

# EBA Services Descriptions FY24

Assessment /Evaluations .....	1	Non-Clinical Services and Interventions .....	11
Case Management.....	5	Other: Non-Interventions/Service Enhancements .	15
Clinical Services .....	6	Residential Services .....	18
Monitoring Services.....	10		

<i>Subcategory</i>	<i>Service Name and Definition</i>
<b>Assessment /Evaluations<sup>1</sup></b>	Service conducted by a qualified professional utilizing a tool or series of tools to provide a comprehensive review with the purpose to make recommendations, provide diagnoses, identify strengths and needs, risk level, and describe the severity of the symptoms.
Mental Health Intake or Evaluation	<b>Evaluation Level 1</b> This assessment involves a review of records (including the YASI), a clinical interview, and mental status examination with the youth. The focus of this assessment is to provide diagnostic impression(s) if indicated, identify strengths, service/treatment needs, and related interventions that will support the youth’s developmentally appropriate, prosocial functioning in the community. <b>Final written report</b> will include a summary of the clinical evaluation, working diagnosis, answers to referral questions, and recommendations. <i>Evaluations can be focused on various needs including trauma, family, exploitation, gang and/or mental health.</i> <b>Completed by</b> an LMHP or by a provider practicing under the direct supervision of an LMHP and registered for such supervision with the Department of Health Professions.
Mental Health Intake or Evaluation	<b>Evaluation Level 2</b> This assessment involves a review of records (including the YASI), a clinical interview and brief mental status examination with the youth, interview with collaterals including family (as needed), and the administration, scoring, and interpretation of identified testing instruments (this should include broad-band standardized instruments or evidence-based assessment tools measuring both externalizing and internalizing symptoms). Examples may include, but are not limited to, instruments such as the BDI, BYI-2, BASC-3, or PIY. The focus of this assessment is to provide diagnostic impression(s) if indicated, identify strengths, service/treatment needs, and related interventions that will support the youth’s developmentally appropriate, prosocial functioning in the community. <b>The final written report</b> will include a qualitative and quantitative summary of administered tests, the clinical evaluation, working diagnosis, answers to referral questions, and recommendations for treatment, if needed. <i>Evaluations can be focused on various needs including trauma, gang, family, exploitation, and/or mental health.</i> <b>Completed by</b> an LMHP or by a provider practicing under the direct supervision of an LMHP and registered for such supervision with the Department of Health Professions.
Mental Health Intake or Evaluation	<b>Evaluation Level 3 Assessment and Intervention</b> In depth evaluation and intervention to provide diagnostic impression(s) if indicated, identify strengths/needs, assess the youth’s motivation, willingness, and response to interventions. Assessment will include clinical interviews (with the youth and family), review of records, collateral contacts, and a battery of testing or evidence-based assessment tools measuring both externalizing and internalizing symptoms (examples may include, but are not limited to, instruments such as the BDI, BYI-2, BASC-3, or PIY). The clinician will meet with the youth (individually and/or with the family) over a series of 4-6 sessions (minimum of four hours of sessions)

	to focus on symptoms/diagnosis, as well as an assessment of the youth's strengths, needs, personality, and provide skill-based interventions to target thinking patterns and enhance coping skills, while reviewing the youth's engagement in the process including consistency, willingness to learn, and ability to apply skills and interventions. <b>Written report</b> will include dates of interviews, sessions, data reviewed, collateral contacts, testing inventories, a detailed summary/case conceptualization, diagnostic impression (if indicated), interventions provided, youth's progress, amenability to treatment (as recommended), and identify recommendations that will support the youth's developmentally appropriate, prosocial functioning in the community. <i>Evaluations can be focused on various needs including trauma, family, gang, exploitation, and/or mental health.</i> <b>Completed by</b> an LMHP (report 5-8 pages).
Mental Health Intake or Evaluation	<b>IACCT Evaluation</b> <sup>1</sup> Independent Assessment Certification and Coordination Team (IACCT) shall assess a youth's needs to determine if placement in a residential program is needed. The IACCT will include the youth, the youth's family/legal guardian, and clinical professionals, when applicable. After the IACCT completes the assessment, the team will develop an appropriate plan of care to meet the individualized needs of the youth and family.
Mental Health Intake or Evaluation	<b>Mental Health Evaluation LMHP</b> Mental health assessment completed by an LMHP to identify strengths and needs of a court involved youth. Evaluation will include a full clinical interview which covers an accurate description of symptoms, mental status screening, drug and alcohol use, self-harm history, functioning, adaptive behaviors, family/social relationships, and diagnostic impressions. Written report will include a summary of interviews, collateral contacts, the clinical evaluation, working diagnosis, answers to referral questions, and recommendations. (Hourly service, paid for direct service hours only, as approved on the POSO).
Mental Health Intake or Evaluation	<b>Service Provider Intake</b> Bio-psycho-social intake assessment. The intake will include consent to treatment, agency orientation, releases of information for Protected Health Information (PHI), and development of the preliminary treatment plan for individual or group services (approximately 2 hours).
Psychological Evaluation	<b>Psychological Administered in Spanish</b> Psychological evaluation (based on the below definition) provided in Spanish, with interviews and testing materials provided and offered in Spanish, as applicable to complete the evaluation. Final report will be provided in English, with recommendations in Spanish for the youth/ family.
Psychological Evaluation	<b>Psychological Level 1</b> This level of assessment involves a review of records, collateral contacts with guardian(s) and/or other relevant parties, a clinical interview and mental status examination with the youth, the use of broad-band and narrow-band standardized psychological testing instruments chosen to directly address the referral question(s), provide diagnose(s), and formulate a detailed case conceptualization that informs recommendations to assist in improving a youth's psychosocial functioning. Instruments are selected to address differential diagnostic issues; examples may include, but are not limited to, the BDI, BYI-2, MACI-II, PAI-A, BASC-3, or PIY. (For example, a continuous performance test and an ADHD rating scale may be used to determine whether there is sufficient evidence to support a diagnosis of ADHD). At a minimum, the assessment will include psychological instruments measuring cognitive, personality, and psychosocial functioning; the test results will be integrated with other sources of data to inform the case conceptualization and treatment recommendations. <b>Written report</b> will include dates of interviews, data reviewed, collateral contacts, testing inventories, a detailed summary/case conceptualization, and the background section of the report will include a review of the youth's mental health, substance use, and trauma history along with criminogenic risk and protective factors. Report will provide recommendations, as

