 360 Transitional Solutions	N	Intercept Youth Services		

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
	Community based programming provid based services to youth in the commun living skills, social, emotional, and community and title Skill Community and Life Skill Community and Life Skill Community and Life Skill Community	ity addressing daily munication skills.	Other (Specify) Therapeutic Aide	Hour	\$70.00
	Therapeutic Mentoring and Life Skill Co all school aged children under the age Specialists focus on life skills proficience	of 21. Transitional cy, anger management	Transportation (TRAN-Svcs) Add'l distance rate (over 20 miles)	Mile	\$3.60
	•		Transportation (TRAN-Svcs) Per trip (each way)	Each	\$50.00
	Independent Living for youth aged 17	N	Independent Living Services (IL Svcs) Room and Board	Bed Day	\$22.09
			Independent Living Services (IL Svcs) Life and Social Skills Training	Bed Day	\$253.50
	Youth Quest Anywhere	N	YouthQuest Independent Living		
	YouthQuest is excited to offer a communindependent living program providing in management and independent living tracown apartment. During this program y build their rental histories, manage their educational program and establish emperory Staff will use the Casey Life Start provide support 24 hours a day, provide management services to the youth as the independently.	ntensive 1:1 case aining for youth in their outh will be able to r money, attend an oloyment stability. kills Assessments, e 1:1 training, and case	Independent Living Services (IL Svcs) Life and Social Skills Training	Hour	\$65.40

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
	Youth Quest for Moms or Dads- IL (Agreement of Moms and Dads prepared success in life. In addition to YouthQuest	es young parents for	Independent Living Services (IL Svcs) Parenting for more than one child	Bed Day	\$50.00
	Living program, clients in YouthQuest for receive extra support, parenting skills tr community resources to help these you	aining, and linkages to	Independent Living Services (IL Svcs) Life and Social Skill Training for pregnant/pare	Bed Day enting	\$376.50
	community resources to help these young mothers become successful in both life & motherhood. Young moms and dads receive: ¿Parenting skills training through the use of Nurturing Parenting Program ¿1:1 Case Management ¿On-site Supervision ¿Training and Support ¿Linkage to community resources YouthQuest is a licensed independent living program that serves young adults, aged 17-21, from a variety of previous placements with varied psychiatric diagnoses and behavioral disorders. YouthQuest provides 1:1 case management in a structured, supervised apartment setting where young adults work on goals, specific to them, in areas such as: education, career planning and employment, money management, self care, daily living and social relationships.	Independent Living Room & Board Statewide	Bed Day	\$22.09	
	Independent Living 18 yrs+	N	Independent Living Services (IL Svcs) Room & board	Month	\$672.00
			Independent Living Services (IL Svcs) Life & Social Skills Training	Bed Day	\$253.50
	Youthquest for Moms & Dads (18+)	N	Independent Living Services (IL Svcs) Parenting more than one child	Bed Day	\$50.00
			Independent Living Room & Board	Month	\$672.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Independent Living Services (IL Svcs) includes one child	Bed Day	\$376.50
	Independent Living Stipend Stipend to pass through to youth	N	Maintenance - Independent Living Stipend Fostering Futures eligible youth; pass thru to yo		\$772.00
RESIDENTIAL YOUTH SRVC 14160 Newbrook Drive, First Chantilly, VA 20151		N	Residential Youth Services, Inc.		
Ph: 703-842-2301 Fax: 703-843-2341	Transitional living facility that offers independent living in an		Independent Living Services (IL Svcs)	Bed Day	\$168.29
Fax: 703-643-2341	apartment setting from foster care,group home or residential setting. Can serve teen parents also.		Independent Living Room & Board Independent Living Arrangement in supervised apartment	Bed Day	\$55.90
The PICF Training Institute, P.O. Box 1371			N/A		
Chesterfield, VA 23832 Ph: Fax:	Independent Living	N	Maintenance - Independent Living Stipenor Fostering Futures eligible youth; youth who are over; pass thru to youth		\$811.00
			Maintenance - Independent Living Stipend For youth who are 17	d Month	\$800.00
			Independent Living Services (IL Svcs) Level 1: Strive Level-youth enter on strive level;intensive level of daily visitation is require stabilize the youth	Bed Day	\$235.35
			Independent Living Services (IL Svcs)	Bed Day	\$215.92

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
			Level 2: Thrive Level-once youth has stabilized community, youth will excel to thrive level (2 to of visitation/wk)		
			Independent Living Services (IL Svcs) Level 3:Succeed Level-once youth has gained independence and requires fewer vistiations (2 visits per month)		\$206.28
			Independent Living Services (IL Svcs) Thriving Parents-youth is parenting 1-2 childre lives in apartment with no roommates and rece specialized services that include Active Parent Nurturing Parents Models from a certified train	eives ting and	\$273.49
			Independent Living Services (IL Svcs) Aspire Level-for youth 17 to 21 with needs tha require intense case planning, resource developed daily visitation, med education and compliance have limited or no IL skills. May require single occupancy apartment or may need special accomodations. Short-term service level as the IL coach, and med RN consultant work diligent the first 90-180 days to prepare young adult to down to strive level	opment, e, or may e IL CM, tly for	\$286.25
			Independent Living Services (IL Svcs) Thriving Parents- per dependent child residing parent	Bed Day with	\$45.00
Virginia Home for Boys and 8716 W. Broad St. Henrico, VA 23294	Girls ILA ages 17-21	N	Indepdent Living Arrangement ages 17-2	1	
Ph: 804-270-6566	Independent Living arrangement for mal	N lles and females ages	Independent Living Services (IL Svcs)	Bed Day	\$220.00
Fax: 804-270-6574	17-21 who are transitioning out of foster care.	Independent Living Services (IL Svcs) Pregnancy/Parenting	Bed Day	\$245.00	

<u>Vendor</u> <u>Program / Level Description</u> <u>Medicaid Provider?</u> <u>Service Type</u> <u>Unit</u> <u>Rate</u>

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
Interpretation/Translation	n				
•					
Liberty Language Services 1600 Spring Hill Road Ste 2 Vienna, VA 22818		N	Translation Services		
Ph: 888-746-9108 Fax:	Services will be performed within busing of request for services. All interpreters must be available within	ness days after receipt	Other (Specify) Translation/interpretationall languages C Translation	Hour onsecutive	\$50.00
	I 48 hours, after notification for request of services. (Special Provisions paragraph 6.1). All is services will be performed between 8:00a.m 8:00p.m., Monday- Friday.		Other (Specify) Translation/interpretationall languages S Translation 2 hour minimum	Hour imultaneous	\$65.00
	ALL TRAVEL FEES MUST BE INCLUI RATES CHARGED ABOVE. CSA WIL NOT PAY ANY ADDITIONAL FEES FO	L	Other (Specify) Translation/interpretationall languages C Translation	Hour onsecutive	\$55.00
			Other (Specify) Translation/interpretationall languages S Translation 2 hour minimum	Hour imultaneous	\$60.00
National Counseling Group 5540 Falmouth Street Richmond, VA 23230	o, Inc. Translation Services	N	N/A		
Ph: 540-819-6699 Fax:	Translation Col Vices		Other (Specify) Interpretation/Translation Services	Hour	\$50.00
United Language Group UTICA AVENUE SOUTH SI Minneapolis, MN 55416 Ph: Fax:	UITE 750		N/A		

Onsight interpretation-Core Language Standard Hours N

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
	Onsight interpretation-All languages of the Contractor will provide on-site interprovided during standard operating how Friday, 8:00 am to 5:00 pm local time) operating hours for both core and non-Local time is defined as the local time Public Agency. Continuously available means available days per week.	erpretation services urs (Monday through and non-standard -core languages. at the Participating	Other (Specify) *Bilingual InterpreterTwo Hour Minumum Other (Specify) *Court Certified Interpreter Other (Specify) LATE REQUEST WITH +25% PENALTY - M Certified Interpretertwo hour minimum	Hour Hour Hour ledical	\$100.00 \$250.00 \$300.00
	Language Select requests that all onsi	•	Other (Specify) LATE REQUEST WITH +25% PENALTY - M Certified Interpretertwo hour minimum	Hour ledical	\$125.00
	Requests for all Interpreters made less advance will incur a surcharge of 25%	requests be made at minimum 1 business day in advance. Requests for all Interpreters made less than 1 business day in advance will incur a surcharge of 25%. Language Select will commit to providing the core languages.		Hour edical	\$200.00
				Hour	\$160.00

Onsight interpretation-NON STANDARD HOURS --NO N

<u>Vendor</u>	Program / Level Description N	ledicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
	The Contractor will provide on-site interpret	ation services			
	provided during standard operating hours (Note: Friday, 8:00 am to 5:00 pm local time) and soperating hours for both core and non-core	provided during standard operating hours (Monday through Friday, 8:00 am to 5:00 pm local time) and non-standard operating hours for both core and non-core languages.		Hour gual	\$75.00
	Local time is defined as the local time at the Public Agency. Continuously available means available 24	, 3	Other (Specify) *Bilingual InterpreterTwo Hour Minumum	Hour	\$60.00
days per week.		Other (Specify) *Medical Certified Interpretertwo hour minimu	Hour ^m	\$95.00	
	Language Select requests that all onsite interpre requests be made at minimum 1 business day in Requests for all Interpreters made less than 1 b	lay in advance.	Other (Specify) LATE REQUEST WITH +25% PENALTY - Councertified Interpretertwo hour minimum	Hour urt	\$187.50
advance will incur a surcharge	advance will incur a surcharge of 25%. Land commit to providing the core languages.	•	Other (Specify) LATE REQUEST WITH +25% PENALTY - Med Certified Interpretertwo hour minimum	Hour dical	\$118.75
			Other (Specify) *Court Certified Interpretertwo hour minimum	Hour	\$150.00

Onsight interpretation-NON-STANDARD HOURS SPAI N

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
	The Contractor will provide on-site inter	roretation services			
	provided during standard operating hours (Monday through Friday, 8:00 am to 5:00 pm local time) and non-standard operating hours for both core and non-core languages. Local time is defined as the local time at the Participating Public Agency. Continuously available means available 24 hours per day, 7 days per week.		Other (Specify) LATE REQUEST WITH +25% PENALTY - Biling InterpreterTwo Hour Minumum	Hour gual	\$187.50
			Other (Specify) LATE REQUEST WITH +25% PENALTY - Med Certified Interpretertwo hour minimum	Bed Day	\$312.50
			Other (Specify) LATE REQUEST WITH +25% PENALTY - Cou Certified Interpretertwo hour minimum	Hour rt	\$468.75
	Language Select requests that all onsit requests be made at minimum 1 busine Requests for all Interpreters made less advance will incur a surcharge of 25%.	ess day in advance. than 1 business day iı	Other (Specify) *Court Certified Interpretertwo hour minimum	Hour	\$375.00
	commit to providing the core languages		Other (Specify) *Bilingual InterpreterTwo Hour Minumum	Hour	\$150.00
			Other (Specify) *Medical Certified Interpretertwo hour minimum	Hour ⁿ	\$250.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
	The Contractor will provide on-site interpretation provided during standard operating hours (Moneriday, 8:00 am to 5:00 pm local time) and non-		Other (Specify) *Bilingual InterpreterTwo Hour Minumum	Hour	\$90.00
	operating hours for both core and non-core language Local time is defined as the local time at the Partici Public Agency.	ore languages. the Participating	Other (Specify) *Court Certified Interpretertwo hour minimum	Hour	\$150.00
Continuously available means available 24 ho days per week.	24 hours per day, 7	Other (Specify) LATE REQUEST WITH +25% PENALTY - Biling Interpretertwo hour minimum	Hour gual	\$112.50	
	Language Select requests that all onsite interpretation requests be made at minimum 1 business day in ad Requests for all Interpreters made less than 1 busines advance will incur a surcharge of 25%. Language Scommit to providing the core languages.		Other (Specify) *Medical Certified Interpretertwo hour minimum	Bed Day	\$225.00
		_	Other (Specify) LATE REQUEST WITH +25% PENALTY - Cour Certified Interpretertwo hour minimum	Hour t	\$281.21
			Other (Specify) LATE REQUEST WITH +25% PENALTY - Bining InterpreterTwo Hour Minimum	Hour gual	\$187.50
	Telephone Interpretation Services	N			
	Per minute rate for telephone interpretation per day, 7 days per week, 365 days per year. see https://www.fairfaxcounty.gov/cregister/DovtachmentID=86938b4c-d1fc-47f3-8074-276	ation services 24 hours	Other (Specify) Telephone Translation ServicesSPANISH (BY 1 MINUTE)	Minute THE	\$0.69
		•	Other (Specify) Telephone Translation ServicesALL LANGUAGE EXCEPT Spanish (BY THE MINUTE)	Bed Day SES	\$0.79
	Video Remote Interpreting	N			

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
	The Contractor will provide video rem	•	Oth or (Choo; f.)	Minute	Ф0.00
	during standard operating hours (Mon am to 5:00 pm local time) for both cor- languages.	,	Other (Specify) Video Remote Interpreting SPAN	Minute NISH BY THE MINUTE	\$0.99
	see		Other (Specify) Video Remote Interpreting ALL L SPANISH BY THE MINUTE	Minute ANGUAGES EXCEPT	\$1.09
	https://www.fairfaxcounty.gov/cregistetachmentID=86938b4c-d1fc-47f3-807	· · · · · · · · · · · · · · · · · · ·			

<u>Vendor</u>	Program / Level Description	Medicaid Provi	der?	Service Type	<u>Unit</u>	Rate
Legal Services						
Bromberg, Kohler Maya & Pe 2200 Wilson Blvb., Ste 205				N/A		
Arlington, VA 22201 Ph: 202-835-0660	Immigration Services for Youth in Foster Ca	r Care	N	Other (Specify)	Each	\$575.00
Fax:	Assistance to DFS in the process of esta presence for youth in their custody.	ablishing legal		Filing Fee: I-131 Application for Travel Document-Re-entry Permit	Each	φ373.00
				Other (Specify) Filing Fee: I-765 Employment Authorization Docu	Each _{ument}	\$410.00
				Other (Specify) Biometrics Fee	Each	\$85.00
				Legal Services (Other-Legal) Preparation and filing of N400 Application for Naturalization (includes preparation for and representation at interveiw)	Each	\$3,000.00
				Other (Specify) Filing Fee: I-485, Application to Register Perman Residence or Adjust Status	Each nent	\$1,140.00
				Other (Specify) Filing Fee: I-90, Application to Replace Permane Residence Card	Each ent	\$455.00
				Legal Services (Other-Legal) Prepararion and filing of I-360 Special Immigrant Juvenile Petition	Each t	\$2,000.00
				Legal Services (Other-Legal) Preparation and filing of I-485 Application for Adjustment of Status w USCIS (does not inlude preparation for and representation at interview)	Each	\$2,000.00
				Legal Services (Other-Legal)	Each	\$750.00

Legal Services Page 1 of 3

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Preparation and filing of I-90 Replacement of lost/expired/incorrect permanent resident card		
			Legal Services (Other-Legal) Representation at removal proceedings	Hour	\$300.00
			Legal Services (Other-Legal) Representation in miscellaneous matters as need	Hour led.	\$300.00
			Other (Specify) VA criminal records search	Each	\$20.00
			Legal Services (Other-Legal) Legal Assistants administrative tasks	Hour	\$150.00
			Legal Services (Other-Legal) Preparation and filing of I-485 Application for Adjustment of Status w Arlington Immigration Col (only includes preparation and submission of application to the Court). Preparation for and representation at individual hearing billed at \$300 hourly rate.		\$2,500.00
			Legal Services (Other-Legal) Representation at USCIS Field Office Interview for I-485 Adjustment of Status (includes preparation appts)	Each or	\$750.00
			Legal Services (Other-Legal) Preparation and filing of Freedom of Information of Request w one govt agency (includes review of response with social worker/client)	Each ^{Act}	\$750.00
			Legal Services (Other-Legal) Preparation and filing of I-765 Application for Employment Authorization	Each	\$600.00
			Other (Specify) Filing fee: N-400 Application for Naturalization	Each	\$640.00

Legal Services Page 2 of 3

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
			Medical Services (MED Svcs) Immigration Medical Exam	Each	\$500.00
			Other (Specify) Translation/Interpretation Services	Hour	\$60.00

Page 3 of 3 **Legal Services**

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
Occupational/Physical Th	nerany				
	істару				
Grafton School, Inc. P. O. Box 2500 Winchester, VA 22604	All Programs & Campuses	Y	Grafton Berryville, Winchester, & Richmor	nd	
Ph: 540-542-0200 Fax: 540-542-0318	All Grafton Integrated Services programs Homes and Day School.		IEP Occupational Therapy - Individual (IEF 45-74 minute session	Session	\$130.00
			IEP Occupational Therapy - Individual (IEF Up to 44 minute session	Session	\$65.00
			IEP Occupational Therapy - Individual (IEF Consultation up to 44 minute session	Session	\$65.00
			IEP Occupational Therapy - Individual (IEF 75-104 minute session	Session	\$195.00
			IEP Occupational Therapy - Group (IEP-O Up to 44 minute session	Session	\$30.00
			IEP Occupational Therapy - Group (IEP-O 45-74 minute session	Session	\$60.00
			Evaluation-Other (Specify) Occupational Therapy Evaluation	Hour	\$150.00
			IEP Occupational Therapy - Group (IEP-O 75-104 minute session	Session	\$90.00
			IEP Occupational Therapy - Group (IEP-O Each add'l 30 minutes over 104 minutes	Session	\$30.00
			IEP Occupational Therapy - Individual (IEF Each add'l 30 mins over 104 minute session	Session	\$65.00
			IEP Occupational Therapy - Individual (IEF Consultation 45-74 minute session	Session	\$130.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type Unit	<u>Rate</u>
			IEP Occupational Therapy - Individual (IEF Session Consultation 75-104 minute session	\$195.00
			IEP Occupational Therapy - Individual (IEF Session Consultation each add'l 30 mins over 104 minute session	\$65.00

<u>Vendor</u> <u>Program / Level Description</u> <u>Medicaid Provider? Service Type</u> <u>Unit Rate</u>

Other

Tutoring for Success 13159 Applegrove Lane Herndon, VA 20171 Ph: 703-390-9220 Fax:

Tutoring

Tutoring For Success provides professional home-based tutoring by a diverse collection of extremely competent and talented tutors. We offer tutoring for all subjects, including math, sciences, language arts, French and Spanish. Tutoring is tailored to each studentâ¿¿s needs, including attention to organizational and study skills. We have tutors who are trained and experienced in test prep, primarily for SAT and ACT, and tutors who specialize in working with students with special needs, such as ADHD, dyslexia, and executive functioning issues

In addition to subject tutoring, Tutoring For Success offers academic coaching. This includes help with organization, time management, homework completion, study skills, and motivation.

