



Provider Orientation and On-Boarding



1

AGENDA



**Transition Process
(Application and
Contract Process)**



**Referral Process and
General Requirements**
Staff, Qualifications and
Definitions



Services
Descriptions, Dosage,
Rates



**Documentation
Requirements**
Service plan, monthly,
discharge, safety plans

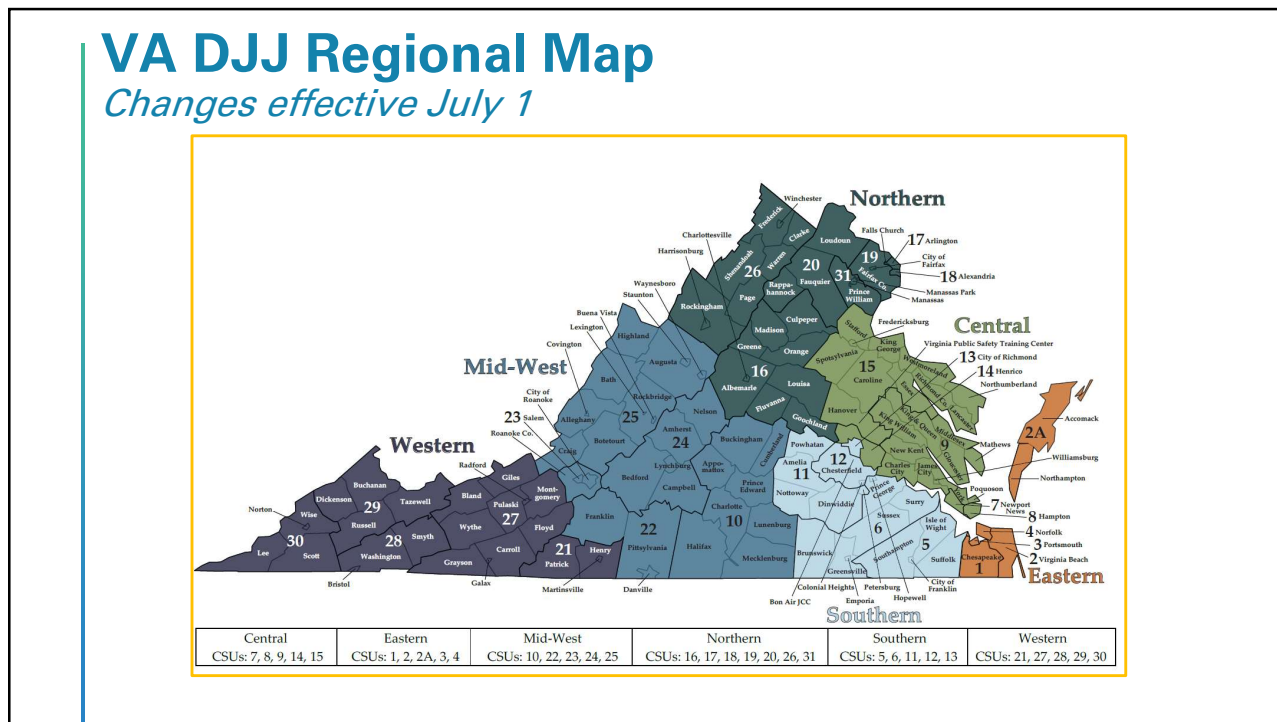


**Ongoing
Communication**
Acceptance of Referrals,
Intake, UR, Case
Coordination, SIRs

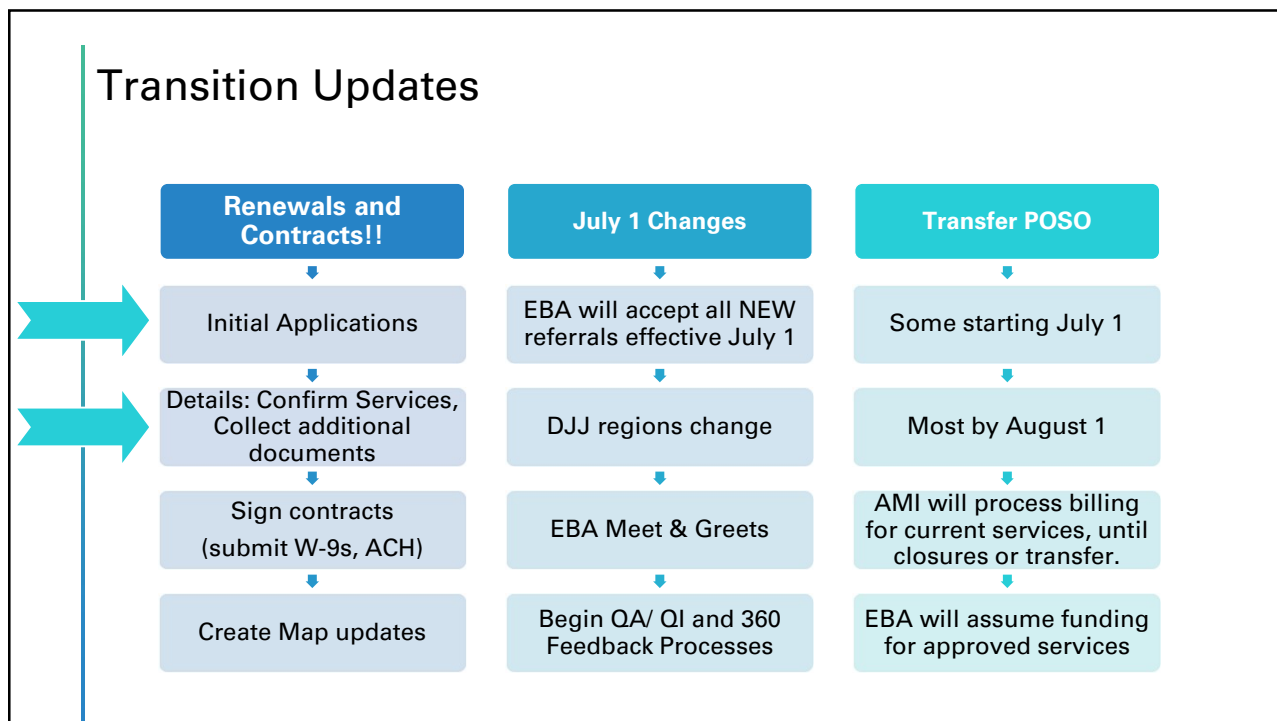


Billing Highlights

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3



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EBA Website

DC Dashboard
VA Provider Directory Interactive Map

vcby.virginia.g

HOME ABOUT FTPSA SERVICES PROJECTS CAREERS CONTACT

VIRGINIA SERVICE COORDINATION

DESCRIPTION RESOURCES CSU Docs **Provider Docs**

COMMUNICATIONS CONNECTIONS

EBA is honored to work with a variety of Direct Service Providers (DSP) across the state to serve court-involved youth. Below you will find forms and resources to support your work and ensure alignment with DJJ needs; please reach out if you have questions or need additional supports.

DSP Forms

- [Direct Care DSP Incident Report Form 4.16.2024](#)
- [Non-Direct Care DSP Incident Report Form](#)

TESTIMONIALS

"With the help and oversight of EBA, our families now have choices that produce positive results."

— Marie Morilus-Block, Director of Children and Youth Services, Department of Mental Health, Washington, DC

» READ MORE

FEATURED PROJECT

A Model for Our Nation

While the implementation of evidence-based programs across the Peach State has led to a significant reduction in

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NEW CONTRACTS


Background Data and Documents

6

Virginia DJJ RSC Subcontractor Agreement

DJJ-Involved Youth (Youth).

Youth involved in various stages of the Virginia Juvenile Justice system (and their families), including youth supervised by the court, committed to DJJ, on community supervision, or placed on probation or parole. These youth generally demonstrate various levels of criminogenic risks to reoffend and display behaviors to include, but not limited to: delinquent history and propensity to commit delinquent acts/crimes in the future, running away from home, residential placements, association with anti-social companions (i.e. favorable attitudes towards violence, dishonesty, and rule breaking), gang involvement, impulsivity, low levels of educational achievement, mental health diagnoses, and poor school performance.