	needed, and clear answer(s) to the referral question(s). <b>Completed by</b> , or under the delegation of, a Licensed Psychologist, noted by signature(s) and license number(s).
Psychological Evaluation	<b>Psychological Level 2</b> Completed for youth involved in numerous systems, with a long history of/or complex mental health challenges and/or significant intellectual/cognitive processing impairments. Evaluation involves an extensive record review, collateral contacts with guardian(s) or other relevant parties, a clinical interview and mental status examination with the youth, the use of broad-band and narrow-band standardized psychological instruments chosen to directly address the referral question(s), provide diagnoses, and formulate a detailed case conceptualization that informs recommendations to assist in improving a youth’s psychosocial functioning. The assessment, as indicated, will include psychological instruments measuring cognitive, personality, and psychosocial functioning; the test results will be integrated with other sources of data to inform the case conceptualization and treatment recommendations (i.e., instruments are selected to address differential diagnostic issues). Achievement testing may be added to help identify processing difficulties suggestive of a specific learning disorder. Screening for neuro-psychological functioning may be indicated for youth with a history of head trauma). <b>Written report</b> will include dates of interviews, data reviewed, collateral contacts, testing batteries, the background section of the report will include a review of the youth’s relevant mental health, substance use, and trauma history along with criminogenic risk and protective factors, summary and results of the psychological tests utilized, and a detailed summary/case conceptualization. Report will provide recommendations, as needed, and clear answer(s) to the referral question(s). <b>Completed by</b> Licensed Psychologist only.
Psychological Evaluation	<b>Psychological Update</b> To be used when a psychological or psychosexual evaluation has been completed within the last year. This will include an updated record review and clinical evaluation (testing as needed with rationale). <b>Written report</b> will include summary, answer to the referral questions, and youth specific recommendations (hourly rate, generally 2-3 hours based on information needed).
Psychological Evaluation	<b>Psychological with Violence Risk Assessment</b> Includes a combination of interviews, record review, collateral contacts, clinical judgement and empirically-guided risk assessment tool to determine the level of risk for violent re-offense, responsivity considerations, strengths and assets of the individual/ family, level of placement consideration, and treatment needs. The violence risk is completed in conjunction with a psychological evaluation. At a minimum, the assessment will include psychological instruments measuring cognitive, personality, and psychosocial functioning; the test results will be integrated with other sources of data to inform the case conceptualization and treatment recommendations. Written report will include dates of interviews, data reviewed, collateral contacts, testing inventories, a detailed summary/case conceptualization, and the background section of the report will include a review of the youth’s mental health, substance use, and trauma history along with criminogenic risk and protective factors. Report will provide recommendations, as needed, and clear answer(s) to the referral question(s). <b>Completed by</b> , or under the delegation of, a Licensed Psychologist, noted by signature(s) and license number(s).
Psychological Evaluation	<b>Violence Risk Assessment</b> Includes a clinical interview and mental status examination with the youth, in combination with collateral interviews, record review, clinical judgement and empirically-guided risk assessment to determine the level of risk for violent re-offense, responsivity considerations, strengths and assets of the individual/ family, level of placement consideration, and treatment needs. Written report will include dates of interviews, data reviewed, collateral contacts, testing inventories, a detailed summary/case conceptualization, diagnostic impression (if indicated), amenability to treatment, and recommendations that will support the youth’s

	functioning in the community. Completed by a Licensed Psychologist or LMHP directly supervised by a Licensed Psychologist.
Substance Use Assessment/Evaluation	<b>Substance Abuse Evaluation</b> Review of records, interview with youth, social history, SASSI, collateral interviews, and urine drug screen, as appropriate. Evaluation is <b>completed by</b> a CSAC or LMHP. <b>Written report</b> and clear treatment recommendations (2-3 hours, written report 3 to 4 pages).
Youth with Sexualized Behaviors Assessment/Evaluation	<b>Assessment of Sexual Behavior Problems in Children (ASBPC)</b> A comprehensive and focused assessment for children/youth under 12 with specific attention to sexual development and sexual behaviors. The assessment begins with an intake interview with parents/referring professional to collect a detailed developmental history, hear what, how, and when specific problem sexual behaviors arose, and what interventions have been used to date. Collateral information is obtained from relevant professionals who observe the child's behavior patterns. The assessment phase consists of numerous sessions designed to allow children ample time to become comfortable with the setting and therapist. Clinicians do not initially ask children direct questions about their problem sexual behaviors but instead utilize expressive therapies to allow them to communicate in nonverbal ways (e.g., clinicians to comment on children's physical/emotional functioning, themes evident in play, language, behavior, or activities, along with relational issues, observed or reported symptomatology, communication style, spontaneous verbal communications and differential developmental functioning based on age, gender, or culture). Clinicians also comment on youth's sexual development and/or areas that appear problematic or in need of intervention. Includes written report with recommendations. <b>Completed by</b> a CSOTP.
Youth with Sexualized Behaviors Assessment/Evaluation	<b>Psycho-Sexual Evaluation</b> Review records of the youth's mental health, substance abuse, trauma history, and sexualized behaviors (including police reports); interview youth and family, as appropriate; phone calls to collaterals; inventories/questionnaires and risk assessment tools as appropriate (e.g., ERASOR, PROFESOR, JSOAP-2, etc.); written summary report will address the referral questions, risk considerations, and youth specific recommendations for treatment interventions, as appropriate. <b>Completed by</b> CSOTP or PhD (Approximately 5-7 hours, <b>written report</b> 8 to 12 pages).
Youth with Sexualized Behaviors Assessment/Evaluation	<b>Psycho-Sexual Evaluation with Psychological Testing</b> Review records of the youth's mental health, substance abuse, trauma history, and sexualized behaviors (psycho-sexual evaluations typically come with an extensive dataset of records to be reviewed before the evaluation interview); interview youth and family, psychological testing and scoring to include: inventories/questionnaires to assess mental health symptoms and personality features, cognitive/ intellectual abilities, academic achievement, memory, and cognitive processing speed. Includes an analysis of components of the youth's life such as development, behavior, education, medical history, and relationships. Risk assessment tools as appropriate (e.g., ERASOR, JSOAP-2, PROFESOR, etc.); phone calls to collaterals; written summary report that addresses the referral questions, risk considerations, and recommendations for treatment interventions, as appropriate. <b>Completed by</b> Licensed Psychologist and CSOTP. (Approximately 6-8 hours, <b>written report</b> 8 to 14 pages).
Youth with Sexualized Behaviors Assessment/Evaluation	<b>Psycho-Sexual Update</b> To be used when a psychological or psychosexual evaluation has been completed within the last year. This will include an updated record review and clinical evaluation (testing as needed with rationale). <b>Written report</b> will include summary, answer to the referral questions, and youth specific recommendations (hourly rate, generally 2-3 hours based on information needed).

**Case Management** Coordination services to assist DJJ-involved youth and families with behavioral or mental health challenges who reside in a community setting in gaining access to needed medical, social, educational, and other services.

