



**PRE-ADMISSION INFORMATION
TO BE SUPPLIED BY REFERRING AGENCY**

Consumer Name: _____ **Date Sent to Referral Source:** _____

Before a placement can occur, the following information is required from DSS:

	Date Received
<input type="checkbox"/> Pre-Placement Agreement (used for pre-placement overnights)	
<input type="checkbox"/> Placement Agreement (Original Signature REQUIRED, Date MUST reflect day of placement or earlier)	
<input type="checkbox"/> Terms of Admission/Request for Placement (Original Signature REQUIRED)	
<input type="checkbox"/> Application for Admission	
<input type="checkbox"/> Birth Certificate (photocopy)	
<input type="checkbox"/> Social Security Card (photocopy)	
<input type="checkbox"/> Court Order Mandating DSS Custody	
<input type="checkbox"/> Physical Examination (less than 90 days old)	
<input type="checkbox"/> Eye Examination (less than 90 days old)	
<input type="checkbox"/> Dental Examination (less than 90 days old)	
<input type="checkbox"/> Immunization Records (including TB test less than 90 days old)	
<input type="checkbox"/> Medical Card/Insurance Information (must prove application for regular Medicaid submitted, if previously on any form of managed care Medicaid in community)	
<input type="checkbox"/> Medical History	
<input type="checkbox"/> Educational Records, including Current Transcript and IEP	
<input type="checkbox"/> Placement History	
<input type="checkbox"/> Psychological Evaluation with 5 scale DSM IV Diagnosis (current)	
<input type="checkbox"/> Purchase of Service Order	
<input type="checkbox"/> Releases of Information to Braley & Thompson	
<input type="checkbox"/> Referring Agencies Role with Foster Care	
<input type="checkbox"/> Social History	
<input type="checkbox"/> Foster Care Service Plan/DSS	
<input type="checkbox"/> Medicaid Provider Freedom of Choice Form	
<input type="checkbox"/> Current Medications and/or refills (supplied for Pre-Placement visits and/or Placement)	
<input type="checkbox"/> Expedited Enrollment and Notice of Student Receiving Foster Care Services	
For Medicaid Case Management Reimbursement Eligibility	
<input type="checkbox"/> CANS	
<input type="checkbox"/> DSM-IV Diagnosis	
<input type="checkbox"/> Approval of Admission by CPMT or FAPT Confirmation of Medical Necessity	
<input type="checkbox"/> FAPT Team Assessment Forms w signatures	

Legal Guardian/ DSS Social Worker

Date



AUTHORIZATION TO RELEASE PROTECTED INFORMATION

Type of Release (check one)

- One time exchange of information
 Ongoing exchange of information

I, _____ do hereby authorize and request
(Print Full Name of Client/Foster Parent or Legal Guardian)

Braley and Thompson, Inc. to release, disclose, and receive protected health information
to / from _____ ,
(Individual or Organization)

regarding _____
(Client or Foster Parent name)

Address: _____ _____	Date of Birth: _____ Phone #: _____
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Information may be released / received to / from the following Person, Agency or Healthy Care Entity:

Name: _____
Address: _____ _____

Please specify the information to be released by marking the following:

<input type="checkbox"/> Assessment Information	<input type="checkbox"/> Psychiatric Records	<input type="checkbox"/> Discharge Summary
<input type="checkbox"/> Social History	<input type="checkbox"/> Psychological Records	<input type="checkbox"/> Foster Parent history
<input type="checkbox"/> Progress Notes	<input type="checkbox"/> Mental Health Diagnosis	<input type="checkbox"/> Foster Parent reference
<input type="checkbox"/> Educational Records	<input type="checkbox"/> Medical/Dental Records	<input type="checkbox"/> Other:

The Purpose of this disclosure is for:

- Service Coordination / Treatment Planning Eligibility Determination
 At the request of the individual Approval as foster/adoptive parent with B&T

I understand that:

- Different agencies provide different services and benefits. Each agency must have specific information in order to provide services in order to provide services and benefits. By signing this form I am allowing agencies to exchange certain information, including confidential health records, so it will be easier for them to work together more effectively to provide or coordinate services or benefits.
- I understand that I can withdraw this consent at any time by notifying the referring agency. This will stop the listed agencies from sharing information after they know consent has been withdrawn. Withdrawal of this authorization does not affect any disclosure of protected health information made prior to the receipt of written notice of revocation by the custodian of health records.
- I have the right to know what information is being shared, including why, when and with whom. If I ask, each agency will show me this information.
- My treatment, payment, enrollment or eligibility for benefits will not be conditioned on signing this authorization.
- There is a potential that information disclosed may be re-disclosed by the recipient and no longer protected by law (see note below re: 42 CFR Part 2).
- A copy of this Authorization and a notation concerning the person or agencies to which disclosure was made shall be included with the original health records.
- This authorization will automatically expire one year after the day below for an ongoing release / 90 days for one time release OR on the following expiration event:

SIGNATURE: _____ DATE: _____
(Signature of Client /Foster Parent or Legal Guardian)

Note: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by this written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2.



PLACEMENT AGREEMENT

As of _____

Child's Name: _____

Birth Date: _____

I/We, _____, in the county and/or city of
(Full Name of Guardian)

_____, (hereinafter to be designated as *the referring agency*)

am/are the legal guardian(s) of _____ and have legal
(Full Name of Child)
authority to plan for the child.

I/We hereby request Braley & Thompson, Inc. place the child in temporary foster care.

I/We understand:

1. It is the referring agency's responsibility to provide support services to the biological parents. Braley & Thompson, Inc. will be responsible for teaching behavior management techniques to the biological parents, when appropriate.
2. Braley & Thompson, Inc. agrees to notify/invite _____ Department of Social Services to each child's 90 day meeting.
3. I/We retain legal guardianship of the child including all written consents, decisions, or responsibilities related therein.
4. Child's confidential record may be reviewed by state regulatory agencies for compliance audits.
5. It is the referring agency's responsibility to provide Braley & Thompson, Inc. with all required documentation if the Department of Medical Assistance Services (DMAS) funding is to be pursued by Braley & Thompson, Inc. for TFC Case Management.
6. Braley & Thompson, Inc. agrees to provide client services and case management, which include coordination of services, treatment planning, behavior modification, administration, and 24-hour crisis response.
7. Braley & Thompson, Inc. agrees to provide ongoing services to foster parents, when a child is placed in the home, which includes 24-hour crisis intervention, financial reimbursement, counseling, case management, behavior modification, and ongoing training.