**evidence-based
associates.**

Virginia Department of Juvenile Justice (DJJ)
Regional Service Coordination
Subcontractor Agreement

This SUBCONTRACTOR AGREEMENT (this "Agreement"), effective on _____ (the "Effective Date"), is made by and between EVIDENCE-BASED ASSOCIATES ("PRIME CONTRACTOR", Regional Service Coordinator, RCS) and _____ ("PROVIDER" "Direct Service Provider", DSP). PRIME CONTRACTOR and PROVIDER are referred to collectively as "Parties" and individually as a "Party".

WHEREAS, PRIME CONTRACTOR has contracted with the Commonwealth of Virginia Department of Juvenile Justice ("the Commonwealth" or "DJJ") to oversee the development, delivery, quality monitoring, and performance management of a continuum of assessment, treatment and intervention services in community-based and residential settings for DJJ-involved youth, their families, and their community supports to prepare DJJ-involved youth to be successful citizens;

WHEREAS, the purpose of this Agreement is to improve the lives of DJJ-involved youth, strengthen both families and communities within the Commonwealth, and to ensure high quality and effective services are provided to DJJ-involved youth and families in a manner that is equitable and responsive to their individual needs and circumstances through trauma-informed response, effective intervention, and reducing barriers to access;

WHEREAS, the expected outcome of the Services under this Agreement is the prevention or reduction of juvenile re-offending, increased public safety, and a reduction in the number of youth being referred for juvenile commitment or residential services;

WHEREAS, PROVIDER is a provider of community-based and/or residential services to DJJ-involved youth in Virginia; and


WHEREAS, PRIME CONTRACTOR seeks to engage PROVIDER to provide Services, as defined herein, and PROVIDER does hereby agree to perform such Services, pursuant to the terms of this Agreement.

NOW, THEREFORE, in consideration of the foregoing recitals, which are hereby incorporated as integral parts of this Agreement and not as mere recitals hereto, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereby agree as follows:


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Trauma Informed Care (TIC) Principles


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Safety
Supervision,
location




Trustworthiness & transparency
Joint informed decision making, team meetings, youth education of services




Peer support and mutual self-help
Location, natural supports, connections, education, etc.



Collaboration and mutuality
Family, youth, natural supports, PO, JCC



Empowerment, voice, and choice



Cultural, historical, and gender issues

8

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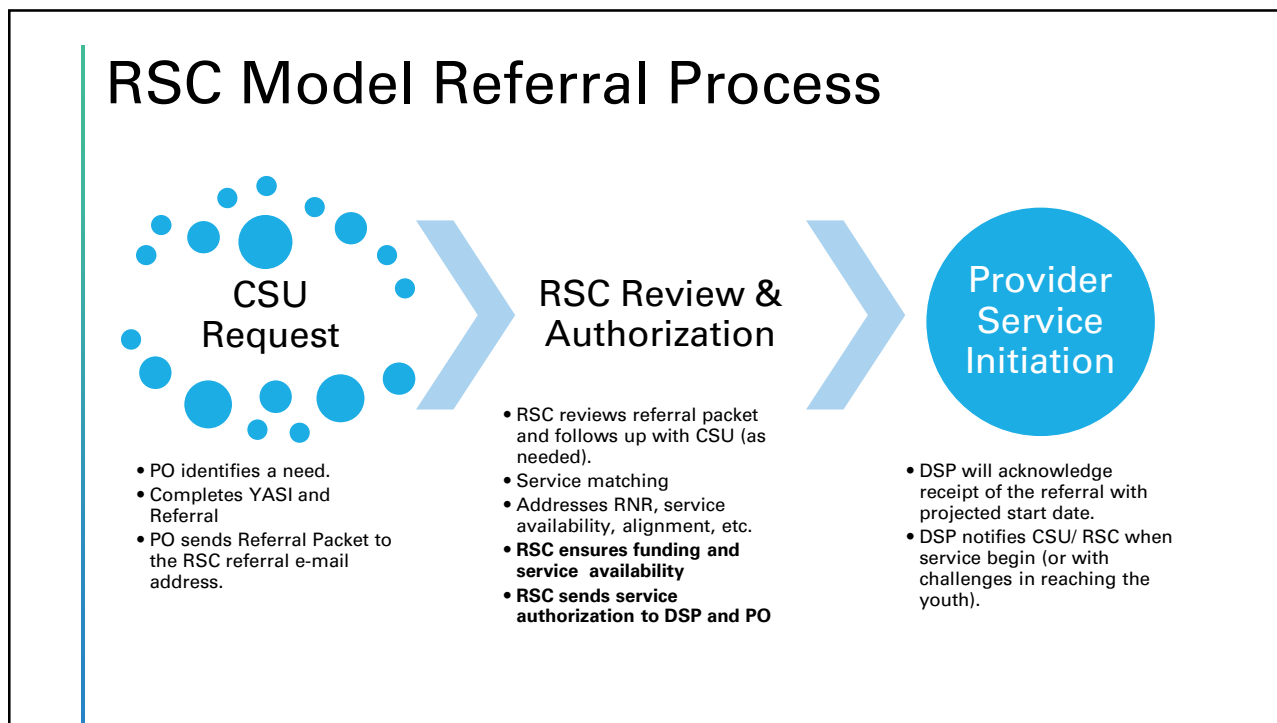
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REFERRAL PROCESS

POSO and Authorization from EBA
Includes Background Data and Documents from DJJ

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REFERRAL FORM AND DOCUMENTS

<p>Referral Form</p>	<p>BADGE Face Sheet Contains the juvenile’s identifying information, address, and DJJ status. This is utilized to double check referral information and provides demographics to DSPs</p>	<p>Valid Release of Information This allows EBA to send the complete referral packet to contracted providers.</p>
<p>YASI Wheel Captures risk level and targeted areas. This is kept updated and allows us to measure progress of services.</p>	<p>Case Plan This is needed as short-term and long-term goals of DJJ. Priority needs are aligned with the services.</p>	<p>Social History Provides detailed information about the youth and family. Remember to note the date of completion</p>
<p>Court Order This let’s you see specifics about the courts request and when the next court date will occur.</p>	<p>Other assessments (if applicable) Extra information on the youth and family and should include clear recommendations for services. (may also be sent in lieu of the Social History when one is not completed.</p>	<p>Police Report for YSB Evaluations This is needed as it includes some factors related to the offense that are relevant to determining risk and the degree to which the juvenile’s account is consistent in taking responsibility</p>

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Release of Information (ROI)

AUTHORIZATION FOR THE DEPARTMENT OF JUVENILE JUSTICE (DJJ) TO RELEASE INFORMATION FOR TREATMENT OR SERVICES

Client’s Full Name: _____ *DOB:* _____

The Virginia Department of Juvenile Justice (DJJ) partners with other entities to better meet the needs of our youth through treatment and programming. These entities are also committed to protecting your personal information throughout this process and we want to make sure that DJJ and these entities only share your protected information when authorized by law.

➔ I hereby authorize the Virginia Department of Juvenile Justice (DJJ) and its contracted entities to share my confidential information with the following entities/individuals for the purposes of compliance monitoring, service coordination & treatment planning, eligibility determination, utilization review, and the procurement of services. Information may be shared in the form of written information, computerized data, in person, or by phone.

