

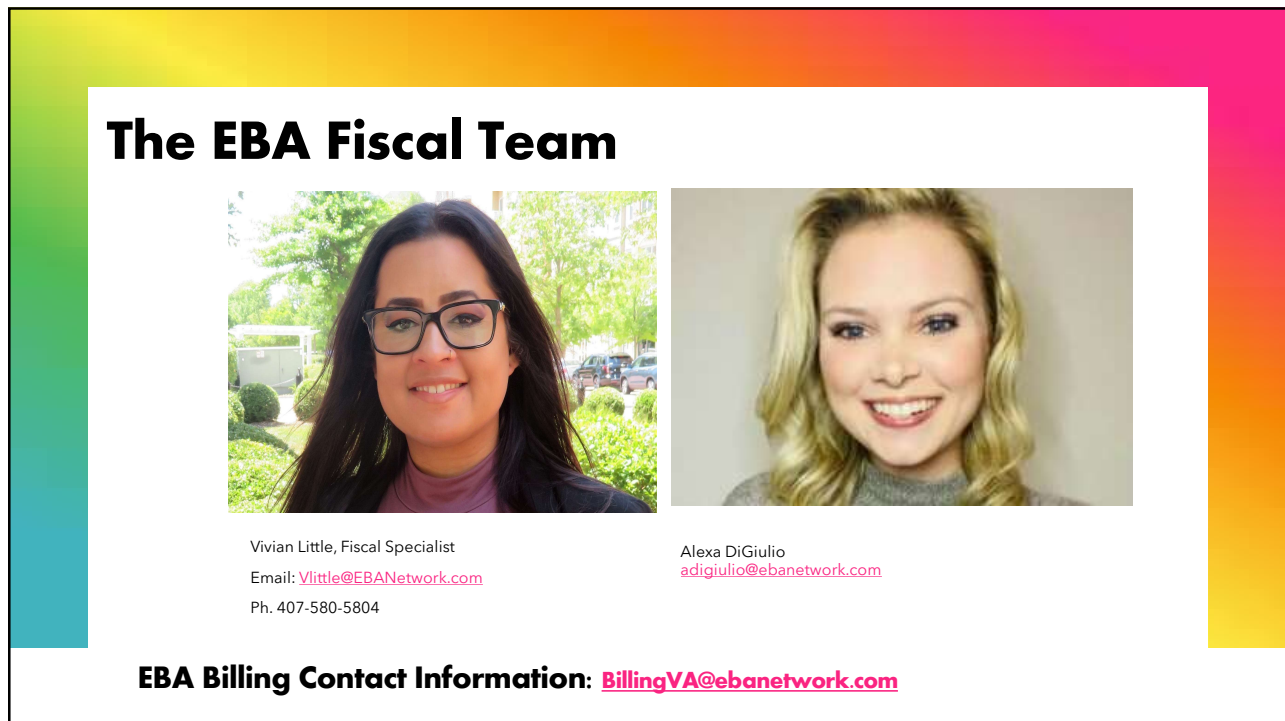
The slide features the EBA logo on the left, which consists of a blue diamond shape with a white cross inside. To the right of the logo, the text "evidence-based associates" is written in a dark blue, sans-serif font. Below this, in a smaller font, is "An Empower Community Care Organization". The main title "EBA Billing Overview" is prominently displayed in a large, black, sans-serif font. A thin green horizontal line is positioned below the title. Underneath the line, the date "January 2025" is written in a black, sans-serif font. The right side of the slide is dominated by a large, abstract graphic of a blue sky with soft, white clouds, transitioning from a lighter blue at the top to a darker blue at the bottom.

evidence-based associates
An Empower Community Care Organization

EBA Billing Overview



January 2025

1



The slide has a vibrant, multi-colored border that transitions from yellow at the top to green on the left, orange on the right, and pink at the bottom. The title "The EBA Fiscal Team" is centered at the top in a bold, black, sans-serif font. Below the title are two side-by-side portrait photographs. The left photo shows Vivian Little, a woman with long dark hair and glasses, wearing a purple top. The right photo shows Alexa DiGiulio, a woman with blonde hair, wearing a grey top. Below each photo is their name and title, followed by their contact information in a smaller font. At the bottom of the slide, the text "EBA Billing Contact Information:" is followed by the email address "BillingVA@ebanetwork.com" in a bold, pink font.