N/A

Ν

Other (Specify) Hour \$92.00

Other Page 1 of 1

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
Outpatient Therapy					
Alicia Ayvas Riccardella 7150 Heritage Village Plaza, I Gainesville, VA 20155	Unit 201 Outpatient Therapy	N	Clarity Counseling, LLC		
Ph: 571-318-9141 Fax:			Therapy - Individual (Outpt-Ind) Eating disorder, 45 min session	Session	\$145.00
			Therapy - Family (Outpt-Fam) Eating disorder, 45 min session	Session	\$145.00
			Dialectical Beharioal Therapy (DBT) Individual therapy, 45 min session	Session	\$145.00
			Dialectical Beharioal Therapy (DBT) Individual therapy, 30 min session	Session	\$90.00
			Dialectical Beharioal Therapy (DBT) Individual therapy, 50-60 min session	Session	\$165.00
			Dialectical Beharioal Therapy (DBT) Family therapy, 50 min session	Session	\$180.00
			Dialectical Beharioal Therapy (DBT) 75 min therapy session	Session	\$210.00
			Evaluation - Diagnostic Initial assessment, 75 mins, diagnostic and plar	Session	\$220.00
			Dialectical Beharioal Therapy (DBT) Group therapy session, including initial assessr	Session ment	\$80.00
			Therapy - Individual (Outpt-Ind) Eating disorder, 30 min session	Session	\$90.00
			Therapy - Individual (Outpt-Ind) Eating disorder, 50-60 min session	Session	\$165.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
			Therapy - Family (Outpt-Fam) Eating disorder, 50 min family therapy session	Session	\$180.00
			Therapy - Individual (Outpt-Ind) Eating disorder, 75 min session	Session	\$210.00
			Dialectical Beharioal Therapy (DBT) 24 week High Fidelity DBT Skill Group, 90 min session	Session ute	\$100.00
Anita H. Reed 6342 Alderman Drive Alexandria, VA 22315	CSA Outpatient Services	N	NobleTrust Consulting		
Ph: 202-643-6887 Fax:	NobleTrust Consulting is a minority woman-ow organization that tailors transformations for ind organizations. Our mission is to help individua change, achieve their vision and goals, and op performance and productivity. Our team has experience of the consultation of	nan-owned	Therapy - Individual (Outpt-Ind) LCSW, LPC, LMFT	Hour	\$125.00
		and optimize n has extensive ucation, leadership	Therapy - Family (Outpt-Fam) LCSW, LPC, LMFT	Hour	\$125.00
	experience in mental health, special edutraining, and organizational development provide clinical assessments.		Therapy - Group (Outpt-Grp) LCSW, LPC, LMFT	Hour	\$52.00
	provide diffical assessments.		Therapy - Appearance/Meeting Participat LCSW, LPC, LMFT	ic Hour	\$125.00
			Evaluation - Mental Health Assessment (LCSW, LPC, LMFT, completed at clinician's ho no more than 4 hours, including report writing		\$125.00
			Evaluation - Mental Health Assessment (Trauma Informed Mental Health Assessment b LPC, LMFT, up to 4 hours including report write	y LCSW,	\$125.00
			Evaluation - Substance Abuse (Eval SVC Co-occurring substance use assessment, LCS LMFT, up to 4 hours including report writing		\$125.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Evaluation - Parent/child (Eval SVCS - Parent-Child Relational Assessment, includes reportwriting	Each	\$1,051.00
Autumnleaf Group, Inc. 8983 Hersand Drive Suite 2 Burke, VA 22015	N/A	N	Autumnleaf Group, Inc.		
Ph: 703-658-7103 Fax: 703-426-7105	Specializes in adoption and attachment issues, including attachment and trauma, disruptive behaviors, and at-risk placements.	issues, including	Therapy - Appearance/Meeting Participation court- waiting and testimony time only/team-base planning meetings		\$125.00
			Therapy - Family (Outpt-Fam) LCSW, LPC, LMFT	Hour	\$125.00
			Therapy - Group (Outpt-Grp) LCSW, LPC, LMFT	Hour	\$52.00
			Therapy - Individual (Outpt-Ind) LCSW, LPC, LMFT	Hour	\$125.00
			Evaluation - Mental Health Assessment (E Completed at clinician's hourly rate, no more tha hours, including report writing		\$125.00
			Evaluation-Other (Specify) Trauma Informed Mental Health Assessment by LPC, LMFT, up to 4 hours including report writing		\$125.00
			Evaluation - Parent/child (Eval SVCS - Parent-Child Relational Assessment, includes reportwriting	Each	\$1,051.00
Behavioral Therapy Solution	ns LLC				

5501 Merchants View Square #153 Haymarket, VA 20169

Ph: 571-306-3609

Fax:

Behavioral Therapy Solutions

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
	Outpatient Services	N			
	Telehealth only		Evaluation - Parent/child (Eval SVCS - Pa	Each	\$1,051.00
			Evaluation-Other (Specify) Psycho-sexual risk assessment; Completed by a CSOTP	Each	\$621.00
			Evaluation - Substance Abuse (Eval SVCS Completed at clinician's hourly rate, not more that hours, including report writing		\$125.00
			Therapy - Individual (Outpt-Ind) LCSW, LPC, LMFT; telehealth only	Hour	\$125.00
			Therapy - Group (Outpt-Grp) LCSW, LPC, LMFT; telehealth only	Hour	\$52.00
			Therapy - Family (Outpt-Fam) LCSW, LPC, LMFT; telehealth only	Hour	\$125.00
			Therapy - Appearance/Meeting Participation LCSW, LPC, LMFT	Hour	\$125.00
			Evaluation - Mental Health Assessment (E Completed at clinician's hourly rate, no more tha hours, including report writing		\$125.00
			Evaluation-Other (Specify) Trauma-informed; no more than 4 hours, includir report writing	Hour ng	\$125.00

Biofeedback WORKS in Virginia, PLLC 512 Herndon Pkwy Suite F Herndon, VA 20170-5244

Ph: 703-689-0449

Fax:

N/A

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
	Outpatient Therapy Full-service mental health facility offerin	N ng nourofoodback	Evaluation-Other (Specify)	Each	\$425.00
	general biofeedback, QEEG assessment, and individual counseling.	nt, IVA/CBS	re-QEEG (quantify brain changes over extended period of time)	d	
	diverse populations ranging from young struggle with anxiety, depression, OCD disorders, ADD/ADHD, trauma, PTSD,	, autism spectrum	Evaluation-Other (Specify) Intake Interview	Session	\$190.00
	addiction, POTS, migraines, insomnia, Staff includes licensed counselors certification biofeedback who bring over 20 years of and experience in the field.	Evaluation-Other (Specify) IVA-CPT (Integrated Visual and Auditory Contin Performance Test), CBS Cognitive Assessment (Cambridge Brain Sciences, 1 per 20 sessions neurofeedback		\$160.00	
			Evaluation-Other (Specify) Quantitative Electroencephalography Brian Map (QEEG), includes QEEG recording, digital analy neurology review	. •	\$975.00
			Therapy - Individual (Outpt-Ind) Biofeedback/Counseling/Treatment; neurofeedback/biofeedback sessions are 2-3x p week	Session	\$160.00
			Therapy - Other (Specify) EMDR	Session	\$160.00
			Therapy - Individual (Outpt-Ind) Initial consultation	Session	\$160.00
			Therapy - Other (Specify) Written QEEG report or Multivariant Assessmen	Each t	\$250.00
Contour four Adoution Commo	ut 0 Education				

Center for Adoption Support & Education 5101 Backlick Road

Annandale, VA 22003 Ph: 703-256-3820

Fax:

N/A

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
	N/A Provides pre-and post-adoption counseli services to foster and adoptive families, welfare staff and mental health providers practice and innovation to provide specific	educators, child by combining best	Evaluation - Parent/child (Eval SVCS - Parent-Child Relational Assessment (including rewriting)	eport	\$1,051.00
	training, and resources to support perma	ractice and innovation to provide specialized therapy, raining, and resources to support permanency for children and promote the healthy growth and development of families.		\$1,243.00	
			Evaluation - Psychiatric (Eval SVCS - Psy	Session	\$698.00
			Medication Management (MED Svcs) Medication Assessment by Psychiatrist	Session	\$315.00
			Medication Management (MED Svcs) Medication Management Visit with licensed phys or other licensed health care provider with prescriptive authority	Session sician	\$77.00
			Therapy - Individual (Outpt-Ind) LPC/LCSW/LMFT	Hour	\$125.00
			Therapy - Family (Outpt-Fam) LPC/LCSW/LMFT	Hour	\$125.00
			Therapy - Appearance/Meeting Participation	Hour	\$125.00
			Evaluation - Mental Health Assessment (E Trauma-Informed Mental Health Assessment; LPC/LCSW/LMFT;no more than 4 hours; includi writing		\$125.00
			Therapy - Individual (Outpt-Ind) Psychiatrist	Hour	\$174.00
			Therapy - Family (Outpt-Fam) Psychiatrist	Hour	\$174.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Therapy - Group (Outpt-Grp) LPC/LCSW/LMFT	Hour	\$52.00
			Therapy - Appearance/Meeting Participat Psychiatrist	(Hour	\$174.00
			Evaluation - Mental Health Assessment (LPC/LCSW/LMFT; no more than 4 hours; inclu report writing		\$125.00
			Evaluation - Mental Health Assessment (Psychiatrist; no more than 4 hours; including rewriting		\$174.00
			Evaluation - Mental Health Assessment (Trauma-Informed Mental Health Assessment;Psychiatrist; no more than 4 hours including report writing		\$174.00
			Evaluation-Other (Specify) Psychosexual Risk Assessment Completed by Certified Sex Offender Treatment Professional (CSOTP)	Each a	\$621.00
Center for Attachment & Tr 9312 Old Keene Mill Rd.,Su Burke, VA 22015		N	N/A		
Ph: 703-913-8563 Fax: 703-913-8565	The focus of our work is attachment disorders and weaknesses and trauma and stressor-related disorders. We offer highly specialized therapeutic interventions for children i foster care and their families, adoptive families, and at-risk families. TF-CBT	ders and	Therapy - Group (Outpt-Grp) LPC/LCSW/LMFT	Hour	\$52.00
			Therapy - Individual (Outpt-Ind) LPC/LCSW/LMFT	Hour	\$125.00
			Therapy - Family (Outpt-Fam) LPC/LCSW/LMFT	Hour	\$125.00
			Therapy - Appearance/Meeting Participat LPC/LCSW/LMFT	Hour	\$125.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Therapy - Individual (Outpt-Ind) Ph.D/PsyD/ Psychologist	Hour	\$139.00
			Therapy - Family (Outpt-Fam) Ph.D/PsyD/ Psychologist	Hour	\$139.00
			Therapy - Group (Outpt-Grp) Ph.D/PsyD/ Psychologist	Hour	\$56.00
			Therapy - Appearance/Meeting Participation Ph.D/PsyD/ Psychologist	Hour	\$139.00
			Therapy - Individual (Outpt-Ind) Neurofeedback	Hour	\$150.00
			Evaluation-Other (Specify) Quantitative Electroencephalography Brian Map (QEEG)	Each ping	\$500.00
			Therapy - Individual (Outpt-Ind) EMDR	Hour	\$160.00
			Evaluation - Mental Health Assessment (E By Ph.D/PsyD/Psychologist	Hour	\$139.00
			Evaluation - Mental Health Assessment (E LPC/LCSW/LMFT	Hour	\$125.00
			Evaluation-Other (Specify) Trauma-informed Mental Health Assess by Ph.D Psychologist	Hour , PsyD,	\$139.00
			Evaluation-Other (Specify) Trauma-informed Mental Health Assessment by LPC/LCSW/LMFT	Hour	\$125.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
CENTER FOR CLINICAL AND 10505 Judicial Drive Suite 10 Fairfax, VA 22030		N	Center for Clinical & Forensic Services		
Ph: 703-278-0457 Fax: 703-385-1053	At CCFS, our main area of expertise relabehavior problems and sexual abuse, in		Evaluation-Other (Specify) Psychosexual Risk Assessment	Hour	\$115.00
	offender, and family issues. We also prospecialized services related to violence passessment of risk.		Evaluation-Other (Specify) Psychosexual Assessment	Hour	\$115.00
			Evaluation-Other (Specify) Extended Play Based Psychosexual Evaluation	Hour	\$115.00
		Evaluation-Other (Specify) Issue Specific Polygraph/Instant Offense Polyg	Each _{lph}	\$345.00	
			Evaluation-Other (Specify) Maintenance Polygraph	Each	\$345.00
			Therapy - Individual (Outpt-Ind) BIOFEEDBACK ONLY	Hour	\$143.75
			Therapy - Individual (Outpt-Ind) NEUROFEEDBACK ONLY	Hour	\$143.75
			Therapy - Group (Outpt-Grp) Specialized Group Therapy for Juveniles, each session is 75 minutes	Session	\$94.00
			Therapy - Individual (Outpt-Ind) Specialized Individual Therapy, LCSW, LPC, LM	Hour FT	\$125.00
			Therapy - Appearance/Meeting Participation for all services	Hour	\$125.00
			Other (Specify) Case consultation/Professional Supervision	Hour	\$125.00
			Evaluation-Other (Specify)	Each	\$402.00

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<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Sexual History Polygraph		
			Therapy - Family (Outpt-Fam) LCSW, LPC, LMFT	Hour	\$125.00
Circles of Hope Mental Health Center 3000 Connecticut Ave NW Ste. 321 Washington, DC 20008 Outpatient Therapy			Therapy - Group (Outpt-Grp) Specialized Group Therapy for Adults, each sess 90 minutes	Session sion is	\$108.00
	N	Circles of Hope Mental Health Center			
Ph: 202-997-1448 Fax: 202-248-9076	Опрацент тегару	IN	Evaluation - Psychological (Eval SVCS - I To Include A Completed Report	Each	\$1,300.00
			Evaluation - Psychological (Eval SVCS - I Psychological Evaluation for Young Children (To Include A Completed Report)		\$649.00
			Evaluation - Mental Health Assessment (E PsyD or Ph.D.	Hour	\$121.00
			Evaluation - Mental Health Assessment (E Trauma-Informed Mental Health Assessment by or Ph.D.		\$121.00
			Independent Living Services (IL Svcs)	Hour	\$73.50
			Therapy - Family (Outpt-Fam) PsyD. or Ph.D.	Hour	\$121.00
			Therapy - Group (Outpt-Grp) PsyD. or Ph.D.	Hour	\$50.00
			Other (Specify) Teen Workshop	Hour	\$43.75

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Vendor	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Therapy - Individual (Outpt-Ind) PsyD or Ph.D.	Hour	\$121.00
			Other (Specify) Crisis Intervention	Hour	\$75.00
			Other (Specify) Anger Management Classes	Hour	\$60.00
			Other (Specify) Parenting Workshops	Hour	\$50.00
			Therapy - Appearance/Meeting Participation PsyD or Ph.D./court- waiting and testimony time only/team-based planning meetings	Hour	\$121.00
			Medication Management (MED Svcs) Medication Management Visit	Session	\$60.00
			Intensive Outpatient Services (OutPt-IOP)	Hour	\$75.00
			Therapy - Other (Specify) MOMS Emplowerment Program-30 hours	Hour	\$40.00
			Therapy - Other (Specify) Transracial Adoptive & Foster Parenting Progran hours	Hour n - 20	\$40.00
			Other (Specify) Your Hair Is Your Crown Workshop-20 hours	Hour	\$40.00
			Evaluation - Substance Abuse (Eval SVCS Including report writing	Each	\$750.00
			Therapy - Other (Specify) Substance Abuse Outpatient Services (20-25 ho	Each urs)	\$800.00
			Supervised Visit - Therapeutic (Visit-Thera	Hour	\$73.50

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<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
			Monitoring, reporting, ensuring safety through pachild visit	arent	
			Acute Psychiatric Hospitalization (Psych H 1:1 Supervision within hospital setting for inpatie services in respnse to emergent psychiatric cond	ent	\$73.50
			Trauma Focused-Cognitive Beharioal The By TF-CBT certified therpaist	Hour	\$75.00
Dwight Pestell Vick 9401 Centreville Road, Suite Manassas, VA 20110	201 CSA Outpatient Services	N	Vicktory Life LLC		
Ph: 703-398-0183 Fax:	CONTO CALPANONIC CONTROLO		Therapy - Individual (Outpt-Ind) LCSW, LPC, LMFT	Hour	\$125.00
			Therapy - Family (Outpt-Fam) LCSW, LPC, LMFT	Hour	\$125.00
			Therapy - Group (Outpt-Grp) LCSW, LPC, LMFT	Hour	\$125.00
			Therapy - Appearance/Meeting Participation	Hour	\$125.00
Envision Counseling, LLC 5540 Falmouth Street, Suite 2 Richmond, VA 23230	201 PO Box · CSA Outpatient Services	N	Envision Counseling		
Ph: 703-930-8754 Fax:	CO/ (Calpation Col viocs		Evaluation - Mental Health Assessment (E Comprehensive Clinical Eval and Substance Ab Screening		\$300.00
			Evaluation-Other (Specify) Anger Mgmt Assessment	Each	\$100.00
			Therapy - Individual (Outpt-Ind)	Hour	\$130.00

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<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			60 minute session		
			Therapy - Individual (Outpt-Ind) 45 minute session	Session	\$100.00
			Therapy - Individual (Outpt-Ind) 30 minute session	Session	\$85.00
			Therapy - Family (Outpt-Fam) 60 minute session	Hour	\$130.00
			Therapy - Group (Outpt-Grp) Substance Use Group	Session	\$50.00
			Therapy - Group (Outpt-Grp) Co-occurring Group	Session	\$50.00
			Therapy - Group (Outpt-Grp) Girls Group (6 weeks)	Each	\$300.00
			Therapy - Group (Outpt-Grp) Substance Abuse Group-Education (3 hours)	Each	\$95.00
			Therapy - Family (Outpt-Fam) Substance Abuse Group-Eucation (3 hours)	Each	\$300.00
			Therapy - Individual (Outpt-Ind) Substance Abuse Education (3 hour class)	Each	\$300.00
			Therapy - Appearance/Meeting Participation	Hour	\$200.00
			Therapy - Group (Outpt-Grp) Anger Management Group	Session	\$50.00
			Therapy - Individual (Outpt-Ind) Anger Management-Indiv Session	Hour	\$50.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Evaluation-Other (Specify) Drug Screening	Each	\$60.00
Gil Institute for Trauma Rec 8626 Lee Hwy Suite 200 Fairfax, VA 22031	overy and Ed Outpatient Therapy	N	N/A		# 50.00
Ph: 703-560-2600 Fax:	CSA funding may be used for services pro (Spanish), Ph.D, Myriam Goldin (Spanish), LCSW, Amy	Therapy - Group (Outpt-Grp) LPC/LCSW/LMFT	Hour	\$52.00
	Anderson, LPC and RPT-S, Claira Ford, I Prusator, LPC and RPT, Eily Uhar, LPC a Hannett, LPC and RPT, Nicole Smith, LC	and RPT, Jennifer	Therapy - Group (Outpt-Grp) Ph.D/Psy D. (Clinical Psychologist)	Hour	\$56.00
	MA, EdD candidate, Cynthia Christianser resident supervisee in social work Service	MA, EdD candidate, Cynthia Christiansen (Spanish), MSW, resident supervisee in social work Services provided by residents fall under the license of their supervisor. Do not use	Therapy - Family (Outpt-Fam) LPC/LCSW/LMFT	Hour	\$125.00
	Heather Bryant for outpatient services.		Therapy - Family (Outpt-Fam) Ph.D/Psy D. (Clinical Psychologist)	Hour	\$139.00
			Therapy - Individual (Outpt-Ind) LPC/LCSW/LMFT	Hour	\$125.00
			Therapy - Individual (Outpt-Ind) Ph.D/Psy D. (Clinical Psychologist)	Hour	\$139.00
		Therapy - Appearance/Meeting Participat LPC/LCSW/LMFT (court- waiting and testimon only/team-based planning meetings)		\$125.00	
		Therapy - Appearance/Meeting Participat Ph.D/Psy D. (court- waiting and testimony time only/team-based planning meetings)		\$139.00	
			Therapy - Other (Specify) Circle of Security Parent Program (LCSW, LPC Relationship-based parenting program. Up to 8 sessions delivered in individual and/or group the session. Facilitator is a registered parent educ with specialized training in the use of the mode.	nerapy cator	\$125.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Therapy - Other (Specify) Circle of Security Parent Program (PsyD, PhD, Psychologist): Relationship-based parenting p Up to 8 sessions delivered in individual and/or therapy session. Facilitator is a registered pare educator with specialized training in the use of model.	rogram. group ent	\$139.00
			Therapy - Other (Specify) Theraplay-LCSW, LPC, LMFT	Hour	\$125.00
			Therapy - Other (Specify) Theraplay-PsyD, PhD, Clinical Psychologist	Hour	\$139.00
HBOT of NOVA Inc. 1860 Town Center Drive, G: Reston, VA 20190		N	HBOT of NOVA		
Ph: 571-201-8238 Fax:	CSA Outpatient Services N Robust, multi-faceted healthcare practice, located on the Reston Hospital Campus, utilizes synergistic modality approach to treat neurological assaults, cognitive deficiencies and physical deficits. Specialize in hyberbaric oxygen therapy qEEG guided neurogeedback, to balance the electrical activit in the brain.	e, located on the	Therapy - Individual (Outpt-Ind) Neurofeedback, BS, BCN, BCB-T	Hour	\$150.00
		Evaluation - Neuropsychological (Eval S\ Includes intake w clinical psychologist, 2-3 hou neurological testing, follow-up with clinical psychologist post-test. Does NOT include brain mapping. Includes report writing.	rs of	\$1,500.00	
			Evaluation - Neuropsychological (Eval S\ Includes qEEG Brain Mapping	/ Each	\$3,000.00
			Evaluation-Other (Specify) qEEG Brain Mapping-includes pre- and post-tre brain map	Each eatment	\$1,500.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
	B-101 Outpatient Therapy Serivces	N	N/A		
Ph: 703-680-9527 Fax:	Clinic based therapeutic and evaluation s	services.	Therapy - Individual (Outpt-Ind) LCSW, LPC, LMFT	Hour	\$125.00
			Therapy - Individual (Outpt-Ind) Psychiatrist	Hour	\$174.00
			Therapy - Family (Outpt-Fam) LCSW, LPC, LMFT	Hour	\$125.00
			Therapy - Group (Outpt-Grp) LCSW, LPC, LMFT	Hour	\$52.00
			Intensive Outpatient Services (OutPt-IOP) Per day or 3 hour session	Session	\$186.00
			Therapy - Appearance/Meeting Participation LCSW, LPC, LMFT	Hour	\$125.00
			Therapy - Appearance/Meeting Participation	Hour	\$174.00
	Evaluations	N			
			Evaluation - Mental Health Assessment (E up to to 4 hours at clinincains's hourly rateLPC/LCSW/LMFT	Hour	\$125.00
			Evaluation - Mental Health Assessment (E up to to 4 hours at clinincains' hourly ratePsych	Hour latrist	\$174.00
			Evaluation - Mental Health Assessment (E Trauma Informed up to to 4 hours at clinicians' ho rateLPC/LCSW/LMFT		\$125.00
			Medication Management (MED Svcs) Assessment by Psychiatric NP	Session	\$315.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Medication Management (MED Svcs) ongoing monitoring by Psychiatric NP	Session	\$77.00
			Evaluation-Other (Specify) Psychosexual Risk AssessmentStandard Ra completed by a Certified Sex Offender Treatm		\$621.00
			Evaluation - Substance Abuse (Eval SVC By LCSW, LPC, LMFT, no more than 4 hours report writing		\$125.00
			Evaluation - Mental Health Assessment (Trauma Informed up to 4 hours at clinician hourate-Psychiatrist		\$174.00
			Evaluation - Psychiatric (Eval SVCS - Psychiatrist; includes written report	y Session	\$698.00
			Evaluation - Substance Abuse (Eval SVC By psychiatrist, no more than 4 hours including writing		\$174.00
HopeSpring Child & Family 3915 Old Lee Hwy #23A Fairfax, VA 22030	Clinic, LLC CSA Outpatient Services	N	HopeSpring Child and Family Clinic, LLC	:	
Ph: 703-259-5617 Fax:	HopeSpring is a mental health clinic in Fa psychotherapy for children, adolescents a	irfax providing	Therapy - Individual (Outpt-Ind) PsyD, PhD, Clinical Psychologist	Hour	\$139.00
	evidence-based treatment modalities including TF-CBT and Child-Parent-Relationship Therapy (CPRT). Koren and Mandarin	Therapy - Individual (Outpt-Ind) LCSW, LPC, LMFT	Hour	\$125.00	
	Manatin		Therapy - Family (Outpt-Fam) LCSW, LPC, LMFT	Bed Day	\$125.00
			Therapy - Family (Outpt-Fam) PsyD, PhD, Clinical Psychologist	Hour	\$125.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate	
			Therapy - Appearance/Meeting Participation	Hour	\$125.00	
			Therapy - Appearance/Meeting Participation	Hour	\$125.00	
			Therapy - Group (Outpt-Grp) LCSW, LPC, LMFT	Hour	\$52.00	
			Therapy - Group (Outpt-Grp) PsyD, PhD, Clinical Psychologist	Hour	\$56.00	
IMPROVING OUTCOMES LLC 101 Rowell Court. Suite 200 Falls Church, VA 22046 Ou			Evaluation - Parent/child (Eval SVCS - Pa Assessments are usually completed in 3-4 sess		\$1,051.00	
	C Outpatient Therapy	N	Improving Outcomes			
Ph: 703-533-1996 Fax: 703-533-2100			Evaluation - Parent/child (Eval SVCS - Pa Parent-Child Relational Assessment (including i writing)		\$1,051.00	
			Therapy - Group (Outpt-Grp) LCSW, LPC, LMFT	Hour	\$52.00	
				Therapy - Family (Outpt-Fam) LCSW, LPC, LMFT	Hour	\$125.00
			Therapy - Individual (Outpt-Ind) LCSW, LPC, LMFT	Hour	\$125.00	
			Evaluation - Mental Health Assessment (E LPC/LCSW/LMFT;no more than 4 hours;includi writing		\$125.00	
			Therapy - Appearance/Meeting Participation	Hour	\$125.00	

