



Provider Guide

Trauma Recovery Demonstration Grant

Awarded by the US Department of Education
to the Louisiana Department of Education,
The Division of Federal Support & Grantee Relations



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Trauma Recovery Demonstration Grant- Overview

The Louisiana Department of Education and the Division of Federal Support & Grantee Relations was awarded a \$7.5 million five-year federal grant by the U.S. Department of Education to expand and deliver mental health services to students who are economically disadvantaged, academically struggling, and have experienced trauma. The grant funds will expire September 30, 2024.

Purpose of Grant: The purpose of the Trauma Recovery Demonstration Grant (TRDG) program is to enable preschool, elementary, or secondary students from an economically disadvantaged family who have experienced trauma and subsequently demonstrate academic, behavioral, attendance, or other issues at school to access trauma-specific treatment. Incidents of trauma may be physically or emotionally harmful or life-threatening events that may have lasting adverse effects on the student’s functioning and mental, physical, social, or emotional health. Traumatic incidents may be those that occur either within or outside a school environment. Please see page 5, [Examples of Trauma](#).

Our Goal: The goal of the grant program is to increase student well-being, adaptive student behavior, school safety and academic performance by supporting trauma-specific treatment. Attendance, behavior and academic performance data are reporting measures; therefore, it is necessary to inform parents/guardians of FERPA and HIPAA requirements. The [“Consent for Trauma-Specific Mental Health Services”](#) form must be given to the parent/guardian at the beginning of the first service.

Parents may request services on behalf of their child and choose a provider they feel best meets their child’s needs. The provider, or their supervisor, must have completed the TRDG questionnaire, as well as meet all other eligibility criteria. Please refer to [“Eligibility Criteria”](#) for the comprehensive list of criteria.

Referrals for services can come from many different avenues, there is no wrong door. A parent/guardian may request services on behalf of their student, the student may be referred by school, the student may receive a referral through the Department of Children & Family Services (DCFS), or a service provider may identify a student who meets eligibility criteria for services.

There are several reporting measures in addition to attendance, behavior and academic performance. We must report the child and parents’ overall satisfaction with services and assess for change in the student’s well-being. The data will be collected through the Student Well-Being Survey and the TRDG Satisfaction Survey, both surveys to be administered at the conclusion of the first treatment session and again at the conclusion of the last treatment session. Surveys must be completed online or in-person at the provider’s office; see [page 8](#) for details.



Eligibility Criteria

Provider Eligibility

Providers eligible for reimbursement under the terms of this grant must be:

State licensed as a mental health service provider,

AND

Must provide secular, neutral, non-ideological services that are non-medical in nature and meet reasonable standards for evidence-based, best practices, promising practices and/or evidence-informed trauma-specific treatment, including but not limited to:

- Biofeedback
- Breathing training
- Eye movement desensitization and reprocessing
- Narrative therapy
- Exposure therapy
- Relaxation training
- Trauma incident reduction
- Skills training in affective and interpersonal regulation
- Stress inoculation training
- Trauma-focused cognitive behavioral therapy
- Trauma-related cognitive processing therapy
- Other promising approaches and emerging practices focused on supporting trauma recovery

Examples of Service Types:

- Crisis intervention
- Office/outpatient visit
- Psychiatric diagnostic evaluation
- Psychotherapy
- Telehealth Services

Note to Providers: In keeping with Louisiana’s new state law guaranteeing mental health service providers access to student clients on the school campus during the school day, pursuant to Local Education Agency (LEA) regulations, services may be provided on the school campus, at the service provider’s office, or virtually after hours. Services may also be provided in-community or in-home.



Examples of Trauma

Traumatic incidents may be those that occur either within or outside a school environment. Examples of a traumatic event may be: bullying (including cyberbullying); harassment; experiencing violence (e.g., school shootings, abuse in the home, community violence); physical, emotional or life-threatening events that have lasting adverse effects on an individual's function and mental, physical, social, or emotional health; suicide clusters; death of close family member; emotional neglect/abuse; family mental illness; homelessness; natural disaster; parent deployed; parent in jail; parents divorced; serious injury to self; sexual abuse and student in state custody. The list above are examples of traumatic events but not inclusive of all events that may be considered traumatic.