<p>Intensive Care Coordination (ICC)</p>	<p><b>High Fidelity Wraparound Intensive Care Coordination*<sup>2</sup></b> Services conducted for court involved youth who are at risk of placement out of the home or already placed out of the home. Services extend beyond the regular case management provided within the normal scope of responsibilities of CSU staff and include: identifying the strengths and needs of the youth/family through comprehensive family-centered assessments, developing plans in the event of crisis situations, identifying specific formal services and informal supports necessary to meet the identified needs of the youth and their family, building upon the identified strengths, implementing regular monitoring of and revisions to the service plan to determine whether the services and placement continue to provide the most appropriate and effective interventions for the youth/family. ICC providers must be trained and current in the High-Fidelity Wraparound (HFW) model of Intensive Care Coordination (ICC).</p>
<p>Intensive Care Coordination (ICC)</p>	<p><b>Intensive Care Coordination Family Support Partner*<sup>2</sup></b> A family support partner is part of the High-Fidelity Wraparound (HFW) team that offers various levels of support for families based on the family’s needs and the HFW plan. The support partner works closely with the HFW Facilitator to support positive outcomes for the family.</p>
<p>Mental Health Case Management</p>	<p><b>Mental Health Case Management<sup>1</sup></b> Defined as a service to assist DJJ involved youth/young adults with behavioral/mental health problems who reside in a community setting in gaining access to needed medical, social, educational, and other services. Mental Health Case Management can only be provided by the local CSB.</p>
<p>Substance Use Case Management</p>	<p><b>Substance Abuse Case Management<sup>1</sup></b> Assists youth, adults, and their families with accessing needed medical, psychiatric, substance abuse, social, educational, vocational services, and other supports essential to meeting basic needs. If an individual has co-occurring mental health and substance abuse disorders, the case manager shall include activities to address both the mental health and substance use disorders. Only one type of case management may be billed at one time.</p>

**Clinical Services<sup>1</sup>** A broad array of clinical services targeted to aid, support, and/or provide training in various community settings to build natural supports and functional skills that empower individuals and families working towards autonomy, attaining and sustaining community placement, preserving the family structure, and assisting parents in effectively meeting the needs of their court involved youth in a safe, positive, and healthy manner. Services are clinical in nature but also include skill building and behavioral interventions.

Crisis Services	<p><b>Community Stabilization<sup>1</sup></b> Community Stabilization services are short-term and designed to support an individual and their natural support system following contact with an initial crisis response service or as a diversion to a higher level of care. Providers deliver community stabilization services in an individual’s natural environment and provide referral and linkage to other community-based services at the appropriate level of care. Interventions may include brief therapeutic and skill building interventions, engagement of natural supports, interventions to integrate natural supports in the de-escalation and stabilization of the crisis, and coordination of follow-up services. Coordination of specialized services to address the needs of co-occurring intellectual/developmental disabilities and substance use are also available through this service. Services should involve advocacy and networking to provide linkages and referrals to appropriate community-based services and assisting the individual and their family or caregiver in accessing other benefits or assistance programs for which they may be eligible. The goals are to provide normative environments with a high assurance of safety and security for crisis intervention; stabilize individuals in psychiatric crisis; and mobilize the resources of the community support system, family members, and others for ongoing maintenance, rehabilitation, and recovery. (Bachelors   Masters   Multidisciplinary   Multidisciplinary, less than Bachelors)</p>
Family Therapy	<p><b>Brief Strategic Family Therapy (BSFT)*</b> A short-term (12-16 sessions) evidence-based family therapy intervention for youth 6-18. BSFT uses a structured, problem-focused, directive, and practical approach to the treatment of youth conduct including substance use, associations with antisocial peers, truancy, bullying, and other recognized youth risk factors. Components include diagnosing the dysfunctional interaction patterns that affect families from reaching their goals, then focuses interventions and skills building strategies change and restructure family interactions.</p>
Family Therapy	<p><b>Family Centered Treatment* (FCT)</b> Evidence-based and well-supported trauma treatment model of home-based family therapy, case management, skills training, and crisis intervention provided by a trained and certified agency. FCT seeks to address the causes of parental system breakdown, while integrating behavioral change. FCT provides intensive in-home services and is structured into four phases: joining and assessment, restructuring, value change, and generalization.</p>
Family Therapy	<p><b>Family Therapy</b> Counseling with an LMHP that involves members of the youth’s identified family. Sessions may occur with the family alone or with the youth and family together, based upon the identified needs</p>
Family Therapy	<p><b>Functional Family Therapy<sup>1,2,*</sup> (FFT)</b> A short-term, community- and evidence-based intervention for youth ages 11-18 with various emotional and behavioral problems. A major goal of FFT is to improve family communication and supportiveness while decreasing the intense negativity so often characteristic of these families, working in phases. <i>FFT must be delivered by trained and certified practitioners who meet national FFT standards; an FFT addendum is required. (Standard rate or NOVA Rate)</i></p>
Family Therapy	<p><b>Home-Based Services</b> Home-based individual and family services performed by QMHP for court involved youth who do not meet the medical necessity of IAH services, with the goal of maintaining placement in the community. Services will include the development of an individualized service plan which will guide the interventions and provide support in stabilizing the youth and family. Home-based services may be used in conjunction with a clinical service to support communication, problem solving, and support a relapse prevention plan. <i>Service may</i></p>

