

**Washington State Department of CHILDREN, YOUTH & FAMILIES  
DCYF REGION 3 & 4  
PROFESSIONAL SERVICES FEE TABLE**

**GENERAL NOTES:**

- This rate schedule supersedes any previously published Professional Service document for region 3 and 4.
- DCYF does not pay for cancelled, missed or late appointments, report writing, or for travel costs.
- Providers must receive a completed Professional Service Referral form with appropriate authorization signature(s). This is valid for a maximum of 3 months for Counseling/Therapy and 6 months for Evaluation/Assessment.
- Contract General Terms and Conditions #3 and Specific Terms and Conditions #6a prohibit splitting the cost of an evaluation or a specific month of service between DCYF and another party.

**Case specific consultation** will be paid at the individual counseling rate for a maximum of 10 hours.

**ASSESSMENTS AND EVALUATIONS**

**NOTES:**

- When possible, clients must pay for domestic violence and sexual deviancy evaluations themselves.
- If there are exceptional circumstances which justify exceeding the allowed hours on the Published Fee Table, then the Area Administrator for the DCYF office making the referral must also approve the request.
- All 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, and 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).
- Reports are due to the DCYF worker within 30 days of completing the assessment. All topics specified in the contract and the SW’s referral must be addressed. Report writing is included in the overall time allotment.
- 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 and explanation of those recommendations).

Description	RATE PER HOUR	HOURS ALLOWED	QUALIFICATIONS
<p><b>❖CHEMICAL DEPENDENCY ASSESSMENT AND TREATMENT</b></p> <p>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.</p>			<p>See the rate sheet at  <a href="https://www.dshs.wa.gov/sites/default/files/CA/cp/documents/fee_CDA.pdf">https://www.dshs.wa.gov/sites/default/files/CA/cp/documents/fee_CDA.pdf</a></p>

<p><b>❖ DEVELOPMENTAL ASSESSMENT</b></p> <p>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.</p>	<p>\$ 73.28</p>	<p>10 HOURS</p>	<p>Hold a Master’s Degree in social work, psychology, counseling, nursing, education or a closely allied field; AND BE licensed as a Social Worker, Mental Health Counselor, or Marriage and Family Counselor (WAC246-809) by the state of Washington and/or the state in which services are to be provided; OR Licensed associate in the State of Washington and / or in the state in which services are to be provided. Licensed associates (RCW 18-225-145).</p>
<p><b>❖ DOMESTIC VIOLENCE PERPETRATOR EVALUATION</b></p> <p>A program that is certified by the State of Washington per WAC 110-60A and <a href="https://app.leg.wa.gov/WAC/default.aspx?cite=110-60A">https://app.leg.wa.gov/WAC/default.aspx?cite=110-60A</a></p> <p>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).</p>	<p>\$ 73.28</p>	<p>5 HOURS</p>	<p>Certified as a domestic violence perpetrator treatment program by the State of Washington Department of Social and Health Services in accordance with Washington Administrative Code (WAC) Chapter 110-60A. The Contractor and all staff providing services under this contract shall meet all treatment staff qualification standards set forth from WAC 388-60, and all certification and recertification standards set forth from WAC 388-60A.</p>
<p><b>❖ PARENTING ASSESSMENT</b></p> <p>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 &amp; 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, &amp; validated measures of parenting skills, parenting stresses, and potential for abusive behavior.</p>	<p>\$ 73.28</p>	<p>10 HOURS</p>	<p>Hold a Master’s Degree in social work, psychology, counseling, nursing, education or a closely allied field; AND BE licensed as a Social Worker, Mental Health Counselor, or Marriage and Family Counselor (WAC246-809) by the state of Washington and/or the state in which services are to be provided; OR Licensed associate in the State of Washington and / or in the state in which services are to be provided. Licensed associates (RCW 18-225-145).</p>
<p><b>❖ SEXUAL DEVIANCY EVALUATION (ADULTS ONLY)</b></p> <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>\$97.70</p>	<p>10 HOURS</p>	<p>Qualified by the State of Washington, or by the state in which sexual deviancy evaluation services are to be provided, as ONE of the following:  (a) State Certified Sexual Offender Treatment Provider (SOTP); OR  (b) Associate State Certified Sexual Offender Treatment Provider and supervised by a fully certified SOTP; OR  (c) Hold a minimum of a Master’s Degree in social work, psychology,</p>