Student Eligibility Criteria

Any preschool, elementary or secondary student enrolled in a Louisiana public, charter, or private school who meets the **following three criteria:**

1. Previously documented or suspected trauma that is adversely affecting the student's academic performance/progress, attendance, and/or behavior.
2. Student is identified as economically disadvantaged.
3. Student cannot access public or commercial health insurance programs because services through such programs are either unavailable, insufficient, or unaffordable.

Economically Disadvantaged Criteria (*student meets **one or more** of the following characteristics*)

- ❖ is eligible for reduced price meals based on the latest available data;
- ❖ is eligible for Louisiana's food assistance program for low-income families;
- ❖ is eligible for Louisiana's disaster food assistance program;
- ❖ is eligible for Louisiana's program for assistance to needy families with children to assist parents in becoming self-sufficient;
- ❖ is eligible for Louisiana's healthcare program for families and individuals with limited financial resources;
- ❖ is an English language learner;
- ❖ is identified as homeless or migrant pursuant to the McKinney-Vento Homeless Children and Youth Assistance Act and the Migrant Education Program within the Elementary and Secondary Education Act;
- ❖ is incarcerated with the Office of Juvenile Justice or in an adult facility; and/or
- ❖ has been placed into custody of the state.



Provider and Family Referrals

If a mental health provider or a family refers a student, the provider must complete and submit the [Student Eligibility Checklist](#) found on page 10 and 11. Please ensure to scan and email the documents to traumarecoverygrant@LA.gov with the subject line StudentName_Eligibility [SECURE] (Ex. JSmith_Elegibility [SECURE]). The staff member who completes this checklist must sign and date the form.

Payment Process

The LDOE has partnered with Choices Coordinated Care Solutions (Choices) to facilitate the payment of providers for the TRDG. Directions on how to bill Choices can be found on [page 20](#).

Providers must determine if the mental health services a student requires can be covered by other means, such as private or public health insurance (ex. Medicaid). Providers must complete the [Student Payment Eligibility Form](#), found on page 12, with the student's guardian/parent prior to administering the trauma screener. If the student is eligible, then the provider may proceed with the trauma screener and bill Choices. If the student is not eligible, the provider may speak with the family about billing through other means. The provider must scan and email a copy of the Student Payment Eligibility Form to the LDOE.

Note to Providers: The TRDG will only pay for direct mental health services. Missed treatment sessions and provider transportation will not be covered.

Assurances

In order to be officially enrolled as a provider under the TRDG, all providers must submit a signed and dated assurance found on [page 9](#). Please scan and email the document to traumarecoverygrant@LA.gov with the subject line **ProviderName_Assurance**. *This form only needs to be submitted once.*

Trauma Screeners

Providers must use a good and reliable trauma screener when assessing for negative effects attributable to trauma-exposure. Please consider using Trauma Behavior Health screener (TBH). If you have not been trained in the use of the TBH and are interested in using this as your screening instrument, please visit The Louisiana Child Welfare Trauma Project website at latrauma.tulane.edu. On the website's homepage, you can find a link to a training video for administering the TBH. Under resources, you can click on "[Resources for Clinicians](#)" to access the TBH manual and screener.

Training in Evidenced Based Practices and Programs

If you would like to receive additional training in evidenced-based practices and programs, please consider contacting The Center for Evidence to Practice. The Center for Evidence to Practice is a collaboration between LSUHSC School of Public Health—Behavioral and Community Health Sciences Program and the Louisiana Department of Health—Office of Behavioral Health. They offer training in Trauma Focused Cognitive Behavioral Therapy, Youth PTSD Treatment, Preschool-PTSD Treatment, Child Parent Psychotherapy and more. You can access the center's webpage here: <https://laevidencetopractice.com>



Instructions

Submitting Forms

Several forms must be completed and submitted to LDOE after the **initial visit**. Note: The initial visit is when the trauma screener is administered.