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<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate	
			LCSW, LPC, LMFT Evaluation - Mental Health Assessment (E Trauma-Informed Mental Health Assessment; LPC/LCSW/LMFT;no more than 4 hours;includin writing		\$125.00	
Intercept Youth Services 5511 Staples Mill Rd., Suite Richmond, VA 23228-5445	102 CSA Outpatient Services	N	True North Health Clinic			
Ph: 804-612-3315 Fax: 804-440-3711	Addiction, recovery and psychiatric med services utilizing trauma-informed, evide	lication management	Evaluation - Psychiatric (Eval SVCS - Psy- Initial psychiatric medication appointment (60 mi		\$210.00	
	prevention process. Telehealth services offers si	True North meets the individual where they are developmentally and in their psychiatric, substance use, and prevention process. Telehealth services offers state-wide; in-person services may be available in the Roanoke area.	, substance use, and	Medication Management (MED Svcs) Follow-up psychiatric medication appt (20 mins)	Each	\$120.00
				Evaluation - Substance Abuse (Eval SVCS Initial multidimensional sub abuse assessment (6 mins)		\$150.00
			Therapy - Individual (Outpt-Ind) Sub Abuse Counseling Session (60 mins)	Session	\$140.00	
		Intensive Outpatient Services (OutPt-IOP) 3 hour session, twice weekly	Week	\$562.50		
			Therapy - Group (Outpt-Grp) Substance Use Group (60 min session)	Session	\$55.00	
		Therapy - Family (Outpt-Fam) Family Group (60 min session)	Each	\$55.00		
		Case Support Services (Case Supp) Substance Use Case Mgmt	Month	\$276.75		
			Other (Specify)	Each	\$35.00	

Vendor	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			SASSI-includes analyzing results of the screenin help determine level of sub use	g to	
			Evaluation - Substance Abuse (Eval SVCS Initial Suboxone Med Appt with Induction (80 min		\$300.00
			Medication Management (MED Svcs) Follow up suboxone medication appt (20 min)	Each	\$120.00
			Medication Management (MED Svcs) Follow up suboxone medication appt. with brief psychotherapy (30-45 mins)	Each	\$195.00
			Other (Specify) Injection of psychotropic medication	Each	\$25.00
			Evaluation - Substance Abuse (Eval SVCS Initial Suboxone Med Appt Without Induction (60		\$210.00
			Medication Management (MED Svcs) Follow-up psychiatric medication mgmt w brief psychotherapy (30-45 mins)	Each	\$195.00
			Medication Management (MED Svcs) Follow-up psychiatric medication mgmt w brief psychotherapy (30-45 mins)	Each	\$195.00
IYH I LLC 5673 Airport Road Roanoke, VA 24012	CSA Outpatient Services	N	Lifebridge Counseling		
Ph: 540-523-8099 Fax:	Co, t Calpanont Co. Visco		Evaluation - Diagnostic Assessment/Intake w no medical services	Each	\$180.00
			Therapy - Individual (Outpt-Ind) 30 minute session; insight oriented	Session	\$80.00
			Therapy - Individual (Outpt-Ind)	Session	\$110.00

Vendor	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
			45 min session; insight oriented		
		Therapy - Individual (Outpt-Ind) 60 min session; insight oriented	Session	\$155.00	
			Therapy - Group (Outpt-Grp) Group psychotherapy-psychoeducation	Session	\$55.00
Jacqueline Guevara 8116 Arlington Blvd. #206 Falls Church, VA 22042 CSA		Evaluation-Other (Specify) Psychosexual	Each	\$1,200.00	
			Therapy - Other (Specify) Relapse psychosexual therapy	Session	\$125.00
	CSA Outpatient Services N Provides comprehensive mental health assessments as well as individual and family therapy, and case consultations regarding working with Hispanic and Latino families and the unique barriers they face. Spanish	N	N/A		
Ph: 240-392-1684 Fax:		assessments as well	Therapy - Appearance/Meeting Participation Court appearances and team-based planning me		\$125.00
			Therapy - Family (Outpt-Fam) LCSW, LPC, LMFT	Hour	\$125.00
			Therapy - Individual (Outpt-Ind) LCSW, LPC, LMFT	Hour	\$125.00
			Evaluation - Mental Health Assessment (E LCSW, LPC, LMFT	Hour	\$125.00
			Evaluation-Other (Specify) Trauma Informed Mental Health Assessment by LPC, LMFT	Hour LCSW,	\$125.00
			Evaluation-Other (Specify) Court appearances and team-based planning m	Hour neeting	\$125.00
			Evaluation - Substance Abuse (Eval SVCS	Hour	\$125.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			LCSW, LPC, LMFT		
JEWISH SOCIAL SERVICES 200 Wood Hill Road Rockville, MD 20850 Ph: 301-838-4200 Fax:	Evidence-Based Treatments PCIT and CBT	N	JSSA of NOVA Parent Child Interactional Therapy (PCIT) Cognitive Beharioal Therapy (CBT)	Hour Hour	\$125.00 \$125.00
	CSA Outpatient Services	N	Therapy - Individual (Outpt-Ind) LCSW, LPC, LMFT	Hour	\$125.00
			Therapy - Family (Outpt-Fam) LCSW, LPC, LMFT	Hour	\$125.00
			Therapy - Group (Outpt-Grp) LCSW, LPC, LMFT	Hour	\$52.00
			Evaluation - Mental Health Assessment (E LCSW, LPC, LMFT- Completed at clinician's hou no more than 4 hours, including report writing		\$125.00
Mason Counseling Group, LLC 117 W. 21st Street, Suite 215B Norfolk, VA 23517 CSA Outpatient Services		N	Mason Counseling Group		
Ph: 757-646-4323 Fax:	Provides outpatient therapy, crisis stabilized use disorder treatment, IOP for ASAM Le	zation, substance	Therapy - Appearance/Meeting Participation LCSW, LPC, LMFT	Hour	\$125.00
	adolescents 11 years plus. IOP requires individual therapy per weekusually 3 ho three to five evenings per week, typically	our sessions, ranging	Therapy - Family (Outpt-Fam) LCSW, LPC, LMFT	Hour	\$125.00
	5 ,, 9,		Therapy - Group (Outpt-Grp) LCSW, LPC, LMFT	Hour	\$52.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Therapy - Individual (Outpt-Ind) LCSW, LPC, LMFT	Hour	\$125.00
			Intensive Outpatient Services (OutPt-IOP) Per day or 3-hour session	Session	\$186.00
			Other (Specify) Partial Hospitalization	Day	\$435.00
			Evaluation - Mental Health Assessment (E No more than 4 hours including report writing-LC LPC, LMFT		\$125.00
			Evaluation-Other (Specify) Trauma Informed Mental Health Assessment by	Hour LCSW	\$125.00
			Evaluation - Substance Abuse (Eval SVCS No more than 4 hours including report writing-LC LPC, LMFT		\$125.00
			Evaluation - Parent/child (Eval SVCS - Parent-child relational assessment	Each	\$1,051.00
			Evaluation-Other (Specify) Court appearances and team-based planning me	Hour eeting	\$125.00

MULTICULTURAL CLINICAL CENTER

6563 Edsall Road Springfield, VA 22151

Outpatient Therapy

Ph: 703-354-0000 Fax: 703-354-1129 **Multicultural Clinical Center**

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Vendor	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
	Sign Language capacity. Provides service Korean, Punjabi, Arabic, French, Hindi, E Portugese. Specializes in child abuse an	Pari, Urdu, Pashto, d neglect, trauma	Evaluation - Psychological (Eval SVCS May only be provided by a trained Clinical Ps		\$1,495.00
	and stress related disorders, PTSD and I Anxiety Disorder, Bipolar Disorder, Depre	essive Disorders,	Evaluation - Psychiatric (Eval SVCS - P	sy Session	\$746.00
	Neurodevelopment Disorders, Autism and Defiant Disorder, Substance Abuse, Anger	Evaluation - Mental Heal LPC/LCSW/LMFT;no mor writing Evaluation - Mental Heal Ph.D/PsyD./ Clinical Psyc hours;includes report writi Therapy - Appearance/M Ph.D/PsyD./ Clincial Psyc testimony time only/team- Therapy - Appearance/M Psychiatrist (court- waiting only/team-based planning Medication Management Medication Management	Evaluation - Mental Health Assessment LPC/LCSW/LMFT;no more than 4 hours;including	`	\$125.00
			Evaluation - Mental Health Assessment Ph.D/PsyD./ Clinical Psychologist; no more t hours;includes report writing		\$139.00
			Therapy - Appearance/Meeting Participal Ph.D/PsyD./ Clincial Psychologist ((court- was testimony time only/team-based planning me	iting and	\$139.00
			Therapy - Appearance/Meeting Participal Psychiatrist (court- waiting and testimony time only/team-based planning meetings)		\$174.00
			Medication Management (MED Svcs) Medication Management Visit with licensed por other licensed health care provider with prescriptive authority	Session physician	\$77.00
			Therapy - Group (Outpt-Grp) Ph.D/Psy D/ Clinical Psychologist	Hour	\$65.00
			Therapy - Group (Outpt-Grp) LPC/LCSW/LMFT	Hour	\$60.00
			Therapy - Individual (Outpt-Ind) Psychiatrist	Hour	\$174.00
			Therapy - Individual (Outpt-Ind) Ph.D/Psy.D/ Clinical Psychologist	Hour	\$139.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Therapy - Individual (Outpt-Ind) LPC/LCSW/LMFT	Hour	\$125.00
			Therapy - Family (Outpt-Fam) Psychiatrist	Hour	\$174.00
			Therapy - Family (Outpt-Fam) Ph.D/PsyD/ Psychologist	Hour	\$139.00
			Therapy - Family (Outpt-Fam) LPC/LCSW/LMFT	Hour	\$125.00
			Therapy - Appearance/Meeting Participation LPC/LCSW/LMFT (court- waiting and testimony only/team-based planning meetings)		\$125.00
			Evaluation - Mental Health Assessment (E Trauma-Informed Mental Health Assessment; LPC/LCSW/LMFT;no more than 4 hours;includir writing		\$125.00
			Evaluation - Mental Health Assessment (E Trauma-Informed Mental Health Assessment;Ph.D/PsyD./ Clinical Psychologist; more than 4 hours;includes report writing		\$139.00
			Evaluation - Mental Health Assessment (E Co-Occurring (Substance Use/Abuse Assessments;LPC/LCSW/LMFT	Hour	\$125.00
			Evaluation - Mental Health Assessment (E Co-Occurring (Substance Use/Abuse Assessments;Ph.D/Psy.D/ Clinical Psychologist		\$139.00
			Evaluation - Parent/child (Eval SVCS - Parent-Child Relational Assessment (including rewriting)		\$1,051.00
			Evaluation - Neuropsychological (Eval SV	Each	\$1,741.00

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<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
			When the client has recently completed a full psychological eval		
			Evaluation - Neuropsychological (Eval S\ If there is no recent psychological eval, and psychological testing needs to be completed in to the neuropsychological battery		\$3,234.00
			Evaluation-Other (Specify) Parenting Capacity Evaluation; May only be proby a trained Clinical PsychologistIncludes a function of the parent		\$1,500.00
			Evaluation - Parent/child (Eval SVCS - Pa Parent-Child RelationalFee for additional child		\$600.00
National Counseling Group 5540 Falmouth Street Richmond, VA 23230 Ph: 540-819-6699 Fax:	Outpatient Therapy NCG provides a full continuum of mental health and substance use services with 19 offices across the commonwealth. Contact for Annandale, Manassas, Winchester, Harrisonburg is Paul Scardino, 703-398-6592, paul.scardino@ncgcommunity.com	al health and substanc commonwealth.	National Counseling Group, Inc. Therapy - Family (Outpt-Fam) LPC/LCSW/LMFT Therapy - Group (Outpt-Grp)	Hour	\$125.00 \$52.00
			LPC/LCSW/LMFT Therapy - Individual (Outpt-Ind) LPC/LCSW/LMFT	Hour	\$125.00
			Evaluation - Mental Health Assessment (I LPC/LCSW/LMFT;no more than 4 hours;includ writing		\$125.00
			Evaluation - Substance Abuse (Eval SVC) Co-Occurring (Substance Use/Abuse Assessments;LPC/LCSW/LMFT	Hour	\$125.00
			Therapy - Appearance/Meeting Participati	(Hour	\$125.00

<u>Vendor</u>	Program / Level Description Medi	caid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
			LPC/LCSW/LMFT (court- waiting and testimony only/team-based planning meetings) Evaluation - Mental Health Assessment (E Trauma-Informed Mental Health Assessment; L LCSW, LMFT, no more than 4 hours; includes r writing	: Hour PC,	\$125.00
NeuroSound Music Thearpy 10340 Democracy Lane, Sui Fairfax, VA 22030		N	N/A		
Ph: 571-367-9951 Fax:	Provides individual and group music therapy service area. All services are performed at our clinic, client and/or facility, or home.		Therapy - Individual (Outpt-Ind) Music Therapy by Board Certified Music Therap	Hour pist	\$143.00
			Therapy - Group (Outpt-Grp) Music Therapy by Board Certified Music Therap	Hour pist	\$52.00
			Therapy - Family (Outpt-Fam) Music Therapy by Board Certified Music Therap	Hour _{bist}	\$143.00
			Evaluation-Other (Specify) Assessment/Evaluation 3-4 hours by Board Cer Music Therapist	Hour rtified	\$143.00
			Therapy - Appearance/Meeting Participation Court Appearance by Board Certified Music The	Hour erapist	\$143.00
Northern VA Therapeutic Ric 6429 Clifton Road	ding Program		N/A		
Clifton, VA 20124 Ph: 703-764-0269 Fax: 703-239-8080	Therapeutic Riding	N		<u>.</u> ,	
	Provides equine-assisted therapies to people with disabilities youth at-risk, and others in need of an inclusive, community	, community	Other (Specify) Small Group Therapeutic Riding Lesson- 45 min	Session nutes	\$161.00
	setting to facilitate a range of physical, social, and emotional benefits to clients. Accredited by Professional Association of Therapeutic Horsemanship (PATH) since 1997.		Other (Specify) Small Group Equine Assisted Learning- 45 minu	Session _{utes}	\$161.00