The EBA Fiscal Team



Vivian Little, Fiscal Specialist
Email: Vlittle@EBANetwork.com
Ph. 407-580-5804

Alexa DiGiulio
adigiulio@ebanetwork.com

EBA Billing Contact Information: BillingVA@ebanetwork.com

2

Agenda



Service Authorization and
Extensions



Billing Process



Activity Forms and Billing
submission



Billing Verification



Questions


3

Contracted Services.

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")
- CONTRACTOR may not pay PROVIDER for Services delivered which are not consistent with the definition

4



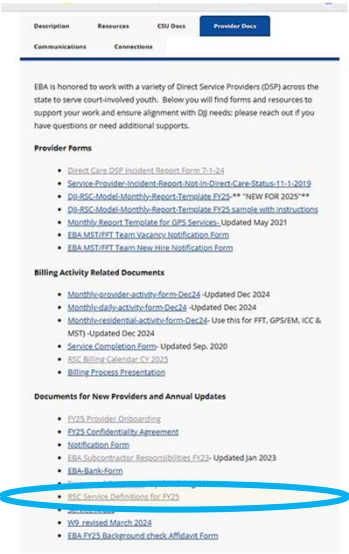
“Qualifications”

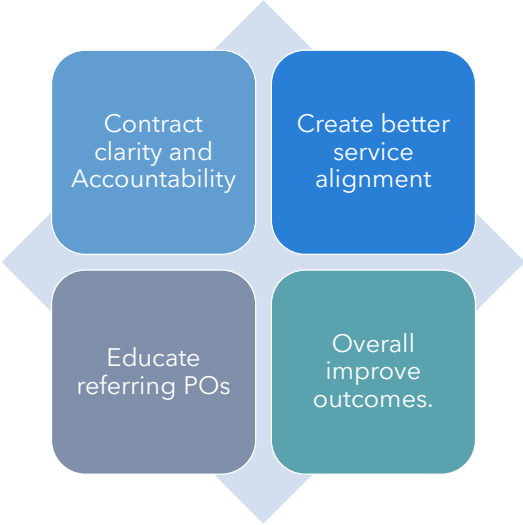
PROVIDER represents and warrants that it and its staff shall

- **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.

5

SERVICE DESCRIPTIONS





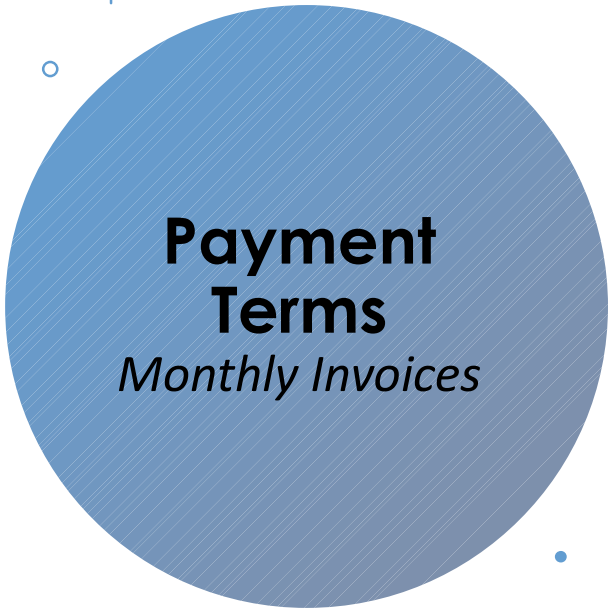
Contract clarity and Accountability

Create better service alignment

Educate referring POs

Overall improve outcomes.

6




**Payment
Terms**
Monthly Invoices

PROVIDER shall prepare and submit one comprehensive monthly invoice, in the form and manner required by PRIME CONTRACTOR, to the PRIME CONTRACTOR, by the **5th day of the month** following the month in which Services were delivered, for all Youth served. The PROVIDER shall bill the PRIME CONTRACTOR for any and all Services provided, within thirty (30) calendar days of the date on which the Service was provided. **The PROVIDER shall bill the PRIME CONTRACTOR for the actual increments of Services provided to the Youth, not to exceed the Dosage Guidelines in the POSO.** All invoices shall include an itemized report containing (A) Youth served, (B) Service(s) provided, (C) the date of each Service, (D) number of units provided, (E) the service charge per Service, and (F) related CSU. Any invoice not submitted in the appropriate manner shall be invalid and no payment shall be due for such invalid invoice.