- [Consent for Trauma-Specific Mental Health Services](#): The consent form informs parents/guardians about their right to privacy. This form is to be completed **prior to administering the trauma screener**. *This form only needs to be submitted once.*

- Scan and email the completed form to the Division of Federal Support & Grantee Relations using our secure email: traumarecoverygrant@LA.gov with the subject line **ProviderName_ConsentForm [SECURE]**.

- Example:

Send	From ▾	Anna.Novogratz@la.gov
	To...	traumarecoverygrant@la.gov
	Cc...	
	Bcc...	
	Subject	JohnSmith_ConsentForm [SECURE]

- [Student Payment Eligibility Form](#): The form verifies that the student cannot pay for services through other means (ex. Medicaid). This form is to be completed **prior to administering the trauma screener**. *This form only needs to be submitted once.*

- Scan and email the completed form to the Division of Federal Support & Grantee Relations using our secure email: traumarecoverygrant@LA.gov with the subject line **ProviderName_PaymentEligibility [SECURE]**.

- [Student Eligibly Checklist](#): The form confirms that the student is eligible to participate in the grant program. *This form only needs to be submitted once.*

- Scan and email the completed form to the Division of Federal Support & Grantee Relations using our secure email: traumarecoverygrant@LA.gov with the subject line: **StudentName_Eligibility [SECURE]**.

Updating Provider Information

- If the information you submitted on the Trauma Recovery Demonstration Grant Mental Health Provider Questionnaire has changed, **including a renewed license or a change in workplace**, please complete the following [survey](#).
 - Please note: When uploading a license it must be an image of an individual license (such as an LPC card) NOT an agency license.



Survey Instructions

The Student Well-Being Survey and TRDG Satisfaction Survey are reporting requirements of the TRDG. Each survey will be given at **the end of the first treatment session and the end of the last treatment session.**

- Student Well-Being Survey:
 - All service providers must ensure the student (or parent) has completed the Student Well-Being Survey at the end of the first treatment session and again at the end of the last treatment session.
 - The Student Well-Being Survey is available online and can be accessed through the link or QR code listed on the [Student Well-Being Survey Access](#) found on page 19.
 - If completing the survey digitally is not possible, please give the student the [Student Well-Being Survey](#) found on page 15. Scan and email the completed form to the Division of Federal Support & Grantee Relations using our secure email: traumarecoverygrant@LA.gov with the subject line **ProviderName_WellBeingSurvey [SECURE]**.

- TRDG Satisfaction Survey:
 - All service providers must provide the student (or parent) with a hard copy of the [TRDG Satisfaction Survey Access](#) found on page 18.
 - If the parent or student prefers to complete the form on paper, please print the survey and provide the parent with the [TRDG Satisfaction Survey](#) found on page 16/17.
 - Instruct families that they **must return the completed survey to the child's school.**



Trauma Recovery Demonstration Grant Assurances

This form is to be scanned and emailed to the Division of Federal Support & Grantee Relations using our secure email: traumarecoverygrant@LA.gov with the subject line **ProviderName_Assurance** (ex. JohnSmith_Assurance).

By signing and dating this page, the applicant hereby certifies he/she/they has read, understood and will comply with the assurances listed below.

1. The mental health service provider will provide the trauma-specific services for which he/she/they billed.
2. The mental health service provider will follow the Ethics Code as defined by their Professional Licensing Board.
3. The mental health service provider will ensure that the TRDG is only billed if the services the student requires are unavailable, insufficient, or unaffordable through other means (Medicaid, private health insurance etc.).
4. The mental health service provider agrees to cooperate with all monitoring, auditing, and reporting requirements established by the LDOE.
5. The mental health service provider agrees to follow all instructions listed within the Provider Guide.
6. The mental health service provider verifies that he/she/they are qualified/trained to offer trauma-specific mental health services.

Provider Name: _____ Date: _____
PLEASE PRINT

Provider Signature: _____ Date: _____



Student Eligibility Checklist

Trauma Recovery Demonstration Grant

This form is to be scanned and emailed to: traumarecoverygrant@LA.gov with the subject line StudentName_Eligibility [SECURE] (Ex. JSmith_Eligibility [SECURE]). The staff member who completes this checklist must sign and date the form.