Outpatient Therapy Page 27 of 39

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
Nurture & Thrive, PLLC 10349 Democracy Lane, Sui Fairfax, VA 22030 Ph: 703-938-5234 Fax:	te 104 CSA Outpatient Services Psychotherapy practice specializing in e supports and helping young children whe emotional and behavioral challenges. C treatment interventions include individual play-based assessments, school consult Dashefsky, Ed.M, LCSW, has expertise experience providing clinical support to y	o are struggling with linical supports and I play therapy, tations. Alisa in trauma work and	N/A Therapy - Individual (Outpt-Ind) LCSW, LPC, LMFT Therapy - Family (Outpt-Fam) LCSW, LPC, LMFT Therapy - Appearance/Meeting Participation LCSW, LPC, LMFT Evaluation - Mental Health Assessment (ELCSW, LPC, LMFT) Evaluation-Other (Specify) Trauma Informed Mental Health Assessment by Evaluation - Parent/child (Eval SVCS - Pal Parent-Child Relational Assessment, includes reportwriting Evaluation-Other (Specify) Court appearances and team-based planning me	Hour Hour LCSW Each Hour	\$125.00 \$125.00 \$125.00 \$125.00 \$1,051.00
Pedro J. Rivera 18107 Red Mulberry Rd Dumfries, VA 22026 Ph: 318-730-4705 Fax:	CSA Outpatient Services We are a minority own clinic that focuses quality mental health services to mostly Spanish speaking clinician		N/A Therapy - Individual (Outpt-Ind) PsyD, PhD, Clinical Psychologist Therapy - Family (Outpt-Fam) PsyD, PhD, Clinical Psychologist Evaluation - Mental Health Assessment (E	Hour Hour Hour	\$139.00 \$139.00 \$139.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			PsyD, PhD, Clinical Psychologist		
			Evaluation-Other (Specify) Trauma Informed Mental Health Assessment by PhD, Clinical Psychologist	Hour PsyD,	\$139.00
			Trauma Focused-Cognitive Beharioal The	Hour	\$139.00
Power of Mind, LLC 6840 Stoneybrooke Lane Alexandria, VA 22306	Evidence Based Treatments	N	Power of Mind		
Ph: 703-598-2124 Fax:	TF-CBT, CBT	N	Therapy - Other (Specify) Intake assessment (2 clinical service hours)	Each	\$300.00
			Evaluation - Substance Abuse (Eval SVCS Completed by LMHP certified in ASAM training. utilize ASAM tool, including withdrawal screenin COWS, CIWA-A, Alcohol, CIWA-B.	Will	\$650.00
			Evaluation - Mental Health Assessment (E Completed by LMHP including bio-psychosocial information, clinical impressions, risk level, diag id needs/strengths and provider comprehensive treatment recs	nosis,	\$650.00
			Evaluation-Other (Specify) Trauma Assessment-completed by LMPH using UCLA PTSD, DES to gather biopsychosocial inf strengths, and behavioral observations. Include clinical impressions, diagnosis, and comprehens treatment recs	0, es	\$650.00
			Cognitive Beharioal Therapy (CBT)	Hour	\$155.00
			Trauma Focused-Cognitive Beharioal The	Hour	\$155.00
			Therapy - Other (Specify) EMDR	Hour	\$155.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Therapy - Appearance/Meeting P Consultation by licensed/licensed eliq provide clinical consultation with other providers, treatment team members support/caregiver.	gible clinician to er service	\$155.00
Solacium Holdings, LLC 5500 Ming Ave, Suite 410 Bakersfield, CALIF 93309 Ph: 661-622-4132 Fax:	CSA Outpatient Services Outpatient treatment program helping adol young adults with mental health issues. Th	Dutpatient treatment program helping adolescents, teens, an		utPt-IOP) Day ours per week,	\$750.00
	in helping youths struggling with behavioral health issues like anxiety, depression, PTSD, substance abuse, grief, and eating disorders through unique framework using DBT and TF-CBT in an IOP and PHP. IOP is 12 hours min per week; PHP is 20 hours min. per week.		typically 4 days per week Other (Specify) Partial Hospitalization, all-inclusive p 20 hours per week (typically 5 days p	·	\$1,000.00
Sonal Kishor Pancholi Dora 8316 Arlington Blvd., Suite 3 Fairfax, VA 22031	300	N	N/A		
Ph: 703-849-9476 Fax: 703-280-9350	Provide excellence in broad range of clinical and forensic services. Dr. Sonal Pancholi is a licensed clinical	clinical	Therapy - Appearance/Meeting P Ph.D/PsyD./ Clincial Psychologist (co testimony time only/team-based plan	ourt- waiting and	\$139.00
	psychologist with expertise in the fields of neuropsychology and forensic psychology. She has been practicing for over 23 years.		Evaluation - Psychological (Eval May only be provided by a trained Cl (to include report writing)		\$1,495.00
			Evaluation - Parent/child (Eval SV Parenting Capacity Evaluation;May of a trained Clinical Psychologist		\$1,243.00
			Evaluation - Neuropsychological When the client has recently complet psychological eval		\$1,741.00

Vendor	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Evaluation - Neuropsychological (Eval S If there is no recent psychological eval, and psychological testing needs to be completed i to the neuropsychological battery		\$3,234.00
			Evaluation - Parent/child (Eval SVCS - P Parent-Child Relational Assessment (including writing)		\$1,051.00
			Evaluation - Psychological (Eval SVCS - Psychological Evaluation for young children;N be provided by a trained Clinical Psychologist	lay only	\$746.00
			Therapy - Individual (Outpt-Ind) PsyD-Clinical Pyschologist	Hour	\$139.00
Spirit Open Equestrian Prog P.O. Box 1342	gram, Inc.		Spirit Open Enquestrian Program, Inc.		
Great Falls, VA 22066	Equine Therapy N SPIRIT Open Equestrian serves the community by providing Equine Assisted Therapy and Equine Assisted Activities. These services are tailored to individuals with unique learning needs and disabilities. The provider serves participants of all ages, many with a wide range of conditions, including cerebra palsy, muscular dystrophy, autism, developmental delays, attention deficit disorder, and emotional and mental health conditions. Clients who are interested in working with Spirit Open Equestrian Program will be assessed for appropriateness to work with horses in this capacity.	N	~a		
Ph: 703-539-9674 Fax:		Other (Specify) Therapeutic Riding TR group setting	Session	\$100.00	
		Other (Specify) Therapeutic Horsemanship, Group	Session	\$120.00	
		and mental health	Other (Specify) Therapeutic Horsemanship, Individual	Session	\$120.00
		Other (Specify) Equine Assisted Psychotherapy , provided by Individual	Session LPC	\$190.00	
			Therapy - Other (Specify) Occupational Therapy-Hippotherapy	Session	\$175.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
Stephanie Johnson 10400 Eaton Place, Suite 225 Fairfax, VA 22030	CSA Outpatient Services	N	Cognitive Solutions LLC		
	Full-service behavioral and general me provide comprehensive behavioral heal		Therapy - Individual (Outpt-Ind) LCSW, LPC, LMFT	Hour	\$125.00
	neuropsychological assessment, psych behavioral therapy, group therapy, subs treatment, medication management and	stance abuse	Therapy - Individual (Outpt-Ind) PhD, PsyD, Clinical Psychologist	Hour	\$139.00
	services. We take a patient centered apservices.	oprach to all healthcare	Therapy - Family (Outpt-Fam) LCSW, LPC, LMFT	Hour	\$125.00
			Therapy - Family (Outpt-Fam) PsyD, PhD, Clinical Psychologist	Hour	\$139.00
			Therapy - Group (Outpt-Grp) LCSW, LPC, LMFT	Hour	\$52.00
			Therapy - Group (Outpt-Grp) PsyD, PhD, Clinical Psychologist	Hour	\$56.00
		Intensive Outpatient Services (OutPt-IOP) All inclusive per diem	Bed Day	\$186.00	
			Other (Specify) Partial Hospitalization, all inclusive per diem	Bed Day	\$435.00
			Evaluation - Mental Health Assessment (E LCSW, LPC, LMFT up to 4 hours including repo		\$125.00
			Evaluation - Mental Health Assessment (E PsyD, PhD, Clinical Psychologist, up to 4 hours including report writing	Hour	\$139.00
			Evaluation-Other (Specify) Trauma Informed Mental Health Assessment by LPC, LMFT, up to 4 hours including report writin		\$125.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Evaluation-Other (Specify) Trauma Informed Mental Health Assessment be PhD, Clinical Psychologist up to 4 hours include report writing		\$139.00
			Evaluation - Substance Abuse (Eval SVC LCSW, LPC, LMFT, up to 4 hours including re writing		\$125.00
			Evaluation - Substance Abuse (Eval SVC LCSW, LPC, LMFT, up to 4 hours including re writing		\$125.00
			Evaluation - Substance Abuse (Eval SVC PsyD, PhD, Clinical Psychologist up to 4 hours including report writing		\$139.00
			Evaluation - Parent/child (Eval SVCS - Parent-Child Relational Assessment, includes reportwriting	a Each	\$1,051.00
			Therapy - Appearance/Meeting Participat LCSW, LPC, LMFT	ic Hour	\$125.00
			Therapy - Appearance/Meeting Participal PsyD, PhD, Clinical Psychologist	ic Hour	\$139.00
			Evaluation - Psychological (Eval SVCS - For young children by clinical psychologist	I Each	\$746.00
			Evaluation - Psychological (Eval SVCS - Clinical Psychologist	I Each	\$1,495.00
			Evaluation-Other (Specify) Parenting capacity eval by clinical psychologis	Each t	\$1,243.00
			Evaluation - Neuropsychological (Eval S When subject recently completed full psych ev	V Each al	\$1,741.00

Outpatient Therapy Page 33 of 39

Vendor	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Evaluation - Neuropsychological (Eval SV If there is no recent psych eval and testing need be completed in addition to neuropsych battery		\$3,234.00
			Medication Management (MED Svcs) Med mgmt visit typically 20-30 mins in length w licensed provider w prescriptive authority	Session	\$77.00
			Evaluation-Other (Specify) Medication Assessment, initial one hour appt to need for medication and begin prescribing; phor to case manager followed by written report is reprovide results of assessment	ne call	\$315.00
			Evaluation-Other (Specify) Medication Assessment, initial one hour appt to need for medication and begin prescribing; phor to case manager followed by written report is reprovide results of assessment	ne call	\$315.00
Tanisha Robinson 5242 Port Royal Road #1704			N/A		
Springfield, VA 22151 Ph: 703-679-8346 Fax:	CSA Outpatient Services Provides evidence based practice for depression, trauma and other mental health conditions combin EB and holistic practices such as somatic treatme breathing techniques, yoga and aromatherapy. Putherapy, assessments and evaluations for mental substance abuse, immigration, Autism testing in c with a pediatrician, psychoeducation workshops.		Therapy - Individual (Outpt-Ind) LCSW, LPC, LMFT	Hour	\$125.00
		treatment, rapy. Provides	Therapy - Family (Outpt-Fam) LCSW, LPC, LMFT	Hour	\$125.00
		ting in collaboration	Therapy - Appearance/Meeting Participation LCSW, LPC, LMFT	Hour	\$125.00
			Evaluation - Mental Health Assessment (E LCSW, LPC, LMFT	Hour	\$125.00
			Evaluation-Other (Specify) Trauma Informed Mental Health Assessment by	Hour LCSW	\$125.00

Vendor	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
			Evaluation - Substance Abuse (Eval SVCS LCSW, LPC, LMFT	Hour	\$125.00
		Evaluation - Parent/child (Eval SVCS - Parent-Child Relational Assessment, includes reportwriting	Each	\$1,051.00	
			Trauma Focused-Cognitive Beharioal The Certified TF-CBT	Hour	\$125.00
Trauma and Hope 5417 Backlick Road, Suite C Springfield, VA 22151	Outpatient Therapy	N	Trauma and Hope		
Ph: 571-366-0086 Fax:	For over 20 years, clinicians at Trauma and Hope, LLC have been providing mental health therapy, training and consultations to an array of clients and professionals in Northern Virginia. Specifically, the focus of clinicians at Trauma and Hope include working with children, adolescents and families. The clinicians at Trauma and Hope specialize in treating trauma, substance abuse, anger management, sexual exploitation, gang prevention and intervention, and sexually offending behavior. The most effective and empirically based treatment approaches are utilized and clinicians at Trauma and Hope, LLC are considered experts in the field of treatmer of mandated clients. These approaches can include but are not limited to a comprehensive assessment to include the DSM V, individual, family and group therapy, the use of polygraph examinations and a variety of eclectic approaches.	Therapy - Family (Outpt-Fam) CSOTP	Hour	\$139.00	
		Therapy - Individual (Outpt-Ind) LCSW, LPC, LMFT	Hour	\$125.00	
		Therapy - Family (Outpt-Fam) LCSW, LPC, LMFT	Hour	\$125.00	
		Therapy - Appearance/Meeting Participation LCSW, LPC, LMFT	Hour	\$125.00	
		Evaluation-Other (Specify) Psychosexual Risk Assessment Completed by a Certified Sex Offender Treatment Professional (CSOTP). Assessments can take up to 5 hrs to complete	Each	\$950.00	
			Evaluation-Other (Specify) Human Trafficking Assessment	Each	\$950.00
			Therapy - Individual (Outpt-Ind) CSOTP	Hour	\$139.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
U.S. Care, LLC 927 S. Street NW Washington, DC 20001	Outpatient	N	N/A		
Ph: 888-978-3801 Fax:			Therapy - Individual (Outpt-Ind) LPC/LCSW/LMFT	Hour	\$125.00
			Therapy - Family (Outpt-Fam) LPC/LCSW/LMFT	Hour	\$125.00
			Therapy - Appearance/Meeting Participati LPC/LCSW/LMFT (court- waiting and testimony only/team-based planning meetings)		\$125.00
			Therapy - Group (Outpt-Grp) LPC/LCSW/LMFT	Hour	\$52.00
			Evaluation - Mental Health Assessment (I LPC/LCSW/LMFT; no more than 4 hours;included report writing		\$125.00
			Evaluation - Mental Health Assessment (I Trauma-Informed Mental Health Assessment; LPC/LCSW/LMFT; no more than 4 hours;included report writing		\$125.00
			Evaluation - Substance Abuse (Eval SVCS Co-Occurring (Substance Use/Abuse Assessments;LPC/LCSW/LMFT	Hour	\$125.00
			Intensive Outpatient Services (OutPt-IOP) per day or 3 hour session	Day	\$186.00
			Other (Specify) Partial Hospitalization	Day	\$435.00

people who are progressing in recovery and need continued support to ensure that they stay on the right path beyond wha

an individual therapy session can provide.

Vendor **Program / Level Description** Medicaid Provider? Service Type Unit Rate **Virginia Health Operations LLC** L-4080 Newport Academy Fairfax Columbus, OH 43260-4080 **CSA Outpatient Services** Ν Ph: 703-684-6183 Intensive Outpatient Services (OutPt-IOP) Bed Day \$600.00 PHP day program offers comprehensive clinical care through all inclusive per diem Fax: individual therapy, group therapy, experiential therapy, and a stabilizing routine five days a week, and teens return home to Other (Specify) Bed Day \$900.00 their families and homes at the end of each day. PHP also Partial Hospitalization, all inclusive per diem provides academic support and tutoring so teens continue to progress in their education while receiving the treatment they need. For teens who are continuing to attend school during the day, a teen Intensive Outpatient Program with afternoon hours provides ongoing care and community throughout the week, while benefiting the entire family with regular check-ins and support groups. With the opportunity to reduce or expand programming as needed, IOP is an ideal solution for young

VIRGINIA PSYCHIATRIC COMPANY INC

2960 Sleepy Hollow Rd.

Falls Church, VA 22044

Ph: 703-538-2889 Fax: 703-531-6171 Partial Hospitalization

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Dominion Hospital

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
	Whether your teen needs a gradual transtay or a treatment program that combine the day with the flexibility of being at hor our Partial Program provides the level of specific situation.	nes structure during me in the evenings,	Therapeutic Day Treatment (DayTreat ALL Partial Hosp.,incl.Choices School Reference and Reflections Eating Disorder Treatmen	fusal Program	\$450.00
	A program developed by our multispecial psychiatrists, social workers, mental heat expressive therapists and other healthcat treatment approach integrates elements practices, such as cognitive behavioral to	alth nurses, are professionals, our of evidenced-based			
	We enhance our educational and therap meetings, the core of the program, with a (art, dance/movement, music, therapeut sessions three times each week, as well education services, special events and opractice self-sufficiency behaviors.	expressive therapy ic recreation) I as family meetings,			
	**includes Choices School Refusal Prog Eating Disorders Treatment Program	ram & Reflections			
WILLIAM D LING PHD INC 1900 Campus Commons Dri Reston, VA 20190	ve, Ste. 100 Outpatient Therapy	N	N/A		
Ph: 703-597-8920 Fax:	Calpation morapy		Evaluation - Neuropsychological (Eva When the client has recently completed a psychological eval		\$1,741.00
			Evaluation - Psychological (Eval SVC May only be provided by a trained Clinical		\$1,495.00
			Evaluation - Psychological (Eval SVC Psychological Evaluation for young childre be provided by a trained Clinical Psycholo	en;May only	\$698.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Evaluation - Parent/child (l Parenting Capacity Evaluati a trained Clinical Psycholog	on;May only be provided by	\$1,243.00
			Evaluation - Neuropsychol If there is no recent psychol psychological testing needs to the neuropsychological b	ogical eval, and to be completed in addition	\$3,234.00
			Evaluation - Parent/child (I Parent-Child Relational Ass writing)		\$1,051.00
			Therapy - Appearance/Me Ph.D/Psy D. (Clinical Psych		\$139.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
5					
Pharmaceuticals					
rax.	CSA Outpatient Services Independent community pharmacy since competitive pricing to uninsured patients Addition Clinic and other local practices/with the opioid crisis and medications us disorder treatment.	. Assists Manassas doctors in helping	Sudley Pharmacy Medical Services (MED Svcs) Trazodone 150 mg tablets, 30 qty Medical Services (MED Svcs) Naltrexone 50 mg tablet, 30 qty Medical Services (MED Svcs) Kloxxado 8 mg nasal spray, 2 qty Medical Services (MED Svcs) Buprenorphine 8 mg tablets, 30 qty Medical Services (MED Svcs) Buprenorphine and Naloxone 8 mg/2 mg tablets Medical Services (MED Svcs) Buprenorphine and Naloxone 4 mg/ 1 mg film Medical Services (MED Svcs) Buprenorphine and Naloxone 2 mg/.5 mg tall Medical Services (MED Svcs) Buprenorphone and Naloxone 8 mg/2 mg film Medical Services (MED Svcs) Buprenorphine and Naloxone 2 mg/.5 mg film Medical Services (MED Svcs) Buprenorphine and Naloxone 2 mg/.5 mg film Medical Services (MED Svcs) Buprenorphine and Naloxone 2 mg/.5 mg film	Each m, 30 qty Each bs, qty 30 Each ms, qty 30 Each	\$60.00 \$128.00 \$160.00 \$150.00 \$150.00 \$210.00 \$210.00 \$180.00 \$340.00
			Medical Services (MED Svcs) Suboxone 4 mg/1 mg films, 30 qty	Each	\$340.00

Pharmaceuticals Page 1 of 2

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Medical Services (MED Svcs) Suboxone 2 mg/.5 mg films, 30 qty	Each	\$260.00
			Medical Services (MED Svcs) Vivitrol 380 mg injection	Each	\$1,908.00
			Medical Services (MED Svcs) Clonidine .1 mg tabs, 60 qty	Each	\$48.00
			Medical Services (MED Svcs) Ondansetron ODT 4 mg tabs, 30 qty	Each	\$180.00
			Medical Services (MED Svcs) Ondansetron ODT 8 mg tabs, 30 qty	Each	\$180.00
			Medical Services (MED Svcs) Ondansetron 8 mg tabs, 30 qty	Each	\$180.00
			Medical Services (MED Svcs) Ondansetron 4 mg tabs, 30 qty	Each	\$180.00
			Medical Services (MED Svcs) Narcan 4 mg nasal spray, 2 pack	Each	\$160.00
			Medical Services (MED Svcs) Ibuprofen 600 mg tablet, 60 qty	Each	\$28.00

Pharmaceuticals Page 2 of 2

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
Psychiatric Services, Inpa	atient				
H H C Poplar Springs Inc. 350 Poplar Drive Petersburg, VA 23805 Ph: 804-733-6874 Fax: 804-861-5625	Extended Acute Services This highly intensive program is designed stabilization for adolescents, ages 11-17 exhibiting unsafe behavior. The acute program is designed for adolescents who are experiencing the acute program of the service of the se	r, in severe distress or rogram may be helpfule following: or threats	HHC - Poplar Springs Hospital Residential Room & Board (RES - R&B) Acute Psychiatric Hospitalization (Psych Hobes not include room and board Residential Supplemental Therapies (RES Psychiatric Services		\$200.00 \$475.00 \$50.00
North Spring Behavioral Hea 42009 Victory Lane Leesburg, VA 20176 Ph: 703-777-0800 Fax: 703-777-7147	Inpatient Acute Program North Spring Behavioral Healthcare's In Psychiatric Facility is designed to provid secure environment in which to stabilize issues. North Springs's program is designed to return to their chealthier individuals. North Spring Behavioral Healthcare has boys and girls between the ages of 7 and	e youth with a safe emergent psychiatric gn to provide youth communities as	North Spring Behavioral Healthcare Acute Psychiatric Hospitalization (Psych H	Bed Day	\$1,065.48

<u>Vendor</u> <u>Program / Level Description</u> <u>Medicaid Provider?</u> <u>Service Type</u> <u>Unit</u> <u>Rate</u>

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VIRGINIA PSYCHIATRIC COMPANY INC

2960 Sleepy Hollow Rd. Falls Church, VA 22044

Ph: 703-538-2889 Fax: 703-531-6171 **Continuing Acute Care**

The services to be provided by Dominion are for Continuing Acute Care (CAC) for an interim period following the expiration of Medicaid authorization while a CSA case manager plans for the child's or youth's long term treatment. FAPT approval for the CAC is limited to one thirty (30) day period per child or youth. Every seven days during this period the CSA case manager must receive FAPT authorization to continue the say