- i. THE PROVIDER's invoice shall be accompanied by a Report; Service Plan, Monthly Progress Report, and/or Discharge Summary for each Service provided, as described in Section J, below. **The PROVIDER's payment shall not be processed until all required documentation is received.**
- ii. In no case shall the PRIME CONTRACTOR be obligated to pay for Services rendered if the PROVIDER fails to submit an invoice within thirty-five (35) calendar days after the end of the calendar month in which the Services were provided, with the appropriate reports outlined herein.
- iii. The PROVIDER agrees to invoice, and the PRIME CONTRACTOR agrees to pay, for only those **Services authorized by a POSO between the "Effective Date" and the "End Date" shown on the POSO and authorized by DJJ Staff.**

iv. Unused units of Service shall not accumulate or transfer from month to month without prior written approval from the PRIME CONTRACTOR.

7



**Confidentiality
and Security**

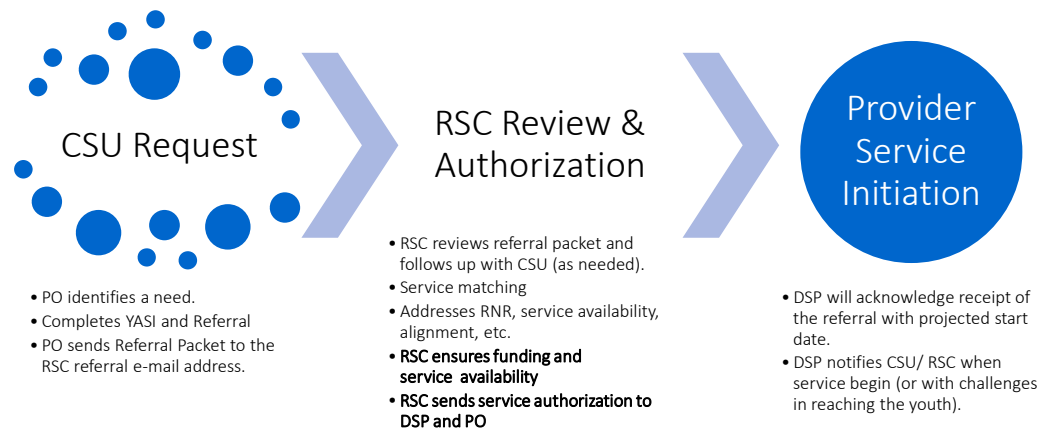
General Requirements. All youth records and data pursuant to this Agreement shall be maintained and handled securely. PROVIDER agrees to adhere to all Federal and State laws and regulations regarding confidentiality of youth, juvenile offender and student information, including the use of required Consent 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**

- Send youth information encrypted.
- PDF your Files before sending.

8

RSC Model Referral Process



9

Authorization for Services (POSO)

- 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.).

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Alignment

Authorization Dates (POSO) should be included on the Monthly report

evidence-based associates

Reporting Month: December 2024

YOUTH INFORMATION		
Youth's Name:	Juvenile #:	DOB (Age): enter DOB
Assigned DJJ Office: Choose.	Assigned DJJ Staff:	
PROVIDER & SERVICE INFORMATION		
Provider:		
Staff Name/Credentials:	Email:	Phone:
Service(s): Click		
Authorization Dates (POSO):	Anticipated Completion Date:	★
Service Start Date: <u>Select date</u>	Pre-Service Engagement Date: <u>select date</u>	
Explain:		
Most Recent YASI Date: _____		
Targeted YASI Priority for this Service: YASI domain		
Rationale for Service:		
OVERALL PROGRESS SINCE SERVICE BEGAN		

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What do I do if an extension is needed?