Authorized Recipients: (Indicate which entities/individuals may receive confidential information)

<input type="checkbox"/> Behavioral Health & Developmental Services (DBHDS)	<input type="checkbox"/> (EBA) and AMikids (AMI)
<input type="checkbox"/> Community Services Board (CSB)	<input type="checkbox"/> Providers coordinated through local VJCCCA offices
<input type="checkbox"/> Children’s Services Act (CSA) Coordinator	<input type="checkbox"/> Health Care Providers
<input type="checkbox"/> Department of Social Services (DSS)	<input type="checkbox"/> Department of Education, local school system, and post-secondary programs _____
<input type="checkbox"/> Department of Corrections (DOC)	<input type="checkbox"/> Tidewater Youth Services Commission
<input type="checkbox"/> Magellan or Other PPO/HMO: _____	<input type="checkbox"/> Others: _____

➔ Providers subcontracted with Evidence-Based Associates

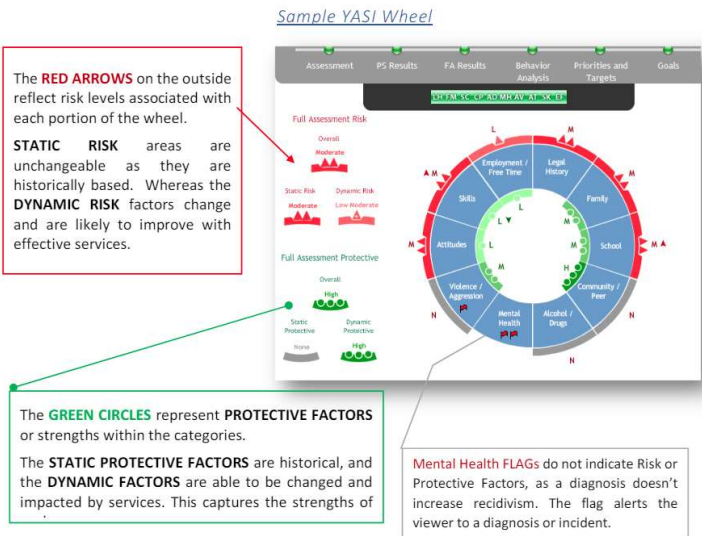
➔ **Confidential Information: (Check “All Available Records” or indicate individual types of information you consent to share)**

<input type="checkbox"/> ALL AVAILABLE RECORDS (this includes substance use disorder and education information)			
<input type="checkbox"/> Assessment Information	<input type="checkbox"/> Financial Information	<input type="checkbox"/> Psychiatric Records	<input type="checkbox"/> Family Planning
<input type="checkbox"/> Benefits / Services Needed	<input type="checkbox"/> Mental Health Diagnosis	<input type="checkbox"/> Medical Diagnosis / Records	<input type="checkbox"/> Substance Abuse Screenings/
<input type="checkbox"/> Criminal Justice Records	<input type="checkbox"/> Planned/Received Treatment	<input type="checkbox"/> Infectious Diseases (includes sexually transmitted diseases)	<input type="checkbox"/> Drug Tests/Assessments
<input type="checkbox"/> Educational Records	<input type="checkbox"/> Psychological Records	<input type="checkbox"/> Other: _____	

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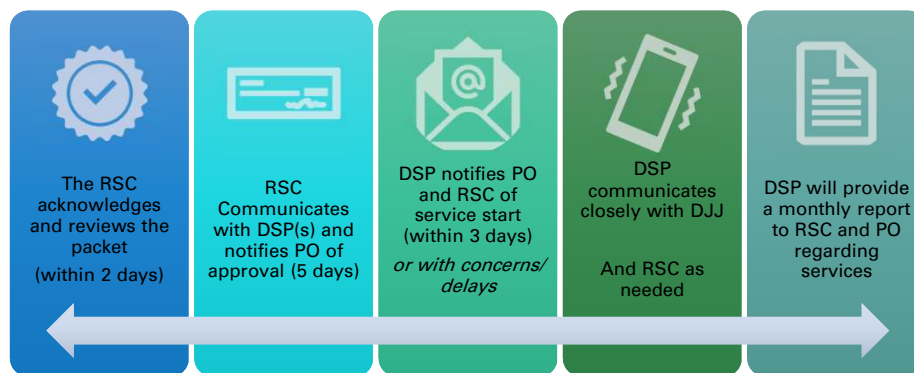
Align services with YASI

Training available



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After a Referral (RSC & DSP)



DSP shall notify the EBA RSC and appropriate designated DJJ Staff of the available Service start date and assigned staff (or Clinician, as appropriate), hopefully this is one streamlined e-mail.

The RSC is available by phone or email to the PO and DSP with any questions or concerns.

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POSO: Authorization for Services

EBA shall issue a referral packet and POSO to PROVIDER, which shall notify PROVIDER of the need for Services. The POSO will describe which Services are requested and shall include Dosage Guidelines (including specific modality, as applicable, anticipated start dates, and approved units, etc.).


Prior to commencing the delivery of Services, and within three (3) business days of receipt of a referral packet or POSO from PRIME CONTRACTOR, PROVIDER shall notify the PRIME CONTRACTOR and appropriate designated DJJ Staff of the available Service start date and the PROVIDER assigned staff, as appropriate.

PROVIDER will initiate/ begin community-based Services within five (5) business days of the referral, or by the target start date identified on the POSO.

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Service Extension

An **extension request** (updated referral packet) is needed from the PO/CSU **PRIOR** to the Service Authorization expiration, if services are needed beyond the original approval date or if there is a request for an increase or change in dosage.




Need Identified


- **Prior to the service expiration** (allow time to transition to closure or request for an extension)
- Provider may contact CSU to recommend an extension
- Recommendations noted in the monthly report



CSU Sends Referral and RSC Reviews

- Youth engagement/ consistency of sessions
- Changes in YASI or supervision status
- What progress has been made?
- **RSC QA Review**
- RSC Monthly Report review
- Evaluate effectiveness of services, DSP quality, and adherence service description/ Logic Models





RSC will Approve, Deny or Modify

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CONTRACT HIGHLIGHTS

Provider Requirements

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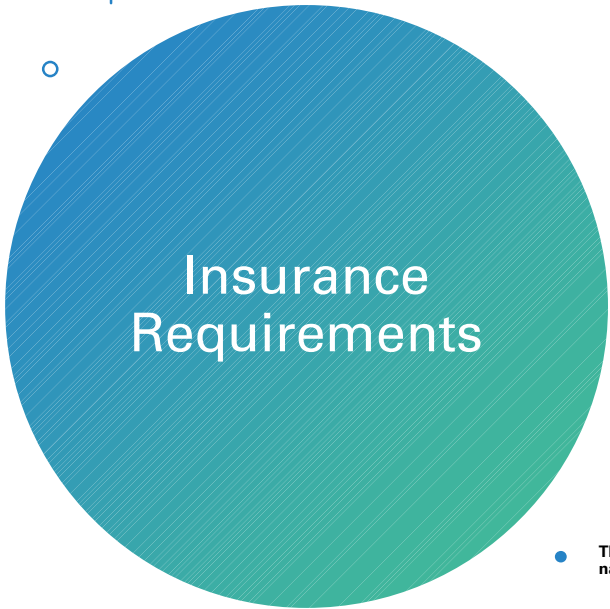
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Employee Background Checks

The PROVIDER shall be in compliance with all State laws, regulations, and licensure requirements relating to conducting criminal background checks of employees and volunteers. In particular, the PROVIDER agrees that all of its agents, employees, assignees, and volunteers providing Services to, or having direct contact with a child and/or family, must complete a

- **Criminal history check to include sex offender registry through a local police department, Sheriff's Department, or Virginia State Police office,**
- **A fingerprint check through the Virginia State Police and Federal Bureau of Investigation, and the**
- **Virginia Child Abuse and Neglect Central Registry** (hereinafter, the "Central Registry").

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Insurance Requirements

- **Workers' Compensation.** Statutory requirements and benefits. Coverage is compulsory for employers of three or more employees, to include the employer. PROVIDERS shall notify PRIME CONTRACTOR of increases in the number of employees that change their workers' compensation requirements under the *Code of Virginia*.
- **Employer's Liability.** \$100,000.
- **Commercial General Liability.** \$1,000,000 per occurrence and \$2,000,000 in the aggregate. Commercial General Liability is to include bodily injury and property damage, personal injury and advertising injury, products and completed operations coverage.
- **Automobile Liability.** \$1,000,000 combined single limit Required only if a motor vehicle is to be used in the contract. PROVIDER must assure that the required coverage is maintained by the PROVIDER (or third-party owner of such motor vehicle).
- **Professional Liability.**
 - **HealthCare Practitioner** (to include Physicians, Podiatrists, Chiropractors, Physical Therapists, Clinical Psychologists, Clinical Social Workers, Professional Counselors, Hospitals, or Health Maintenance Organizations) **\$2,700,000 per occurrence, \$4,250,000 aggregate.** These limits shall increase each July 1 through fiscal year 2031 in accordance with *Code of Virginia* § 8.01-581.15.
 - **All other Professions** \$1,000,000 per occurrence, \$3,000,000 aggregate, unless otherwise outlined by the *Code of Virginia* § 8.01-581.15.