Dominion Hospital

Acute Psychiatric Hospitalization (Psych H Bed Day \$1,000.00 includes room and board

Vendor	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
Residential, Youth					
Centra Health Systems 693 Leesville Road Lynchburg, VA 24502 Ph: 434-200-5700 Fax: 434-947-5708	Residential Treatment - Bridges Bridges Program - Psychiatric residential for boys and girls ages 6-18 years old with Mental health disorders.		Virginia Baptist Hospital-Bridges IEP Residential School One to One Super Residential Supplemental Therapies 1:1 si Residential Med/Physician (RES-Med/Phy RES Medical Counseling Residential Education - Special Education Residential Daily Supervision - Additional Residential Education - Regular Educatior Residential Education - Regular Educatior Residential Room & Board (RES - R&B) IEP Residential School Room & Board (IE IEP driven placement (FCPS-FCCPS) IEP Residential Schools Additional Daily S IEP Residential School Therapeutic Behav Residential Supplemental Therapies (RES	Hour Bed Day Day Bed Day Bed Day Bed Day Bed Day Bed Day	\$39.00 \$39.00 \$13.37 \$191.00 \$66.84 \$191.00 \$327.22 \$327.22 \$66.84 \$53.46 \$53.46
Grafton School, Inc. P. O. Box 2500 Winchester, VA 22604 Ph: 540-542-0200 Fax: 540-542-0318			Grafton		

Residential, Youth Page 1 of 17

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
	Transportation For youth in BTC and other Crafton program	N	Transportation (TRAN-Svcs)	Hour	\$42.20
	For youth in RTC and other Grafton prog	rams.	Staff Travel Time		
			Transportation (TRAN-Svcs) Mileage For Specialized Transportation	Mile	\$0.63
	Assessment/Evaluations	N	Evaluation - Psychological (Eval SVCS - I	Hour	\$150.00
			Assessment and Testing		
			Evaluation-Other (Specify) Intake Assessment	Each	\$150.00
			Evaluation-Other (Specify) Intake Assessment (With Medical Services)	Each	\$225.00
	Down villa Dovahiatria Docidantial Tractur	t V	Grafton Berryville, Winchester, & Richmon	nd	
	Berryville Psychiatric Residential Treatm QRTP. Type of Facility: Provider offers a		IEP Counseling/Therapy-Family (IEP-Fam	Hour	\$120.00
	Treatment interventions in a center-base short-term stabilization program in Berryv	<u> </u>	IEP - Counseling/Therapy Individual (IEP - up to 37 minutes	Session	\$60.00
			Residential Daily Supervision - Additional	Bed Day	\$234.41
			Residential Education - Special Education Day & Residential Students	Day	\$284.00
			Residential Case Management (RES-CM)	Bed Day	\$50.00
			Residential Room & Board (RES - R&B)	Bed Day	\$143.00
			Therapy - Family (Outpt-Fam) Family	Hour	\$120.00

Residential, Youth Page 2 of 17

Vendor	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Therapy - Group (Outpt-Grp)	Hour	\$60.00
			Therapy - Individual (Outpt-Ind) up to 37 minutes	Session	\$60.00
			Residential Supplemental Therapies (RES	Bed Day	\$118.00
			Therapy - Individual (Outpt-Ind) 38 to 52 minutes	Session	\$120.00
			Therapy - Individual (Outpt-Ind) 53 to 89 minutes	Session	\$180.00
			IEP Residential School Room & Board (IE IEP driven placement (FCPS-FCCPS)	Bed Day	\$143.00
			IEP Residential School One to One Super IEP driven placement (FCPS-FCCPS)	Hour	\$42.20
			IEP Residential Schools Additional Daily S IEP driven placement (FCPS-FCCPS)	Bed Day	\$234.41
			IEP - Counseling/Therapy Individual (IEP - 38 to 52 minute session	Session	\$120.00
			IEP Counseling/therapy Group (IEP-Grp)	Hour	\$60.00
			IEP - Counseling/Therapy Individual (IEP - 53 to 89 minute session	Session	\$180.00
			IEP Residential Case Management (IEP-F	Bed Day	\$50.00
			IEP Residential School Therapeutic Behav	Bed Day	\$118.00
			Residential Education - Regular Education	Day	\$284.00
			IEP - Counseling/Therapy Individual (IEP - 90-134 minute session	Session	\$240.00

Residential, Youth Page 3 of 17

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
Vendor	Group Home Programs QRTP.Type of Programs: Program for MR is females. Level B services in Group Home segroups) in Winchester, and Berryville	Y IR and DD males and	IEP - Counseling/Therapy Individual (IEP - Each add'l 30 minutes over 134 minutes Therapy - Individual (Outpt-Ind) 90 to 134 minute session Therapy - Individual (Outpt-Ind) Each add'l 30 minutes over 134 minutes Residential Education - Regular Education Winchester & Richmond IEP Counseling/therapy Group (IEP-Grp) IEP - Counseling/Therapy Individual (IEP -	Session Session Day Hour	\$60.00 \$240.00 \$60.00 \$303.35 \$60.00 \$60.00
			up to 37 min session IEP - Counseling/Therapy Individual (IEP - 38 to 52 minutes	Session	\$120.00
			IEP - Counseling/Therapy Individual (IEP - 53 to 89 minutes IEP Residential Schools Additional Daily S		\$180.00 \$314.63
			IEP Residential Medical/physician (IEP-Me	Bed Day	\$46.00 \$41.00
			IEP Counseling/Therapy-Family (IEP-Fam IEP Residential School Room & Board (IE		\$120.00 \$77.25
			RES Supplemental Therapies - Group Hor Residential Daily Supervision - Additional	•	\$41.00 \$314.63

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Vendor	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			IV-E		
			Residential Education - Special Education Winchester & Richmond	Day	\$303.35
			Residential Med/Physician (RES-Med/Phymedical/Health-non waiver	Bed Day	\$46.00
			Residential Room & Board (RES - R&B)	Bed Day	\$77.25
			Residential Supplemental Therapies 1:1 s	Hour	\$41.00
			Therapy - Family (Outpt-Fam) Therapy-Family	Hour	\$120.00
			Therapy - Group (Outpt-Grp)	Hour	\$60.00
			Therapy - Individual (Outpt-Ind) up to 37 minute session	Session	\$60.00
			Residential Daily Supervision - Additional	Bed Day	\$314.63
			Residential Room & Board (RES - R&B) Title IV-E	Bed Day	\$77.25
			Therapy - Individual (Outpt-Ind) 38 to 52 minutes	Session	\$120.00
			Therapy - Individual (Outpt-Ind) 53 to 89 minute session	Session	\$180.00
			IEP - Counseling/Therapy Individual (IEP - Each add'l 30 mins over 134 mins	Session	\$60.00
			IEP - Counseling/Therapy Individual (IEP - 90 to 134 minutes	Session	\$240.00
			Therapy - Individual (Outpt-Ind)	Session	\$240.00

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<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
HHC Poplar Springs Inc. 350 Poplar Drive Petersburg, VA 23805 Ph: 804-733-6874 Fax: 804-861-5625	Psychiatric Treatment The Poplar Springs Residential Treatment TRICARE-certified program, serves add who demonstrate a persistent pattern or and/or behavioral issues that are disrup cannot be treated in a lesser level of care	Y ent Center, a plescents, ages 11-17, f severe emotional pitive, frequent and	90 to 134 minute session Therapy - Individual (Outpt-Ind) Each add'l 30 minutes over 134 minutes Residential Education - Special Education Intensive Behavioral Classroom-ABA One to One Supervision - IEP (IEP 1:1) HHC - Poplar Springs Hospital Residential Education - Special Education Residential Education - Regular Education Residential Med/Physician (RES-Med/PhyRES Medical Counseling: Eligible for Medicaid Residential Room & Board (RES - R&B) Residential Daily Supervision - Additional Residential Supplemental Therapies 1:1 si Residential Supplemental Therapies (RES Residential Education - Special Education Youth w IEP for Private Res	Session Day Hour Day Day Bed Day Bed Day Hour Bed Day Day	\$60.00 \$425.95 \$42.20 \$225.00 \$160.00 \$26.39 \$294.00 \$95.00 \$35.00 \$69.00 \$225.00
			Residential Education - Special Education Youth w IEP for Private Res Day School IEP Special Education (DS-Sp Youth w IEP for Private Day Residential Education - Regular Education Youth w IEP for Special Ed NOT Private Day or Res	Day	\$225.00 \$225.00 \$225.00

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<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Residential Case Management (RES-CM) IEP Occupational Therapy - Individual (IEF	•	\$50.00 \$100.00
			30 minutes each week IEP Speech and Language Therapy Individ		\$100.00
			30 minutes each week Therapy - Individual (Outpt-Ind)	Session	\$46.00
			Therapy - Group (Outpt-Grp)	Session	\$18.00
			Therapy - Family (Outpt-Fam)	Session	\$68.00
			Evaluation - Psychiatric (Eval SVCS - Psy- Admission	Session	\$138.00
			Medication Management (MED Svcs)	Session	\$31.00
			Transportation (TRAN-Svcs)	Hour	\$40.00
			Residential Room & Board (RES - R&B) Single Room when clinically required	Bed Day	\$400.00
JACKSON FEILD HOMES, IN 546 Walnut Grove Drive Jarratt, VA 23867	C Gwaltney School	N	Jackson Feild Behavioral Health Services		
Ph: 434-634-3217 Fax: 434-348-3471	·		Residential Education - Regular Educatior Education for off-site college students (daily homework/study monitoring)	Day	\$57.00
			Residential Education - Regular Education Education full time. Regular Education	Day	\$161.00
			Residential Education - Regular Educatior Education part time. Regular Ed without an IEP	Day	\$80.50

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<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
Vendor	Outpatient Therapeutic/Other Eligible services will be billed to Medicair residents, otherwise billed to the agency no extra cost for residents who qualify for services, pending approval.	Y d for eligible . Services provided a	Residential Education - Special Education Special Education full time. Residential Education - Special Education Residential part time. Special-Ed Residential Education - Regular Educations for special ed IEP at regular school Medication Management (MED Svcs) 15 min Medication Management (MED Svcs) 25 min Medication Management (MED Svcs) 35 min Evaluation - Psychiatric (Eval SVCS - Psychiatrist Psy dx Interview- 25 minutes Therapy - Individual (Outpt-Ind) Psychiatrist 45 min Therapy - Individual (Outpt-Ind) Psychiatrist 30 min Evaluation - Psychiatric (Eval SVCS - Pcychiatrist 30 min Evaluation - Psychiatric (Eval SVCS - Pcychiatrist 30 min Evaluation - Psychiatric (Eval SVCS - Pcychiatrist 30 min	on Day on Day with an IEP ior Day Session Session Session Hour Session Session Session	\$213.00 \$106.50 \$213.00 \$111.00 \$139.00 \$167.00 \$167.00 \$167.00 \$139.00 \$167.00
			Therapy - Individual (Outpt-Ind) LCSW 60 min	Session	\$139.00

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<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Therapy - Individual (Outpt-Ind) LCSW 45 min	Session	\$111.00
			Therapy - Individual (Outpt-Ind) LCSW 30 min	Session	\$83.00
			Therapy - Family (Outpt-Fam) with patient	Session	\$111.00
			Therapy - Group (Outpt-Grp)	Session	\$44.00
			Medication Management (MED Svcs) 10 min	Session	\$89.00
			Evaluation - Psychiatric (Eval SVCS - Psyl Psychiatrist Psy dx 35 minsInterview- 35 minutes	Session	\$221.00
			Evaluation - Psychiatric (Eval SVCS - Psyl Psychiatrist Psy dx Interview- 45 minutes	Session	\$278.00
			Evaluation-Other (Specify) Psychosexual Examination	Each	\$1,298.00
			Evaluation - Psychological (Eval SVCS - I	Each	\$500.00
			Evaluation - Psychological (Eval SVCS - I	Each	\$500.00
			Other (Specify) Language Line	Minute	\$1.60
			Other (Specify) Aftercare Services	Hour	\$57.50
			Other (Specify) Aftercare Services	Hour	\$57.50

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<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
	RTC - Level C Residential program for adolescents ag Level C. Three cottages,32 beds. Two cas locked facilities.		Residential Med/Physician (RES-Med/Pl RES Medical Counseling Residential Case Management (RES-CM Residential Daily Supervision - Additiona Residential Room & Board (RES - R&B) Residential Supplemental Therapies (RE Residential Room & Board (RES - R&B) Specialized/Blocked Room req'd for safety; in to daily room and board; not reimburseable by Medicaid. Residential Room & Board (RES - R&B) Specialized/Blocked Room req'd for safety; in to daily room and board; not reimburseable by Medicaid. Residential Supplemental Therapies 1:1 1:1 supervision for residents in crisis; coordina with referral source and/or approved through Interpretation (TRAN-Svcs)	Bed Day Bed Day Bed Day Bed Day Bed Day Bed Day addition Bed Day addition Bed Day	\$30.06 \$43.06 \$183.31 \$194.16 \$10.30 \$104.00 \$30.00
Leary Educational Foundat 1463 New Hope Rod Winchester, VA 22604 Ph: 540-888-3456 Fax: 540-888-3583	ion Inc Other Services Individual and family counseling is inclu RTC for ED/LD males between 11-17 ye		Timber Ridge School Day School - IEP Vocational Program (P Post secondary (work study/career exploration skills) IEP Occupational Therapy - Individual (IE	n/job	\$128.00 \$100.00

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<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			IEP Physical Therapy Individual (IEP-PT-I	Hour	\$100.00
			IEP Speech and Language Therapy Indivi	Hour	\$100.00
			Transportation (TRAN-Svcs) In-home skill development program	Mile	\$0.75
	Residential Program	N			
	QRTP. RTC for ED/LD males between 1		Residential Daily Supervision - Additional	Bed Day	\$203.00
			Residential Room & Board (RES - R&B)	Bed Day	\$135.00
			Residential Supplemental Therapies (RES	Bed Day	\$173.78
			Residential Education - Special Education	Day	\$260.11
		ced (Mediciad Eligible)	Residential Case Management (RES-CM)	Bed Day	\$33.63
			Day School IEP Special Education (DS-Sp	Day	\$260.11
	RTC Enhanced (Mediciad Eligible)				
	ζ ,		Residential Education - Special Education Not Medicaid	Day	\$252.72
			Residential Education - Regular Education Not Medicaid	Day	\$252.72
			Residential Room & Board (RES - R&B) Medicaid Only	Bed Day	\$111.42
			Residential Supplemental Therapies (RES Medicaid Only	Bed Day	\$144.28
			Residential Daily Supervision - Additional Medicaid Only	Bed Day	\$167.62
			Residential Case Management (RES-CM)	Bed Day/D	\$37.57

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<u>Vendor</u>	Program / Level Description Medicaid Provider?	Service Type	<u>Unit</u>	Rate
	Residential Substance Abuse Program (Medicaid eligit NQRTP.	Residential Supplemental Therapies (RES Other (Specify) additional drug testing Residential Daily Supervision - Additional Residential Education - Regular Education Residential Room & Board (RES - R&B)	Each Bed Day Day Bed Day	\$173.78 \$30.00 \$203.00 \$260.11 \$135.00
North Spring Behavioral Hea 42009 Victory Lane Leesburg, VA 20176 Ph: 703-777-0800 Fax: 703-777-7147	Residential Treatment Center Provide general psychiatric services - one unit for boys ages 9-12, two adolecent boy units, and two girl units ages 9-17. Also offers a 17-bed sex-offender units for males age 12-17; organized as singles or triples; "Mode Deactivation Therapy" concept. QRTP. Referrals made through Virginia Care Coordinators at 757-922-3332.	North Spring Behavioral Healthcare Residential Med/Physician (RES-Med/Phymedical counseling Residential Daily Supervision - Additional Residential Education - Regular Education Residential Education - Special Education Residential Case Management (RES-CM) Residential Supplemental Therapies (RES-Residential Education - Regular Education IEP for 157682 and 128968 Residential Room & Board (RES - R&B) Residential Supplemental Therapies 1:1 s	Bed Day Bed Day Day Bed Day Bed Day Bed Day Bed Day Bed Day Bed Day	\$22.69 \$60.00 \$65.00 \$202.20 \$280.49 \$63.14 \$75.00 \$280.49 \$220.00 \$25.00

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Vendor	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Evaluation - Diagnostic Psychiatric diagnostic eval, once per admit	Each	\$137.95
			Medication Management (MED Svcs)	Session	\$30.01
			Evaluation-Other (Specify) Psychosexual	Hour	\$120.00
			Therapy - Family (Outpt-Fam)	Session	\$98.24
			Therapy - Group (Outpt-Grp)	Session	\$26.70
			Therapy - Individual (Outpt-Ind)	Session	\$67.44
			Transportation (TRAN-Svcs) If requested more than the allowable 1 transport quarter outside a 10 mile radius	Hour per	\$25.00
			Evaluation - Psychological (Eval SVCS - I Once per admit	Each	\$69.15
UNITED METHODIST FAMILY SERVICES 3900 West Broad Street Richmond, VA 23230 Residential Crisis Stabilization and Assessment LELAN Y			Leland House		
Ph: 804-254-9662 Fax: 804-353-7683	Residential Crisis Stabilization and Assessment LELAN Y Short term (up to 45 days) crisis stabilization program for males and females ages 12 through 17 who are not able to remain in their home due to behavioral or emotional crisis.	on program for	Residential Med/Physician (RES-Med/Phy RES Medical Counseling;20-30 minutes	Session	\$35.73
			Residential Med/Physician (RES-Med/Phy RES Medical Counseling; 45-50 minutes	Session	\$47.63
			Intensive Care Coordination (ICC) For youth at Leland House Only	Month	\$1,248.48
		Residential Med/Physician (RES-Med/Phymedication Management	Session	\$30.32	
			Residential Daily Supervision - Additional	Bed Day	\$246.26

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<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
	UMFS Residential Treatment Center	Y	Residential Room & Board (RES - R&B) Intensive Care Coordination (ICC) For community-based cases Evaluation-Other (Specify) Diagnostic UMFS	Bed Day Month Session	\$250.85 \$1,248.48 \$119.91
	UMFS Treatment Center in both Richmor House. UMFS Richmond is a QRTP.	ond and Fairfax-Lelan	Residential Supplemental Therapies 1:1 s IEP Counseling/Therapy-Family (IEP-Fam Family Therapy without client		\$25.61 \$66.02
			IEP Speech and Language Therapy Individ	Hour	\$153.59
			Therapy - Group (Outpt-Grp)	Hour	\$16.15
			IEP Physical Therapy Individual (IEP-PT-I	Hour	\$153.59
			IEP Occupational Therapy - Individual (IEF	Hour	\$153.59
			IEP Residential Medical/physician (IEP-Me Residential Medication Evaluation- Low complex	Week	\$28.01
			IEP Residential School Room & Board (IE Residential Room and Board	Bed Day	\$130.23
			IEP Residential Schools Additional Daily S Residential Daily Supervision	Bed Day	\$246.26
			Residential Education - Special Education Elementary Day Services	Day	\$305.99

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<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			IEP Residential School Therapeutic Behav	Bed Day	\$168.92
			Therapy - Individual (Outpt-Ind) 45 min session	Session	\$61.34
			Therapy - Individual (Outpt-Ind) 30 min session	Session	\$46.59
			Therapy - Family (Outpt-Fam) with client	Hour	\$68.59
			Therapy - Family (Outpt-Fam) without client	Hour	\$66.02
			IEP Residential Medical/physician (IEP-Me Residential Medication Evaluation- moderate con	Week mplexity	\$51.52
			IEP Residential Medical/physician (IEP-Me Residential Medication Evaluation- high complex	Week	\$74.03
			One to One Supervision - IEP (IEP 1:1) Classroom Behavior Support	Hour	\$39.03
			Residential Supplemental Therapies (RES	Bed Day	\$168.92
			Residential Education - Special Education General Curriculum (ED, LD, OHI)	Day	\$246.92
			Residential Daily Supervision - Additional Daily Supervision	Bed Day	\$246.26
			Residential Education - Special Education Charterhouse School	Day	\$246.92
			Evaluation - Psychiatric (Eval SVCS - Psyl Initial; with medical	Each	\$176.19
			Residential Room & Board (RES - R&B)	Bed Day	\$130.23