- **Communicate** with the PO
- **Notify the PO** via email, phone or in person
 - Loop in the RSC if you struggle to connect with the PO
- **Share the Rationale:** Why is it needed? What has been accomplished? What are the new or un-met goals? How will you (the Provider) assist the youth to reach the goal?
- **Document pending changes in the Monthly Report.**

OVERVIEW THIS REPORTING PERIOD	
<input type="checkbox"/> Youth and family actively engaged in service. <input type="checkbox"/> Youth is progressing towards identified service goals. <input type="checkbox"/> Youth is attending school: _____ <input type="checkbox"/> Youth is employed: _____ <input type="checkbox"/> Youth is connected to an extra-curricular or school activity: _____ <input type="checkbox"/> Safety or Relapse Prevention Plan has been created/revised. Date: _____ <input type="checkbox"/> Copy provided to youth/family. <input type="checkbox"/> Copy provided to DJJ Staff.	
<input type="checkbox"/> SERIOUS INCIDENT <input type="checkbox"/> N/A	Date of incident: _____ Explain:
<input type="checkbox"/> CURRENT RECOMMENDATIONS	

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Service Extension



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?
- **EBA QA Review**
- RSC Monthly Report review
- Evaluate effectiveness of services, DSP quality, and adherence service description/ Logic Models



RSC will Approve,
Deny or Modify

13



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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Monthly Billing Process

1. Download new activity forms from EBA website
2. Securely submit activity forms along with backup documentations
 Please save and submit documentation naming convention
Supporting Documentation: CSU#, first initial last name, month and year
 Example:: CSU24 J Smith Aug 2025
Activity Forms: provider name, activity form, month and year.
 Example: ABC Company residential Aug 202
3. Billing is compiled and reviewed by EBA (including the RSC's) before going to DJJ for authorization.

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ACTIVITY FORMS

The screenshot displays the EBA website interface on the left, which includes a navigation menu and a list of documents. A blue arrow points from the 'Billing Activity Related Documents' section to the 'Monthly-provider-activity-form-Dec24' document. On the right, an Excel spreadsheet titled 'Activity Form' is open, showing a header row with columns for 'Youth Identification', 'Service Selection', 'Billing Info', and 'Meeting Type'. The 'Billing Info' section includes columns for 'Units', 'Billing Rate', 'Billing Units', 'Billable Amount', and 'Activity Date'. The spreadsheet is currently empty of data rows.

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DIRECTIONS

Administrative Information		
#	Category	Comment
1	Time Period	Each month the DSP will fill out the "Activity" spreadsheet. All activity provided in the preceding month must be recorded. For example, if you are completing the form in April, all activity from March would be recorded.
2	Provider	Make sure that the proper provider name appears in cell C3 (the yellow field) on the "Activity" spreadsheet. There is a dropdown list to select from, if the proper provider name is not listed, you can type in the provider name, you will be asked if you want to continue with the data in this field that does not match any of the values in the dropdown list, you can select "Yes" to continue on.
3	Data Entry	A separate line should be entered for each instance of a service that a youth receives (So if a youth receives the same service 5 different times throughout the month, 5 separate lines must be entered, 1 for each date that the service was provided)
4	File Saving	When sending the spreadsheet back to EBA, please save it as "Monthly provider activity form_provider name_MMMYY" so for example, if EBA was sending in a copy of this spreadsheet for August 2021 activity, the name of the spreadsheet would be "Monthly provider activity form_EBA_Aug21"
5	Submission	Email this activity form (along with any supporting documentation) to: billingVA@ebanetwork.com

Youth Identification Data Entry Points		
#	Data Point	Comment
** - Any youth being provided services in the preceding month must appear on the "Activity" spreadsheet.		
1	CSU	Enter CSU activity took place in, if an activity date is entered without a CSU, this field will highlight red
2	First Name	Enter youth first name, if an activity date is entered without a first name, this field will highlight red
3	Last Name	Enter youth last name, if an activity date is entered without a last name, this field will highlight red
4	JTI #	Enter youth JTI #, if an activity date is entered without a JTI #, this field will highlight red

Service Selection Data Entry Points		
#	Data Point	Comment
5	Category	Select a category that the service being billed for is housed under from the dropdown list
6	Sub-Category	Select a sub-category based on the category previously selected from the dropdown list
7	Service	Select a service based on the category & sub-category previously selected from the dropdown list
8	Therapist	Enter name of therapist.