• **The Commonwealth of Virginia and Evidence Based Associates must be named as an additional insured and so endorsed on the policy.**

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Confidentiality and Security

General Requirements. All youth records and data pursuant to this Agreement shall be maintained and handled securely. PROVIDER agrees to adhere to all Federal and State laws and regulations regarding confidentiality of youth, juvenile offender and student information, including the use of required Consent to Exchange Information forms by other PROVIDERS and Sub-contractors.

- Any information and data obtained as to personal facts and circumstances related to youth and families will be collected and held confidential, during and following the term of this agreement, and unless disclosure is required pursuant to court order, subpoena or other regulatory authority, will not be divulged without the individual's and the agency's written consent and only in accordance with federal law or the Code of Virginia.
- **Any information obtained by the PROVIDER concerning any Youth pursuant to this Agreement shall be treated as confidential.**
- Use and/or disclosure of such information by the PROVIDER shall be limited to purposes directly connected with the PROVIDER'S provision of Services under this Agreement.
- PROVIDER agrees to adhere to all Federal and State laws and regulations regarding confidentiality of juvenile offender and student information, including the confidentiality provisions of Section 16.1-300 of the Code of Virginia. **This includes, but is not limited to, not photographing a Youth and not permitting media coverage of the Youth**

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“Qualifications”

PROVIDER represents and warrants that it and its staff shall

- **Duly holds all licenses, credentials, certifications, accreditations, and/or other qualifications** required by local, State, and Federal laws and regulations to provide Services (e.g., Licensed by VA Department of Health Professions, Department of Behavioral Health and Developmental Services, Department of Education, etc.)
- **Provide Services listed on the POSO as defined in the contract**
- **Operate within one’s scope of practice** in accordance with all applicable laws, rules, and regulations, as set forth by the Virginia Department of Health Professions, and
- Furnish satisfactory proof of such Qualifications to the PRIME CONTRACTOR’s authorized representative upon execution of this Agreement or within five (5) business days of the request.

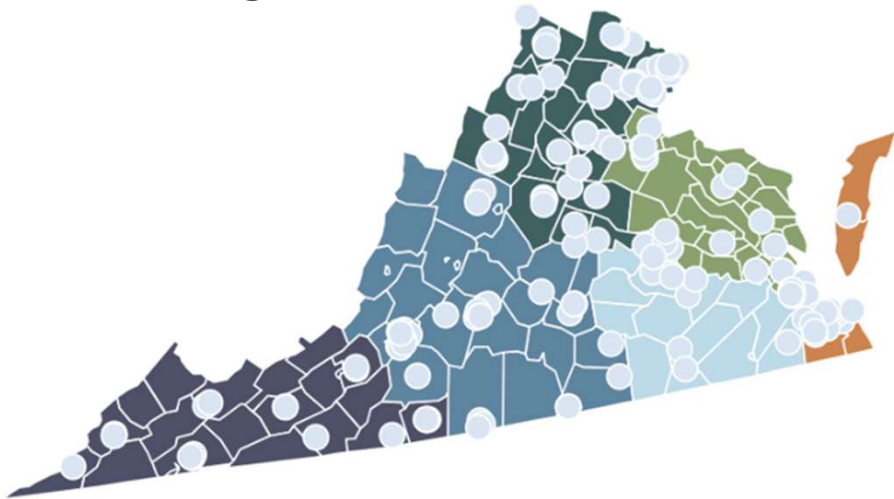
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Geographic Region

- PROVIDER shall indicate to EBA, upon request and in advance of referrals for Services, the geographic regions within which the PROVIDER is able to provide Services.
- PROVIDER shall notify EBA of changes to the geographic regions within which it is capable of providing Services pursuant to this Agreement within 3 days of the change.
- Applicable geographic regions are captured on the EBA website on the “Provider Map” or related form.

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Service Regions



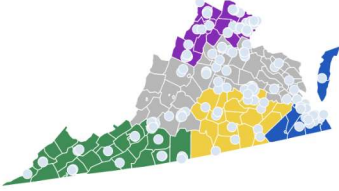
6 NEWLY DEFINED REGIONS ADMINISTRATIVE REGIONS

<http://vamap.evidencebasedassociates.com/>

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Provider Map Updates

Evidence-Based Associates
Virginia DJJ Continuum
Provider Directory



last updated: February 20, 2024

Many services captured on the map are available statewide via telehealth; please inquire with kbrooks@ebanetwork.com

How is this directory working? We want to improve this tool to meet your needs. [Report an error](#), [request a feature](#), [offer a comment](#)

Index:

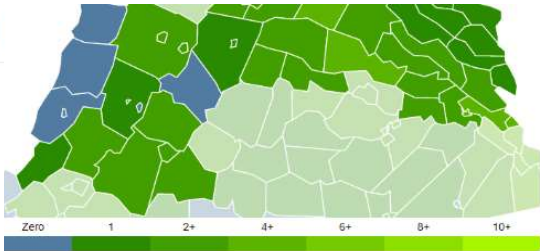
[Filter and Search](#)

[CSUs](#)

[Providers](#)

EBA Provider Directory

Searchable by Provider, CSU, Service, and Language
vamap.evidencebasedassociates.com/index.php



Zero 1 2+ 4+ 6+ 8+ 10+

16 following providers offer
youth with Sexualized Behaviors (YSB) Treatment
English
(6 total providers)

- Adam Doane Child and Family Counseling
- Brambleton Assessment and Counseling Center
- Clinical Healing and Mindfulness Practices (CHAMP)
- Connected Communities Inc
- Counseling and Forensic Services
- Daybreak Counseling and Forensic Services, PLLC
- Family Preservation Services

Internally we use a
Service Gap Analysis
function to identify gaps
in a visual manner.

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The Direct Services the PROVIDER is both willing and able to provide to Youth and/or family members described in:

- **“EBA Service Definitions” (Appendix B)** and incorporated herein by reference.
- Direct Services are provided directly to the youth and family in accordance with this Agreement.
- Care Coordination and related paperwork are considered an integral part of the Services and are not compensated hereunder.
- The PROVIDER shall provide services at or above the quality standard in the industry at which the Service is provided and as described in Appendix B, **at the prices and rates set forth in Appendix C** (“Fee Schedule” or “Rate Sheet”)

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Specific Service Descriptions

Eye Movement Desensitization and Reprocessing: A structured, interactive, and individual-based psychotherapy that combines talk therapy with bilateral stimulation, typically through side-to-side eye movements. Eye Movement Desensitization and Reprocessing (EMDR) aims to help youth process traumatic memories by reducing their emotional intensity and negative associations with prior trauma. It is used to treat conditions such as post-traumatic stress disorder (PTSD), anxiety, depression, and phobias. Treatment typically consists of 6 to 12 sessions, each lasting 1-1.5 hours, although individual needs may vary. It is important to note that EMDR therapy is not a quick fix and may require ongoing therapy to maintain progress. Service is delivered by a LMHP certified in EMDR. Service is billed at an hourly rate.

Trauma Focused Cognitive Behavioral Therapy*: A counseling approach for youth who have a variety of symptoms associated with exposure to trauma. Trauma Focused Cognitive Behavioral Therapy (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 is provided primarily with the youth and supported by sessions with the parent/caregivers and joint sessions to assist in modifying distorted thinking, negative reactions and implement positive parenting skills and positive interactions with the youth. Service is approximately 12 to 25 sessions, typically over 3-4 months. Provider staff must be an LMHP and certified or under supervision to deliver TF-CBT. Service is billed at an hourly rate.

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    graph LR
      A((Contract clarity)) --> B((Accountability))
      B --> C((Create better service alignment with services))
      C --> D((Educate referring POs))
      D --> E((Overall improve outcomes.))
  
