CHILD WELFARE SERVICES OUTPATIENT BEHAVIORAL HEALTH AND SUPPORTIVE SERVICES

OPEN SOLICITATION 1061043

RATE SCHEDULES*

TUTORING SERVICES

Service Description	Rate	Comments/Clarification
Registration and Initial Evaluation	$50	One-time Fee – not hourly
30-Minute Session – Elem School Age	$15 per hour	No IEP or Documented Learning Disability
60-Minute Session – Elem School Age	$30 per hour	No IEP or Documented Learning Disability
30-Minute Session – Elem School Age	$20 per hour	IEP and/or Documented Learning Disability
60-Minute Session – Elem School Age	$40 per hour	IEP and/or Documented Learning Disability
30-Minute Session – Middle School and High School Age	$22.50 per hour	No IEP or Documented Learning Disability
60-Minute Session – Middle School and High School Age	$45 per hour	No IEP or Documented Learning Disability
30-Minute Session – Middle School and High School Age	$30 per hour	IEP and/or Documented Learning Disability
60-Minute Session – Middle School and High School Age	$60 per hour	IEP and/or Documented Learning Disability

PARENTING SKILLS DEVELOPMENT/PARENT COACHING

Service Description	Rate	Comments/Clarification
Individual Session	$110 per hour	
Family Session	$125 per hour	

THERAPEUTIC MENTORING

Service Description	Rate	Comments/Clarification
Therapeutic Mentoring	$18 per hour - Group Sessions $24 per hour – Individual Sessions	

CHILD & ADOLESCENT OUTPATIENT MENTAL HEALTH CLINIC SERVICES

(Public Mental Health System Rates, Effective July 1, 2016)

Service Description	MD Non-Facility	Ph.D. Psych	LCSW, RN Ther., LCPC	OMHC
Individual Psychotherapy, 30 min.	$51.05	$41.71	$36.39	$61.58
Individual Psychotherapy, 30 min. add-on	$51.05			$61.58
Individual Psychotherapy, 45 min.	$92.76	$75.58	$66.35	$109.45
Individual Psychotherapy, 45 min. add-on	$92.76			$109.45
Individual Psychotherapy, 60 min.				$109.45
Individual Psychotherapy, 60 min. add-on				$109.45
Psychotherapy for Crisis, first 60 min.				$123.15
Psychotherapy for Crisis, addit'l 30 min.				$64.27
Family Psychotherapy w/o Patient Present	$86.72	$72.79	$55.99	$108.33
Family Psychotherapy w/ Patient Present, 45-60 min.	$96.60	$79.50	$68.29	$111.97
Family Psychotherapy w/ Patient Present – Abbreviated	$59.82	$48.72	$42.83	$61.02
Multiple Family Group Psychotherapy, 45-60 min.				$43.68
Multiple Family Group Psychotherapy – Abbreviated				$40.11
Group Psychotherapy (not Multi-Family), 45-60 min.	$25.25	$25.76	$25.76	$42.55
Group Psychotherapy Prolonged (More than 75 min.)				$52.62

Service Description	MD Non-Facility	Ph.D. Psych	LCSW, RN Ther., LCPC	OMHC
Evaluation and Management, incl. Rx – Minimal, New Patient	$43.41			$43.41
Evaluation and Management, incl. Rx – Straight Forward, New Patient	$73.84			$73.84
Evaluation and Management, incl. Rx – Low Complexity, New Patient	$106.80			$106.80
Evaluation and Management, incl. Rx – Moderate Complexity, New Patient	$162.35			$162.35
Evaluation and Management, incl. Rx – High Complexity, New Patient	$203.38			$203.38
Evaluation and Management, incl. Rx – Minimal	$19.82			$19.82
Evaluation and Management, incl. Rx – Straight Forward	$43.03			$43.03
Evaluation and Management, incl. Rx – Low Complexity	$71.91			$71.91
Evaluation and Management, incl. Rx – Moderate Complexity	$105.75			$105.75
Evaluation and Management, incl. Rx – High Complexity	$142.34			$142.34
Indiv Psychophysio Therapy, incl. Biofdbk, 20-30 min.	$51.05	$41.71	$36.39	$52.07
Indiv Psychophysio Therapy, incl. Biofdbk, 45-50 min.	$92.76	$75.58	$66.35	$94.62
Psych Testing, per hr, Ph.D. Lic – Max 8 hrs per service		$103.02		$103.02
Psychological Testing Computer (Flat Fee)		$28.66		$28.66

Service Description	MD Non-Facility	Ph.D. Psych	LCSW, RN Ther., LCPC	OMHC
Individual Psychotherapy, 30 min. (MD Only)	$44.66			$45.55
Individual Psychotherapy, 45 min. (MD Only)	$83.95			$85.63
Psychiatric Diagnostic Evaluation	$154.71	$125.97	$110.29	$197.91
Interdisciplinary Team Treatment Planning – w/ Patient Present				$86.22

Rates for some services required by children, adolescents and families are not available through the current Maryland Public Health System and are established by DHHS. These services, which are listed below, must be provided in accordance with a Plan of Care or other approved treatment plan and approved by the County's Case Manager or other authorized County representative.

Service Description	Rate	Comments/Clarification
Court appearance, including dispositions, depositions, collaborative meetings, records review, and report writing associated with the court appearance	$100 per hour	
Team Meeting w/o Patient Present (as approved by the County)	$75 per meeting	
Telephone Consultation	$50 per hour	
Records Review	$50 per hour	
Progress Report Preparation	$50 per hour	
Behavioral Assessment and Consultation	$85 per hour	Crisis Stabilization and Therapeutic Mentoring ONLY
Home-based Services to Support Placement	$75 per hour	Crisis Stabilization ONLY

Referrals will be made by the DHHS. In some cases, the referrals will be part of an overall Plan of Care, Individualized Case Plan, or Service Plan. The specifics of the Plan for each child, adolescent, or family placed under this Contract are in addition to the general specifications of the Scope of Services provided under this Contract. Applicants must note that they will be required to work with DHHS Case Managers and existing service providers.

***NOTE: The County will not pay for missed client appointments.**