I/We agree:

1. It is the expectation that the referring agency will remain in contact with the child on a monthly basis and attend 90 day meetings whenever possible.
2. To be responsible for the cost of all medical, dental, and psychiatric care for the child.
3. To give consent for all medical, dental, and psychiatric care arranged for the child including hospitalization, surgery, and the administration of anesthesia, as deemed necessary by a competent authority in an emergency situation.
4. Any and all visitation between the child and biological parents, when appropriate, will be coordinated with the cooperation of the referring agency's worker.
5. To abide by the agency's policies regarding visiting the child.
6. To give Braley & Thompson, Inc. 48 hours notification if I/We should request the return of the child to my/our care.
8. To pay Braley & Thompson, Inc. according to the following:

Supervision and Administration: (check appropriate level)	
<input type="checkbox"/> Level 3 - Significant	\$ 131.00 per diem
<input type="checkbox"/> Level 2 - Moderate	\$ 110.00 per diem
<input type="checkbox"/> Level 1 - Mild	\$ 95.00 per diem
<input type="checkbox"/> Non-Therapeutic	\$ 78.00 per diem
<input type="checkbox"/> Assessment	\$ 125.00 per diem
TFC Case Management DMAS	\$ 326.50 per month
TFC Care Coordination	\$ 320.00 per month
Foster Care Maintenance: Ages 0-4	\$ 471.00 per month
Ages 5-12	\$ 552.00 per month
Ages 13 or over	\$ 700.00 per month
<input type="checkbox"/> Additional Daily Supervision (enhanced maintenance payment) to foster parent is determined by VEMAT.	\$ _____ per month
	Must be stated if TFC child. B&T Staff Initials / DSS Staff Initials

1. To fund the placement with Braley & Thompson, Inc. until Medicaid eligibility is established and/or continue funding of the placement if Medicaid eligibility is not met or discontinues.
2. All youth placed in Treatment Foster Care (all levels except the non-treatment level) will receive either targeted case management as defined by DMAS or care coordination as defined by rate sheet. This does not cover direct delivery of service, recruitment, and approval of foster families, training, client placement support, supervision, administrative costs, or other components of treatment foster care.
3. In the event that there is an increase or decrease in the amount of payment the new rate shall become effective on the first of the month following the event regardless of whether or not it is an increase or decrease.
 - a. Maintenance fees shall be increased, as indicated above, when a client reaches 5 years of age, and again when a client reaches 13 years of age.
 - b. Fees charged will reflect only those services actually provided by the Agency.
 - c. Daily fees will be prorated based on the number of days per month the client is in care.
 - d. Payee shall provide a Purchase Order to the Agency detailing fees to be paid, and fees shall be paid in accordance with the guidelines established by the locality.

- e. Refunds to payee will be made promptly upon notification of and verification of excessive fees paid.
- f. Changes in fees will not be considered effective until this document is signed by both parties or an addendum is attached with the signature of both parties.
- g. Changes in VEMAT levels will not be in effect until Braley & Thompson has acknowledged receipt of documentation in writing regarding nature of the change.
- h. Initial placements are automatically charged at the Assessment Level rate due to the need for an assessment period. Changes to this amount will only be permitted if both parties agree and both parties have signed this document with a mutually agreed upon rate.
- i. The signature of the legal guardian is considered to be representative of the funding agency.
- j. TFC Case management is a monthly unit. Provider cannot bill locality less than DMAS. Unless case management has already been paid to another agency, it will be billed as a monthly unit, regardless of the payee.
- k. Braley & Thompson only submits information to Magellan in order to help the locality obtain Medicaid funding therefore recouping their cost for case management. However, case management or care coordination takes place on all treatment levels and Braley & Thompson is to be paid for these services regardless of whether the funds come directly from the locality or reimbursement from Medicaid. Often Magellan only sends communication to the registered member. The provider does not get a copy. Therefore, Braley and Thompson can only forward approval/denial information within 3 business days of our obtaining the document from Magellan. If the funding source states that documentation was sent to Braley & Thompson, the locality must show evidence of the documentation being submitted.

4. Other agreements (specify treatment issues):

 Legally Authorized Representative

 Date

 Braley & Thompson, Inc. Representative

 Date



2201 Graves Mill Rd. Suite D
Forest, VA 24551
434-832-1326
434-832-1327

www.braleyandthompson.com

New Placement Referral

Date of Referral: _____

Name: _____ Sex: _____

Date of Birth: _____ Race: _____

Referring Worker/Agency: _____

Phone #: _____ Cell: _____

Fax #: _____ Email: _____

Current Placement: _____ How Long: _____

Reason Placement is Requested: _____

When is Placement Needed: _____

Least Restrictive Environment: Yes No

Why? _____

Is Race/Ethnicity an issue for placement in Foster Home? Yes No Explain: _____

Can consumer be around pets? Yes No

Can consumer be around younger children? Yes No

Does consumer have allergies, or significant medical issues? Yes No

If yes, list: _____

Is referral agent requesting a foster home with special considerations? Yes No

If yes, why: _____
(i.e. no other children, in a specific school district, etc.)

BEHAVIOR INFORMATION:

What are some things that would make the youth feel comfortable? _____

What are some things that would make the youth feel safe? _____

Potential risk of harm to self or others: _____

Antecedents of out of control behavior: _____

Potential Placement Name _____

Does the child have a significant history of any of the following (explain):

Lying: _____

Stealing: _____

Fire-setting: _____

Fighting: _____

Criminal History: _____

Abuse History: _____

Active drug/alcohol use: _____

Behavioral History: _____

DSM-V: _____

MEDICATION

Name of Medication	Dosage/Frequency	Reason
1.		
2.		
3.		
4.		