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Sample – Draft – Pending -

Life Skills Coaching: Individualized one-on-one skill development program that can enhance age-appropriate social skills (communication, problem solving, self-awareness and management, peer relations, and decision making), or independent living skills (money management, career planning, build resiliency), healthy living (self-awareness, healthy lifestyle, building resiliency). Service must begin with an assessment (outcomes documented in the monthly report) and interventions will be guided by the individualized service plan and chosen program model. Services will include structured activities, instruction, modeling of behavior, practice and rehearsal, feedback, and re-enforcement. Service must be delivered individually within the home and/or community. Provider staff delivering the service must be appropriately screened, trained and utilize a formal curriculum (i.e. **Casey Life Skills**, Preparing Adolescents for Young adulthood PYAYA, Botvin LifeSkills Training). Service is typically delivered up to 2-6 hours per week for 4-6 months. Service is billed at an hourly rate.

Mentoring: Mentoring is a structured, one on one support service between a mentor and a youth for the purpose of addressing identified referral need including, daily living, social, and communication needs in a pro-social manner. Service includes supporting, coaching, and training the youth in age-appropriate behaviors, interpersonal communication, problem-solving, conflict resolution, and relating appropriately to other adolescents and adults. Activities may include social, recreational, athletic, artistic/creative, educational, job-readiness, and vocational. Service is delivered individually in the home and/or community. Provider staff delivering the service must be appropriately trained and screened. Service is typically delivered 4 hours per week for approximately six (6) months. Service is billed at an hourly rate.

Changing Life Skills AND Adding Mentoring

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Evaluation Level 1:

- An evaluation which includes reviewing information about a youth's current condition, skills, abilities, or needs. It will also include interviews, observations, screening instruments, and/or questionnaires. The evaluation will provide diagnostic impressions and make recommendations for support or interventions to assist the youth's developmentally appropriate, prosocial functioning in the community. Evaluation generally meets the requirements of a Comprehensive Needs Assessment (CNA) but may focus on various needs including trauma, family, exploitation, gang involvement, and/or mental health as needed based on the referral question. The final written report must include the report date, interview date, a summary of the clinical evaluation, working diagnoses (as applicable), answers to referral questions, and recommendations. A feedback session must occur with the youth, caregiver and /or referring PO. This evaluation must be completed by an LMHP.

Evaluation Level 2:

- An evaluation which includes a review of records, a clinical interview, mental status examination with the youth, interviews with collateral contacts including family, and the administration, scoring, and interpretation of questionnaires and testing instruments. Testing instruments should include broad-band standardized instruments and/or evidence-based assessment tools measuring both externalizing and internalizing symptoms. Examples may include, but are not limited to, instruments such as the Beck Depression Inventory (BDI), Beck Youth Inventories 2nd Edition (BYI-2), Behavior Assessment System for Children 3rd Edition (BASC-3), Quality of Life Inventory (QOLI), or Personality Inventory for Youth (PIY). This evaluation will provide diagnostic impressions and identify strengths, service/treatment needs, and related interventions that will support the youth's developmentally appropriate, prosocial functioning in the community. Evaluations may focus on various needs including trauma, family, exploitation, gang involvement, and/or mental health. The final written report must include the interview date, qualitative and quantitative summaries of the administered tests and clinical evaluation, working diagnoses, answers to referral questions, recommendations, and the date of the report. A feedback session must occur with the youth, caregiver and /or referring PO. This evaluation must be completed by an LMHP.

Evaluation Level 3:

- A thorough assessment process conducted over a month involves reviewing records, conducting clinical interviews with the youth and parents, mental status examinations, and using standardized testing tools to evaluate externalizing and internalizing symptoms over time (testing instruments may include the Beck Youth Inventories 2nd Edition (BYI-2), Behavior Assessment System for Children 3rd Edition (BASC-3), Conners Third Edition (Conners-3), Quality of Life Inventory (QOLI), or Children's Depression Inventory 2 (CDI 2)). This evaluation provides the clinician an opportunity to foster a rapport with the youth, allowing for a comprehensive assessment of symptoms, strengths, and needs presented throughout the month. This evaluation works well for youth resistant to an assessment, youth with trauma or complex backgrounds, numerous risky domains, or youth who may need a few skills taught with recommendation for ongoing supports. The sessions focus largely on the clinician's assessment and information gathering to complete a case conceptualization, identification of the youth's strengths, needs, consistency, willingness to learn, and their ability to apply skills and make specific recommendations. The clinician will meet with the youth, either individually and/or with the family, over a series of 4 to 6 sessions for a minimum of four hours. This evaluation may focus on various needs including trauma, family, exploitation, gang involvement, and/or mental health. The final written report must include the report date, session dates, and evaluative summary of the administered tests, data reviewed, collateral contacts, clinical evaluation, working diagnoses, answers to referral questions, a detailed case conceptualization, and recommendations. A feedback session must occur with the youth, caregiver and /or referring PO. This evaluation must be completed by an LMHP.

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Adding New and Unique Services



- **Take into consideration:**
- **Target and intended population, as well as local needs of DJJ-involved youth**
- **What does the services look like?**
 - Capture the type case management, clinical, groups, etc....
- **Staffing Patterns.**
 - The number of staff, qualifications, and training requirements
- **Dosage.**
 - How much and how long?
- **Resources:** Curriculum, certifications, workbooks, etc.

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Fee Schedule/ Rates

Should the PROVIDER elect to offer additional Services not included on the **Service Definition included in Appendix B** and/or on the **Fee Schedule in Appendix C**, the PROVIDER may make the request to the PRIME CONTRACTOR, and related qualifications to add the Service(s) by Addendum.

<p>The PRIME CONTRACTOR shall not pay for Services at a higher rate than paid by Medicaid for the same Service. Fees must align with PROVIDER rates charged to other government agencies.</p>	<p>The rates applicable to Services provided in accordance with this CONTRACT shall appear on Appendix C... no changes will be made during the contract Term.</p>	<p>The PROVIDER may submit a request for rate increases for the following Term, to the PRIME CONTRACTOR with a rationale prior to expiration of the contract term;</p>	<p>Rate increases shall align and shall not exceed Consumer Price Index</p>
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Dosage Guidelines.

Dosage Guidelines. Dosage refers to the quantity of services provided by the PROVIDER to a youth including the number of units; frequency, duration, modality, and intensity, are all considered "Dosage".

<p>Establishment and Tracking: The RSC, in collaboration with the PROVIDER and DJJ, will set the Dosage Guidelines minimum and maximum qualifying program hours per youth and will be outlined in the Service Definition (Appendix B) and Purchase of Services Order (POSO). The RSC, PROVIDER and DJJ will monitor program participation for each youth. Interventions included in this calculation must target criminogenic needs specifically and employ evidence-based delivery methods (such as cognitive behavioral techniques, social skill building, anger control, and emotional regulation skills) within the framework of social learning theory.</p>	<p>Adherence and Limitations: The PROVIDER will adhere to the service requests outlined in the POSO and track program participation for each youth. <u>The PROVIDER must not exceed the designated maximum number of units or deviate from the requested Dosage.</u> Any requests for changes or <u>alterations</u> to the approved Dosage Guidelines on the POSO <u>must be directed to the appropriate designated DJJ Staff and PRIME CONTRACTOR.</u></p>
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DOCUMENTATION

Provider Requirements

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Service Plans, Reporting, and Documentation.

PROVIDER shall prepare and securely submit written individual youth progress reports + ●

All reports shall include the following:

- PROVIDER name, name of service provider assigned by PROVIDER (e.g. assigned staff/therapist name) and credentials (when applicable), staff contact information, supervisor (when applicable), ○
- Service name/type,
- modality of service,
- date of Service,
- assigned court service unit,
- Youth's first and last name,
- Youth juvenile number, the
- Youth's date of birth and/or age,
- and any other applicable requirements.

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Evaluations.

Evaluations shall be conducted by an appropriately qualified professional and shall include a report that captures a **summary of the clinical evaluation, case conceptualization, working diagnosis, answer(s) to referral question(s), and recommendations.** + ●

- Evaluation reports shall be sent, by the end date on the POSO, to the designated DJJ Staff and the EBA. ○
- Reports shall include a minimum of the following:
 - **Name and dates of interviews, records reviewed, testing inventories or instruments** utilized;
 - **Date of the report, signature and credentials of the evaluator, including a co-signor as necessary** in accordance with applicable laws and regulations.