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<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
Youth for Tomorrow-New Life 11835 Hazel Circle Drive Bristow, VA 20136 Ph: 703-396-7234 Fax: 703-361-4335		Y	Therapy - Individual (Outpt-Ind) 60 min session Residential Education - Special Education Neuro Differences (ASD, ID Services) Evaluation - Psychiatric (Eval SVCS - Psylinitial; without medical IEP Counseling/Therapy-Family (IEP-Fam Family Therapy with client Residential Education - Regular Education Charterhouse School Youth for Tomorrow - New Life Center, Inc. Residential Daily Supervision - Additional Residential Education - Special Education Medicaid Level C Residential Room & Board (RES - R&B) Medicaid Level C Residential Supplemental Therapies (RES Residential Education - Regular Education Medicaid Level C	Session Day Each Hour Day Bed Day Bed Day Bed Day Bed Day	\$89.90 \$301.27 \$154.34 \$68.59 \$246.92 \$129.00 \$215.00 \$100.00 \$311.26 \$215.00
			One to One Supervision - IEP (IEP 1:1) Residential Education - Regular Education IEP Public Day Placement	Bed Day	\$155.00 \$215.00

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<u>Vendor</u> <u>Program / Level Description</u> <u>Medicaid Provider?</u> <u>Service Type</u> <u>Unit</u> <u>Rate</u>

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<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
Specialized Services					
Centra Health Systems 693 Leesville Road Lynchburg, VA 24502 Ph: 434-200-5700 Fax: 434-947-5708	Additional Services for Bridges Program Bridges Program - Psychiatric residential for boys and girls ages 6-18 years old wit Mental health disorders.	treatment services	Virginia Baptist Hospital-Bridges Evaluation-Other (Specify) Occupational Therapy IEP Occupational Therapy - Individual (IEF Services;15 min session Evaluation-Physical Therapy Evaluation	Session Session Session	\$118.00 \$47.00 \$118.00
			IEP Physical Therapy Individual (IEP-PT-II Services; 15 min session	Session	\$47.00
			IEP Speech and Language Therapy Group	Session	\$78.00
		Transportation (TRA	IEP Speech and Language Therapy Indivi	Session	\$95.00
			Transportation (TRAN-Svcs) Travel (Staff Expense)	Hour	\$75.00
			Transportation (TRAN-Svcs) Travel-Mileage reimbursement; per/mile	Mile	\$0.58
Fairfax County Department of 12011 Government Center P			N/A		
Fairfax, VA 22035	Family Engagement	N		. <u></u>	.1.,,12.2.,
Ph: 703-324-7739 Fax:	Rate is an all inclusive per meeting rate.		Family Partnership Meeting Facilitation Fee covers all services involved in a family reson meeting/family partnership meeting	Each urce	\$440.84
	Case managers can encumber for multip for the year, or for a single meeting.	le meetings at a time			

Specialized Services Page 1 of 4

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
	703-324-7015 Conducted to cofely and effectively maintain transition or	N/A Intensive Care Coordination (ICC)	Month	\$1,280.00	
1 dx. 700-024-0220		Other (Specify) Reimbursement for Debit Card	Each	\$1.00	
		oublic child-serving	Intensive Care Coordination (ICC)	Month	\$1,385.00
			Other (Specify) Reimbursement for Debit Card	Each	\$1.00
			Intensive Care Coordination (ICC)	Month	\$1,504.00
			Other (Specify) Reimbursement for Debit Card	Each	\$1.00
Grafton School, Inc. P. O. Box 2500 Winchester, VA 22604	. O. Box 2500	N	Grafton Berryville, Winchester, & Richmond		
Ph: 540-542-0200 Fax: 540-542-0318	мизю тнегару	IV	Other (Specify) Individual Music Therapy	Hour	\$120.00
			Other (Specify) Group Music Therapy	Hour	\$60.00
			Evaluation-Other (Specify) Music Therapy Evaluation	Hour	\$150.00
JILL'S HOUSE INC 9011 Leesburg Pike Vienna, VA 22182 Ph: 703-639-5660 Fax: 703-639-5662			Jill's House		

Specialized Services Page 2 of 4

Vendor	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
	Weekday Residential Respite for Children 1:4 Ratio eligible for Medicaid ID and DD	•	Respite - Out of home (Respite-OutHor 1-2 Ratio - Weekday	me Bed Day	\$533.00
			Respite - Out of home (Respite-OutHor 1:1 Ratio - Weekdays	ne Bed Day	\$632.00
			Respite - Out of home (Respite-OutHor 1-4 Ratio - Weekday Rate	me Bed Day	\$237.00
			Respite - Out of home (Respite-OutHor 1-3 Ratio - Weekdays	me Bed Day	\$380.00
			Respite - Out of home (Respite-OutHor 1:1 Ratio (LPN,RN)	me Bed Day	\$888.00
	Weekend Residential Respite for Childre Medicaid ID and DD Waiver eligible for 1	J	Respite - Out of home (Respite-OutHor 1-4 ratio	me Bed Day	\$410.00
			Respite - Out of home (Respite-OutHor 1-3 ratio	me Bed Day	\$449.00
			Respite - Out of home (Respite-OutHor 1-2 ratio	me Bed Day	\$628.00
			Respite - Out of home (Respite-OutHor 1-1 ratio	me Bed Day	\$748.00
			Respite - Out of home (Respite-OutHor 1-1(LPN,RN)	ne Bed Day	\$1,046.00
	Summer Day Long Respite Summer Camp type services for youth elements Respite Care.	N leigible for this level (Respite - Out of home (Respite-OutHor Day Respite 1:4 ratio	·	\$126.00
			Respite - Out of home (Respite-OutHor Day Respite 1:3 ratio	ne Day	\$145.00

Specialized Services

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Respite - Out of home (Respite Day Respite 1:2 ration	-OutHome Day	\$199.00
			Respite - Out of home (Respite Day Respite 1:1 ratio	-OutHome Day	\$243.00
			Respite - Out of home (Respite Day Respite 1:1 ratio with NURSE		\$341.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
Speech/Language Therapy	у				
Grafton School, Inc. P. O. Box 2500 Winchester, VA 22604	All Programs & Campuses	Y	Grafton Berryville, Winchester, & Richmon	ıd	
Ph: 540-542-0200 Fax: 540-542-0318	IEP Speech and Language Therapy Inc	IEP Speech and Language Therapy Individual consultation up to 44 minutes	Session	\$65.00	
	·		IEP Speech and Language Therapy Individual consultation 45 to 74 minutes	Session	\$130.00
			IEP Speech and Language Therapy Individup to 44 minute session	Session	\$65.00
			IEP Speech and Language Therapy Individual 45 to 74 minute sessions	Session	\$130.00
			IEP Speech and Language Therapy Group up to 44 minute session	Session	\$30.00
			IEP Speech and Language Therapy Group 45 to 74 minute session	Session	\$60.00
			Evaluation-Speech/Language	Hour	\$150.00
			IEP Speech and Language Therapy Group 75 to 104 minute session	Session	\$90.00
			IEP Speech and Language Therapy Group Each add'l 30 mins over 104 mins	Session	\$30.00
			IEP Speech and Language Therapy Indivi- 75 to 104 minute session	Session	\$195.00
			IEP Speech and Language Therapy Individual Each add'l 30 mins over 104 mins	Session	\$65.00
			IEP Speech and Language Therapy Indivi	Session	\$195.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type Unit	<u>Rate</u>
			consultation 75 to 104 minutes	
			IEP Speech and Language Therapy Individe Session consultation each 30 mins over 104 mins	\$65.00

<u>Vendor</u> <u>Program / Level Description</u> <u>Medicaid Provider?</u> <u>Service Type</u> <u>Unit</u> <u>Rate</u>

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Substance Abuse Treatment

Clearbrook Treatment Centers, LLC

890 Bethel Hill Road Shickshinny, PA 18655

Ph: 570-864-3116

Fax:

CSA Residential Services

CARF-accredited facility for those seeking healing from substance abuse. Our masters level clinicians, 24/7 nursing staff, medical director specializing in pain mgmt, and masters level clinical director work to create a nurturing environment that fosters growth and recovery. Our approach combines evidence-based therapies, experiential modalities, and holisti interventions to address unique needs. We provide support in various aspects including case mgmt, family involvement, and aftercare planning.

Huntington Creek Recovery Center

Other (Specify) Bed Day \$1,000.00

Residential treatment for crisis detoxification and rehabilitation, all inclusive per diem.CSA MT approval of a child specific contract and ICPC is required.

Dominion Youth Services Day Treatment LL

1640 E. Parrham Road Richmond, VA 23228

Ph: 540-419-3958

Fax:

CSA Outpatient Services

Provides comprehensive, individualized co-occurring disorder treatment program designed to initiate changes in lifestyle an social environment that support adolescent's long-term recovery. Includes tradition IOP services, access to med mgmt provider, as well as case mgmt and indiv/family therapy components. Designed to provide treatment for differing leve of service need/motivation. IOP equals 9 hrs of service delive weekly, customizeable intensive. ASAM Levels 1 and 2.1.

Dominion Care

Intensive Outpatient Services (OutPt-IOP) Week Tier I: 3.5 hrs/week plus 2 hrs Case Mgmt/2 hrs Transportation (typical duration 3 mos) Med mgmt svces not included in bundled rate	\$875.00
Intensive Outpatient Services (OutPt-IOP) Week Tier II: 5.5 hrs/week plus 3 hrs Case Mgmt and 2 hrs Transportation (typical duration 3 mos). ASAM 1 Does not include med mgmt services	\$1,250.00
Intensive Outpatient Services (OutPt-IOP) Week Tier III: 9 hrs/week plus 3 hrs Case Mgmt and 2 hrs Transportation (typical duration 3 mos). ASAM 2.1 Does not include med mgmt services	\$1,750.00
Evaluation - Psychiatric (Eval SVCS - Psy Session	\$281.51
Medication Management (MED Svcs) Session	\$94.51

<u>Vendor</u>	Program / Level Description	<u> Medicaid Provider?</u> <u>Service Ty</u>	<u>pe</u> <u>Unit</u>	<u>Rate</u>
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Hazelden Betty Ford Foundation

11505 36th Avenue N Plymouth, MN 55441 Ph: 651-213-4881

Fax:

Adolescents and young adults who participate in our inpatient drug rehab program live in comfortable and inviting gender-informed residential units and follow a full daily schedule of treatment activities.â¿ Care teams comprised of addiction counselors, mental health professionals and medica professionals establish an individualized treatment plan for each patient continually assess the patient's progress, and develop post-treatment recommendations.â¿

Core components of inpatient treatment at our youth facility includeâ;

Medically supervised detoxâ¿

Integrated mental health services for co-occurring disorders

Medical servicesâ; Group therapyâ¿ Individual therapy⿯

N/A

Educationalâ¿ sessionsâ¿

Special focus groups to address key topics and issuesâ¿

Twelve Step Facilitation therapyâ¿

Wellness activitiesâ; Spiritual care servicesâ¿

Gender-specificâ; programmingâ; 24 hour 7 day per week supervision

Hazelden Betty Ford-Plymouth

Medical Services (MED Svcs) Detoxification	Bed Day	\$2,539.00
Residential Room & Board (RES - R&B) R&B for RTC Program	Bed Day	\$166.00
Residential Supplemental Therapies (RES All inclusive per diem for RTC	Bed Day	\$998.00
Evaluation - Psychiatric (Eval SVCS - Psy	Each	\$226.00
Evaluation - Psychiatric (Eval SVCS - Psywith medication	Each	\$237.00
Therapy - Individual (Outpt-Ind) PsyD, PhD, Clinical Psychologist, 16-37 min ses	Session sion	\$99.00
Therapy - Individual (Outpt-Ind) PsyD, PhD, Clinical Psychologist, 38-52 min ses with patient and/or family member	Session	\$149.00
Therapy - Individual (Outpt-Ind) PsyD, PhD, Clinical Psychologist, 53+ min session	Session	\$198.00
Evaluation - Psychological (Eval SVCS - I Psych consult up to 60 min session	Session	\$220.00
Therapy - Other (Specify) Crisis therapy, 30 min session	Session	\$110.00
Therapy - Family (Outpt-Fam) Family psychotherapy without patient present	Session	\$154.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Therapy - Family (Outpt-Fam) Family psychotherapy with patient present	Session	\$157.00
			Therapy - Group (Outpt-Grp)	Session	\$55.00
			Therapy - Other (Specify) Add on Psychotherapy, 38-52 minute session	Session	\$132.00
			Medical Services (MED Svcs) Office visit, Level 2	Each	\$69.00
			Medical Services (MED Svcs) Office Visit Level 3	Each	\$110.00
			Medical Services (MED Svcs) Office Visit Level 4	Each	\$143.00
			Medical Services (MED Svcs) Office Visit Level 5	Each	\$209.00
			Therapy - Group (Outpt-Grp) Multifamily	Session	\$61.00
			Therapy - Individual (Outpt-Ind) PsyD, PhD, Clinical Psychologist, 53+ min sessi E&M service	Session ion with	\$176.00
			Acute Psychiatric Hospitalization (Psych H PHP all-inclusive per diem rate	Bed Day	\$699.00
			Residential Room & Board (RES - R&B) Lodging for PHP program	Bed Day	\$121.00
			Intensive Outpatient Services (OutPt-IOP)	Bed Day	\$363.00
			Evaluation - Substance Abuse (Eval SVCS	Each	\$337.00
			Therapy - Group (Outpt-Grp)	Session	\$81.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
Intercept Youth Services 5511 Staples Mill Rd., Suite 10 Richmond, VA 23228-5445 Ph: 804-612-3315 Fax: 804-440-3711		N	Parent in recovery Residential Education - Regular Education Residential Education - Special Education Acute Psychiatric Hospitalization (Psych Houstance Use PHP, all inclusive per diem rate True North Health Clinic Evaluation - Psychiatric (Eval SVCS - Psylinitial psychiatric medication appt (60 mins)	Day Day Bed Day	\$55.00 \$55.00 \$699.00
		SSI, Psychiatric Med /Igmt, Aftercare	Evaluation-Other (Specify) Follow up psychiatric medication appointment (2 minutes)	Each 20	\$120.00
			Evaluation - Psychiatric (Eval SVCS - Psy Follow-up psychiatric medication appt with brief psychotherapy (30-45 mins)		\$195.00
			Medication Management (MED Svcs) Initial Suboxone Medication Appt without Induct mins)	Each tion (60	\$210.00
			Medication Management (MED Svcs) Initial Suboxone Med Appt with Induction (80 m	Each ^{ins)}	\$300.00
			Medication Management (MED Svcs) Follow-up Subxonoe (20 mins	Each	\$120.00
			Medication Management (MED Svcs) Follow-up Suboxone Med Appt with brief psychotherapy (30-45 mins)	Bed Day	\$195.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Evaluation - Substance Abuse (Eval SVCS Initial Counseling SA Assessment (60 mins)	Each	\$150.00
			Therapy - Individual (Outpt-Ind) Sub Abuse Counseling Session (60 mins)	Session	\$140.00
			Intensive Outpatient Services (OutPt-IOP) 3 hour block (2x/week for 12 weeks)	Each	\$281.25
			Therapy - Group (Outpt-Grp) SA Group (60 mins)	Hour	\$55.00
			Therapy - Group (Outpt-Grp) Continue Care Group (60 mins)	Hour	\$55.00
			One to One Supervision - IEP (IEP 1:1) SA Case Management	Month	\$276.75
			Other (Specify) SASSI	Each	\$35.00
			Laboratory Urine Drug Screen Cup (per cup)	Each	\$20.00
			Laboratory Alcohol (Ehtanol) Breath Test	Each	\$10.00
			Laboratory Urine Pregnancy Test (price per test)	Each	\$10.00
			Other (Specify) Injection of Psychotropic medication	Each	\$25.00

Vendor	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
Sadler Family Practice 9001 Digges Road #104 Manassas, VA 20110 Ph: 703-239-3602	CSA Outpatient Services	N prostitioners to be	Manassas Addiction Center Medical Services (MED Svcs)	Each	\$139.00
Fax:	Ms. Sadler is one of the first 109 nurse pawarded autonomous practice in Virginia treatment (MAT) has been a literal life sa community and the need to serve those not being met.	a. Medication assisted aver to many in our	New patient visit, level 2 Medical Services (MED Svcs) New patient visit, level 3	Each	\$250.00
	not being met.		Medical Services (MED Svcs) New patient visit, level 4	Each	\$300.00
			Medical Services (MED Svcs) New patient visit, level 5	Each	\$350.00
			Medical Services (MED Svcs) Established patient visit, level 2	Each	\$130.00
			Medical Services (MED Svcs) Established patient visit, level 3	Each	\$200.00
			Medical Services (MED Svcs) Established patient visit, level 4	Each	\$250.00
			Medical Services (MED Svcs) Established patient visit, level 5	Each	\$300.00
			Medical Services (MED Svcs) Lab Work	Each	\$350.00
			Therapy - Individual (Outpt-Ind) LCSW, LPC, LMFT	Hour	\$125.00
			Therapy - Family (Outpt-Fam) LCSW, LPC, LMFT	Hour	\$125.00
			Therapy - Group (Outpt-Grp) LCSW, LPC, LMFT	Hour	\$52.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
			Evaluation-Other (Specify) PHQ Brief Behavioral Assessment	Each	\$65.00
			Therapy - Other (Specify) Psychotherapy, 60 mins	Hour	\$175.00
			Therapy - Other (Specify) Counseling, 30 min session	Session	\$95.00
			Evaluation-Other (Specify) Counseling assessment, 75 min session	Session	\$200.00
Sandstone Care Maryland, LLC 7555 East Hampden Ave., Suite 103, Denver, CO 80231 CSA Outpatient Services		N	Sandstone Care-Rockville		
Ph: 720-439-7737 Fax:	Intensive Outpatient and Partial Hospita		Therapy - Group (Outpt-Grp)	Session	\$250.00
rax.	(including boarding) for teens with ment substance use disorders.		Therapy - Individual (Outpt-Ind) Individual Psychotherapy, 45 minutes	Session	\$160.00
			Therapy - Family (Outpt-Fam) Family Psychotherapy, 50 minute session	Session	\$160.00
			Evaluation - Psychiatric (Eval SVCS - Psychiat	Session	\$355.00
			Evaluation - Psychiatric (Eval SVCS - Psychiat		\$200.00
			Evaluation - Psychiatric (Eval SVCS - Psychiat	Session	\$250.00
				Evaluation - Psychiatric (Eval SVCS - Psychiat	Session ssion
			Medical Services (MED Svcs)	Each	\$50.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
			COVID Antigen Test		
			Medical Services (MED Svcs) COVID PCR Test	Each	\$100.00
			Medical Services (MED Svcs) Drug Test Chem Analyzer	Each	\$100.00
		N	Sandstone Care-Towson		
	CSA Outpatient Services Intensive Outpatient and Partial Hospital	N lization program for	Therapy - Group (Outpt-Grp)	Session	\$250.00
	teens with mental health and substance		Therapy - Individual (Outpt-Ind) Individual Psychotherapy, 45 minutes	Session	\$160.00
			Therapy - Family (Outpt-Fam) Family Psychotherapy, 50 minute session	Session	\$160.00
			Evaluation - Psychiatric (Eval SVCS - Psy Eval and Med new patient, 60-74 min session	Session	\$355.00
			Evaluation - Psychiatric (Eval SVCS - Psy- Eval and Med Mgmt, established, 20-29 min ses		\$200.00
			Evaluation - Psychiatric (Eval SVCS - Psy- Eval and Med Mgmt, established, 30-39 min ses	Session ssion	\$250.00
			Evaluation - Psychiatric (Eval SVCS - Psy Eval and Med Mgmt, established, 40-54 min ses		\$325.00
			Medical Services (MED Svcs) COVID Antigen Test	Each	\$50.00
			Medical Services (MED Svcs) COVID PCR Test	Each	\$100.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Medical Services (MED Svcs) Drug Test Chem Analyzer	Each	\$100.00
Sandstone Care Virginia, LL 7555 East Hampden Ave, Su Denver, CO 80231		N	Sandstone Care Virginia		
Ph: 720-439-7737 Fax:	Our mental health treatment programs, detoxification services, help teens and y	including crisis	Intensive Outpatient Services (OutPt-IOP) Mental Health ages 13-18; all inclusive per diem		\$1,120.00
	and learn to cope with anxiety, depress Virginia Center is in a spacious building individual therapy, group therapy, and a	ion, and trauma. The with private rooms fo	Intensive Outpatient Services (OutPt-IOP) Crisis Detox, ages 13-18, all-inclusive per diem	Day	\$1,120.00
	learning. The intensive outpatient and day treatment program are led by licensed and qualified clinical teams who are experienced and easy to connect with.	ay treatment program	Other (Specify) Partial Hospitalization ages 18-30, mental health inclusive per diem	Day n, all	\$1,120.00
			Other (Specify) Partial Hospitalization ages 18-30, crisis detox, a inclusive per diem	Bed Day all	\$1,120.00
			Therapy - Group (Outpt-Grp) Group Psychotherapy	Session	\$250.00
			Therapy - Individual (Outpt-Ind) Individual Psychotherapy, 45 min session	Session	\$160.00
			Therapy - Family (Outpt-Fam) Family Psychotherapy, 50 min session	Session	\$160.00
			Evaluation - Psychiatric (Eval SVCS - Psy- Eval and Med new patient, 60-74 min session	Session	\$355.00
			Evaluation - Psychiatric (Eval SVCS - Psychiatry/Med Mgmt,20-29 min session		\$200.00
			Evaluation - Psychiatric (Eval SVCS - Psychiatry/Med Mgmt, 30-39 min session		\$250.00