Billing Info Data Entry Points		
#	Data Point	Comment
8	Units	Enter units for the activity date entered, if an activity date is entered without units, this field will highlight red
9	Billing Rate	For those services with a standard rate, a rate will autopopulate once a service has been selected. If a standard rate is not available for the selected service, then this should be manually entered.
10	Unit	The unit of measure will autopopulate once a service has been selected

+

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The monthly report must align with billing

SESSION DETAILS		
<i>Total units during the current reporting period: enter units</i>		
Date: Friday, January 24, 2025	Time: 10-11 AM	Duration: 1 hour
Participants: Vivian and DSP		
Description: Session description, interventions and youth response.		

Billing Info					Non F2F Mtg Type	Youth Discharged? <small>(select "Yes" for last date of service only)</small>
Units	Billing Rate	Billing Unit	Billable Amount	Activity Date	Meeting Type	
1	112.00	Hour	112.00	03-Dec-25		No
2	112.00	Hour	224.00	10-Dec-25		No
1	112.00	Hour	112.00	17-Dec-25		No
1	112.00	Hour	112.00	31-Dec-25		No
1	112.00	Hour	112.00	02-Dec-25		No

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Check your spelling

Details matter

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Instructions Tab

Directions For Completing Monthly Activity Form		
Administrative Information		
#	Category	Comment
1	Time Period	Each month the DSP will fill out the "Activity" spreadsheet. All activity provided in the preceding month must be recorded. For example, if you are completing the form in April, all activity from March would be recorded.
2	Provider	Make sure that the proper provider name appears in cell C3 (the yellow field) on the "Activity" spreadsheet. There is a dropdown list to select from, if the proper provider name is not listed, you can type in the provider name, you will be asked if you want to continue with the data in this field that does not match any of the values in the dropdown list, you can select "Yes" to continue on.
3	Data Entry	A separate line should be entered for each instance of a service that a youth receives (So if a youth receives the same service 5 different times throughout the month, 5 separate lines must be entered, 1 for each date that the service was provided)
4	File Saving	When sending the spreadsheet back to EBA, please save it as "Monthly provider activity form_provider name_MMMYY" so for example, if EBA was sending in a copy of this spreadsheet for August 2021 activity, the name of the spreadsheet would be "Monthly provider activity form_EBA_Aug21"
5	Submission	Email this activity form (along with any supporting documentation) to: billingVA@ebanetwork.com
Youth Identification Data Entry Points		
#	Data Point	Comment
** - Any youth being provided services in the preceding month must appear on the "Activity" spreadsheet.		
1	CSU	Enter CSU activity took place in, if an activity date is entered without a CSU, this field will highlight red
2	First Name	Enter youth first name, if an activity date is entered without a first name, this field will highlight red
3	Last Name	Enter youth last name, if an activity date is entered without a last name, this field will highlight red
4	JTI #	Enter youth JTI #, if an activity date is entered without a JTI #, this field will highlight red
Service Selection Data Entry Points		
#	Data Point	Comment
5	Category	Select a category that the service being billed for is housed under from the dropdown list
6	Service	Select a service based on the category & sub-category previously selected from the dropdown list
7	Therapist	Enter name of Therapist.
Billing Info Data Entry Points		
#	Data Point	Comment
8	Units	Enter units for the activity date entered, if an activity date is entered without units, this field will highlight red
9	Billing Rate	For those services with a standard rate, a rate will autopopulate once a service has been selected. If a standard rate is not available for the selected service, then this should be manually entered.
10	Billing Unit	The unit of measure will autopopulate once a service has been selected
11	Billable Amount	This amount will automatically calculate once the Units and Billing Rate fields have been populated (as shown above)
12	Activity Start Date	This is the beginning date of a specific service within this specific month

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DAILY ACTIVITY FORM

Description Resources CSU Docs **Provider Docs**

Communications Connections

Billing Info							
Service	Direct Care Specialist/Therapist	Units	Billing Rate	Billing Unit	Billable Amount	Activity Start Date	Activity End Date
						1/01/2025	1/24/2025

Documentation for these FY25 Provider Documents:

- [FY25 Provider Onboarding](#)
- [FY25 Confidentiality Agreement](#)
- [Notification Form](#)
- [ERA Subcontractor Responsibilities FY25- Updated Jan 2023](#)
- [ERA-Bank-Form](#)
- [Terms and Conditions- Updated Aug 2021](#)
- [BSC Service Definitions for FY25](#)
- [Service Areas](#)
- [W9 revised March 2024](#)
- [ERA FY25 Background check Affidavit Form](#)

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Daily Billing Reminders

Starts at the FIRST session (not the POSO date)

Sessions need to be consistent: NO GAPS more than 14 days

Service ends at the last session (not at the end of the month or end of POSO).