District/LEA: _____ Name of School: _____

Student Name: _____ Grade: _____

Gender: M F Other _____

Description of service: Referral for Trauma-informed services

*STUDENT IS NOT ELIGIBLE IF ENROLLED WITH MEDICAID OR HAS AN APPLICATION PENDING WITH MEDICAID***

STUDENT ELIGIBILITY (Please select appropriate box)

Student is:

A preschool, elementary or secondary student enrolled in a Louisiana public, charter, or private school.

Student must meet the following three criteria:

- Previously documented or suspected trauma that is adversely affecting the student's academic performance/progress, attendance, and/or behavior.
- Student is identified as economically disadvantaged.
- Student cannot access public or commercial health insurance programs because services through such programs are either unavailable, insufficient, or unaffordable. Student **meets one or more of the following characteristics:**
 - Student is uninsured, is economically disadvantaged and is *ineligible* for Medicaid or other federal or state-subsidized insurance programs.
 - Student is insured, but trauma-specific services are not covered.
 - Student is insured, but services are unaffordable because of co-pay or deductible.
 - Student is insured, but services are unaffordable because cost of service exceeds insurance cap.

ECONOMICALLY DISADVANTAGED CRITERIA (student meets **one or more** of the following characteristics):

- Family is eligible for Louisiana's food assistance program for low-income families
- Student is eligible for reduced price meals based on the latest available data
- Family is eligible for Louisiana's disaster food assistance program
- Family is eligible for Louisiana's program for assistance to needy families with children to assist parents in becoming self-sufficient
- Family is eligible for Louisiana's healthcare program for families and individuals with limited financial resources
- Student is an English language learner
- Student is identified as homeless or migrant pursuant to the McKinney-Vento Homeless Children and Youth Assistance Act and the Migrant Education Program within the Elementary and Secondary Education Act
- Student is incarcerated within the Office of Juvenile Justice or in an adult facility
- Student has been placed in the custody of the state

Students enrolled with Medicaid will be reviewed on a case-by-case basis. Please contact: traumarecoverygrant@LA.gov



Trauma Screener:

Parent/guardian consent on file.

Yes No

The student has been screened for trauma AND met the eligibility requirements.

Yes No

If yes, please describe the method of screening that was used.

Trauma Screening Completed by:

Name: _____ Title/Role: _____

Date: _____

Provider Name: _____ Date: _____

PLEASE PRINT

Provider Signature: _____ Date: _____



Student Payment Eligibility Form

Trauma Recovery Demonstration Grant

This form is to be scanned and emailed to the Division of Federal Support & Grantee Relations using our secure email: traumarecoverygrant@LA.gov with the subject line *ProviderName_PaymentEligibility [SECURE]*.

Students must meet **all eligibility criteria** in order to participate in the TRDG. Providers may only bill the TRDG if the student meets the listed criteria. *STUDENT IS NOT ELIGIBLE IF ENROLLED WITH MEDICAID OR HAS AN APPLICATION PENDING WITH MEDICAID***

Date: _____ Name of School: _____

Student Name: _____ Grade: _____

Gender: M F Other _____

Student is:

A *preschool, elementary or secondary* student enrolled in a Louisiana public, charter, or private school.

Meets **one or more** of the following characteristics

- Student is uninsured, is economically disadvantaged and is *ineligible* for Medicaid or other federal or state-subsidized insurance programs.
- Student is insured, but trauma-specific services are not covered.
- Student is insured, but services are unaffordable because of deductible.
- Student is insured, but services are unaffordable because of co-pay.
- Student is insured, but services are unaffordable because cost of service exceeds insurance cap.