SCHOOL INFORMATION

Educational Placement: _____ Grade: _____

BIOLOGICAL FAMILY

Contact allowed: _____

Visitation: _____

Referral Completed By: _____ Date: _____



2201 Graves Mill Rd. Suite D.
Forest, VA 24551

Excellence in Community Based Services

TERMS OF ADMISSION/REQUEST FOR PLACEMENT

Consumer Name: _____

Date of Birth: _____

Date of Placement: _____

Recognizing that Braley & Thompson is a licensed child-placing agency, the undersigned agrees to placement of the above-named child with that agency.

It is understood that:

1. The child has permission to participate in all Braley & Thompson activities, field trips with staff, foster families, or friends of Braley & Thompson which may be deemed therapeutic by the staff.
2. Permission is granted for travel in vehicles owned by Braley & Thompson, their staff, foster families, commercial or governmental authorities which may provide transportation in connection to paragraph one (1) above to include travel out of the state of Virginia. The undersigned hereby releases the Corporation, its staff, foster families, and friends of Braley & Thompson from liability or injury that may occur during transportation of the child.
3. Braley & Thompson is absolved from any and all responsibility regarding the videotaping for internal training and education, photographing or other media coverage should it be made public in connection with press notices or other publications. Braley & Thompson will secure permission for media exposure of children, when at all possible.
4. Permission is granted for the child to participate in fund-raising activities, research projects and studies, as long as the child is not identified by name.
5. Permission is granted to the director or his designee to authorize administration of anesthesia and surgery; or, authorize voluntary/involuntary psychiatric hospitalization, in case of a medical or psychiatric emergency. In the event hospitalization or placement under a physician's care becomes necessary, I authorize Braley & Thompson to cause the child to be admitted. Braley & Thompson will notify the referring/funding agency immediately, in the case of such an emergency.
6. If, in the opinion of medical or psychiatric authorities, birth control medication is indicated, permission is granted for its use under medical supervision.
7. Occasional weekend home visits and other planned activities may cause a child to be away from the foster home. Payments and appropriate services will continue for these periods as well as periods of unauthorized elopements. That is until such a time as a discharge date is mutually determined, preferably within two (2) weeks with a maximum of thirty (30) days.

8. Professional staffing evaluations are completed quarterly. These reports will be forwarded to the Case Manager and interested others.
9. Staffing evaluations and other information pertaining to the child will be shared with the staff of Braley & Thompson and other professionals involved with the child, on a need-to-know basis.
10. Relevant information concerning the child will be shared with foster parents or potential foster parents, as deemed advisable by the staff.
11. Records will be available for review by state licensing agencies, referring and funding agencies, as appropriate and if requested.
12. When a child is placed with Braley & Thompson, casework planning and implementation of these plans is the responsibility of the staff of Braley & Thompson.
13. Services provided by Braley & Thompson are to be consistent with the terms of the contract between Braley & Thompson and the funding/referring agency if applicable.
14. Termination of placement of the child can be accomplished at the option of either B & T or placing agency with 3 days' notice, in writing.

I have read all of the above and agree to all of the terms.

<i>Signature of Authorized Representative</i>	
<i>Date</i>	
<i>Address/Telephone</i>	
<i>Date</i>	
<i>Braley & Thompson Representative</i>	

Consumer: _____

NOTICE OF STUDENT RECEIVING FOSTER CARE SERVICES
(Child's school placement not changing upon entering foster care)

ATTENTION: Principal and superintendent of schools or the designee for
_____ school

State Law (Ref. *Code of Virginia* 22.1-289 and 63.2-900) requires that within 72 hours of placing a child in foster care, the agency making such placement shall, in writing, notify the appropriate principal and superintendent of the placement and inform the principal of the status of the child's parental rights. Children placed in foster care shall be immediately enrolled in school subject to the requirements of § 22.1-3.4 of the *Code of Virginia*.

Student Name: _____ DOB: _____ Age: _____

Social Worker/Case Manager: _____ Telephone: _____

Foster Parent Name: _____ Telephone: _____

Custody of this student was placed with _____ Department of
Social Services/Licensed Child-placing Agency on _____
Date

- Court Order/Other restrictions related to the status of parental rights are attached.

- Child's foster care placement is outside this school district, but it is in the child's best interest to attend the school he/she was enrolled in prior to placement in foster care as determined by the social worker and school officials, taking into consideration all relevant factors.

Representative of Custodial Agency

Date

Expedited Enrollment of Child Placed in Foster Care

This child is being enrolled by the agency having legal custody or its representative: **Check one**

Local Department of Social Services

Licensed Child Placing Agency

Name of School: _____

Student's Name: _____

Students Date of Birth: ___/___/___ Sex: ___ State or Country of Birth _____

Foster Parent Name: _____

Foster Parent Address: _____

Department of Social Services or Licensed Child Placing Agency contact information:

Agency Name: _____

Contact Name: _____

Phone: _____

Custody of this student was placed with the above named agency on ___/___/___
(dd/mo/year)

Information on status of Parental Rights: _____

Student's School Status Affirmation: Circle one

To the best of my knowledge, _____ **has / has not** been expelled from school attendance at a private school or in a public school division of the Commonwealth or in another state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person.

To the best of my knowledge, _____ **has / has not** been found guilty or adjudicated delinquent for any offense listed in subsection G of § 16.1-260 of the Code of Virginia or any substantially similar offense under the laws of any state, the District of Columbia, or the United States or its territories.

To the best of my knowledge, _____ **is / is not** eligible for IEP / 504 Plan or any other specialized modifications as part of a special education program. If child is special education eligible, Custodial Agency will make these records available to enrolling school.

To the best of my knowledge, _____ is in good health and is free from communicable or contagious disease. If documentation of a physical exam, birth certificate, social security number, and/or immunization record is unavailable at the time of enrollment, they must be provided to the school within 30 days of enrollment.

Representative of Custodial Agency

Date

Braley & Thompson, Inc.
2201 Graves Mill Rd. Suite D.
Forest, VA 24551

CONSUMER CONSENT FORM

As part of your care, it necessary to create, maintain, and (in certain situations) share information concerning your history and current care services for treatment, payment and health care operations. Our **Notice of Privacy Practices** describes how we may use and disclose your protected information. You have the right to review our notice before signing this consent.

The terms of our notice may change. We will post a copy of the current notice in our Agency. At any time you may request a copy of our current notice in effect.