	<i>only be performed by an agency otherwise licensed by DBHDS to provide Intensive-In Home Services</i>
Family Therapy	<b>Intensive In-Home (IIH) Services<sup>1</sup></b> IIH services provided by a QMHP for youth under age 21 are intensive, time-limited interventions provided to youth who have or are at-risk of serious emotional disturbance. Services typically occur in the residence of a youth who is at risk of an out-of-home placement or who is being transitioned to home from out of-home placement due to documented clinical needs. All interventions and the settings of the interventions shall be defined in the Service Plan. IIH services shall be designed to specifically improve family dynamics, provide modeling, and the clinically necessary interventions that increase functional and therapeutic interpersonal relations between family members in the home. These services include individual and family counseling, communication skills (e.g., counseling to assist the youth and their parents or guardians, as appropriate, to understand and practice appropriate problem solving, anger management, etc.), care coordination with other required services, and 24-hour emergency crisis response.
Family Therapy	<b>Parent Child Interaction Therapy (PCIT)</b> PCIT is a short-term evidence-based treatment for young children with behavioral challenges (ages 2-7). PCIT is provided in two phases: (1) establishing warmth in the relationship between the parent and child as they apply skills that help the child feel calm and secure in their relationship with their parents, and about themselves and (2) equips parents to manage the most challenging behaviors while remaining confident, calm, and consistent in their approach to discipline. Parents learn proven strategies to help their child accept limits, comply with directions, respect house rules, and demonstrate appropriate behavior in public. PCIT works with the child and caregiver together to improve behavior and reduce parenting stress (Certified or Non-Certified Team).
Family Therapy	<b>Multi-Systemic Therapy<sup>1,2,*</sup> (MST)</b> A short-term, community- and evidence-based intervention for youth ages 11-17 with various emotional and behavioral problems who are at risk of out of home placement and other serious negative outcomes. MST focuses on addressing all environmental systems that impact high-risk youth, their homes, families, schools, teachers, neighborhoods, and friends. MST recognizes that each system plays a critical role in a youth's world and each system requires attention when effective change is needed to improve the quality of life for youth and their families. <i>MST must be delivered by a team of trained and certified practitioners who meet national MST standards; an MST addendum is required. (Standard rate)</i>
Group Therapy	<b>Clinical Group</b> A group not otherwise defined (approved by EBA/DJJ with a Logic Model) which may include cognitive behavioral health treatment, anger management, or other group processes facilitated by an LMHP with youth or family.
Group Therapy	<b>Dialectical Behavior Therapy Individual* (DBT)</b> DBT Individual therapy with a trained professional with a focus on a youth learning behavioral skills to live in the moment (mindfulness), develop healthy ways to cope with stress, regulate emotions, and improve relationships. DBT is a cognitive behavioral therapy provided by an LMHP trained in the method.
Individual Therapy	<b>Assertive Community Treatment (ACT)<sup>1</sup></b> ACT provides long term needed treatment, rehabilitation, and support services to identified individuals with severe and persistent mental illness especially those who have severe symptoms that are not effectively remedied by available treatments or who because of reasons related to their mental illness resist or avoid involvement with mental health services in the community. ACT services are offered to outpatients outside of clinic, hospital, or program office settings for individuals who are best served in the community. (Base Large Team   Base Medium Team   Base Small Team   High Fidelity Large Team   High Fidelity Medium Team   High Fidelity Small Team)
Individual Therapy	<b>Individual Therapy<sup>1</sup></b> Counseling services provided by an LMHP with a court-involved youth to meet identified treatment goals.
Individual Therapy	<b>Mental Health Skills Building<sup>1</sup> (MHSB)</b> A training service for individuals with significant psychiatric functional limitations designed to train individuals in functional skills and appropriate behaviors

	related to the individual's health and safety, activities of daily living, use of community resources, assistance with medication management, and monitoring health, nutrition, and physical conditions. These services are intended to enable court involved youth with significant mental illness to achieve and maintain community stability and independence in the most appropriate, least restrictive environment. (1 unit 1- 2.99 hrs./2 units 3-4.99 hrs./3 units 5-6.99 hrs./4 units 7 or more hrs.) <b>(Rural or Urban Rate)</b>
Individual Therapy	<b>Outpatient Therapy<sup>1</sup></b> Counseling services provided by an LMHP with a court-involved youth to meet identified treatment goals. Service may include individual and family sessions to meet the youth's overarching service plan goals.
Specialized Individual Therapy	<b>Dialectical Behavior Therapy Group</b> DBT is a type of cognitive behavioral therapy that combines strategies including mindfulness, acceptance, and emotion regulation. Service includes participation in a structured stage-based cognitive behavioral and psychoeducational approach facilitated by a trained LMHP with no more than 8 participants.
Specialized Individual Therapy	<b>Eye Movement Desensitization and Reprocessing* (EMDR)</b> A structured interactive therapy that encourages the patient to briefly focus on the trauma memory while simultaneously experiencing bilateral stimulation (typically eye movements), which is associated with a reduction in the vividness and negative emotions associated with the trauma memories. A phase-based psychotherapy method designed to assist in the recovery of trauma, anxiety, depression, panic disorders, and other distressing life experiences. Performed by a certified EMDR clinician.
Specialized Individual Therapy	<b>Relapse Prevention Therapy (Dual)</b> Outpatient treatment provided by a qualified provider (e.g., LMHP, CSAC, CSOTP) to sustain treatment strides and effectively transition into the community; continually addressing risk factors, building resiliency, and coping skills to maintain safely in the community for a variety of identified needs (e.g., sexualized behaviors, substance use, emotional regulation, etc.). This service is designed for youth who have completed specialized treatment program(s), with the expectation that the therapist meets with the former clinician to support an effective transition. Service may occur individually or with family members as needed to achieve and maintain the youth's service plan goals.
Specialized Individual Therapy	<b>Specialized Therapy*</b> Outpatient services provided by an LMHP with additional training or certifications to meet a specific identified need. Service must be provided to fidelity and documentation of certifications shall be provided to CONTRACTOR (e.g., MI, Havening).
Specialized Individual Therapy	<b>Therapy for Exploited Youth</b> Clinical services specifically directed towards victim of sexual exploitation. The focus of treatment is specific to assisting the youth to understand exploitation, their trauma associated to it, and promote healing. Following the youth's acknowledgement of their trauma, the clinician helps the youth reduce negative symptoms and behavioral patterns, build skills, and develop healthy age-appropriate coping strategies.
Specialized Individual Therapy	<b>Trauma Focused Cognitive Behavioral Therapy*</b> A counseling approach for youth who have a variety of symptoms associated with exposure to trauma. TF-CBT is designed to reduce negative emotional and behavioral responses following child sexual abuse, domestic violence, traumatic loss, and other traumatic events. The intervention also supports caregivers in implementing positive parenting skills and positive interactions with the youth. Provided by an LMHP certified to deliver TF-CBT or currently receiving certification supervision for approximately 12 to 25 sessions, typically over 12 - 16 weeks.
Substance Use	<b>Adolescent Community Reinforcement Approach (ACRA)*</b> An outpatient program which uses both behavioral and cognitive-behavioral techniques to replace environmental triggers and cues that have supported alcohol or drug use with prosocial activities and new social skills that support recovery. The A-CRA intervention is typically delivered over 12 to 14 weeks and generally includes ten 1-hour individual sessions, two 1-hour sessions with parents/caregivers, and two 1-hour sessions with both the youth and parents/caregivers together.
Substance Use	<b>Family Therapy for Substance Abuse<sup>1</sup></b> Outpatient family treatment provided by an LMHP or CSAC to address identified treatment needs and risk factors related to substance usage for court