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BILLING CALENDAR

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.

Provider Forms

- Direct Care DSP Incident Report Form 7.1-2.4
- Service Provider Incident Report Not in Direct Care Status-11.1-2019
- DJ-RSC-Model-Monthly-Report-Template FY25 ** NEW FOR 2025**
- DJ-RSC-Model-Monthly-Report-Template FY25 samole with instructions
- Monthly Report Template for GPS Services-Updated May 2021
- EBA MST/FFT Team Vacancy Notification Form
- EBA MST/FFT Team New Hire Notification Form

Billing Activity Related Documents

- Monthly-provider-activity-form-Dec24 -Updated Dec 2024
- Monthly-daily-activity-form-Dec24 -Updated Dec 2024
- Monthly-residential-activity-form-Dec24- Use this for FFT, GPS/EM, ICC & MSTJ -Updated Dec 2024
- Service Completion Form- Updated Sep, 2020
- RSC Billing Calendar- CI 2025
- Billing Process Presentation

Documents for New Providers and Annual Updates

- FY25 Provider Onboarding
- FY25 Confidentiality Agreement
- Notification Form
- EBA Subcontractor Responsibilities FY23- Updated Jan 2023
- EBA Risk Form
- Terms and Conditions- Updated Aug 2021
- RSC Service Definitions for FY25
- Service Areas
- W9 revised March 2024
- EBA FY25 Background check Affidavit Form

VADJJ Regional Service Coordination Fiscal Calendar 2025

January							April							July							October						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
5	6	7	8	9	10	11	6	7	8	9	10	11	12	6	7	8	9	10	11	12	3	4	5	6	7	8	9
12	13	14	15	16	17	18	13	14	15	16	17	18	19	13	14	15	16	17	18	19	10	11	12	13	14	15	16
19	20	21	22	23	24	25	20	21	22	23	24	25	26	20	21	22	23	24	25	26	17	18	19	20	21	22	23
26	27	28	29	30	31		27	28	29	30				27	28	29	30	31			24	25	26	27	28	29	30

February							May							August							November						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
						1						1	2	3							1	2	3	4	5		
2	3	4	5	6	7	8	4	5	6	7	8	9	10	3	4	5	6	7	8	9	7	8	9	10	11	12	13
9	10	11	12	13	14	15	11	12	13	14	15	16	17	10	11	12	13	14	15	16	14	15	16	17	18	19	20
16	17	18	19	20	21	22	18	19	20	21	22	23	24	17	18	19	20	21	22	23	18	19	20	21	22	23	24
23	24	25	26	27	28		25	26	27	28	29	30	31	24	25	26	27	28	29	30	25	26	27	28	29		

March							June **							September							December										
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa				
						1						1	2	3	4	5	6	7							1	2	3	4	5	6	7
2	3	4	5	6	7	8	8	9	10	11	12	13	14	7	8	9	10	11	12	13	7	8	9	10	11	12	13				
9	10	11	12	13	14	15	15	16	17	18	19	20	21	14	15	16	17	18	19	20	14	15	16	17	18	19	20				
16	17	18	19	20	21	22	22	23	24	25	26	27	28	21	22	23	24	25	26	27	21	22	23	24	25	26	27				
23	24	25	26	27	28	29	29	30						28	29	30					28	29	30	31							

**THE JUNE INVOICE SCHEDULE WILL BE ADJUSTED TO ALIGN WITH THE CLOSE OF THE FISCAL YEAR.

Provider Invoices due to RSC by the 5th day of the month

Weekend or DJJ Holiday

RSC Submits Invoices to CSUs

Receiving Reports and approved Invoices due to RSC/CP Business Office

20-23 Business Days Monthly Breakdown of business days following receipt of invoice at CSU

CSU has 5 business days

RSC has 5 business days

CP has 2 business days

AP has 8 business days

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Billing Activity is Due by 5 PM on the 5th

- Submit all Activity forms, monthly reports and evaluations to BillingVA@EBANetwork.com

- You should receive a confirmation email stating your billing has been received and is being processed for payment.