You have the right to request that we restrict how your information is to be used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by those restrictions to which we agree.

By signing this form, you consent to our use and disclosure of information about you for treatment, payment and health care operations and you acknowledge that you have received a paper copy of our **Notice of Privacy Practices**. You have the right to revoke this consent, in writing, except where we have already used or disclosed your information in reliance on your prior consent.

Consumer/Personal Representative

Date

Print Name

If signed by the Personal Representative of the Consumer, please describe the Personal Representative's authority to act for the Consumer by checking below:

- | | |
|---|--|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Legal Guardian |
| <input type="checkbox"/> Court Appointed Legal Guardian | <input type="checkbox"/> General Power of Attorney |
| <input type="checkbox"/> Health Care Power of Attorney | <input type="checkbox"/> Surrogate decision-maker |
| <input type="checkbox"/> Next of kin or other family member | <input type="checkbox"/> Executor of the Estate |
| <input type="checkbox"/> Other, please describe: _____ | |



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Braley & Thompson is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at Braley & Thompson please contact:

Contact Information:

Mary G. Struzinsky, LCSW, ACSW
Executive Director
Braley and Thompson, Inc.
2965 Colonnade Drive, Suite 130
Roanoke, VA 24018

Effective Date of This Notice: April 14, 2003

I. How Braley & Thompson may Use or Disclose Your Health Information

Braley & Thompson collects health information about you and stores it in a chart which is your medical record. We need this information to provide you with quality care and to create a record of the care and services you receive at Braley & Thompson. Braley & Thompson is committed to protecting the privacy of your health information. The law permits Braley & Thompson to use or disclose your health information for the following purposes:

1. Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, psychologists, pharmacists, nurses, social workers, therapists, technicians, or other personnel involved in providing services to you. Different departments of Braley & Thompson may also share medical information about you in order to coordinate the different services you need.
2. Payment. We may use and disclose medical information about you so that the treatment and services you receive at Braley & Thompson or other providers from whom you receive treatment or services, may be billed to, and payment may be collected from, you, an insurance company, a third party, Medicaid or other payor. To the extent possible, our staff and outside contractors or consultants will make reasonable efforts to assure that the use and disclosure of your personal health information is conducted in a secure and confidential manner.
3. Regular Health Care Operations. Braley & Thompson may use and disclose medical information about you for agency operations. These uses and disclosures are necessary to manage the operation and to monitor your quality of care. For example, we may use personal health information to evaluate our agency's services, including the performance of our staff. We may also use personal health information for training purposes or to develop new policies, procedures,

or programs that may benefit you or other individuals we support. Your medical information may be shared with survey reviewers and other accreditation bodies in accordance with current and on-going operating procedures.

4. Information provided to you.
5. Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to do so prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
6. Required by law. As required by law, we may use and disclose your health information as described below:
 - a. Public health. We may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
 - b. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
 - c. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding as required by a court order or subpoena.
 - d. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
 - e. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.
 - f. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
 - g. Specialized government functions. We may disclose your health information for military, national security, and prisoner purposes.
 - h. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.

Only the minimum necessary health information will be disclosed to accomplish the above purposes.

II. When Braley & Thompson May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, Braley & Thompson will not use or disclose your health information without your written authorization. If you do authorize Braley & Thompson to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information. Braley & Thompson is not required to agree to the restriction that you requested. We ask that such requests be made in writing. Appropriate forms may be obtained from Braley & Thompson's contact person listed below.
2. You have the right to inspect and copy your health information.
3. You have a right to request that Braley & Thompson amend your health information that is incorrect or incomplete. Braley & Thompson is not required to change your health information and will provide you with information about Braley & Thompson's denial and how you request a review. We ask that such requests be made in writing. Appropriate forms may be obtained from Braley & Thompson's contact person listed below.
4. You have a right to receive an accounting of disclosures of your health information made by Braley & Thompson, except that Braley & Thompson does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations), 4 (information provided to you), and g (certain government functions) of section I of this Notice of Privacy Practices.
5. You have a right to a paper copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact:

Mary G. Struzinsky, LCSW, ACSW
Executive Director
Braley and Thompson, Inc.
2965 Colonnade Drive, Suite 130
Roanoke, VA 24018

IV. Changes to this Notice of Privacy Practices

Braley & Thompson reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, Braley & Thompson is required by law to comply with this Notice.

Revised notices will be communicated via the ResCare website, through local operations publications, meetings, or other distribution channels.

V. Complaints

Complaints about this Notice of Privacy Practices or how Braley & Thompson's handles your health information must be in writing and directed to:

Deena G. Ombres, Associate General Counsel & Privacy Officer
ResCare, Inc.
10140 Linn Station Road
Louisville, KY 40223

For further information about this process, call 502.394.2100 or toll-free 800.866.0860. This number is not to be used to register a complaint, as complaints must be submitted in writing as stated above. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>.

I hereby acknowledge that I have received this Privacy Notice regarding my right to privacy. I understand that I may contact Mary Struzinsky, Executive Director in the event that I have any questions about the Notice or if I have any concerns regarding the use or disclosure of my personal health information.

Date

Name of Client

Date

Parent/Guardian Signature



Braley & Thompson

A ResCare Company
2201 Graves Mill Rd. Suite D.
Forest, VA 24551

Social History

Consumer Name: _____

Date Social History completed: _____

Reason for Referral: _____

Permanency Planning Goal: _____

Services needed to obtain permanency goal: _____

Biological Family Information (Be specific and comprehensive)

Provide information on the child's family structure, relationships, and involvement with the child:

Name of biological mother: _____

Child's relationship with biological mother and frequency of contact: _____

Education Level: _____

Occupational status: _____

Name of biological father: _____

Child's relationship with biological father and frequency of contact: _____

Education Level: _____

Occupational status: _____

Name of siblings: _____

Child's relationship with siblings and frequency of contact: _____

List educational status of each sibling: _____

List occupational status of each sibling: _____

Consumer Name: _____

List any other family caretakers and their relationship to the child, occupational status, educational level, and medical/psychiatric history (specifically aunts, uncles, and grandparents):

Name	Relationship	Occupation	Education
_____	_____	_____	_____
_____	_____	_____	_____

Medical and psychiatric history of **all** (including extended family) family members as it relates to the suitability of the child for placement: _____

Previous placement history:

Name of residential programs, group homes, foster care agencies, hospitalizations, and family placements	Dates of placements	Was Placement Successful?
_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown

Please add additional placements below and/or attach placement record to form.