Parent/Guardian Name(s): _____
PLEASE PRINT

Parent/Guardian Signature: _____ Date: _____

Provider Name: _____
PLEASE PRINT

Provider Signature: _____ Date: _____

****Students enrolled with Medicaid will be reviewed on a case-by-case basis. Please contact: traumarecoverygrant@LA.gov****



Informed Consent for Trauma-Specific Mental Health Services

Trauma Recovery Demonstration Grant

Provider is partnering with the Louisiana Department of Education to implement the **Trauma Recovery Demonstration Grant (TRDG) program**. This program will expand and deliver trauma-focused mental health services to economically disadvantaged students who have experienced trauma and are struggling academically, behaviorally and/or with consistent attendance. The goal of the TRDG program is to increase student wellness, adaptive student behavior, school safety, and academic performance by supporting trauma-specific treatment. Trauma-specific counseling will be provided to economically disadvantaged students at **no cost to their family**.

Your permission is required to begin the formal trauma screening process and data collection required by the TRDG (see attached Permission page). For the purposes of this program, data collection is defined as surveys, screenings, attendance information, as well as academic and behavioral data. If the consent form (see attached permission page) is not signed and dated, your child will be unable to receive direct mental health services under the Trauma Recovery Demonstration Grant.

All information will be kept confidential and in accordance with student safeguards defined by the Family Educational Rights and Privacy Act (FERPA), LA Revised Statute 17.3914, or the Health Insurance Portability and Accountability Act (HIPAA), if applicable.

The Health Insurance Portability and Accountability Act (HIPAA) requires health care providers and organizations, as well as their business associates, to develop and follow procedures that ensure the confidentiality and security of protected health information (PHI) when it is transferred, received, handled, or shared. This applies to all forms of PHI, including paper, oral, and electronic. Furthermore, only the minimum health information necessary to conduct business is to be used or shared.

NOTE: LDOE Student/Parent Rights and School Responsibilities

The confidentiality of the education records of all students enrolled in public schools in Louisiana are afforded protection under the Family Education Right to Privacy Act (FERPA). Every public school district is required to implement processes to protect the privacy of student information and restrict data sharing. Parents have a right, upon request, to inspect any education records pertaining to their children. LEAs are only able to share personally identifiable information about students with others as long as the data sharing meets one of the laws limited exceptions as described in the Policy Guidance. In accordance with the legislation, LEAs: (1) are prohibited from requiring the collection of non-academic data about students such as political affiliation and religious practices; (2) are permitted to share personally identifiable information under specific circumstances (e.g. LEA officials with a legitimate educational interest; Specified officials for audit or evaluation purposes; to appropriate officials in cases of health and safety emergencies.); (3) are prohibited from allowing anyone to access student information that is stored by schools or LEAs except authorized stakeholders such as parents, teachers, principals, superintendents, or a person authorized by the state to audit student records.



Consent for Trauma-Specific Mental Health Services

Trauma Recovery Demonstration Grant

This form is to be scanned and emailed to the Division of Federal Support & Grantee Relations using our secure email: traumarecoverygrant@LA.gov with the subject line Provider Name_ ConsentForm [SECURE]

Date: _____ Provider Name: _____

Student Name: _____ Grade: _____

Gender: M F Other _____ School Name: _____

Please sign below and return this form to Provider as soon as possible.

- I give permission for Provider to share the trauma screener results with Louisiana Department of Education. All information will be kept confidential and in accordance with student safeguards defined by the Family Educational Rights and Privacy Act (FERPA) and LA Revised Statute 17:3914.
- I understand that the data collected will include screening results, attendance information, as well as behavioral and academic achievement data. All information will be kept confidential and in accordance with student safeguards defined by the Family Educational Rights and Privacy Act (FERPA) and LA Revised Statute 17:3914.
- I understand that the data collected will include the Student Well-Being Survey and Trauma Recovery Demonstration Grant Satisfaction Survey. All information will be kept confidential and in accordance with student safeguards defined by the Family Educational Rights and Privacy Act (FERPA) and LA Revised Statute 17:3914.
- I give permission for the Louisiana Department of Education to receive and review invoices submitted by the provider, thereby allowing the exchange of protected health information between the provider and the Louisiana Department of Education.

By my signature below, I acknowledge that I have read the terms of this form and consent to my child's information being shared as described above.