			counseling or closely allied field and be licensed or certified in the state that services are provided; AND (d) Have two years of documented experience evaluating sexual deviancy.
❖ <b>PENILE PLETHYSMOGRAPH</b> Up to \$307.76 per Plethysmograph ❖ <b>POLYGRAPH</b> Up to \$244.25 per Polygraph <b>Sexual Deviancy Evaluations</b> 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.			

<b>PARENTING INSTRUCTION</b>			
<b>Description</b>	<b>GROUP RATE PER PERSON PER HOUR</b>		<b>HOURS ALLOWED</b>
	❖ <b>PARENTING INSTRUCTION (Group Instruction Only)</b> 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.	MA+ \$39.08	

<b>COUNSELING / TREATMENT / THERAPY</b>
<p><b>NOTES:</b></p> <ul style="list-style-type: none"> <li>• Sessions will be pro-rated in 15 minute increments. Group therapy should not exceed 90 minutes.</li> <li>• Clients must first have explored all other options for payment, including Medicaid enrollment through the Affordable Care Act : <a href="http://www.WAHealthPlanFinder.org">www.WAHealthPlanFinder.org</a></li> <li>• DCYF will only submit a referral to pay for DV and sex offender treatment if there is a court order requiring the department to do so after the client demonstrated they were unable to pay via other means including sliding scale fees.</li> <li>• Certified Counselors may provide mental health and DV perpetrator's therapy if they meet the following requirements: <ul style="list-style-type: none"> <li>▪ May NOT be the sole treatment provider for a client with GAF score of less than 50 (RCW 18.19.200)</li> <li>▪ May counsel or guide a client if the client has a GAF score of 60 or less only if the care is provided as part of a plan of treatment developed by the referring licensed practitioner, physician, advanced registered nurse practitioner, or osteopathic physician.</li> <li>▪ Must meet supervision and consultation requirements defined in WAC 246-810-025 and by the Department of Health at</li> </ul> </li> </ul>

Description	INDIVIDUAL / FAMILY RATE PER HOUR		GROUP RATE PER PERSON PER HOUR		HOURS ALLOWED
<p>❖ <b>MENTAL HEALTH COUNSELING w/ INTAKE ASSESSMENT</b> Therapist will provide counseling, therapy, or treatment services, using (1) evidence based, (2) promising practice, or (3) recognized therapeutic techniques to assist an individual or individuals or a family in amelioration or adjustment of mental, emotional or behavior problems. A written intake assessment report must be submitted to DCYF within 30 days from the time of the initial intake appointment.</p>	\$ 77.53		\$ 41.35		20 hours within a 3 month period
<p>❖ <b>DOMESTIC VIOLENCE PERPETRATORS TREATMENT</b> A program that is certified by the State of Washington per WAC 388-60 and <a href="https://www.dshs.wa.gov/ca/domestic-violence/domestic-violence-perpetrator-treatment">https://www.dshs.wa.gov/ca/domestic-violence/domestic-violence-perpetrator-treatment</a> . 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).</p>	Level I to III \$46.17	Level IV \$73.28	Level I to III \$25.62	Level IV 41.03	20 hours within a 3 months period
<p>❖ <b>ADULT SEXOFFENDER TREATMENT</b> Individual and/or group treatment services conducted by a recognized expert in this field in accordance with the recognized standards of practice for working with adult sex offenders. Report requirements are the same as for evaluation and assessment reports above.</p>	\$ 97.70		\$ 43.97		15 hours within a 3 month period