	involved youth. Service may include family sessions with or without the youth present, to support the goals identified in the service plan.
Substance Use	<b>Group Therapy for Substance Abuse</b> Clinical group counseling provided by an LMHP or CSAC. Service may include SA screens as needed. A curriculum, detailed description, or Logic Model may be requested.
Substance Use	<b>Group Therapy for Substance Abuse</b> Clinical group counseling provided by an LMHP or CSAC. Service may include SA screens as needed. A curriculum, detailed description, or Logic Model may be requested.
Substance Use	<b>Individual Therapy for Substance Abuse</b> Outpatient individual treatment provided by an LMHP or CSAC to address identified treatment needs and risk factors related to usage for court involved youth with substance abuse disorders or an identified substance abuse need.
Substance Use	<b>Relapse Prevention for Substance Abuse<sup>1</sup></b> Outpatient treatment provided by a qualified provider (e.g., LMHP, CSAC) to sustain treatment strides and effectively transition into the community; continually addressing risk factors, building resiliency and coping skills to maintain sobriety in the community. This service is designed for youth who have completed a substance abuse treatment program, with a planned transition from the prior clinician. Service may occur individually, with family sessions as needed.
Substance Use	<b>Seven Challenges Brief for Substance Abuse*</b> Brief Challenges is designed for adolescents and young adults who have a known or suspected drug problem and is designed to serve three functions: assessment of drug and co-occurring problems, brief therapy intervention for drug problems, and support in responding to external pressures for abstinence. Six hourly sessions including guardian and client orientation, four individual one-on-one sessions, and a final session with guardian, client, and Probation Officer for summary and recommendations. (6 total sessions)

## Monitoring Services

Electronic Monitoring	<p><b>GPS Electronic Monitoring with check-ins</b> Monitoring and GPS tracking service utilized for youth on Direct Care status or Parole supervision. Youth on Parole may be living in the community or in a residential program. Service may be utilized as a step-down from Direct Care or as a graduated sanction for Parole rule non-compliance. PROVIDER shall follow the DJJ process for handling alerts and violations of rules and restrictions defined by DJJ staff at the time of the referral, with ongoing communication provided between the PROVIDER and the assigned DJJ staff. The PROVIDER shall ensure that they have emergency contact information for DJJ staff for reporting required alerts during both business hours and outside of normal business hours. Monitoring shall include a minimum of 2-3 remote check-ins per week (video or telephone) with the youth and caregiver. For youth living in a residential program, including an IL placement, the check-in may be with the residential provider or youth, with at least one weekly contact made directly with the youth (unless otherwise noted on the Service Authorization). Service provision requires response to alerts and notification protocols defined by the DJJ assigned staff, at the time of referral including immediate and delayed response criteria, and a monthly summary of the youth's activity on the EBA GPS Report Template, or another approved format.</p>
Electronic Monitoring	<p><b>GPS Electronic Monitoring Setup</b> One-time fee for equipment set up and installation (inclusive of pick up and disconnection). The enhanced rate will be issued in conjunction with the necessary federal mileage rate to cover travel outside of or over the provider's coverage area. (Standard)</p>
Electronic Monitoring	<p><b>GPS Electronic Monitoring Expanded Setup</b> One-time fee for equipment set up and installation (inclusive of pick up and disconnection). The enhanced rate will be issued in conjunction with the necessary federal mileage rate to cover travel outside of or over the provider's coverage area. <b>(Expanded)</b></p>
Surveillance	<p><b>Face-to-Face Surveillance as an add-on to GPS</b> Face-to-face monitoring of the juvenile, in conjunction with GPS services. Face-to-face surveillance must be pre-authorized and pre-approved on the POSO and is paid only on days the youth is seen; a missed attempt/failed appearance of the youth may be billable, in conjunction with the completion of an Incident Report and/or close communication with the PO (and RSC) to verify the need for continued services. Face-to-Face monitoring may be scheduled weekly, as prescribed by the PO, or as needed; in response to crisis, alerts, non-compliance, emergencies, or equipment issues, as authorized on the POSO.</p>

**Non-Clinical Services and Interventions** A broad array of services targeted to provide skill building intervention, support, and/or training in various community settings to build natural supports and functional skills, to progress towards autonomy, attain/sustain within the community, and assist youth in effecting behavior change (e.g., skill-based, vocational).

Anger Management	<b>Aggression Replacement Training Group (ART)*</b> Cognitive behavioral intervention focused on adolescents, training them to cope with their aggressive and violent behaviors. A multimodal program that has three components: social skills, anger control, and moral reasoning. (10 sessions/groups).
Anger Management	<b>Anger Management Group</b> Evidence-based, evidence-informed, or another group not otherwise defined (with curriculum approved by EBA/DJJ). Group will utilize skills-based anger prevention and control techniques by a trained facilitator.
Anger Management	<b>Anger Management Intervention</b> Individual skill-based, cognitive behavioral intervention provided to youth; including identification of triggers, communication, and techniques to enhance healthy coping skills.
Behavioral Intervention and Educational Course	<b>Conflict Wise</b> addresses the impact of abusive behaviors in an online, e-learning course designed as a prevention or intervention for youth. The interactive course utilizes evidence-based practices and generates a personalized feedback report to assist youth in making positive changes. Conflict Wise helps individuals recognize the impact of their abusive behaviors on themselves and others. It also identifies high-risk drinking, drug use, criminal activities, and other risky behaviors that may contribute to their abusive behaviors. Youth may also print the certificate of completion once the full course has been completed.
Behavioral Intervention and Educational Course	<b>Diversity, Equity &amp; Inclusion</b> course promotes safe communities through education on the crucial concepts of diversity, equity, and inclusion with the goal of supporting safe and healthy communities. The interactive on-line course utilizes evidence-based practices and generates a personalized feedback report to assist youth in making positive changes. Youth may also print the certificate of completion once the full course has been completed.
Behavioral Intervention and Educational Course	<b>Nicotine 101</b> Course focuses on the impact of smoking, vaping, and other nicotine-containing products. The online, e-learning course designed as a prevention or intervention for youth. Individuals will finish the course informed about the effects nicotine has on their body, the risk of addiction, and the impact it has on their developing brain. The interactive course utilizes evidence-based practices and generates a personalized feedback report to assist youth in making positive changes. Youth may also print the certificate of completion once the full course has been completed.
Behavioral Intervention and Educational Course	<b>Other Drugs</b> Course focuses on the effects, risks, and consequences of illicit drug use and prescription drug misuse through an online, e-learning course. Other Drugs is an intervention for individuals with current or past experiences with illicit drugs and/or prescription misuse. Other Drugs covers the main drug classes of opiates, depressants, stimulants, and hallucinogens. It includes commonly misused prescription medications, such as Adderall, Ritalin, Vicodin, Oxycontin, Xanax, and Ambien. Other Drugs provides personalized feedback and addresses risks, effects, and consequences to the individual in a motivational interviewing style. It helps the individual recognize and reflect upon their beliefs, attitudes, and behaviors. Youth may also print the certificate of completion once the full course has been completed.
Behavioral Intervention and Educational Course	<b>Respect &amp; Resolve</b> Title IX course that focuses on safe and healthy interpersonal relationships. Respect & Resolve Course may be used for underage sexting, bullying and other interpersonal violations to empower offenders to choose and maintain