Parent/Guardian Name(s): _____

PLEASE PRINT

Parent/Guardian Signature: _____ Date: _____



Student Well-Being Survey

Trauma Recovery Demonstration Grant





Provider: If the student or parent/guardian chooses to complete this survey in your office rather than online (see page 8 for details), then please print, scan and email the completed survey to the Division of Federal Support & Grantee Relations using our secure email: traumarecoverygrant@LA.gov with the subject line ProviderName_WellBeingSurvey [SECURE].

This well-being survey is a reporting requirement of the TRDG grant. It is to be administered at the end of the first treatment session and again at the end of the last treatment session.

Suggested Administration Process:

- Pre-K and elementary students: For students who are unable to read the questions, the provider or parent is to read the items and graphic representations of response choices and mark accordingly.
- Elementary, middle and high school students: Students answer the questions about their overall well-being/progress.

Answer each question by putting an **X** in the space that best describes how you feel about each item. Please use only one **X** for each question.

<i>Student:</i> Select one response for each statement below.	 Strongly Agree	 Agree	 Disagree	 Strongly Disagree
I make friends easily.				
My family gets along well together.				
I like being in school.				
When I have a problem, I can come up with lots of ways to solve it.				
I think I am doing pretty well.				



TRDG Satisfaction Survey





Trauma Recovery Demonstration Grant

Schools: This form is to be scanned and emailed to the Division of Federal Support & Grantee Relations using our secure email: traumarecoverygrant@LA.gov with the subject line StudentName_TRDGSurvey [SECURE].

Instructions: The survey is to be completed at the end of the first treatment session and again at the end of the last treatment session. **Parent/guardian answers the survey questions for Pre-K and elementary students.** Please return the completed survey to your child’s school.

This satisfaction survey is a reporting requirement of the TRDG grant. If your student is less than 12 years old and/or you do not want your student to complete the survey, you will need to complete the survey from the perspective of your student. Otherwise, if your student is between 12-17 years old, your written consent is **required** for your student to participate.

At the completion of the first session, please answer each question by putting an **X** in the space that best describes how you feel about each item. Please use only one **X** for each question.

				
Student: How do you feel about the services you received?	Strongly Agree	Agree	Disagree	Strongly Disagree
I felt like I was listened to.				
I feel like I have a say in my plan.				
I understand what I am working on with my provider.				
I receive the kind of services I think I need.				
I feel that my service provider understands me.				
Overall, I am satisfied with the help I am receiving.				
Parent: How do you feel about the services your child received?				
The service provider listens carefully to what my child has to say.				
The service provider explains the plan for my child’s treatment clearly.				
The service provider understands my child’s needs.				
My child receives the kind of services I think he/she needs.				
Overall, I am satisfied with the help my child is receiving.				



TRDG Student Satisfaction Survey, Signature Page

Trauma Recovery Demonstration Grant

Schools: this form is to be scanned and emailed to traumarecoverygrant@LA.gov with the subject line StudentName_SatisfactionSurvey [SECURE].

Please check the appropriate box below:

- YES, my student is at least 12 years old and may participate in the survey.
- I will participate in the required survey for my student.

Student Name: _____ Grade: _____
PLEASE PRINT

Parent/Guardian Name: _____ Date: _____
PLEASE PRINT

Parent/Guardian Signature: _____ Date: _____



TRDG Satisfaction Survey Access— Parent Handout

To access the TRDG Satisfaction Survey you may either:

1. Type the link below into your web browser or
2. Scan the QR code.

Link: <https://tinyurl.com/yxj29zj5>



Open your smartphone camera.

Hover over the QR code.

Follow the link!



Student Well-Being Survey Access

To access the Student Well-Being Survey you may either:

1. Type the link below into your web browser or
2. Scan the QR code.

Link: <https://tinyurl.com/y37282wz>



Open your smartphone camera.

Hover over the QR code.

Follow the link!