Provide child's developmental, educational, and medical history. The information should be as comprehensive as possible. The information, if available, shall include names and addresses of providers of medical treatment and copies of available reports or documentation of the licensee's attempts to obtain the information:

Developmental History: _____

Child's history as a victim of abuse and neglect, including any known history of prenatal neglect or substance abuse by mother: _____

Educational History:

Does the child have an IEP? Yes No
If yes, what is the classification? _____
Describe any non-behavioral academic issues from prior educational history. _____

Consumer Name: _____

Schools Attended	Dates

Medical History:

List any medical conditions and concerns: _____

List all known doctors, dentists, gynecologists, or eye doctors	Address/Phone

Date of Last Physical: _____ (within 90 days of placement)

Date of last TB test: _____ Results: _____

Is the child currently taking any medication (including birth control pills)? Yes No

Has the child received any birth control counseling? Yes No

Name of Medication	Dosage/Frequency	Reasons
--------------------	------------------	---------

1. _____

2. _____

3. _____

4. _____

Has child had all required immunizations? Yes No

Date of Last Dental: _____ Current Dentist name/phone: _____

Does youth need any extra dental treatment at this time? _____

Consumer Name: _____

Provide emotional or psychological problems the child has experienced within the last 13 months. Include strengths and needs of the child, any assessments, and all professional treatment received:

Emotional or psychological problems: _____

Strengths of the child: _____

Specific needs in regards to emotional issues: _____

Name of last psychiatrist: _____

Name/phone of current psychiatrist: _____

Any assessments completed for the child: _____

Provide any background information for the child from others sources such as court documents or previous social histories. Document from where the information is being retrieved:

Attach copies of treatment plans from other agencies, discharge summaries from previous placements, and copies of medical information.

Signature, Credentials

Date



BIOLOGICAL FAMILY PLAN

Consumer: _____ Effective Date: _____

Biological Mother: _____

Biological Father: _____

Custodian/Agency: _____

Biological Parents: Who can have contact? (include all contacts permissible, e.g., phone, face-to-face, supervised/unsupervised, counseling, etc.)

Siblings: List siblings:

Client wishes towards contact with siblings:

Frequency of visits/communication:

Who is responsible for encouraging this contact?

List any restrictions imposed to ensure client's best interests are represented:

Other: List out any other people in youth has a previous relationship with that it is important for them to remain in contact (include all contacts permissible, e.g., phone, face-to-face, supervised/unsupervised, counseling, etc.)

Supervised Visits:

Who is responsible for providing supervised visits?

Should biological parents be invited to staffings? Yes No, explain

NOTICE OF REQUIRED MEDICAID DOCUMENTATION

To: _____ DSS Case Worker _____

Cc: CSA Office; DSS FC Supervisor _____
Client Chart – Medicaid Section

From: _____ Braley & Thompson, Inc. Case Manager

Date: _____

RE: Medicaid TFC Case Management Billing for: _____

In order for Braley & Thompson, Inc. to bill Medicaid for Case Management Services, we still need the following checked items:

- Copies of Completed CANS assessment. Must be dated: 90-days current (90 days current). *Received on Dated*
- CANS Results: At least two moderate (2) or severe (3) bubbles checked in either: Behavioral / Emotional Needs YES NO or Risk Behaviors YES NO
- FAPT Assessment for Initial Reviews (including child's immediate & long range therapeutic needs, developmental priorities, personal strengths & liabilities, potential family reunification, specific planned treatment objectives, specific therapeutic modalities required to achieve all objectives, and signed/dated by majority or at least 3 FAPT members). *Received on* _____
- FAPT Certification that TFC Case Management is Medically Necessary OR Written documentation that the CPMT has approved admission to TFC Case Management. *Received on* _____
- Non-HMO Medicaid Card and/or Number. *Received on* _____
- DSM IV 5 Axis Diagnosis. *Received on* _____

Please submit the above checked items no later than the _____ **of** _____ **in order for Braley & Thompson, Inc. to bill \$326.50 to Medicaid for TFC Case Management for the month of** _____.

If Braley & Thompson, Inc. documentation cannot accurately support the CANS result you submitted and/or the above listed criteria do not meet the Medical Necessity Criteria set by DMAS, CSA will be billed at Braley & Thompson, Inc.'s Non-Medicaid Client Services Rate. No further notification will be sent.

Please contact our office directly at (434) 832-1326 if you have any questions.
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BRALEY & THOMPSON, INC.

RATE SHEET FISCAL YEAR 2016-2017

Effective July 1, 2016

FOSTER CARE PROGRAM

\$326.50 per month	Targeted TFC Case Management	or
\$320.00 per month	TFC Care Coordination	
\$131.00 per day	Significant Private Foster Care Support, Supervision, and Administration-Level 3	
\$110.00 per day	Moderate Private Foster Care Support, Supervision, and Administration-Level 2	
\$95.00 per day	Mild Private Foster Care Support, Supervision, and Administration-Level 1	
\$125.00 per day	Placement and Assessment Level	
\$78.00 per day	Non therapeutic Foster Care	
\$471.00 per month	ages 0-4	Foster Care Maintenance (Room & Board)
\$552.00 per month	ages 5-12	Foster Care Maintenance
\$700.00 per month	ages 13-21	Foster Care Maintenance
Determined by VEMAT Additional Daily Supervision		
\$25.00 per day	Additional Daily Supervision-see attached definition	
\$25.00 per hour	Preplacement visits day	
\$100.00 per night	Overnight preplacement visits	
\$40.00 per hour or .47/mile	Transportation	

ADDITIONAL SERVICES:

Short Term Foster Care	\$160.00 per day
Kinship Care	\$1000.00 flat fee for certification, \$50.00 per hour ongoing
Supervised Visitation	\$65.00 per hour
Therapeutic Supervised Visitation	\$80 per hour
Family Support Services	\$50.00 per hour
Home-based Counseling	\$60.00 per hour
Therapeutic Mentoring	\$45.00 per hour
Group Mentoring	\$35.00 per hour per client
Mental Health Skill Building	Reimbursed by Medicaid
Intensive In-Home Services	Reimbursed by Medicaid
Outpatient Mental Health Services	See attached
Transportation	\$.47 per mile
Independent Living Apt Program	\$165.00 per day plus stipend of \$644.00 Tier 1 \$140.00 per day plus stipend of \$644.00 Tier 2 (plus stipend of infant/toddler if applicable) (extra 30.00 dollars a day for children with parent) (electronic curfew monitoring additional, see attached)
Independent Living Curriculum	\$45.00 per hour for 10 week course
Independent Living Casey Assessment	\$275.00
Community Intensive IL Program	\$80.00 per day
Transitional Community IL Program	\$45.00 per hour
Parenting Class	\$325.00 per class
Parenting Coaching	\$60.00 per hour
Family Assessments	\$400.00
Custody/Court Assessments	\$650.00
Adoption/Kinship Assessments	\$1800.00
GPS and Electronic Monitoring	See attached
Life Skills Coaching	See attached

PROGRAMS AND SERVICE DESCRIPTIONS

Type of Facility: Braley and Thompson, Inc. offers treatment foster care, non-treatment foster care, independent living, short-term foster care and, a wide variety of community-based services to children and families in ten locations in Virginia. If Braley and Thompson does not offer the therapeutic service needed for the consumer, it will refer them to the appropriate service. Our agency believes that every child deserves permanency and we have a high rate of positive discharges including IL, adoption and return home. OMH, MHSB, IIHS and mentoring strive to support our consumers in TFC as well as help them make the transition home. Our services are also open to other members of the community that are not part of our TFC program.

All youth placed in treatment foster care (all levels except the non-treatment level) will receive either targeted case management as defined by DMAS or care coordination. This does not cover direct delivery of services, recruitment, approval of foster families, training, client placement, support, supervision, admin, and other components of treatment foster care.

TFC Targeted Case Management Services-\$326.50, monthly unit

Case management as defined by DMAS to include but not limited to the assessment of clients, develop and monitor goals, treatment planning, assist in gaining access to needed medical, social, educational, and other community resources. If all qualifications are met and approved by Magellan, this portion will be billed on your behalf. If not approved by Magellan, case management services or care coordination will be the responsibility of the placing agency.

TFC Care Coordination-\$320.00, monthly unit, may be prorated

For clients placed without a diagnosis or other medical criteria but still require case management services due to other needs (medical, social, behavioral, physical) and are placed on any level other than the non-treatment level. Provided for stabilization of foster care placements, services will vary and be based on child specific needs and their level of care and meet the standards required for licensed child placing agencies. To include but not limited to assessment, service planning, monitoring of progress and service delivery, home visits and linkage to community resources.

Foster Care Support, Supervision, and Administration TFC Level 1,2,3, assessment level, and non-treatment level

All decisions to step down to a lower level are based in relation to the permanency goals and stability of the child.

Placement and Assessment: \$125.00/day

Assessment Level: Every child placed in the treatment foster care program (TFC) at Braley and Thompson, Inc. will enter into the Assessment Level of Care. Consumers on this level will receive case management services to address their most immediate and critical needs. During the course of their stay at this level, an initial series of evaluations will be obtained, and utilized to determine the appropriate level of care to address the ongoing physical/emotional/medical needs of the consumer. Evaluations will include, but not be limited to:

- Physical examination, including TB test and eye exam
- Dental examination
- School registration, IEP needs
- Other health evaluations, as needed
- Psych testing (if deemed clinically indicated)
- Psychiatric Evaluation-if taking/needs to start medications.
- Other evaluations as deemed medically or otherwise clinically appropriate to the meeting of the consumer's needs.
- An individualized service plan for initial 45 days of the Assessment Level period.
- An individualized comprehensive service plan (ICSP) to cover the consumer needs and care after the initial 45 days and up to one year (to be reviewed by the 90th day and within subsequent 90 day periods.).
- Weekly face to face contact by the Case Manager to:
 - ❖ evaluate the ongoing needs of the consumer,
 - ❖ the stability of the relationship between the consumer and the foster parent (s),
 - ❖ the appropriateness/stability of the placement of the consumer with this foster family.

Consumers will remain on the Assessment Level for up to 60 days from placement. Recommendation for identifying the appropriate level of care for the consumer to be placed will be clearly stated and documented in the ICSP, or an addendum to the ICSP, if the determination is not finalized by the 45th day. Braley and

Thompson, Inc. will inform the guardian of its recommendation and will be prepared to offer clear clinical evidence of the appropriateness of the recommendation. It is important for all stakeholders to understand that the shared goal of this level of care is to properly assess and intervene swiftly with the immediate needs of the consumer. Another shared goal is to minimize or prevent placement disruption. To that end allowing our Case Manager time to make an appropriate and educated determination regarding the most appropriate level of placement, should be considered Best Practice. Similarly, Braley and Thompson, Inc. recognizes that the locality may have past knowledge of the consumer and feel that they are capable of making the determination of level without waiting the full 60 days. Braley and Thompson, Inc. will make every effort to make a level determination in an expeditious manner. If the locality fails to provide needed documentation as requested, then the child will be placed on Level 3 until all documentation is received and we can conclude our assessment properly

Treatment Levels:

Therapeutic Support Level 1 (Mild): \$95.00/day A child served at Level 1 ongoing treatment foster care will demonstrate a mild level of social/emotional/behavioral/medical/personal care needs or impairment for normal range of age and development; such as but not limited to, depression, anxiety, impulsivity, hyperactivity, anger control, adjustment to trauma, oppositional, substance use, eating disorder, physical health condition, developmental delay, or intellectual. The child's needs require monitoring or agency may need to provide services to lessen likelihood needs will return.

The child served at this level will receive case management services at no less than two face to face contacts per month, of which one will include the foster parents to continue to assess the relationship and stability of the placement.