	<p>healthy relationships. This course explores crucial concepts for building self-esteem and emotional health, as well as communication and conflict-resolution strategies. It also covers abusive relationship awareness, strategies for recognizing coercive behavior, and safe, positive, active bystander intervention strategies. Youth may also print the certificate of completion once the full course has been completed.</p>
Behavioral Intervention and Educational Course	<p><b>STOPLifting</b> Online intervention/ e-learning course for shoplifting violations. STOPLifting contains a personalized feedback report that helps individuals reflect on their behaviors, consequences, attitudes, and beliefs regarding shoplifting. STOPLifting utilizes evidence-based behavior change strategies which help the individual move from ambivalence to awareness to a change in behavior. Youth may also print the certificate of completion once the full course has been completed.</p>
Behavioral Intervention and Educational Course	<p><b>THC 101 JV</b> Online intervention course for juveniles with cannabis violations. THC 101 JV integrates personalized feedback using the individual's responses and the eCHECKUP TO GO brief intervention tool. THC 101 JV covers cannabis smoking, vaping, concentrates, and edibles. Individuals are guided through a personalized plan of action for making positive behavior changes, identifying protective behaviors to reduce use and negative consequences. The course includes a 30-day booster to measure changes in the individual's attitudes and behavior. Youth may also print the certificate of completion once the full course has been completed.</p>
Behavioral Intervention and Educational Course	<p><b>Under the Influence</b> Online e-learning intervention for alcohol violations. Under the Influence alcohol intervention is used for alcohol violations. The course includes lessons on key issues such as effects on health, drinking and driving, state-specific laws, and alcohol/ prescription interactions. This highly individualized course uses top tier evidence-based strategies, and integrates the NIAAA-recognized, highly effective eCHECKUP TO GO brief intervention tool that has been proven to reduce high-risk drinking behavior. A brief 30-day booster is included to measure changes in the individual's attitudes and behavior. Individuals receive a confidential feedback summary that can be used in a tiered intervention strategy. Youth may also print the certificate of completion once the full course has been completed.</p>
Conferencing/Mediation	<p><b>Family Partnership Meeting (FPM) Facilitation<sup>3,*</sup></b> An FPM is a relationship focused approach that provides structure for decision making and empowers the court involved youth, family members, and the community in the decision-making process. It extends partnership messages to caregivers, providers, and neighborhood stakeholders for the involved youth.</p>
Employment/Workforce Services	<p><b>Job-Readiness and Employment Coach</b> One to one service offered to enhance the youth's employability. Service may include assessments, remediation, case management, skill building activities, support of educational and vocational programs, job placement, and ongoing monitoring of the youth's employment status. Only direct service hours provided with the youth are billable, the service is expected to include ongoing collaterals with employers (which must be documented in monthly reports).</p>
Employment/Workforce Services	<p><b>Job Readiness and Employment Group</b> Workforce group that consist of soft skill building activities to prepare a youth for locating a job and maintaining employment (e.g., resume building, job seeking).</p>
Employment/Workforce Services	<p><b>Supported Employment Service<sup>7</sup></b> DRS certified Supported Employment program. Service will assist a youth in gaining and maintaining employment. Service may include situational assessments, job coaching and training services, job placement and training services as outlined in the service plan.</p>

Employment/Workforce Services	<b>Vocational Training Group</b> Services designed to train youth with job readiness activities, career preparation, and assistance in obtaining certifications to enhance employment opportunities.
Employment/Workforce Services	<b>Vocational Training Individual</b> Services designed to train youth with job readiness activities, career preparation, and assistance in obtaining certifications to enhance employment opportunities.
Gang Intervention	<b>Gang Intervention Service</b> Comprehensive intervention to include a blend of skill coaching, psychoeducational interventions, resource connection, care coordination, and possibly clinical activities provided to court involved youth and their families. Service will address gang culture and effective interventions to change patterns and social interactions. (Logic Model or detailed definition may be requested for variations of the gang intervention service).
Skills Coaching Group	<b>Girls Circle Group*</b> A structured support group for girls and gender-expansive youth from 9-18 years which integrates relational theory, resiliency practices, and skills training. Designed to increase positive connection, personal and collective strengths, and competence in girls. Groups are age-appropriate with gender-relevant themes and employ strengths-based facilitation strategies (8-12 weeks).
Skills Coaching Group	<b>Moral Reconation Therapy*</b> An evidenced-based, open-ended group intervention that utilizes a series of group sessions (with individually prescribed homework assignments) designed to treat a range of behaviors, including substance abuse and criminal thinking/ideation. Therapy is a systematic, cognitive behavioral treatment approach that addresses beliefs and reasoning to restructure thinking and improve modal reasoning. (20-30 group sessions provided by a trained facilitator, with 5-15 youth).
Skills Coaching Group	<b>Non-Clinical Skills Group</b> Evidence-based or evidence-informed group, approved by EBA/DJJ not otherwise defined. Groups may include a cognitive skills-based, anger management, or psychoeducational process by a trained facilitator.
Skills Coaching Group	<b>Parenting Skills Group Intervention for Youth</b> Parenting skills development provided in a group setting, to court involved pregnant youth or youth with children of their own, to equip them for parenthood including skills needed to safely, effectively, and calmly parent a child.
Skills Coaching Group	<b>Thinking for a Change Group (T4C)*</b> A cognitive-behavioral curriculum developed by the National Institute of Corrections that concentrates on changing the criminogenic thinking of offenders. T4C is a cognitive-behavioral therapy (CBT) program that includes cognitive restructuring, social skills development, and the development of problem-solving skills. (Typically, 25 group sessions from 1 to 2 hours each).
Skills Coaching Individual	<b>Casey Life Skills (CLS)</b> Cognitive Skill-building and mentoring /coaching beginning with the Casey Life Skills Assessment (CLSA)*. The CLSA will be used to create a Service Plan within the first 14 days of services, to include interventions outlined in the Casey Life Skills resource guide and to enhance independent living skills and career preparation on an individual level within the community. Group services may be approved on a case-by-case level by the PO. Services will be guided by the service plan and include short-term, measurable goals. The discharge summary will include the progress captured from the pre- and post-CLSA. Upon request, PROVIDER shall submit documentation to PRIME CONTRACTOR evidencing PROVIDER'S compliance with the PROVIDER'S internal staffing credential requirements, oversight and training, and all other requirements of staff providing CLS to youth.
Skills Coaching Individual	<b>Life Skills Coaching</b> Individualized social skill development and coaching service provided to court involved youth designed to enhance social skills, build resiliency and increase protective factors. Court involved youth will be appropriately matched