Payment Instructions

Prior to first invoice submission:

- Provider will complete all necessary steps to successfully enroll as a provider under the TRDG:
 - Submit TRDG Questionnaire
 - Sign, date, and submit assurance
 - Attend and/or watch TRDG Providers Webinar
- Choices will add the provider to the Vendor Information Portal (VIP).
 - When this occurs, providers will receive an email from Choices with login information and User Guide for VIP.
- Provider will submit all necessary forms to Choices at AP@choicesccs.org:
 - W-9 form
 - [Direct Deposit Form](#)
- Provider will read through the VIP User Guide.

Invoice Submission:

- Provider will submit invoices to VIP.
- LDOE will approve submitted invoices prior to payment from Choices.

Invoice Payment:

- Approved invoices will be paid by Choices through direct deposit by the due date listed on the invoice.

Inquiries:

- VIP inquiries may be submitted to LDOEsupport@choicesccs.org.
- Payment inquiries may be submitted to AP@choicesccs.org.



TRDG Mental Health Provider Rate

Services: Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Relaxation Therapy, Narrative Therapy, Exposure Therapy, Eye Movement Desensitization and Reprocessing (EMDR), Trauma-Related Cognitive Processing Therapy, Skills Training in Affective and Interpersonal Regulation, Stress Inoculation Training, Trauma Incident Reduction, Preschool-PTSD Treatment (PTT), Youth PTSD Treatment (YPT), Trauma Screeners, Biofeedback, Psychotherapy for Crisis, Co-Pay

Service Provided	Price (LPC, LCSW, LMFT, LAC)	Price (Psychologists)
Psychiatric Diagnostic Evaluation	\$100.00	\$110.00
Psychotherapy, 30 Minutes w/ Patient Present	\$50.00	\$60.00
Psychotherapy, 45 Minutes w/ Patient Present	\$75.00	\$85.00
Psychotherapy, 60 Minutes w/ Patient Present	\$100.00	\$110.00
Psychotherapy for crisis; First 60 minutes	\$100.00	\$110.00
Psychotherapy for crisis; ea. addtl. 30 minutes add on	\$50.00	\$60.00
Family Psychotherapy w/o Patient Present	\$60.00	\$70.00
Family Psychotherapy w/ Patient Present	\$70.00	\$80.00
Therapy w/ Biofeedback Training—30 minutes	\$50.00	\$60.00
Therapy w/ Biofeedback Training—60 minutes	\$100.00	110.00
Other: _____	\$50.00 (30 min); \$75.00 (45 min); \$100.00 (60 min)	\$60.00 (30 min); \$85.00 (45 min); \$110.00 (60 min)



Direct Deposit Enrollment Form

Important! Please read and sign before completing and submitting.

I hereby authorize Choices Coordinated Care Solutions, Inc. to deposit any amounts owed to me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. I acknowledge that the origination of any ACH transactions must comply with applicable U.S. laws and the Operating Rules of the National Automated Clearing House Association. I authorize Bank to accept and to credit any credit entries initiated by Choices Coordinated Care Solutions, Inc. to my account. In the event that Choices Coordinated Care Solutions, Inc. deposits funds erroneously into my account, I authorize Choices Coordinated Care Solutions, Inc. to debit my account for an amount not to exceed the original amount of the erroneous credit. If I am signing this Enrollment Form on behalf of an entity, I certify that I have the authority to authorize these transactions on behalf of that entity. This authorization is to remain in full force and effect until Choices Coordinated Care Solutions, Inc. and Bank have received written notice from me of its termination in such time and in such manner as to afford Choices Coordinated Care Solutions, Inc. and Bank reasonable opportunity to act on it.

Provider Name: _____

Signature: _____

Title: _____

Date: _____

Account Information

Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____

Checking ___ Savings ___ Other ___



Provider Support

To supplement this Provider Guide, we offer 45-minute live (via Zoom) training sessions for providers. Live sessions offer an opportunity to review data collection procedures and allows for questions and answers with our staff.

The Division of Federal Support & Grantee Relations hosts quarterly meetings for enrolled mental health professionals who are providing trauma-specific services under the terms of the TRDG. The quarterly meetings provide an opportunity to share experiences, ask questions, discuss trainings and provide feedback to the grant managers.