

Children's Behavioral Solutions

Millcreek of Arkansas
Reimbursement Rate Certification

Name of Resident: Noah Bejarano Ratner DOB: 4/28/2009 SS# :

Treatment Facility

Name: Millcreek of Arkansas
Address PO Box 727, Fordyce, AR 71742 (1810 Industrial Dr.)
Phone: (870)352-8203 (MOA)

I, as an authorized representative of, Albany County Dept. for Children and Youth, will be responsible for payment of Room/Board and Education for the above resident for the duration of treatment. I certify that the rate of \$738.00 per day has been negotiated for reimbursement for services rendered for Noah Bejarano Ratner. This rate is inclusive of room and board, therapeutic and psychiatric services and general ancillaries to include general dental cleanings, yearly eye exams and well visits. Any 1:1 needs will need to be authorized at a rate of \$30.00 per hour.

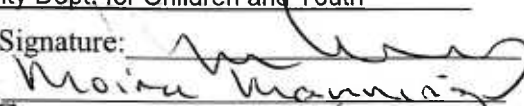
- I certify that Albany County Dept. for Children and Youth will be responsible for payment of all Medical Services required of the resident.
- I certify that this youth has a primary commercial medical plan and that all medical care for this resident should be processed through _____ member ID# _____
Group# _____ Primary Policy Holder: _____

Invoices will be submitted in a monthly cycle ending the last day of the month. The following person at Albany County DCYS will be responsible for receiving invoices from Millcreek of Arkansas.
Name: Sonoma Pelton Email: sonoma.pelton@albanycountyny.gov Phone: _____

Additional Terms:

Any questions regarding this agreement can be addressed to:

Name: Ericka Burrini Email: Ericka.burrini@acadiahealthcare.com Phone: 973-600-9841 (Ericka)

<u>Albany County Dept. for Children and Youth</u>	<u>Millcreek of Arkansas</u>
Authorized Signature: 	Authorized Signature: _____
Print Name: <u>Moira Manning</u>	Print Name: _____
Title: <u>Commissioner</u>	Title: _____
Date: <u>5/23/25</u>	Date: _____