	<p>with screened and trained adults to focus on age appropriate social skills including communication, problem solving, conflict resolution, self-awareness, and interpersonal skills. Service interventions may include structured activities, instruction, modeling of behavior, practice and rehearsal, feedback, and re-enforcement, intended to meet the goals on the service plan. Group services may be approved on a case-by-case level by the PO. Upon request, PROVIDER shall submit documentation to PRIME CONTRACTOR evidencing PROVIDER'S compliance with the PROVIDER'S internal staff credential requirements, oversight and training, and all other requirements of staff providing life skills coaching to youth.</p>
<p>Skills Coaching Individual</p>	<p><b>Parenting Skills Intervention for Youth</b> Individualized interventions and parenting skills development provided to court involved youth with children of their own, to equip them for parenthood including skills needed to safely, effectively, and calmly parent a child.</p>

**Other: Non-Interventions/Service Enhancements** A uniquely designed service, or one not otherwise named and defined, that will ensure the safety and well-being of a court involved youth to support family preservation and compliance with court and address risk, need, and responsibility on an individualized basis.

Court Appearance	<b>Court Appearance</b> Fee for court appearance, when subpoenaed for testimony for non-clinical services or GPS/EM.
Court Appearance	<b>Court Appearance</b> Hourly rate for testimony needed in connection with a court ordered evaluation or ongoing clinical treatment, prior approval needed. <b>(Substance Use Services)</b>
Court Appearance	<b>Court Appearance</b> Hourly rate for testimony needed in connection with a court ordered evaluation or ongoing clinical treatment, prior approval needed. <b>(LMHP Rate)</b>
Court Appearance	<b>Court Appearance</b> Hourly rate for testimony needed in connection with a court ordered evaluation or ongoing clinical treatment, prior approval needed. <b>(CSOTP)</b>
Court Appearance	<b>Court Appearance</b> Hourly rate for testimony needed in connection with a court ordered evaluation or ongoing clinical treatment, prior approval needed. <b>(PhD rate)</b>
Employment/Workforce Services	<b>Vocational Training Program</b> A structured program or group that teaches hard skills, in which the youth earns an industry recognized certification or credential (An industry certification is a credential recognized by business and industry at the local, state or national level. e.g., assessment, examination or license administered and recognized by an industry third-party or governing board). The rate includes standardized training, assessments and certification costs that result in the youth earning an industry recognized credential. Service may be provided directly from a DSP or purchased and reimbursed through a pre-approved purchase order. Cost must be pre-approved and will be reimbursed to the DSP upon completion or through month-to-month fees, paid in arrears. Youth stipends may be offered at milestones or upon completion of the program and can be accounted for in the related service enhancement.
Feedback Session	<b>Feedback Session</b> Review recommendations with the youth, family, guardian, referring court service unit staff and/or treatment team as needed, during or following the evaluation to review recommendations for treatment or safety pre-cautions. Session must be documented with date, time, and participants. Complicated cases may have more than one feedback session if additional consultations are needed; This may include attempts to contact or formal written report to the court if the evaluation is not completed.
Language Services	<b>Interpreter Services</b> Service deferential to cover the cost of testing materials for evaluations or translation services needed to address language related barriers for a youth's treatment services, treatment team meetings, or ongoing communication with their assigned court service unit staff.
Language Services	<b>Translation Materials</b> Funding for the cost deferential to cover the cost of testing materials for evaluations or translation services needed to address language related barriers for a youth's treatment needs.
Service Enhancement Other	<b>Clinical Case Consultation</b> Supplemental service to include information sharing, case staffing's and collaboration with designated DJJ staff, family members and other providers for safety planning, treatment team meetings to enhance safety within the community, outside of authorized services or as a standalone service for specialized clinical consultation.

Service Enhancement Other	<b>Location Enhancement COLA</b> Service enhancement added to a POSO to account for increased operational cost in a geographical area or deferential to cover the cost of a service provided in the native language of the youth and or family, without the need of a translator to reduce responsivity barriers. Service must be pre- approved (e.g., may be included in authorizations for HFW ICC or an assessment or evaluation, as applicable and pre-approved).
Service Enhancement Other	<b>Participant Material Cost</b> For specialty groups; may be reimbursed at cost, if the family is unable to pay. (To be funded with prior approval only, DSP must submit the receipt/invoice along with the first monthly invoice).
Service Enhancement Other	<b>Youth Stipend</b> Fee paid to the youth as an incentive at programmatic milestones or upon completion of the program.
Service Enhancement Other	<b>Youth with Sexualized Behavior Case Coordination</b> Supplemental service to support YSB services to include communication, information sharing, and collaboration with designated CSU staff, family members and other providers for safety planning, treatment team meetings and other coordination to enhance safety within the community, outside of scheduled sessions. Documentation of coordination is required (routine paperwork is not funded).
Supplemental Testing or Screening	<b>ABEL Assessment of Sexual Interest Screen (AASI)</b> The AASI is an evaluation and treatment system that clinicians can add to their existing psychological assessments, used to identify deviant sexual interests through a questionnaire of self-reported behaviors and questions designed to identify cognitive distortions and measure truthfulness. This test can be performed in an outpatient setting or detention center. The service includes the cost of the test, introduction and oversight by the LMHP, report of results, and the youth's self-administration of the test. (AASI-2 for youth 12-17; AASI-3 for 18+).
Supplemental Testing or Screening	<b>Affinity 2.5 Sexual Interest</b> A computer-based instrument designed to assess sexual interest using viewing-time measures. This test can be performed on an outpatient basis or in a detention center. There are no fees to score it. After a 15-minute introduction by the doctor, the juvenile self-administers the test. It takes 30 minutes to review the results and write a brief report of the results.
Supplemental Testing or Screening	<b>Polygraph Testing</b> A Polygraph examination may be utilized in conjunction with a YSB evaluation or ongoing treatment and interpreted by a clinician in conjunction with other information. A polygraph must be clinically aligned with the Association for the Treatment of Sexual Abusers (ATSA) guidelines outlined in the DJJ Relapse Prevention Safety Planning Guide and pre-approved on a case-by-case basis only.
Transportation Service/Travel	<b>Transportation Service</b> Travel cost and mileage combined into a single service fee for transportation to and from an employment group or structured workforce activity.
Transportation Service/Travel	<b>Transportation Service</b> Travel cost and mileage combined into a single service fee to a company or provider that offers the fully inclusive service in a pre-approved service description.
Transportation Service/Travel	<b>Travel Mileage*</b> Federal mileage rate paid to a DSP, for use of DSP vehicles for a service not otherwise available within the youth's region at the specified time. Mileage will be approved on a case-by-case basis, with prior approval outlined on the service authorization/purchase order. Mileage will be paid only beyond travel outside of the DSP's region, as defined by a 50-mile radius from the agency. Round-trip mileage may be approved for each trip and must be outlined on the POSO. *Note rate will change with the federal milage rate