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Payment Terms

EBA shall pay the PROVIDER within seven (7) days of receipt of payment from DJJ for all approved and verified services.

Refer to the billing calendar for DJJ anticipated dates

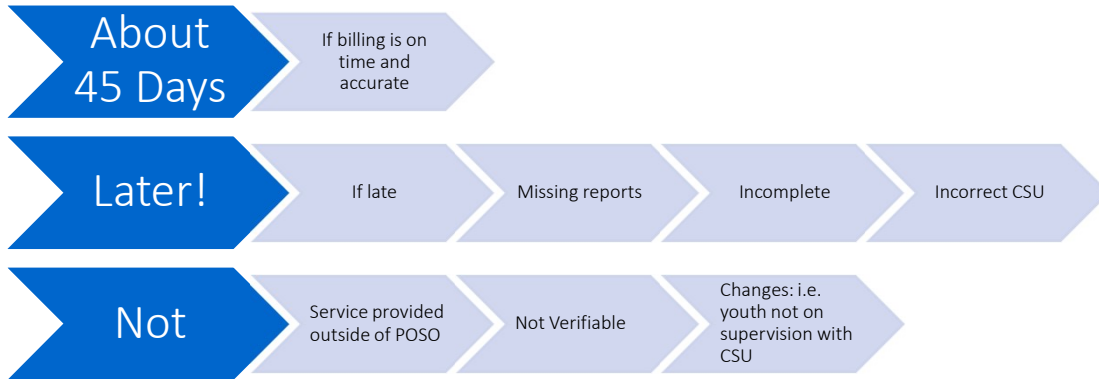
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CENTRALIZED BILLING PROCESS (BUSINESS DAYS)

				
DSP sends invoice to EBA on the 5 th of each month, of the following business day	EBA invoices each CSU for all services provided (bundled invoice)	CSU reviews the invoice for accuracy and returns.	DJJ Accounts Payable Unit pays EBA (30 day prompt pay)	RSC pays the DSP the following week

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When do we get paid?



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Monthly Reconciliation and Payment Breakdown

*** Please Refer to the tab indicated for further detail

	Activity Submitted	New Rate Adjustment	Activity Submitted for payment	Adjustment/ Denials	Total June Payment
A1	\$2,130.49	\$1,033.89	\$3,164.38	\$ (150.00)	
	\$2,130.49	\$1,033.89	\$3,164.38	\$ (150.00)	\$3,014.38

Summary | Activity | New Rate Adj | Adjustment Denials | June Payment | +

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Barriers and Common Mistakes

- Incorrect Data
 - Make sure the CSU is correct.
 - Billing Invoice must align with the POSO services
- One billing per day.
 - If you see the youth from 10-11 (individually) and again from 11-12 (for a family session); the billing activity should indicate 2 hours of OUTPATIENT THERAPY while the monthly report will capture the individual times.
- Documentation

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Verification!

- Monthly Reports must reflect the billing
- How does your agency verify hours provided to the youth and family?
- How do you verify staff are seeing youth as documented?
 - Agency policy and documentation? (Google map, sign in sheets, map tracking etc.)

SESSION DETAILS			Total units during the current reporting period: enter units
Date:	Time:	Duration:	
Participants: Click.			
Description: Session description, interventions and youth response.			
Date: DATE	Time:	Duration:	
Participants: Click.			
Description: Session description, interventions and youth response.			
Date: DATE	Time:	Duration:	
Participants: Click.			
Description: Session description, interventions and youth response.			
Date:	Time:	Duration:	
Participants: Click.			
Description: Session description, interventions and youth response.			
Date:	Time:	Duration:	
Participants: Click.			
Description: Session description, interventions and youth response.			
Date:	Time:	Duration:	
Participants: Click.			
Description: Session description, interventions and youth response.			

Report completed by: _____ Date: _____

Staff Signature/Credentials

Reviewed and approved by: _____ Date: _____

Supervisor Signature/Credentials

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General Billing Reminders!

- Keep EBA information current (Contacts, services, address, W-9)
- Subscribe to EBA Newsletter – Request Billing updates as applicable
- Submit an ACH Form for Direct Deposit

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