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Service Plan Service Plan must be consistent with, and describe a reasonable plan to meet, the goals of the court in accordance with the DJJ-provided case plan, and reason for the referral. It must comport with the Youth’s court supervision status, the criminological needs identified in the referral packet, YASI, and other related assessments.
Plan must include:

-  Specific measurable, achievable, time-limited goals;
-  Related tasks indicators for the achievement of identified outcomes as they apply to the Youth’s discharge from services; and
-  Signatures of the Youth, (where applicable) the Youth’s parent(s)/custodian(s), and CSU Staff


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Monthly Reports + ●

-  Progress towards the identified measurable objectives listed in the Service Plan
-  Specific activities and strategies worked on during the month
-  Assessment of level of family engagement partnership
-  Revisions to measurable objectives, as appropriate
-  Completion date or anticipated completion of each objective.
-  When Services are billed in hourly units, the following items are required on the Monthly report: the date, time, duration of each service; the names of the individuals involved in the service; and the location at which the service was provided.

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VIRGINIA SERVICE COORDINATION



Description Resources CSU Docs Provider Docs


Communications Connections

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DSP Forms

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- [Non-Direct Care DSP Incident Report Form](#)
- [DJJ-RSC-Model-Monthly-Report-Template FY25](#)
- [DJJ-RSC-Model-Monthly-Report-Template FY25 sample with instructions](#)

Revised Report Form is online

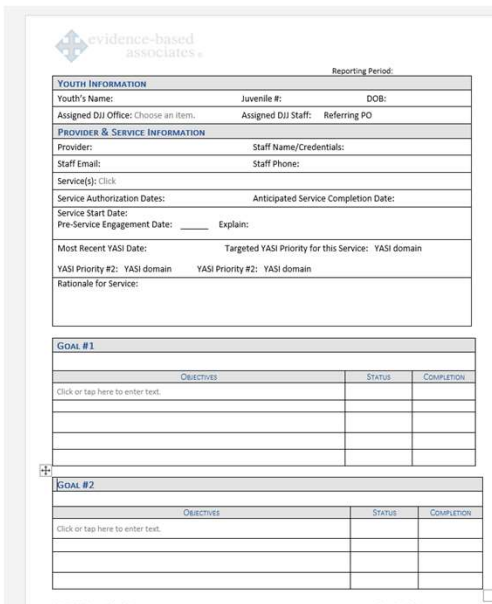


37

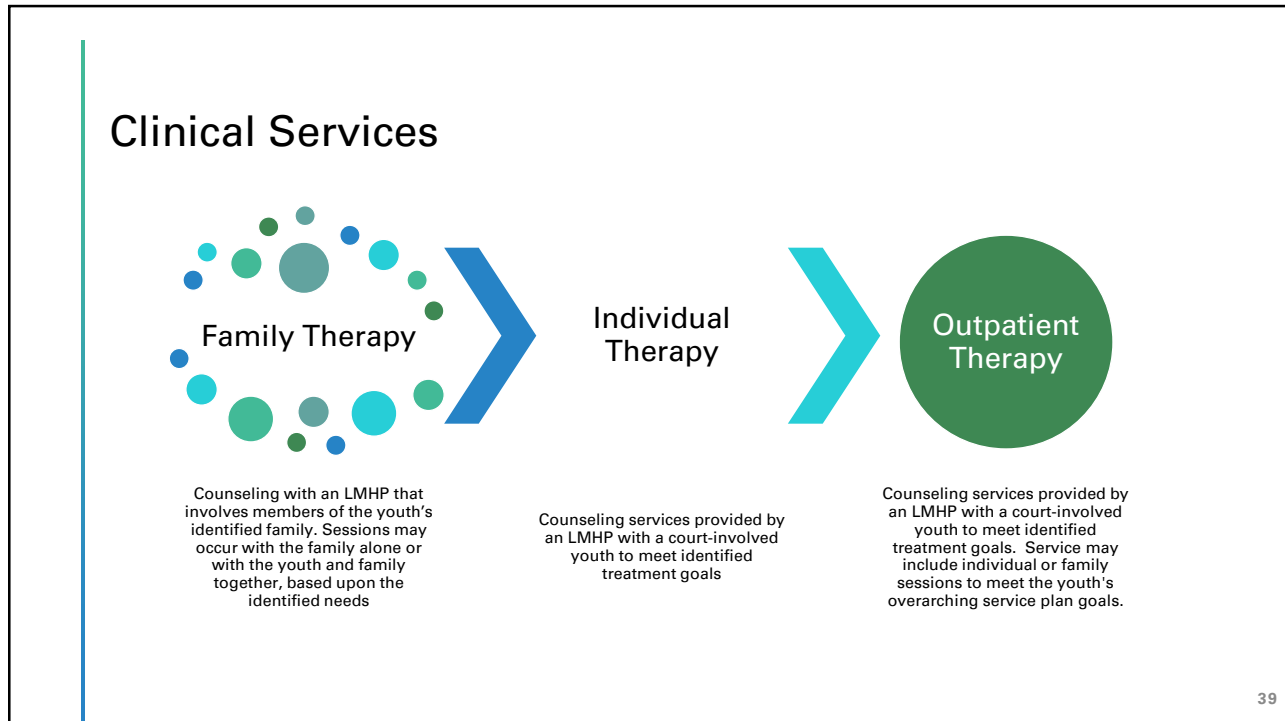
Monthly report

This form is not locked, to allow personalization as needed, for example,

- Add your logo
- Feel free to add or delete the number of goals and sessions, as needed for your service provision during the month.
- If you need to make changes to the "fields", select the Developer Tab at the top of the form and select Design Mode. That will allow you to change or copy fields in the document.



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MONTHLY REPORT TEMPLATE

YOUTH INFORMATION

Reporting Month: April 2024

YOUTH'S NAME: _____ JUVENILE #: _____ DOB: _____

ASSIGNED DJJ OFFICE: CHOOSE: _____ ASSIGNED DJJ STAFF: _____

PROVIDER & SERVICE INFORMATION

PROVIDER: _____

STAFF NAME/CREDENTIALS: _____ EMAIL: _____ PHONE: _____

SERVICES: Click

AUTHORIZATION DATES: _____ ANTICIPATED COMPLETION DATE: _____

SERVICE START DATE: _____ PRO-SERVICE ENGAGEMENT DATE: _____

EXPLAIN: _____

MOST RECENT YASI DATE: _____ TARGETED YASI PRIORITY FOR THIS SERVICE: YASI domain 1 YASI Priority #1: YASI domain 2: YASI domain 3: YASI domain 4: YASI domain

RATIONALE FOR SERVICE: _____

COURT: PROVIDER: COURT: SERVICE: REASON: _____

OVERVIEW THIS REPORTING PERIOD

Youth and family actively engaged in service.

Youth is progressing towards identified service goals.

Youth is attending school _____

Youth is employed? _____

Youth is connected to an extra-curricular or school activity _____

Safety or Relapse Prevention Plan has been created/revised. Date: _____

Copy provided to youth/family. Copy provided to DJJ Staff.

SERIOUS INCIDENT Click Date of incident: _____ Explain: _____

CURRENT RECOMMENDATIONS _____

GOAL #1

Objectives	Status	Completion
<small>Click or tap here to enter text.</small>		

GOAL #2

Objectives	Status	Completion
<small>Click or tap here to enter text.</small>		

CASE COORDINATION & COLLATERAL CONTACTS

Date	Locality	Contact	Summary of Contact
	select		
	select		
	select		
	select		

SESSION DETAILS Total units during the current reporting period: enter units

Date	Time	Duration	Participants
<small>Click or tap here to enter text.</small>			<small>Click</small>

SESSION DESCRIPTION, INTERVENTIONS AND RESPONSE: Click or tap here to enter text.

SESSION DESCRIPTION, INTERVENTIONS AND RESPONSE: Click or tap here to enter text.

Date	Time	Duration	Participants
<small>Click or tap here to enter text.</small>			<small>Click</small>

SESSION DESCRIPTION, INTERVENTIONS AND RESPONSE: Click or tap here to enter text.

Date	Time	Duration	Participants
<small>Click or tap here to enter text.</small>			<small>Click</small>

SESSION DESCRIPTION, INTERVENTIONS AND RESPONSE: Click or tap here to enter text.