Transportation Service/Travel	<b>Travel Time</b> Travel fees are only assessed for on-site assessments at locations which are more than 50-miles from the DSP. If there are multiple assessments at the same site, this is only assessed one time. Not to be used in conjunction with billable hours. <i>Example: Doctor is dispatched to Danville to conduct two psychosexual evaluations. It is a two-hour trip each way (four hours roundtrip), slightly more than 220 miles. In that case the travel fee for the day would be \$200.</i>
Residential Education Fees	<b>Residential Education</b> <sup>1,2,4,5</sup> General education services to meet the needs of FAPE for a youth, placed into a residential setting, through EBA typically for Direct Care status or Paroled youth.
Residential Education Fees	<b>Residential Education GED Prep</b> <sup>1,2,4,5</sup> GED preparation services to meet the needs of FAPE for a youth, placed in a residential setting, through EBA typically for Direct Care status or Paroled youth.
Residential Education Fees	<b>Residential Education IEP</b> <sup>1,2,4,5</sup> Special education services for a youth with an individualized education program (IEP) who has been placed for non-educational reasons.
Residential Education Fees	<b>Residential Education Post-Secondary</b> <sup>1,2,4,5</sup> Educational services for a youth in a residential program who have completed their high school programming; services include a combination of workforce development, career and technical training, and may also include supervised employment or internship experiences, for youth placed for non-educational reasons.
Residential Education Fees	<b>Residential Education Post-Secondary Work Study</b> <sup>1,2,4,5</sup> Experiential education and employment services for a youth in a residential program who have completed their high school programming; services include a combination of workforce development, career and technical training, and may also include supervised employment or internship experiences, for youth placed for non-educational reasons.
Residential Other Supplemental Fees	<b>Additional Child Rate</b> Additional room and board rate for a child of youth placed in a residential or independent living program.
Residential Other Supplemental Fees	<b>Residential One to One</b> One on One support provided in a residential setting to maintain safety of the youth.
Residential Other Supplemental Fees	<b>Residential Provider Intake</b> Provider intake, orientation, and engagement sessions to develop rapport, build relationships, increase readiness, ensure continuity of care and support a youth's transition into a community-based living arrangement. Sessions may include agency orientation, assessments, consent to treat, releases of information for Protected Health Information (PHI), motivational interviewing, and development of the preliminary treatment plan for an individual in a secure residential setting. Sessions may occur in person or via telehealth with the youth and/or family.
Residential Supplemental Therapy	<b>Residential Family Therapy</b> <sup>1</sup> Family therapy sessions, with the client present, provided by an LMHP as clinically indicated and documented to meet the needs outlined in the youth's service plan.
Residential Supplemental Therapy	<b>Residential Family Therapy</b> <sup>1</sup> Family therapy sessions without the client present, provided by an LMHP as clinically indicated and documented to meet the needs outlined in the youth's service plan.
Residential Supplemental Therapy	<b>Residential Group Therapy</b> <sup>1</sup> Group therapy sessions, provided by an LMHP to meet the goals outlined in the youth's service plan. Sessions shall be documented in progress notes and monthly reports.
Residential Supplemental Therapy	<b>Residential Individual Therapy</b> <sup>1</sup> Therapy sessions provided by an LMHP, three times per week (or more frequently based upon the youth's needs) for a youth on direct care status placed in a Psychiatric Residential Treatment Facility. Sessions will be provided to meet the needs outlined in the youth's service plan and documented in progress notes and monthly reports.

Residential Services	
Residential Independent Living	<b>Residential Independent Living<sup>1,2,3,6</sup></b> The juvenile resides in a group-home style program or other congregate setting with staff on site 24 hours a day, seven days a week.
Residential Independent Living	<b>Residential Independent Apartment Living<sup>1,2,3,6</sup></b> Programming to support a juvenile who resides in a fully furnished entry-level apartment or condominium, with staff available or on-call 24-hours as needed.
Residential Independent Living	<b>Residential Independent Living Parenting<sup>1,2,3,6</sup></b> Programming includes parenting skill development and housing for the youth's child, with staff available or on-call 24-hours as needed.
Residential Independent Living	<b>Residential Transitional Living Program<sup>5</sup></b> Services for youth returning to the community from a JCC or CPP who are not appropriate for living independently and cannot return home. Individuals will be 17.5 or older living in a staff supervised, shared home. Includes independent living skills, case management, transportation, and daily skill building interventions based on an individualized service plan.
Residential Group Home	<b>Residential Group Home<sup>2,3</sup></b> Refers to DSS licensed community-based residential program, which includes room and board, case coordination, skills training, and supervision. Group homes may provide social, life or vocational skills training and are characterized by a supervised home-like environment.
Residential Group Home	<b>Residential Therapeutic Group Home<sup>1,3,6</sup></b> Program refers to a DBHDS licensed therapeutic, community-based, residential program, which includes the following components (as an all-inclusive rate): Room and Board, Case Management, Supplemental Therapies, and Daily Supervision, as listed below.
Residential Group Home	<b>Residential Therapeutic Group Home- Parenting<sup>1,3,6</sup></b> Program refers to a DBHDS licensed therapeutic, community-based, residential program, which includes the following components (as an all-inclusive rate): Room and Board, Case Management, Supplemental Therapies, and Daily Supervision, as listed below. Service may include parenting skill development and room and board for the youth's child
Residential Treatment Center	<b>Residential Treatment Center<sup>1,3,6</sup></b> Program refers to a DBHDS licensed Psychiatric Residential Treatment Center (RTC) or Level-C program serving youth in a residential program. Rates and services shall align with the <a href="#">DBHDS standards</a> .

All Services billed in monthly increments will be pro-rated accordingly. Services will be purchased through licensed programs, when applicable, and DSPs shall follow the guidelines of the licensing body for like Services.

<sup>1</sup> Licensed by VA Department of Behavioral Health and Developmental Services (DBHDS)

<sup>2</sup> Defined by Office of Children's Services (OCS)

<sup>3</sup> Licensed by VA Department of Social Services (DSS)

<sup>4</sup> Licensed by VA Department of Education (DOE)

<sup>5</sup> Licensed by VA Department of Juvenile Justice (DJJ)

<sup>6</sup> Defined in accordance with Title IV-E

<sup>7</sup> Licensed by Department for Aging and Rehabilitative Services (DRS)

\* Additional training and certifications shall be submitted to EBA for evidence-based and evidence-informed training provided per model; service shall be delivered to fidelity.