

**DSHS/ CHILDREN'S ADMINISTRATION**  
**Region 1 Professional Rates Schedule and Service Time Guidelines**

**ALL SERVICES MUST BE PRE-AUTHORIZED IN WRITING BY DCFS**

Compensation will be made only for client services identified in the Contract Statement of Work

Degree	Individual Therapy Rates	Family Therapy Rates	Group Therapy Rates  No More than <u>5 sessions</u> per month	Evaluation Rates
<b>Master/Non-Licensed PhD</b>  State certified sexual offender treatment provider and registered counselor	<b>\$83.05/hr</b> Max 15/hr per month	<b>\$83.05/hr</b> Max 15/hr per month	<b>\$83.05/hr</b> flat rate per group up to 5 persons  More than 5, \$14.66/hr per person	<b>Sexual Deviancy Evaluation for Adults Only - 12 hours</b> maximum per evaluation <b>\$83.05 x 12 = \$996.54</b> Determine the person's emotional, social and behavioral characteristics, history and patterns of sexual deviance, amenability to treatment and prognosis. Evaluation to be based on direct examination and interviews, appropriate testing, collateral contacts and/or records review. Written <i>4 hour maximum diagnostic</i> report to include details conclusions and methodology and included in the total time.
<b>Master/Non-Licensed PhD</b> Must be Licensed MH provider, Certified or Registered Counselor	<b>\$68.39/hr</b> Max 15/hr per month	<b>\$68.39/hr</b> Max 15/hr per month	<b>\$68.39/hr</b> flat rate per group up to 5 person  More than 5 <b>\$11.72/hr</b> per person	<b>Psychosocial Evaluation -10 hours</b> maximum per evaluation <b>\$68.39 x 10= \$683.90</b> Determine the person's emotional, social and behavioral characteristics, history and patterns of disorder, amenability to treatment and prognosis. Written report to include conclusions and methodology and included in the total time.
<b>Master/Non Licensed PhD</b> Must be Licensed, Certified or Registered	N/A	N/A	N/A	<b>Parenting Assessment or Developmental Assessment – 10 hours</b> maximum per evaluation <b>\$68.39 x 10= \$683.90</b> Written report included in the total time.
<b>Master BSW/BA/BS</b> Must be Certified/Licensed Domestic Violence Perpetrator Specialist as required by law.	<b>\$43.97/hr</b> Monthly 1:1 Contacts for 1 year	N/A N/A	<b>\$24.43/hr</b> per person  See Note→	<b>Domestic Violence Evaluation – STATE CERTIFIED ONLY</b> Intake/Assessment: Max 2 hours x <b>\$122.13 = \$244.25</b> max  <i>26 consecutive weeks, same gender groups, 1.5 hour long between 2-12 participants</i>  Note: DSHS will be <b>payee at last resort</b> , if a client cannot afford full payment or have insurance coverage; the Client is responsible for a portion of the payment; this can occur only when, services are court ordered and referred by DSHS/CA. See WAC 388-60-0085 and 388-60-0255 All contractors must adhere by law to WAC CHAPTER 388-60 See RCW 26.50.150
<b>BSW/BA/BS</b> Must be Registered Counselor and supervised by a master level therapist	<b>\$34.20/hr</b>	<b>\$34.20/hr</b>	<b>\$34.20/hr</b> flat rate per group session	<b>DSHS does not pay for evaluations at the BA/BS level</b>

*This rate schedule supersedes any previously published Professional Service rate schedule for the Division of Children and Family Services Region 1*

Degree	Individual Therapy Rates	Family Therapy Rates	Group Therapy Rates  No More than <u>5 sessions</u> per month	Evaluation Rates
<p><b>Master BSW/BA/BS</b> Must be Registered Counselor</p> <p>Paraprofessional Must have experience and a standard parenting curriculum</p>	<p><b>\$34.20/hr</b> Max 15 hrs</p> <p><b>\$19.54/hr</b> Max 15 hrs</p>	<p><b>\$34.20/hr</b> Max 15 hrs</p> <p>NA</p>	<p><b>\$34.20/hr</b> flat rate per group up to 5</p> <p><b>More than 5 \$9.77/hr</b> per person</p> <p><b>\$19.54/hr</b> flat rate per group training limited to 5 clients</p>	<p>*Evaluation Rates do not apply.</p> <p><b>PARENT EDUCATION -</b></p> <p><b>This is not considered group therapy.</b> Contractor shall have education, training, and/or demonstrated experience in providing parenting instruction to parents dealing with issues of abuse and neglect. A standardized curriculum must be approved in advance through the regional contracts manager. Please contact this office for assistance in developing your program before accepting referrals</p>

**NOTE:**

DSHS/CA Rates for Chemical Dependency Assessment and Treatment services are on a separate published Rate Sheet available at <http://www.dshs.wa.gov/ca/partners/contractRates.asp>

**Region 1 Protocol for Professional Service Payment**

In Spokane, Clarkston, Colville, Newport, Omak, Moses Lake and Wenatchee, contractor Professional Services invoices will be sent to:

The Division of Children and Family Services  
 Attn: Payment Specialist  
 1313 N Atlantic, Suite 2000  
 Spokane, WA 99201

Contracted providers shall submit an original invoice which identifies the name(s) of the DCFS clients(s) and the type and hours of service the client(s) received, along with all required report(s) to DCFS. Upon receipt of the provider's original invoice, pre-authorization and copy of report, the Payment Specialist will prepare payment. Faxes will not be accepted.