Date	Time	Duration	Participants
<small>Click or tap here to enter text.</small>			<small>Click</small>

SESSION DESCRIPTION, INTERVENTIONS AND RESPONSE: Click or tap here to enter text.

Date	Time	Duration	Participants
<small>Click or tap here to enter text.</small>			<small>Click</small>

SESSION DESCRIPTION, INTERVENTIONS AND RESPONSE: Click or tap here to enter text.

DISCHARGE SUMMARY

Date: _____ Reason for Discharge: _____

Service Program at Discharge: _____

Describe progress and Discharge Recommendations: _____

Report completed by: _____ Staff Signature/Credentials _____ Date: _____

Reviewed and approved by: _____ Supervisor Signature/Credentials _____ Date: _____

Please Submit Reports in this Format

Please use this naming convention

- CSU# youth name_ Provider name and service as applicable.
 - Example: CSU13 Youth DSP_Service**
- If it is for GREAT Programing, please add GREAT in the file name.
 - Example: CSU15 Youth name_ DSP_GREAT**

Always save in PDF Format to protect your documentation.

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Discharge Reports.

The PROVIDER shall submit a completed cumulative written Discharge Report within 20 calendar days of termination of Services.

The discharge plan must be completed prior to submission of the final invoice for payment and shall include:

Status of discharge

- Complete or non-complete (e.g., dropout, transfer, higher level of care).

Goals

- Overall progress made toward the identified measurable goals with emphasis on needs identified by the referring worker at time of referral.

YASI and Protective Factors

Overall progress made on items within the domains of the YASI. Overall protective factors at time of program/Service completion.

Recommendations

- Youth-specific recommendations for continued Services or supports, with a Transition Plan as requested.


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Safety Plans and Relapse Prevention Plans

<p>At the close of services:</p> <p>Relapse Prevention Plan (e.g., Sustainability Plan, Transition Plan, etc.)</p>	<ul style="list-style-type: none"> Substance Abuse Services, Youth with Sexualized Behavior Services (YSB), Multi-Systemic Therapy (MST), and Functional Family Therapy (FFT), <p>Relapse Prevention Plans shall be provided to the Youth and DJJ Staff at the time-of-Service termination and to EBA with the final invoice.</p>
<p>Youth with Sexualized Behaviors:</p>	<ul style="list-style-type: none"> Develop a functional and collaborative Safety Plan with the Youth, DJJ Staff, and parent(s) and/or guardian(s), when applicable, upon Service initiation or at the development of the Service Plan.


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Unauthorized Absences




RESIDENTIAL PLACEMENTS

Payment for unauthorized absences shall be made at the rates specified in the POSO, and such payment shall not exceed seventy-two (72) hours **without prior written approval of EBA.**



OFFICE-BASED SERVICES

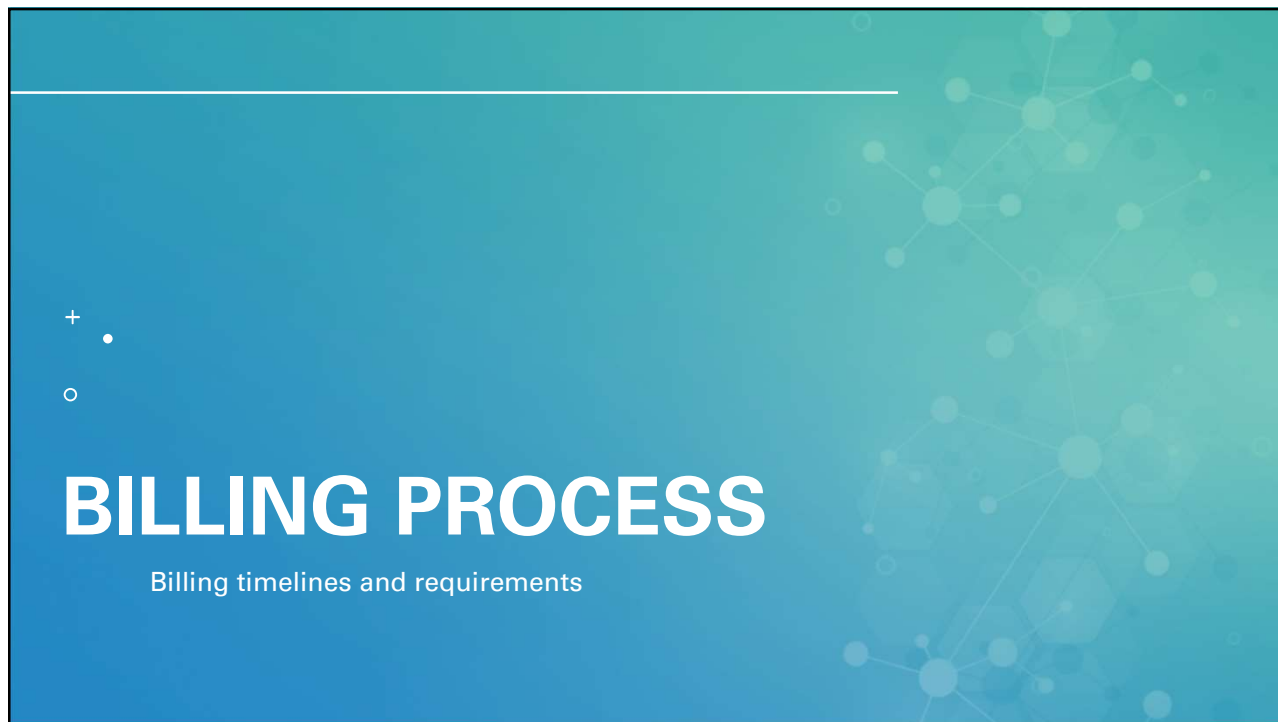
Neither absences nor no-shows, whether authorized or not, will be funded.



COMMUNITY-BASED SERVICE

Provided in the home- may bill for **associated travel time** in the event of an absence or **no-show only once during the month**, and only if good faith efforts to contact the family are made, as determined in EBA's reasonable discretion.

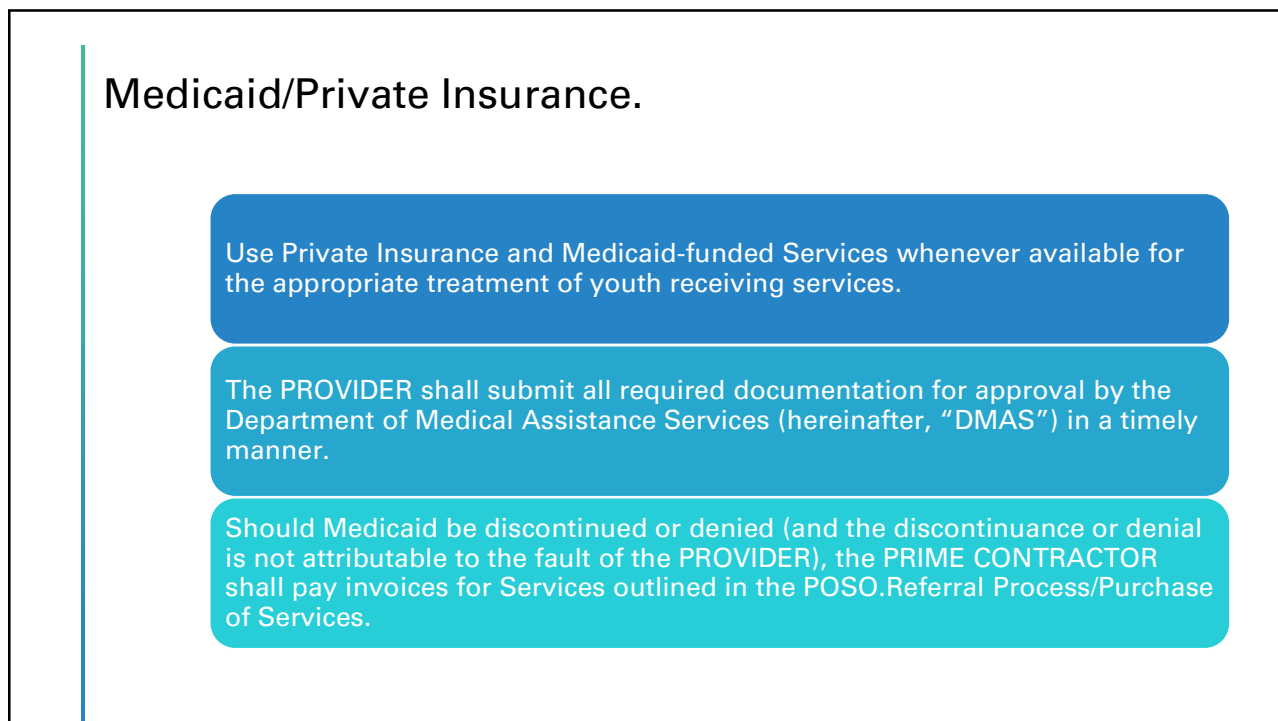
44

A slide with a teal-to-blue gradient background. On the right side, there is a faint graphic of a network or molecular structure with nodes and connecting lines. On the left side, there are three small icons: a plus sign, a solid dot, and an open circle. The main title 'BILLING PROCESS' is in large white capital letters, and the subtitle 'Billing timelines and requirements' is in smaller white text below it.

