

SERVICE	RATE	SPECIFICATION
Screening	\$ 40.00	Per Screening
<ul style="list-style-type: none"> • Must use screening tool provided by Department of Human Services -Children and Family Services • Screening must identify the recommended service, the selected provider of the service and necessary release of information documents which are then submitted to the Department 		
Diagnostic Assessment	\$ 152.72	Per Assessment
<ul style="list-style-type: none"> • Reimbursement and requirements of the diagnosis assessment will be directed by the fidelity requirements of the Title IV-E approved model • Development of the treatment plan occurs as part of the diagnostic assessment 		
Individual Therapy	\$ 78.90	23-36 minutes
	\$ 104.94	37-52 minutes
	\$ 157.00	53 + minutes
<ul style="list-style-type: none"> • Reimbursement of the service as directed by the fidelity requirements of the Title IV-E approved model • The purpose of the individual therapy must be identified in treatment planning • All progress notes must identify the medical necessity of the intervention • If a session exceeds 52 minutes medical necessity must be documented within the note, to justify the extended time 		
Family Therapy	\$ 114.70	Per Session without patient
	\$ 118.77	Per Session with patient
<ul style="list-style-type: none"> • Reimbursement of the service as directed by the fidelity requirements of the Title IV-E approved model • The purpose of the family therapy must be identified in treatment planning • All progress notes must identify the medical necessity of the intervention 		
Transportation	\$.56	Per mile
<ul style="list-style-type: none"> • Reimbursable when the approved Title IV-E intervention service occurs outside of the providers agency 		
Crisis Intervention (MST)*	\$ 21.41	Per 15 minutes
<ul style="list-style-type: none"> • Reimbursement of the service as directed by the fidelity requirements of the Title IV-E approved model • Emergency behavioral health therapeutic intervention intended to assist in a crisis situation 		
Case Management (MST/Homebuilders)*	\$ 22.44	Per 15 minutes
<ul style="list-style-type: none"> • Reimbursement of the service as directed by the fidelity requirements of the Title IV-E approved model • Activities such as making referrals and coordinating care to assist individuals in accessing needed services (e.g., medical, social, educational, etc.) 		
Psychiatry (MST)*	\$ 122.02	Per visit
<ul style="list-style-type: none"> • Reimbursement of the service as directed by the fidelity requirements of the Title IV-E approved model • An integrated biopsychosocial and medical assessment including history, mental status, other physical examination elements as indicated and recommendations 		
Aftercare (Homebuilders)*	\$ 27.93	Per 15 minutes
<ul style="list-style-type: none"> • Reimbursement of the service as directed by the fidelity requirements of the Title IV-E approved model • Therapy for several clients provided in a group format with the focus on group dynamics, emotional and rational cognitive interactions between individuals in the group • Personal dynamics of an individual may be discussed • Is generally a step-down transition out of higher intensity care 		
*Only Multisystemic Therapy and/or Homebuilders allow for this service(s)		

HOME VISITATION MODEL	RATE	SPECIFICATION
Healthy Families	\$ 185.00	Per home visit
<ul style="list-style-type: none"> • Includes all costs associated with the program 		
Parents as Teachers	\$ 185.00	Per home visit
<ul style="list-style-type: none"> • Includes all costs associated with the program 		
Nurse-Family Partnership	\$ 220.00	Per home visit
<ul style="list-style-type: none"> • Includes all costs associated with the program 		