Therapeutic Support Level 2 (Moderate): \$110.00/day A child served at Level 2 ongoing treatment foster care will demonstrate a moderate level of social/emotional/behavioral/medical/personal care needs or impairment for normal range of age and development; such as but not limited to, depression, anxiety, impulsivity, hyperactivity, anger control, adjustment to trauma, oppositional, substance use, eating disorder, physical health condition, developmental delay, or intellectual. The child's needs require that action (interventions, services supports, etc) be taken to address, remedy or ameliorate the needs. The child served at this level will receive case management services at no less than three face to face contacts per month, of which one will include the foster parents to continue to assess the relationship and stability of the placement.

Therapeutic Support Level 3 (Significant): \$131.00/day A child served at Level 3 ongoing treatment foster care will demonstrate a significant level of social/emotional/behavioral/medical/personal care needs or impairment for normal range of age and development; such as but not limited to, depression, anxiety, impulsivity, hyperactivity, anger control, adjustment to trauma, oppositional, substance use, eating disorder, physical health condition, developmental delay, or intellectual. The child's needs are of such acuity or severity that they require intensive action (interventions, services, supports, etc.) be taken to address, remedy or ameliorate the needs. A child served at this level may be at risk of residential placement. The child served at this level will receive case management services weekly. At least one face to face visit will include the foster parents to continue to assess the relationship and stability of the placement.

Non-treatment Foster Care: \$78.00/day Children served at the non-treatment level of foster care may be developmentally on target, demonstrated age appropriate behaviors, able to participate in community activities without restriction, or be the sibling of a child who meets the criteria for ongoing TFC placement in the same foster home. Children shall be served at the Non-Treatment Foster Care level if the assessment indicates treatment foster care services are not needed. Services offered at this level will include:

- At least one monthly CM visit with the consumer.
- Availability of the agency On-Call system
- Initial evaluations required by the VADSS

Additional Daily Supervision –

Enhanced maintenance payment to a foster parent for increased supervision and support. **Determined by VEMAT tool** and current VEMAT guidance. Payment to foster parents trained for specific presenting problems and matched to a youth with no VEMAT score. **\$25.00/day**

Foster Care Maintenance

Payment to foster parent for room and board. This payment includes provision for clothing, personal hygiene items and recreational expenses.

Pre-placement visits-Day \$25.00/hr, Overnight-100/night

Preplacement visits requiring intensive preplacement activity or overnight stay to ensure proper placement and adjustment for the child and for the family to assess appropriateness. 24/7 access to on call services.

Infant/Dependent Care

Added on for an infant child remaining in the custody of a youth who is placed in TFC. The support if appropriate and the room and board is added to the charges for the child who retains custody.

Transportation-\$40.00/hr and mileage at .47/mile to support attainment of the goals in a child's service plan. Services may be designed to enable a child or family member to attend counseling, parenting classes, court, visitation or other appointments.

Additional Services Open to TFC Youth or the Community**Short Term Foster Care-\$160.00/day**

This service provides respite to caregivers by placing the child in a treatment foster home on a short term basis. The temporary stay gives caregivers an opportunity to stabilize their environment, make it safe, build supports, to maintain the family unit and prevent placement in a more restrictive setting. Short term foster care includes supervision and support from the foster family and trained staff, as well as emergency services. This may also be used for a youth needing a short stay that was previously in TFC, returning for visits from residential or a school placement. If short term foster care is determined to be necessary for more than 30 consecutive days, then the youth will transition to treatment foster care, regular foster care, IL, etc as appropriate.

Kinship Care-\$1000.00 flat fee

Services provided by us as an LCPA, which include assessing, training, and certifying families to be caregivers for kin.

Ongoing services \$50.00/hr to include but not limited to making placement arrangements, providing transportation, providing support and education to parents regarding managing child's behavior, working toward permanency goals, crisis intervention, 24/7 support to both child and family, develop and write reports, attend and present at FAPT, otherwise will vary based on child specific needs.

Independent Living Apartment Program-\$165/day Tier 1, 140.00/day Tier 2 plus Stipend

On-site staff provide care coordination/case management, and assess, teach and mentor daily living and social skills training and educational and vocational support and monitoring for adolescents 17-21. Program uses the Casey Life Skills Curriculum and the My Place Curriculum. Financial budgeting and saving, life planning and community adjustment are fostered in a supportive environment. Apartments are furnished and located near public transportation, employment and educational resources. 24 hours emergency on-call provided. Transportation provided in Tier 1 as appropriate to youth's transitional plan. Tier 1 will also participate in group processes with peers. Youth that can show compliance with goals and an increase in independence will be reflected in a dropped to Tier 2. There is an extra charge for one bedroom apartment. **\$30.00/day in addition for pregnant youth and or youth with baby/child.**

Independent Living Program in the Community Intensive-\$80.00/day

Independent living training for youth in their current living situation, own apartment, family home, etc. The program is set up to be completed in one year or as the youth achieves proficiency. Youth will learn money management, attend an educational program, establish employment eligibility and/or stability. One on one training using the My Place Curriculum will be included. 24/7 access to on call.

Independent Living Program in the Community Transitional-\$45.00/hr

Provides youth the emotional support and life skills training required to successfully transition toward independent living. Components may include case management and referral services, life skills training, assistance with job seeking and location of housing.

Independent Living Curriculum-45.00/hr

10 week independent living course available to all community youth ages 14-21. Participants receive a Casey Life Skills assessment, an individualized learning plan, instruction from a highly skilled trainer, hands-on experience, a course workbook and a certificate of completion.

Independent Living Assessment-\$275.00

Comprehensive Independent Living Plan Assessment and development of transitional plan.

Supervised Visitation\$65.00/hr

Service includes supervising visitation between adults (usually parents) and child/children in a safe and neutral setting. Provides safe supervision and observation, and reporting, and level of involvement from staff will be determined by the referring agency.

Therapeutic Supervised Visitation \$80.00/hr

Visitation is highly structured with support from a master's level or licensed clinician regarding boundaries, communication, and nurturing. Provided for families who have a moderate to high risk behaviors in the past and who seek to maintain family connections or working toward reunification. Service includes reporting, documentation, and possible court testimony.

