

PROFESSIONAL SERVICES REFERRAL

DATE OF
REFERRAL

This authorization is valid for up to 180 days from the date of this referral

Starting Date		Ending Date (Max 3 month for counseling & 6 month for evaluations)	
Provider Name		FAMLINK Provider ID #	
DCYF Caseworker		DCYF Caseworker Phone #	
DCYF Office		FAMLINK Case ID #	
Client's Name (For Children also give caregiver's name)		Client Phone # (For children also give the caregiver's phone number)	

Alternatives Explored

If the client can obtain an equivalent service through any of the entities listed below, then those must be used prior to referring for DCYF contracted services.

Counseling & Evaluation	Health Care Authority (HCA), Medicaid (aka Washington Apple Health), Managed Care Organization (MCO) (i.e. Apple Health Core Connections) or Behavioral Health Administrative Service Organization (BH-ASO), Private insurance, Developmental Disabilities Administration School District Special Education Early Support for Infants and Toddlers (ESIT) Division of Vocational Rehabilitation Other
Explain if OTHER is chosen above	

Service Requested

<ul style="list-style-type: none"> If DCYF is paying for an evaluation or a specific month of counseling, providers cannot accept other funding. The provider must have a current Professional Services contract with DCYF in order to provide the services below. <p>Rates must be as agreed upon in the contract for reimbursement. Allowed hours & rates are posted at: https://www.dcyf.wa.gov/services/child-welfare-providers/contracted-services</p>	Maximum Hours	Hours Authorized
Chemical Dependency Assessment & Treatment	See link	
Counseling, Therapy, Crisis Response or Treatment with Intake Assessment Session Format: <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family (2 or more people in same home or family) Internal DCYF Staff <input type="checkbox"/> Group (unrelated individuals) 	20hrs within a 3 month period (20hrs/3month) or As specific in approved contract	
Evidence Based Practices (EBP) with Intake Assessment Session Format: <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family (2 or more people in same home or family) Approved EBPs: <ul style="list-style-type: none"> <input type="checkbox"/> Cognitive Behavioral Therapy (CBT) <input type="checkbox"/> Dialectical Behavioral Therapy (DBT) <input type="checkbox"/> Trauma Focused Cognitive Behavioral Therapy (TF-CBT) 	Defined by each EBP model, not to exceed 6 hours per month, and 6 months of services	

	<input type="checkbox"/> Alternatives for Families Cognitive Behavioral Therapy (AF-CBT)		
	Developmental Assessment	10hrs	
	Domestic Violence Evaluation	5hrs	
	Domestic Violence Treatment	20hrs/3month	
	Parenting Assessment	10hrs	
	Parenting Instruction (Group Parenting Instruction only)	15hrs/3month	
	Adult Sex Offender Treatment	15hrs/3month	
	Sexual Deviancy Evaluation (Adults only) Also administer a: <input type="checkbox"/> Polygraph <input type="checkbox"/> Plethysmograph	10hrs	

**** PRESENTING ISSUES & TREATMENT GOALS FOR CLIENT ON NEXT PAGE ****

Identified Client (name): _____

Presenting Issues & Treatment Goals	
<i>DCYF staff referring a client for services must clearly articulate the need for this service as it relates to child safety and/or well-being, and the permanency planning goals of the case. If details including specific questions or topic to be addressed in the evaluation or counseling sessions are provided here, a separate referral letter to the provider is unnecessary.</i>	
Presenting Issues	
Goals for Counseling or Treatment	
1.	
Supporting Documentation	
<i>Referring DCYF staff must attach all relevant information needed to assist the provider in the evaluation or treatment of the client. Check the boxes next to the attachments that accompany this referral.</i>	
<input type="checkbox"/> Intake/Referral <input type="checkbox"/> Investigative Assessment <input type="checkbox"/> Psychological Evaluation <input type="checkbox"/> Court Report <input type="checkbox"/> Visitation Reports <input type="checkbox"/> Parenting Assessment <input type="checkbox"/> Medical Records <input type="checkbox"/> Substance Use Disorder Evaluation <input type="checkbox"/> Other:	

Social Worker Signature	Print Name	Date
Supervisor Signature	Print Name	Date
Area Administrator Signature	Print Name	Date
Appointing Authority Signature	Print Name	Date

ADDITIONAL APPROVAL REQUIRED: If there are exceptional circumstances which justify exceeding the allowed hours on the Published Fee Table, or if counseling / treatment must extend beyond the initial 3-month referral, then the Area Administrator must also approve this referral. Counseling extensions may only be authorized after careful review of the case, evaluation of progress on treatment goals, and a demonstrated need for continued service in order to support child safety, permanency and well-being.