BILLING PROCESS

Billing timelines and requirements

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A slide with a white background and a thin black border. A vertical green line is on the left side. The title 'Medicaid/Private Insurance.' is in bold black text. Below the title are three blue rounded rectangular boxes containing text.

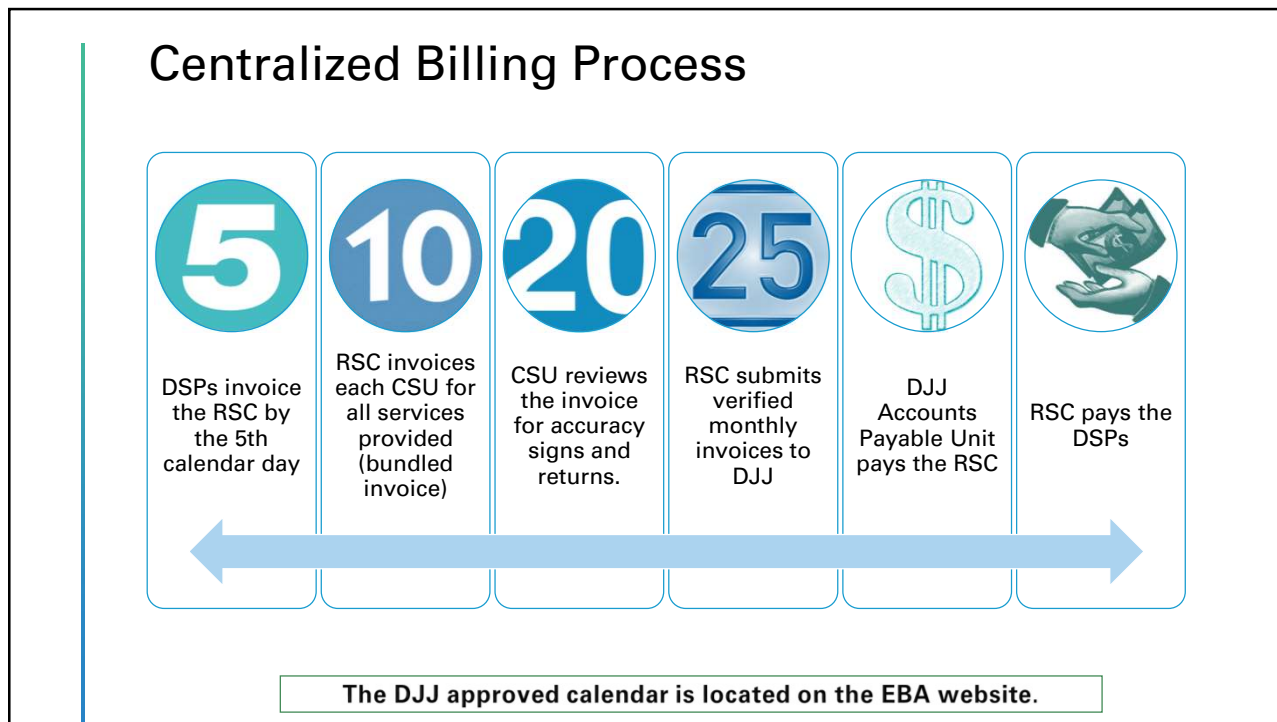
Medicaid/Private Insurance.

Use Private Insurance and Medicaid-funded Services whenever available for the appropriate treatment of youth receiving services.


The PROVIDER shall submit all required documentation for approval by the Department of Medical Assistance Services (hereinafter, "DMAS") in a timely manner.

Should Medicaid be discontinued or denied (and the discontinuance or denial is not attributable to the fault of the PROVIDER), the PRIME CONTRACTOR shall pay invoices for Services outlined in the POSO.Referral Process/Purchase of Services.

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Billing

EBA collects a single monthly invoice from each Provider (with all youth captured on a single EBA Invoice). The DSP will prepare and submit an activity form, a comprehensive monthly invoice, to EBA by the 5th day of the month following the month in which services were delivered, for all youth served.

- DSP shall submit the final invoice for payment to the EBA no more than thirty-five (35) days after the service is closed.
- All invoices shall include an itemized activity form containing
 - CSU,
 - Youth Served,
 - Services Provided,
 - Date of Each Service,
 - Number of Units Provided, and
 - the Service Charge per unit
 - **Staff Name proving the service**

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ONGOING COMMUNICATION


Provider Case Coordination and Communication with EBA and DJJ

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Utilization Review

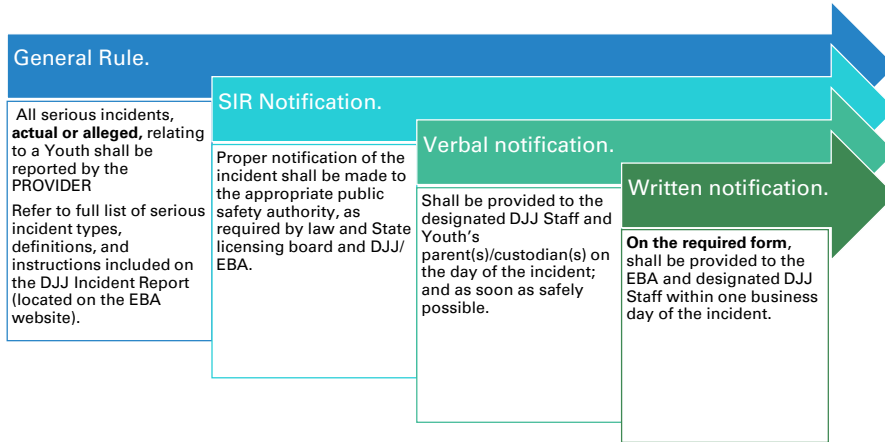
PROVIDER shall ensure that the Youth is progressing toward the goals in the Treatment/ Service Plan. The PROVIDER shall notify the EBA and DJJ Staff if:

Progress is not made over two (2) reporting periods,
Following two (2) or more acts of omission or avoidance of the Youth and/or family in a single monthly reporting period, preventing the delivery of Services as specified in the POSO and Service Plan, including but not limited to, lack of participation or cancellation.



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Serious Incident Reporting.



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Maintain Communication



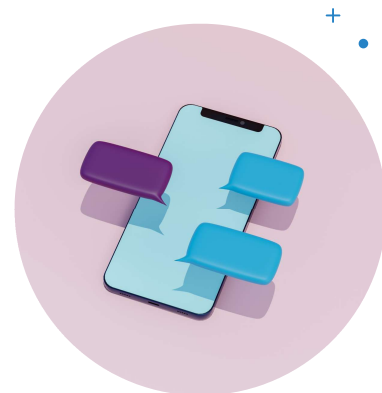
Referral's contact. Identify contact to promptly receive, respond and process RSC DJJ referrals. Note if the contact is different based on regions.



Billing contact. Identify the contact person who will process RSC DJJ billing monthly)



Concern Contacts. Identify contact person to promptly responded to and address concerns about service initiation, quality, or reporting for RSC DJJ youth.



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Sign up for EBA Newsletter Sign-up
Join us for Fourth Friday Provider Calls

Please reach out and ask questions. Thank you for helping us prepare for the transition.