Parenting Coaching-60.00/hr –

Sessions designed to address the functioning and dynamics of families identified to have demonstrated patterns of behavior and decision making that have placed their children at risk. Practical parenting using the Safe and Stable Family Program. Coaching to the caretakers, behavioral interventions, fiscal management, role playing.

Parenting Class-\$150.00-5 hr \$325.00-10 hr

5 hour parenting class or advanced 10 hour class for parents who are in need of providing stabilization to the family unit. Parent education course covers many topics including safety and supervision, emotional support, communication, academic support, physical care, parenting styles, positive reinforcement, domestic violence and child abuse, divorce, and financial aspects of parenting.

Family Support Services-Transitional \$50.00/hr

For families with at risk youth/families that have sustained trauma issues. These services allow for a more successful reunification and can also be used as prevention. Face to face visits, crisis intervention, documentation, and 24 hour on call are available. Also covers transition into foster care with intensive preplacement activity to ensure proper placement and appropriateness of TFC placement. Includes case management, transportation, FAPE, IEP, therapy sessions, coordination of pre-placement visits. Can be used pre and post adoption.

Home-based Counseling-\$60.00/hr

Time limited, strength based family support services focused on trauma issues, attachment, and relationship issues to include individualized training and skill development for families which may include conflict management, anger management issues, child development education, trauma education, family communication, behavior modification, coping with mental health issues, and includes treatment planning.

Therapeutic Mentoring-\$45/hr

Provides goal oriented role modeling, therapeutic recreation, behavior management/modification, tutoring, community integration, volunteer opportunities, linkage to community resources and training in social skills, independent living skills and communication skills in the home and community setting through the use of individualized treatment plans that focus on activities to promote responsibility, build self-esteem, and reward position behavior. Also provides facilitation and supervision of family contacts.

Group Mentoring-\$35/hr

Provision of mentoring services for two consumers simultaneously (may exceed two for sibling groups) to aid in the development of social skills or another identified need that can only be accomplished through group mentoring.

Mental Health Skill Building-Reimbursed by Medicaid

Mental Health Support Services provide for both adolescents and adults with problems that impair their ability to live independently. Mental Health Support Services focus on independent living skills including health/nutrition, linking with community supports, developing skills needed to function adequately and manage health and safety in a community setting and/or cope with an existing mental illness. This service is reimbursed by Medicaid if the consumer is eligible.

Outpatient Mental Health Therapy-See Attached

Outpatient therapy and counseling services for adults, adolescents, children, couples and families. Services are available for any consumer in the community as well as open to those clients already involved in our

foster care program. We can assist individuals with a variety of problems including substance abuse, behavioral problems, ADHD, depression, anxiety and abuse issues. Service providers are licensed and experienced with many different modalities including play therapy, cognitive behavior therapy, substance abuse treatment and family therapy. Medicaid, self-pay and private insurance accepted.

Intensive In-Home Services- Reimbursed by Medicaid

Serves clients experiencing mental, behavioral and/or emotional illness(es) resulting in significant functional impairments in major life activities, placing the youth at risk of out of home placement. Services are provided in the youth's home to improve the system's functioning. Services are rehabilitative with the goal of improving the child's overall functioning. Individualized service plans are developed with goals centered around identified stressors as well as providing individual and family counseling.

Family Assessments- \$400.00 Biospsychosocial evaluation to identify overall caregivers ability to appropriately care for children and provide objective measure of parenting skills. Interview with youth and family referral sources, review of documentation, completion of diagnostic tools such as the Child Behavior Checklist, Anger control survey, SASSI-A2, Ansell Casey, genograms, and report to referral source.

Custody/Court Assessments \$650.00 plus \$32 each adult if background checks are needed. To assist in determining custody/visitation issues

Adoption/Kinship placement assessment \$1800 plus background checks

Biospsychosocial evaluation to identify caregiver's overall ability to appropriately care for children and provide objective measure of parenting skills. Clinical interview with youth and family referral sources, review of documentation. Conduct 3 interviews(4 if international and going to Hague country)including separate interviews with husband, wife, children, home evaluation, background checks, reference checks, financial approval, and education about appropriate discipline.

Coming soon to Roanoke- Medication management 75.00 Licensed psychiatrist medication management with monthly followup for psychotropic drugs.

Electronic GPS Monitoring

This includes the installation of STOP electronic ankle monitor and Set Up in VeriTraks online monitoring system for each case referred for intensive supervision as well as daily monitoring and weekly reporting. Face-to-Face Contacts: as directed and approved by the referral source, for a cost of \$25.00 per contact. This contact would serve primarily to verify that each youth receiving supervision services is acting in accordance with expected and acceptable behaviors per the expectations outlined by referral source. **A Monitor Servicing fee is for any home visits we need to make due to offender tampering with monitor, not charging monitor as required and faulty monitors that need to be replaced. This fee will also be charged if contacts are needed in the provider's office for monitoring due to offender non-compliance with charging requirements for the device to be effective.** Can provide 24/7 Monitoring and referral source notified via email at the time of any violation. Agency staff will respond by next business day.

- GPS Install - \$60
- Daily Rate - \$11.50
- Face to Face Contact - \$25/contact
- 24/7 Monitoring notifications – additional 12.25/day
- Monitor Servicing fee - \$50 per visit
- Equipment Replacement Fee-\$60.00

Curfew Monitoring

Phone call in as well as call out system to confirm client is following curfew and location requirements by referral source. Face-to-face contact, as directed by the referral source. This contact would serve primarily to verify that each youth receiving supervision services is acting in accordance with expected and acceptable behaviors per their agreement with their referral source as well as being in the correct location as deemed by referral source.

- Daily telephone contacts - \$8.50 per call from staff
- Curfew Monitoring System - \$25.00/day
- Face to Face contact - \$25/contact

Individual Life Skills Coaching

Using community based-proven services, coupled with close supervision, therapy, coaching, structure, as well as hands-on training, we can provide individualized Life Skills Coaching services to juveniles and adults to assist in developing re-entry skills for success in areas of employment, training, self-empowerment, family relationships and more. Through the use of curricula including Ansell-Casey Life Skills and My Place protocols, we can assist this population in developing the skills and abilities needed to successfully remain in their community and avoid legal involvement.

- Life Skills Coaching (Individual) - \$45/hour