Professional Services Quick Reference Guide for DCYF Workers

The Published Fee Table with the rates & allowed hours is posted at <https://www.dcyf.wa.gov/services/child-welfare-providers/contracted-services>

Service	Description	Published allowed service hours
Chemical Dependency Assessment & Treatment	An assessment or treatment by a provider who is certified to provide this service in the State of Washington. The written assessment report must meet the general standards below. Inpatient or outpatient treatment will be provided according to the contract terms and recognized standards in the field of substance use disorder.	DCYF should be the payee of last resort after Medicaid, the Parents in Reunification Program, or other resources. One evaluation per a client. Paid per completed evaluation. Treatment: As recommended in the evaluation, if approved by DCYF, and paid per Published Fee Table
Counseling, Therapy, & Treatment	Therapist will provide counseling, therapy, crisis response or treatment services, using evidence based, promising practice, or other recognized therapeutic techniques to assist an individual or a family in the amelioration or adjustment of mental, emotional or behavior problems. Internal staff professional service referral will be sent to Assistant Secretary of designee If the court orders the DCYF to pay for the treatment of adult sex offenders, then that will be authorized under this heading. (See Published Fee Table)	Maximum of 20 hours within a three (3) month period per family, or for a person participating in individual or group treatment. Authorizations are valid for 3 months . Any subsequent referrals require approval by the AA or Appointing Authority.
Evidence Based Practices (EBP)	Therapist will provide DCYF approved EBP including individual and/or family counseling, therapy or treatment services while following all model fidelity requirements. List of approved EBPs include: <ul style="list-style-type: none"> • Cognitive Behavioral Therapy (CBT) • Dialectical Behavioral Therapy (DBT) • Trauma Focused Cognitive Behavioral Therapy (TF-CBT) • Alternatives for Families Cognitive Behavioral Therapy (AF-CBT) A written intake assessment report must be submitted to DCYF within 30 days from the time of the initial intake appointment.	Defined by each EBP model, not to exceed 6 hours per month and 6 months of service
Developmental Assessment	The Contractor shall provide a written assessment of the client's cognitive, emotional, physical, behavioral, academic and/or social characteristics and patterns of disorder. The Contractor also shall evaluate the client's prognosis and amenability to treatment based on direct examination and interview, appropriate testing, collateral contacts and/or records review.	10 hours maximum per assessment (includes written report)
Domestic Violence Perpetrator	A program that is certified by the State of Washington per WAC 110-60A and https://app.leg.wa.gov/WAC/default.aspx?cite=110-60A	DCYF is to be the payee of last resort: Contact Regional Program or Contracts Manager for further direction

Assessment & Treatment	The Contractor will conduct an individual and complete clinical intake and assessment interview with each perpetrator covering all of the topics required in the WAC. The Contractor will then develop and employ a written treatment plan for each individual, with a focus on treatment which will end the participant's physical, sexual, psychological abuse of the participant's victim(s).	DV Assessment 5 hours maximum
Parenting Assessment	An assessment which includes direct examination and interview of the parent and all children referred, including a minimum of one hour observation of the parent/child interaction. The assessment also includes a review of family and parenting history, (including questions about abuse, neglect, DV, and substance abuse); an examination of the parent's attachment to the children, parenting & discipline skills, and ability to seek services for the child's needs; and collateral contacts or record review. The contractor must also administer standardized, reliable, & validated measures of parenting skills, parenting stresses, and potential for abusive behavior.	10 hours maximum per evaluation (includes written report)
Parenting Instruction	Provider will use a standardized curriculum that is approved by the DCYF Regional Program Manager to provide parenting instruction to the client in a group setting. No individual parenting instruction through this contract.	Maximum of 15 hours within a three (3) month period
Sexual Deviancy Evaluation (ADULTS ONLY)	<p>Contractor will provide a written sexual deviancy evaluation of the client's emotional, social and behavioral characteristics, history and patterns of sexual deviance, prognosis, and amenability to treatment. The evaluation shall be based on direct examination and interviews, appropriate testing, collateral contact and/or records review.</p> <p>These evaluations may also include a polygraph test to determine the client's truthfulness in response to case specific questions, and/or a penile plethysmograph test to help determine sexual arousal patterns, if these are specifically approved in advance by DCFS. The contractor shall observe and interview the client and evaluate the results of the tests. The written report of this testing must include both the original document written by the test administrator, and an analysis by the contractor.</p>	<p>DCYF is to be the payee of last resort: Contact Regional Program or Contracts Manager for further direction</p> <p>10 hours maximum per evaluation (includes written report)</p> <p>Polygraph & Plethysmograph are paid separately</p> <p>Treatment: See Published Fee Table</p>

REPORTS: All evaluation or assessment reports must include:

- The source and reason for the referral.
- Background information on the client.
- An account of the client's view of their history & present situation.
- A description of the tests conducted & their results.
- The conclusion section of the report must include a diagnosis, information about prognosis & barriers, and specific & detailed recommendations for additional services (including an explanation of those recommendations).