Vendor	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Evaluation - Psychiatric (Eval SVCS - I Ongoing psychiatry/Med Mgmt, 40-54 min		\$325.00
			Medical Services (MED Svcs) COVID Antigen Test	Each	\$50.00
			Medical Services (MED Svcs) COVID PCR Test	Each	\$100.00
			Medical Services (MED Svcs) Drug Test Chem Analyzer	Each	\$100.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
Therapeutic Foster Care					
Adore Children and Family S 1408 Fillmore Street, Ste. 3 Arlington, VA 22201 Ph: 703-582-7304	ervices, Inc. Therapeutic Foster Care	N	N/A Maintenance - Basic (0-4) (MTCE Basic 0	· Month	\$547.00
Fax:			Maintenance - Basic (13+)(MTCE Basic		\$811.00
			Maintenance - Basic (5-12) (MTCE Basic	Month	\$639.00
			Maintenance Enhanced - VEMAT 12 (MT	Month	\$672.00
			Maintenance Enhanced - VEMAT 16 (MT	Month	\$896.00
			Maintenance Enhanced - VEMAT 20 (M	Month	\$1,120.00
			Maintenance Enhanced - VEMAT 24 (MT	Month	\$1,344.00
			Maintenance Enhanced - VEMAT 28 (MT	Month	\$1,568.00
			Maintenance Enhanced - VEMAT 32 (MT	Month	\$1,792.00
			Maintenance Enhanced - VEMAT 36 (MT	Month	\$2,016.00
			Maintenance Enhanced - VEMAT 4 (MTC	E Month	\$224.00
			Maintenance Enhanced - VEMAT 8 (MTC	Month	\$448.00
			Respite - Out of home (Respite-OutHome	Bed Day	\$130.00
			TFC Case Management (TFC-CM) effective 7/1/22	Month	\$367.31
			Treatment Foster Care - Supervision and	Bed Day	\$120.00
			Treatment Foster Care - Supervision and	Bed Day	\$140.00

Vendor	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Treatment Foster Care - Supervision and Streatment Foster Care - Supervision and Streatment Foster Care - Supervision & Supervision (TRAN-Svcs)	Bed Day	\$150.00 \$100.00 \$145.00 \$0.55
Bair Foundation 8002 Discovery Drive Richmond, VA 23229 Ph: 724-946-2220 Fax:	Therapeutic Foster Care	N	N/A Maintenance Enhanced - VEMAT 32 (MTC Maintenance Enhanced - VEMAT 36 (MTC Maintenance Enhanced - VEMAT 4 (MTC) Maintenance Enhanced - VEMAT 8 (MTC TFC Case Management (TFC-CM) should only be used when the youth meets clinic necessity regardless of Medicaid status Treatment Foster Care - Supervision and S Maintenance - Basic (0-4) (MTCE Basic 0-Maintenance - Basic (13+) (MTCE Basic	Month Month Month Month al Bed Day Bed Day Bed Day Bed Day Bed Day Bed Day Month	\$1,792.00 \$2,016.00 \$224.00 \$448.00 \$367.31 \$117.57 \$145.14 \$164.12 \$90.26 \$153.20 \$547.00 \$811.00

Vendor	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
			Maintenance - Basic (5-12) (MTCE Basic	Month	\$639.00
			Maintenance Enhanced - VEMAT 12 (MTC	Month	\$672.00
			Maintenance Enhanced - VEMAT 16 (MTC	Month	\$896.00
			Maintenance Enhanced - VEMAT 20 (MT	Month	\$1,120.00
			Maintenance Enhanced - VEMAT 24 (MTC	Month	\$1,344.00
			Maintenance Enhanced - VEMAT 28 (MTC	Month	\$1,568.00
			Other (Specify) Pre-placement Foster Family Visits	Hour	\$17.55
			Other (Specify) Overnight Pre-placement Visitation	Bed Day	\$142.74
			Transportation (TRAN-Svcs) \$8 every 15 minutes combined with \$.55/mile	Mile	\$0.55
			Transportation (TRAN-Svcs) \$8.00 every 15 minutes plus per mile	Session	\$8.00
Braley and Thompson, Inc. 2965 Colonnade Dr. Ste 130 Roanoke, VA 24018	Therapeutic Foster Care	N	Braley and Thompson, Inc.		
Ph: 540-989-7175 Fax: 540-989-9141	morapoune i dotor dans		Other (Specify) TFC Pre-placement visit per night	Each	\$100.00
			Maintenance - Basic (0-4) (MTCE Basic 0-	Month	\$521.00
			Maintenance - Basic (13+) (MTCE Basic	Month	\$772.00
			Maintenance - Basic (5-12) (MTCE Basic	Month	\$609.00
			Maintenance Enhanced - VEMAT 12 (MTC	Month	\$672.00

CSA - Providers List

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Maintenance Enhanced - VEMAT 16 (MTC	Month	\$896.00
			Maintenance Enhanced - VEMAT 20 (MT	Month	\$1,120.00
			Maintenance Enhanced - VEMAT 24 (MTC	Month	\$1,344.00
			Maintenance Enhanced - VEMAT 28 (MTC	Month	\$1,568.00
			Maintenance Enhanced - VEMAT 32 (MTC	Month	\$1,792.00
			Maintenance Enhanced - VEMAT 36 (MTC	Month	\$2,016.00
			Maintenance Enhanced - VEMAT 4 (MTCI	Month	\$224.00
			Maintenance Enhanced - VEMAT 8 (MTC	Month	\$448.00
			TFC Case Management (TFC-CM)	Month	\$367.31
			Treatment Foster Care - Supervision and S	Bed Day	\$126.25
			Treatment Foster Care - Supervision and S	Bed Day	\$142.16
			Treatment Foster Care - Supervision and S	Bed Day	\$166.56
			Treatment Foster Care - Supervision and S	Bed Day	\$103.83
			Treatment Foster Care - Supervison & Suլ	Bed Day	\$159.14
			Respite - Out of home (Respite-OutHome	Bed Day	\$170.00
			Other (Specify) Pre-placement Foster Family Visits	Hour	\$25.00
			Other (Specify) SAFE Home Study	Each	\$1,000.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
CHILDREN'S SERVICES OF Y P.O. Box 2867 Winchester, VA 22604	VA Therapeutic Foster Care	N	Children's Services of Virginia		12-123
Ph: 540-667-0116 Fax: 540-667-0174			Transportation (TRAN-Svcs) Mileage	Mile	\$0.56
			Maintenance - Basic (0-4) (MTCE Basic 0-	Month	\$547.00
			Maintenance - Basic (13+) (MTCE Basic	Month	\$811.00
			Maintenance - Basic (5-12) (MTCE Basic	Month	\$639.00
			Maintenance Enhanced - VEMAT 12 (MTC	Month	\$672.00
			Maintenance Enhanced - VEMAT 16 (MTC	Month	\$896.00
			Maintenance Enhanced - VEMAT 20 (MT	Month	\$1,120.00
			Maintenance Enhanced - VEMAT 24 (MTC	Month	\$1,344.00
			Maintenance Enhanced - VEMAT 28 (MTC	Month	\$1,568.00
			Maintenance Enhanced - VEMAT 32 (MTC	Month	\$1,792.00
			Maintenance Enhanced - VEMAT 36 (MTC	Month	\$2,016.00
			Treatment Foster Care - Supervision and S	Bed Day	\$112.00
			Treatment Foster Care - Supervision and S	Bed Day	\$117.00
			Treatment Foster Care - Supervision and S	Bed Day	\$122.00
			Other (Specify) Short Term Placement Services	Bed Day	\$122.00
			Treatment Foster Care - Supervison & Suլ	•	\$122.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Maintenance Enhanced - VEMAT 4 (MTCI	Month	\$224.00
			Maintenance Enhanced - VEMAT 8 (MTC	Month	\$448.00
			TFC Case Management (TFC-CM)	Month	\$367.31
			Treatment Foster Care - Supervision and S	Bed Day	\$82.00
			Other (Specify) Short Term Placement-Foster Parent	Bed Day	\$50.00
Embrace Foster Care 5510 Falmouth Street, Suite 200 Richmond, VA 23230 Thera	e 200 Therapeutic Foster Care	N	N/A		
Ph:	Therapeutic Foster Care	N	Maintenance Enhanced - VEMAT 28 (MTC	Month	\$1,568.00
Fax:			Maintenance Enhanced - VEMAT 32 (MTC	Month	\$1,792.00
			Maintenance Enhanced - VEMAT 36 (MTC	Month	\$2,016.00
			Maintenance Enhanced - VEMAT 4 (MTCI	Month	\$224.00
			Maintenance Enhanced - VEMAT 8 (MTC	Month	\$448.00
			Maintenance - Basic (13+) (MTCE Basic	Month	\$772.00
			Maintenance - Basic (5-12) (MTCE Basic	Month	\$609.00
			Maintenance - Basic (0-4) (MTCE Basic 0-	Month	\$521.00
			Treatment Foster Care - Supervision and S	Bed Day	\$137.00
			Treatment Foster Care - Supervision and	Bed Day	\$160.00
			Treatment Foster Care - Supervision and S	Bed Day	\$89.00
			Treatment Foster Care - Supervison & Տսլ	Bed Day	\$145.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Respite - IN HOME (Respite-InHome)	Hour	\$22.00
			Respite - Out of home (Respite-OutHome	Day	\$113.00
			Maintenance Enhanced - VEMAT 12 (MTC	Month	\$672.00
			Maintenance Enhanced - VEMAT 16 (MTC	Month	\$896.00
			Maintenance Enhanced - VEMAT 20 (MT	Month	\$1,120.00
			Maintenance Enhanced - VEMAT 24 (MTC	Month	\$1,344.00
			TFC Case Management (TFC-CM)	Month	\$367.31
			Treatment Foster Care - Supervision and \$	Bed Day	\$117.00
			Mentoring (Mentor) Parent Coaching and Mentoring (Love & Logic)	Hour	\$65.00
			Intensive Family Preservation Services (F: Family Reunification Bundle (when HB services not being utilized)		\$65.00
			Other (Specify) Parenting Class	Each	\$325.00
Extra Special Parents, Inc. 711 N. Courthouse Road Richmond, VA 23236	Therapuetic Foster Care	N	N/A		
Ph: 804-714-1776 Fax:	Merapuelic Foster Care	IV.	Maintenance - Basic (0-4) (MTCE Basic 0-	Month	\$547.00
rax.			Maintenance - Basic (13+) (MTCE Basic	Month	\$811.00
			Maintenance - Basic (5-12) (MTCE Basic	Month	\$639.00
			Maintenance Enhanced - VEMAT 12 (MTC	Month	\$672.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Maintenance Enhanced - VEMAT 16 (MTG	Month	\$896.00
			Maintenance Enhanced - VEMAT 20 (MT	Month	\$1,120.00
			Maintenance Enhanced - VEMAT 24 (MTC	Month	\$1,344.00
			Maintenance Enhanced - VEMAT 28 (MTC	Month	\$1,568.00
			Maintenance Enhanced - VEMAT 32 (MTC	Month	\$1,792.00
			Maintenance Enhanced - VEMAT 36 (MTC	Month	\$2,016.00
			Maintenance Enhanced - VEMAT 4 (MTC	Month	\$224.00
			Maintenance Enhanced - VEMAT 8 (MTC	Month	\$448.00
			TFC Case Management (TFC-CM)	Month	\$367.31
			Treatment Foster Care - Supervision and	Bed Day	\$144.79
			Treatment Foster Care - Supervision and	Bed Day	\$156.36
			Treatment Foster Care - Supervision and	Bed Day	\$169.58
			Treatment Foster Care - Supervision and	Bed Day	\$97.42
			Treatment Foster Care - Supervison & Su up to 60 days	Bed Day	\$167.95
Families First of Virginia, Inc			Mandala Basak tasati		

Virginia Beach location

Therapeutic Foster Care

4701 Columbus St. Suite 305

Virginia Beach, VA 23462

Ph: Fax:

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
	TFC	N	Maintenance - Basic (0-4) (MTCE Basic 0-	Month	\$521.00
			Maintenance - Basic (13+) (MTCE Basic	Month	\$772.00
			Maintenance - Basic (5-12) (MTCE Basic	Month	\$609.00
			Maintenance Enhanced - VEMAT 12 (MTC	Month	\$672.00
			Maintenance Enhanced - VEMAT 16 (MTC	Month	\$896.00
			Maintenance Enhanced - VEMAT 20 (MT	Month	\$1,120.00
			Maintenance Enhanced - VEMAT 24 (MTC	Month	\$1,344.00
			Maintenance Enhanced - VEMAT 28 (MTC	Month	\$1,568.00
			Maintenance Enhanced - VEMAT 32 (MTC	Month	\$1,792.00
			Maintenance Enhanced - VEMAT 36 (MTC	Month	\$2,016.00
			Maintenance Enhanced - VEMAT 4 (MTCI	Month	\$224.00
			Maintenance Enhanced - VEMAT 8 (MTC	Month	\$448.00
			TFC Case Management (TFC-CM) Medicaid eligiblity only	Month	\$367.31
			Treatment Foster Care - Supervision and S	Bed Day	\$144.00
			Treatment Foster Care - Supervision and S	Bed Day	\$150.00
			Treatment Foster Care - Supervision and (Bed Day	\$154.00
			Treatment Foster Care - Supervision and (Bed Day	\$110.00
			Treatment Foster Care - Supervison & Suլ	Bed Day	\$164.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
			Other (Specify) TFC Pre-placement visit per night	Bed Day	\$120.00
FIRST HOME CARE CORPOR 5516 Falmouth Street, Suite 2 Richmond, VA 23230		ginia N	Richmond		
Ph: 757-393-7200 Fax: 757-393-7219			Other (Specify) Foster Parent Transitional/Socialization Service include foster parent visits, transportation to an visits and therapy, and other necessary service facilitate socialization/normalization and transferesidential treatment to appropriate community care	nd from es to er from	\$108.50
			Treatment Foster Care - Supervision and	∶ Bed Day	\$132.00
			Treatment Foster Care - Supervision and	∜ Bed Day	\$153.00
			Treatment Foster Care - Supervision and	∶ Bed Day	\$172.00
			Treatment Foster Care - Supervision and	∜ Bed Day	\$95.00
			Treatment Foster Care - Supervison & Su	լ Bed Day	\$160.00
			Maintenance Enhanced - VEMAT 16 (MT	C Month	\$896.00
			Maintenance Enhanced - VEMAT 20 (M	T Month	\$1,120.00
			Maintenance Enhanced - VEMAT 24 (MT	C Month	\$1,344.00
			Maintenance Enhanced - VEMAT 28 (MT	C Month	\$1,568.00
			Maintenance Enhanced - VEMAT 32 (MT	C Month	\$1,792.00
			Maintenance Enhanced - VEMAT 36 (MT	C Month	\$2,016.00
			Maintenance - Basic (0-4) (MTCE Basic 0	- Month	\$547.00

Vendor	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Maintenance - Basic (13+) (MTCE Basic	Month	\$811.00
			Maintenance - Basic (5-12) (MTCE Basic	Month	\$639.00
			Maintenance Enhanced - VEMAT 12 (MTC	Month	\$672.00
			Maintenance Enhanced - VEMAT 4 (MTCI	Month	\$224.00
			Maintenance Enhanced - VEMAT 8 (MTC	Month	\$448.00
			TFC Case Management (TFC-CM)	Month	\$367.31
	Therapeutic Foster Care-Richmond and	l Roanoke N	Maintenance - Basic (0-4) (MTCE Basic 0-	Month	\$547.00
			Maintenance - Basic (13+) (MTCE Basic		\$811.00
			Maintenance - Basic (5-12) (MTCE Basic		\$639.00
			Maintenance Enhanced - VEMAT 12 (MTC		\$672.00
			Maintenance Enhanced - VEMAT 16 (MTC		\$896.00
			Maintenance Enhanced - VEMAT 20 (MT		\$1,120.00
			Maintenance Enhanced - VEMAT 24 (MTC	Month	\$1,344.00
			Maintenance Enhanced - VEMAT 28 (MTC	Month	\$1,568.00
			Maintenance Enhanced - VEMAT 32 (MTC	Month	\$1,792.00
			Maintenance Enhanced - VEMAT 36 (MTC	Month	\$2,016.00
			Maintenance Enhanced - VEMAT 4 (MTCI	Month	\$224.00
			Maintenance Enhanced - VEMAT 8 (MTC	Month	\$448.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Treatment Fester Care, Supervision and	(Rad Day	\$132.00
			Treatment Foster Care - Supervision and	_	ֆ132.00
			Treatment Foster Care - Supervision and	Bed Day	\$153.00
			Treatment Foster Care - Supervision and	Bed Day	\$172.00
			Treatment Foster Care - Supervision and	Bed Day	\$95.00
			Treatment Foster Care - Supervison & Su	Bed Day	\$160.00
			TFC Case Management (TFC-CM)	Month	\$367.31
			Other (Specify) Foster Parent Transitional/Socialization Service include foster parent visits, transportation to and visits and therapy, and other necessary service facilitate socialization/normalization and transfe residential treatment to appropriate community-care	d from s to r from	\$108.50
	The area of the French Community of the	N	Tidewater		
	Therapeutic Foster Care - Tidewater	N	Other (Specify) Foster Parent Transitional/Socialization Service include foster parent visits, transportation to and visits and therapy, and other necessary service facilitate socialization/normalization and transfe residential treatment to appropriate community-care	d from s to r from	\$108.50
			Maintenance Enhanced - VEMAT 16 (MTC	Month	\$896.00
			Maintenance Enhanced - VEMAT 20 (MT	Month	\$1,120.00
			Maintenance Enhanced - VEMAT 24 (MTC	Month	\$1,344.00
			Maintenance Enhanced - VEMAT 28 (MTC	Month	\$1,568.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
			Maintenance Enhanced - VEMAT 32 (MTC Maintenance Enhanced - VEMAT 36 (MTC Maintenance Enhanced - VEMAT 4 (MTCI Maintenance Enhanced - VEMAT 8 (MTC TFC Case Management (TFC-CM) Treatment Foster Care - Supervision and 3 Treatment Foster Care - Supervision and 4 Treatment Foster Care - Supervision and 5 Treatment Foster Care - Supervision and 5 Treatment Foster Care - Supervision and 6 Treatment Foster Care - Supervision and 6 Treatment Foster Care - Supervision and 6 Maintenance - Basic (0-4) (MTCE Basic 0-Maintenance - Basic (13+) (MTCE Basic Maintenance - Basic (5-12) (MTCE Basic	Month Month Month Month Month Bed Day Bed Day Bed Day Bed Day Bed Day Month Month Month	\$1,792.00 \$2,016.00 \$224.00 \$448.00 \$367.31 \$132.00 \$153.00 \$172.00 \$95.00 \$160.00 \$547.00 \$811.00 \$639.00
For Children's Sake 14900 Bogle Drive Suite 200 Chantilly, VA 20151 Ph: 703-817-9890 Fax: 703-817-9860	Therapeutic Foster Care	N	For Children's Sake Treatment Foster Care - Supervision and \$ Treatment Foster Care - Supervision and \$	Bed Day	\$672.00 \$83.88 \$89.27

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Treatment Foster Care - Supervision and	Bed Day	\$107.85
			Treatment Foster Care - Supervision and	Bed Day	\$80.00
			Treatment Foster Care - Supervison & Su	Bed Day	\$89.27
			Respite - Out of home (Respite-OutHome Ages 0 - 4	e Bed Day	\$106.42
			Respite - Out of home (Respite-OutHome Ages 5 - 12	e Bed Day	\$109.17
			Respite - Out of home (Respite-OutHome Ages 13+	Bed Day	\$114.11
			Maintenance - Basic (0-4) (MTCE Basic 0	- Month	\$547.00
			Maintenance - Basic (13+) (MTCE Basic	Month	\$811.00
			Maintenance - Basic (5-12) (MTCE Basic	Month	\$639.00
			Maintenance Enhanced - VEMAT 12 (MT	Month	\$672.00
			Maintenance Enhanced - VEMAT 16 (MT	Month	\$896.00
			Maintenance Enhanced - VEMAT 20 (MT	Month	\$1,120.00
			Maintenance Enhanced - VEMAT 24 (MT	Month	\$1,344.00
			Maintenance Enhanced - VEMAT 28 (MT	Month	\$1,568.00
			Maintenance Enhanced - VEMAT 32 (MT	Month	\$1,792.00
			Maintenance Enhanced - VEMAT 36 (MT	Month	\$2,016.00
			Maintenance Enhanced - VEMAT 4 (MTC	Month	\$224.00
			Maintenance Enhanced - VEMAT 8 (MTC	Month	\$448.00

Vendor	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
			TFC Case Management (TFC-CM) Non-Medicaid- should only be used when the years clinical necessity		\$367.31
Health Connect America, Inc 5695 King Centre Drive, Suite			N/A		
G .	TFC	N	Maintenance - Basic (0-4) (MTCE Basic 0	- Month	\$547.00
			Maintenance - Basic (13+) (MTCE Basic	Month \$	\$811.00
			Maintenance - Basic (5-12) (MTCE Basic	Month \$	\$639.00
			Maintenance Enhanced - VEMAT 4 (MTC	I Month	\$224.00
			Maintenance Enhanced - VEMAT 8 (MTC) Month	\$448.00
			Maintenance Enhanced - VEMAT 12 (MTC	Month	\$672.00
			Maintenance Enhanced - VEMAT 16 (MTC	Month \$	\$896.00
			Maintenance Enhanced - VEMAT 20 (MT	Month \$	\$1,120.00
			Maintenance Enhanced - VEMAT 24 (MTC	Month \$	\$1,344.00
			Maintenance Enhanced - VEMAT 28 (MTC	Month \$	\$1,568.00
			Maintenance Enhanced - VEMAT 32 (MTC	Month \$	\$1,792.00
			Maintenance Enhanced - VEMAT 36 (MTC	Month \$	\$2,016.00
			Treatment Foster Care - Supervision and	Bed Day	\$132.00
			Treatment Foster Care - Supervision and	Bed Day	\$153.00
			Treatment Foster Care - Supervision and	Bed Day	\$172.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
			Treatment Foster Care - Supervision and	Bed Day	\$95.00
			Treatment Foster Care - Supervison & Sup	Bed Day	\$160.00
Impact Living Services 316 Brook Park PI STE A Forest, VA 24551 Ph: 434-533-1088	TFC	N	N/A Treatment Foster Care - Supervision and S	Red Day	\$148.00
Fax:			up to 8 support hours	в Вса Вау	ψ140.00
			Treatment Foster Care - Supervision and Support hours	Bed Day	\$159.00
			Treatment Foster Care - Supervision and Support hours	Bed Day	\$132.00
			Maintenance - Basic (0-4) (MTCE Basic 0-	Month	\$521.00
			Maintenance - Basic (13+) (MTCE Basic	Month	\$772.00
			Maintenance - Basic (5-12) (MTCE Basic	Month	\$609.00
			Maintenance Enhanced - VEMAT 12 (MTC	Month	\$672.00
			Maintenance Enhanced - VEMAT 16 (MTC	Month	\$896.00
			Maintenance Enhanced - VEMAT 20 (MT	Month	\$1,120.00
			Maintenance Enhanced - VEMAT 24 (MTC	Month	\$1,344.00
			Maintenance Enhanced - VEMAT 28 (MTC	Month	\$1,568.00
			Maintenance Enhanced - VEMAT 32 (MTC	Month	\$1,792.00
			Maintenance Enhanced - VEMAT 36 (MTC	Month	\$2,016.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Maintenance Enhanced - VEMAT 4 (MTCI	Month	\$224.00
			Maintenance Enhanced - VEMAT 8 (MTC	Month	\$448.00
			Treatment Foster Care - Supervision and support hours	Bed Day	\$79.00
			Treatment Foster Care - Supervison & Sup with up to 8 support hours per month	Bed Day	\$148.00
Intercept Youth Services 5511 Staples Mill Rd., Suite 102 Richmond, VA 23228-5445 TF6	02 TFC	Y	Fresh Start		
Ph: 804-612-3315 Fax: 804-440-3711			Other (Specify) Therapeutic Aide	Hour	\$70.00
			Maintenance Enhanced - VEMAT 20 (MT	Month	\$1,120.00
			Maintenance Enhanced - VEMAT 28 (MTC	Month	\$1,568.00
			Maintenance Enhanced - VEMAT 32 (MTC	Month	\$1,792.00
			Maintenance Enhanced - VEMAT 36 (MTC	Month	\$2,016.00
			Maintenance Enhanced - VEMAT 8 (MTC	Month	\$448.00
			Maintenance - Basic (13+) (MTCE Basic	Month	\$811.00
			Treatment Foster Care - Supervision and \$	Bed Day	\$165.89

\$639.00

\$547.00

\$672.00

\$896.00

Maintenance - Basic (5-12) (MTCE Basic Month

Maintenance - Basic (0-4) (MTCE Basic 0- Month

Maintenance Enhanced - VEMAT 12 (MTC Month

Maintenance Enhanced - VEMAT 16 (MTC Month

Program / Level Description

Month
Month
Bed Day
Bed Day
Bed Day
Bed Day
Month
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Bed Day
Bed Day
Bed Day vel 2

Medicaid Provider? Service Type

KidsPeace Natl Ctrs of N. America, Inc.

4085 Independence Drive Schnecksville, PA 18078

Ph: Fax:

Vendor

Virginia Foster Care Office (Central)

Unit

Rate

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
	Therapeutic Foster Care	Y			
	Merapeutic i Oster Gare		Maintenance Enhanced - VEMAT 16 (MTC	Month	\$896.00
			Maintenance - Basic (5-12) (MTCE Basic	Month	\$639.00
			Maintenance Enhanced - VEMAT 12 (MTC	Month	\$672.00
			Maintenance Enhanced - VEMAT 36 (MTC	Month	\$2,016.00
			Maintenance Enhanced - VEMAT 4 (MTCI	Month	\$224.00
			Maintenance Enhanced - VEMAT 8 (MTC	Month	\$448.00
			Treatment Foster Care - Supervision and	Bed Day	\$148.31
			Treatment Foster Care - Supervision and	Bed Day	\$177.52
			Treatment Foster Care - Supervision and	Bed Day	\$87.64
			Respite - Out of home (Respite-OutHome	Bed Day	\$283.00
			TFC Case Management (TFC-CM)	Month	\$367.31
			Maintenance Enhanced - VEMAT 20 (MT	Month	\$1,120.00
			Maintenance Enhanced - VEMAT 24 (MTC	Month	\$1,344.00
			Maintenance Enhanced - VEMAT 28 (MTC	Month	\$1,568.00
			Maintenance Enhanced - VEMAT 32 (MTC	Month	\$1,792.00
			Maintenance - Basic (0-4) (MTCE Basic 0-	Month	\$547.00
			Maintenance - Basic (13+) (MTCE Basic	Month	\$811.00
			Treatment Foster Care - Supervison & Supervison & Supervison & Supervisor & Supervi	Bed Day	\$148.31
			Treatment Foster Care - Supervision and	Bed Day	\$116.85

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
NORTHERN VIRGINIA FAMILY SERVICE 10455 White Granite Drive, Suite 100 Oakton, VA 22124 Therapeutic Foster Care	N	Northern Virginia Family Service Maintenance Enhanced - VEMAT 8 (MTC	Month	\$448.00	
Ph: 571-748-2500 Fax: 703-385-5176			Maintenance Enhanced - VEMAT 36 (MTC		\$2,016.00
			Maintenance Enhanced - VEMAT 4 (MTC		\$224.00
			,		
			TFC Case Management (TFC-CM) should only be used when the youth meets clin necessity regardless of Medicaid status	Month ical	\$367.31
			Treatment Foster Care - Supervison & Su	Bed Day	\$136.06
			Treatment Foster Care - Supervision and	€ Bed Day	\$118.00
			Treatment Foster Care - Supervision and	∶ Bed Day	\$135.82
			Treatment Foster Care - Supervision and	€ Bed Day	\$142.72
			Respite - Out of home (Respite-OutHome Planned	e Bed Day	\$159.22
			Respite - Out of home (Respite-OutHome Emergency	e Bed Day	\$162.02
			Respite - Out of home (Respite-OutHome Extended (8+ days)	e Bed Day	\$158.51
			Maintenance Enhanced - VEMAT 12 (MT	C Month	\$672.00
			Maintenance - Basic (0-4) (MTCE Basic 0	- Month	\$547.00
			Maintenance - Basic (13+) (MTCE Basic	Month	\$811.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	<u>Rate</u>
			Maintenance - Basic (5-12) (MTCE Basic	Month	\$639.00
			Maintenance Enhanced - VEMAT 16 (MTC	Month	\$896.00
			Maintenance Enhanced - VEMAT 20 (MT	Month	\$1,120.00
			Maintenance Enhanced - VEMAT 24 (MTC	Month	\$1,344.00
			Maintenance Enhanced - VEMAT 28 (MTC	Month	\$1,568.00
			Maintenance Enhanced - VEMAT 32 (MTC	Month	\$1,792.00
			Treatment Foster Care - Supervision and	Bed Day	\$90.18
Pinnacle Family Services INC 14 W. Queens Way Hampton, VA 23669 Ph: Fax:	TFC	N	N/A Maintenance Enhanced - VEMAT 36 (MTC	Month	\$2,016.00
Presbyterian Homes and Fan 150 Linden Avenue Lynchburg, VA 24503 Ph: 434-384-3131 Fax:	nily Services Therapeutic Foster Care	N	N/A TFC Case Management (TFC-CM)	Month	\$367.31
гах.			Treatment Foster Care - Supervision and	Bed Day	\$116.00
			Treatment Foster Care - Supervision and S	Bed Day	\$128.00
			Treatment Foster Care - Supervision and S	Bed Day	\$140.00
			Treatment Foster Care - Supervision and S	Bed Day	\$85.00

CSA - Providers List

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Treatment Foster Care - Supervison & Su	Bed Day	\$125.00
			Maintenance - Basic (0-4) (MTCE Basic 0-	Month	\$547.00
			Maintenance - Basic (13+) (MTCE Basic	Month	\$811.00
			Maintenance - Basic (5-12) (MTCE Basic	Month	\$639.00
			Maintenance Enhanced - VEMAT 12 (MTC	Month	\$672.00
			Maintenance Enhanced - VEMAT 16 (MTC	Month	\$896.00
			Maintenance Enhanced - VEMAT 20 (MT	Month	\$1,120.00
			Maintenance Enhanced - VEMAT 24 (MTC	Month	\$1,344.00
			Maintenance Enhanced - VEMAT 28 (MTC	Month	\$1,568.00
			Maintenance Enhanced - VEMAT 32 (MTC	Month	\$1,792.00
			Maintenance Enhanced - VEMAT 36 (MTC	Month	\$2,016.00
			Maintenance Enhanced - VEMAT 4 (MTCI	Month	\$224.00
			Maintenance Enhanced - VEMAT 8 (MTC	Month	\$448.00
			Other (Specify) Overnight Preplacement Visitation	Bed Day	\$125.00
			Other (Specify) Preplacement Visits- Foster Families	Hour	\$40.00
			Transportation (TRAN-Svcs) Out of town travel to visits for foster families	Mile	\$0.66

Vendor	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
UNITED METHODIST FAMILY 3900 West Broad Street Richmond, VA 23230 Ph: 804-254-9662 Fax: 804-353-7683	' SERVICES Therapeutic Foster Care	N	UMFS Respite - Out of home (Respite-OutHome Day	Bed Day	\$34.44
			Maintenance - Basic (0-4) (MTCE Basic 0-	Month	\$547.00
			Maintenance - Basic (13+) (MTCE Basic	Month	\$811.00
			Treatment Foster Care - Supervision and S All areas outside of No VA	Bed Day	\$101.00
			Treatment Foster Care - Supervision and S	Bed Day	\$105.20
			Maintenance Enhanced - VEMAT 36 (MTC	Month	\$2,016.00
			Maintenance Enhanced - VEMAT 4 (MTCI	Month	\$224.00
			Maintenance Enhanced - VEMAT 8 (MTC	Month	\$448.00
			TFC Case Management (TFC-CM) should only be used when the youth meets clinic necessity regardless of Medicaid status	Month cal	\$367.31
			Treatment Foster Care - Supervison & Supervi	Day	\$108.58
			Treatment Foster Care - Supervison & Su No VA	Bed Day	\$114.42
			Treatment Foster Care - Supervision and S All areas outside of No VA	Bed Day	\$105.42
			Treatment Foster Care - Supervision and S No VA	Bed Day	\$109.82

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
			Treatment Foster Care - Supervision and S All areas outside of No VA	Bed Day	\$108.58
			Treatment Foster Care - Supervision and S No VA	Bed Day	\$114.42
			Treatment Foster Care - Supervision and S All areas outside of No VA	Bed Day	\$168.87
			Treatment Foster Care - Supervision and S No VA	Bed Day	\$175.89
			Maintenance - Basic (5-12) (MTCE Basic	Month	\$639.00
			Maintenance Enhanced - VEMAT 12 (MTC	Month	\$672.00
			Maintenance Enhanced - VEMAT 16 (MTC	Month	\$896.00
			Maintenance Enhanced - VEMAT 20 (MT	Month	\$1,120.00
			Maintenance Enhanced - VEMAT 24 (MTC	Month	\$1,344.00
			Maintenance Enhanced - VEMAT 28 (MTC	Month	\$1,568.00
			Maintenance Enhanced - VEMAT 32 (MTC	Month	\$1,792.00
			Other (Specify) TFC Pre-placement visit per night	Each	\$69.81
			Respite - Out of home (Respite-OutHome Overnight	Bed Day	\$64.89

Youth for Tomorrow-New Life Center, Inc.

11835 Hazel Circle Drive Bristow, VA 20136 Ph: 703-396-7234

Fax: 703-361-4335

Youth for Tomorrow - New Life Center, Inc.

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
	Therapeutic Foster Care	N			
	morapoulle i dolor dure		Other (Specify) Pre Placement Visit	Bed Day	\$100.00
			Treatment Foster Care - Supervision and Superv		\$29.00
			Maintenance - Basic (0-4) (MTCE Basic 0-	Month	\$547.00
			Maintenance - Basic (13+) (MTCE Basic	Month	\$811.00
			Maintenance - Basic (5-12) (MTCE Basic	Month	\$639.00
			Maintenance Enhanced - VEMAT 12 (MTC	Month	\$672.00
			Maintenance Enhanced - VEMAT 16 (MTC	Month	\$896.00
			Maintenance Enhanced - VEMAT 20 (MT	Month	\$1,120.00
			Maintenance Enhanced - VEMAT 24 (MTC	Month	\$1,344.00
			Maintenance Enhanced - VEMAT 28 (MTC	Month	\$1,568.00
			Maintenance Enhanced - VEMAT 32 (MTC	Month	\$1,792.00
			Maintenance Enhanced - VEMAT 36 (MTC	Month	\$2,016.00
			Maintenance Enhanced - VEMAT 4 (MTCI	Month	\$224.00
			Maintenance Enhanced - VEMAT 8 (MTC	Month	\$448.00
			TFC Case Management (TFC-CM)	Month	\$367.31
			Treatment Foster Care - Supervision and S	Bed Day	\$116.00
			Treatment Foster Care - Supervision and S	Bed Day	\$148.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type Unit	Rate
			Treatment Foster Care - Supervision and : Bed Day	\$155.00
			Treatment Foster Care - Supervision and : Bed Day	\$81.00
			Treatment Foster Care - Supervison & Sup Bed Day	\$150.00

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
Transportation Braley and Thompson, Inc. 2965 Colonnade Dr. Ste 130 Roanoke, VA 24018) Transportation	N	Braley and Thompson, Inc.		
Ph: 540-989-7175 Fax: 540-989-9141			Transportation (TRAN-Svcs) Transportation (TRAN-Svcs)	Mile Hour	\$0.52 \$41.20
Fairfax County NCS 12011 Government Center Pl Fairfax, VA 22035	KWY Suite 1(Transportation	N	N/A		
Ph: 703-324-5511 Fax: 703-324-5511	Available chiefly for DFS use, but not intended for youth placed with TFC providers on contracts. Must be FAPT approved. http://fairfaxnet.fairfaxcounty.gov/agencies/DFS/cyf/Forms/Rquest%20for%20Client%20Transportation.docx	nded for youth	Transportation (TRAN-Svcs) Rate up to 18,000 hours	Hour	\$84.92
		s/DFS/cyf/Forms/Re	Transportation (TRAN-Svcs) Rate over 18,000 hours	Hour	\$36.27
		ı.docx	Transportation (TRAN-Svcs) Rate up to 12,000 hours	Hour	\$90.02
			Transportation (TRAN-Svcs) Rate over 12,000 hours	Hour	\$37.04
			Transportation (TRAN-Svcs) Rate up to 13,000 hours	Hour	\$95.61
			Transportation (TRAN-Svcs) Rate over 13,000 hours	Hour	\$42.04

Transportation Page 1 of 3

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
HopSkipDrive Inc. 1320 E. 7TH STREET, SUITE Los Angeles, CALIF 90021 Ph: 844-467-7547 Fax:	E 200 Specialized Transportation for youth an "HopSkipDrive is the leading provider of door-to-door transportation services of which include foster, homeless, court invistudents. HopSkipDrive's approach, pro	f safe, flexible vulnerable populations volved and SPED	HopSkipDrive Transportation (TRAN-Svcs) Carpooling with different origins or destinations and additional \$.50 per shared mile.		\$0.50
	provides the high-quality service that me county agencies, school districts, non-provides approach, pro-	eets the needs of	Transportation (TRAN-Svcs) Initiation fee per route, fixed fee	Each	\$29.00
	The HopSkipDrive technology enables of scendule transportation	·	Transportation (TRAN-Svcs) Fixed Fee per mile	Mile	\$2.50
	solutions for youth ages 6-18+, with eas Rides are conducted have passed rigord (fingerprinting, background, DMV check inspected vehicles.	ous screening	Transportation (TRAN-Svcs) CANCELLATION FEE! if ride is cancelled within hours of the scheduled ride100% of the cost of ride		\$1.00
	We were founded by three parents who traditional transportation lacked many things, including strict safe quality of service that met the needs of the shifting schedules and routes of kids. Or remove mobility as a barrier to opportunity	ity standards and busy parents and the ur mission is to			
KidsPeace Natl Ctrs of N. An 4085 Independence Drive Schnecksville, PA 18078 Ph: Fax:	nerica, Inc. Transportation	N	N/A Transportation (TRAN-Svcs)	Mile	\$0.54

Transportation Page 2 of 3

<u>Vendor</u>	Program / Level Description	Medicaid Provider?	Service Type	<u>Unit</u>	Rate
Lifework Outreach Service 4300 Ridgewood Center Dr	•		Family Teamwork, Inc.		
Woodbridge, VA 22192 Ph: 703-580-7210 Fax: 703-580-7213	Transportation	N	ranniy reanwork, me.		
	Rides to appointments, court, probation, s	chool.	Transportation (TRAN-Svcs) with mileage	Hour	\$39.14
			Transportation (TRAN-Svcs) with hourly	Mile	\$0.55

Transportation Page 3 of 3

Program / Level Description Medicaid Provider? Service Type **Vendor** Unit Rate

> Page 1 of 1 Transportation