

OUTPATIENT BEHAVIORAL HEALTH AND SUPPORTIVE SERVICES OPEN SOLICITATION #1075640

NEW RATE SHEET SCHEDULES

Revised 11-19-21 (Effective 12-1-2021)

TUTORING SERVICES

| Service Description | Rate | Comments/Clarification |
|-------------------------------------|--------------------|---------------------------|
| Registration and Initial Evaluation | \$75 | One-time Fee – not hourly |
| 30-Minute Session – Grades K – 8th | \$27.50 per ½ hour | |
| 60-Minute Session – Grades K – 8th | \$55 per hour | |
| 30-Minute Session – Grades 9 – 12 | \$30 per ½ hour | |
| 60-Minute Session – Grades 9 - 12 | \$60 per hour | |

PARENTING SKILLS DEVELOPMENT/PARENT COACHING

| Service Description | Rate | Comments/Clarification |
|---------------------|----------------|------------------------|
| Individual Session | \$135 per hour | |
| Family Session | \$150 per hour | |

THERAPEUTIC MENTORING

| Service Description | Rate | Comments/Clarification |
|-----------------------|---|--|
| Therapeutic Mentoring | \$36 per hour – Group Sessions \$50 per hour – Individual Sessions | Therapeutic model must be fully described in vendor’s contract application. Child Welfare Services Director must approve all referrals for therapeutic mentoring services. |

CHILD & ADOLESCENT OUTPATIENT MENTAL HEALTH CLINIC SERVICES

(Public Mental Health System Rates, Effective January 1, 2021)

CRNP = Certified Registered Nurse Practitioner

APRN = Advanced Practice Nurse Practitioner

| Service Description | Psychiatrist Non-Facility | Ph.D. Psych | LCSW-C, LCPC, LCADC, LCMFT | PMH Certified CRNP & APRN |
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| Individual Psychotherapy, 30 min. | \$58.01 | \$47.39 | \$41.35 | \$41.35 |
| Individual Psychotherapy, 45 min. | \$105.41 | \$85.88 | \$75.40 | \$75.40 |
| Individual Psychotherapy, 60 min. | 0 | 0 | 0 | 0 |
| Psychotherapy for Crisis, first 60 min. | 0 | 0 | 0 | 0 |
| Family Psychotherapy w/o Patient Present | \$98.54 | \$82.72 | \$63.63 | \$63.63 |
| Family Psychotherapy w/ Patient Present, 45-60 min. | \$109.77 | \$90.34 | \$77.61 | \$77.60 |
| Family Psychotherapy w/ Patient Present – Abbreviated | \$67.98 | \$55.36 | \$48.67 | \$48.67 |
| Group Psychotherapy (not Multi-Family), 45-60 min. | \$28.70 | \$29.28 | \$29.28 | \$29.28 |
| Evaluation and Management, incl. Rx – Minimal, New Patient | \$46.65 | 0 | 0 | \$46.65 |
| Evaluation and Management, incl. Rx – Straight Forward, New Patient | \$77.20 | 0 | 0 | \$77.20 |
| Evaluation and Management, incl. Rx – Low Complexity, New Patient | \$109.45 | 0 | 0 | \$109.45 |
| Evaluation and Management, incl. Rx – Moderate Complexity, New Patient | \$166.09 | 0 | 0 | \$166.09 |
| Evaluation and Management, incl. Rx – High Complexity, New Patient | \$209.62 | 0 | 0 | \$209.62 |
| Evaluation and Management, incl. Rx – Minimal | \$23.54 | 0 | 0 | \$23.54 |
| Evaluation and Management, incl. Rx – Straight Forward | \$46.29 | 0 | 0 | \$46.29 |
| Evaluation and Management, incl. Rx – Low Complexity | \$75.86 | 0 | 0 | \$75.86 |

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| Evaluation and Management, incl. Rx – Moderate Complexity | \$109.76 | 0 | 0 | \$109.76 |
| Evaluation and Management, incl. Rx – High Complexity | \$147.22 | 0 | 0 | \$147.22 |
| Indiv Psychophysio Therapy, incl. Biofdbk, 20-30 min. | \$58.01 | \$47.39 | \$41.35 | \$41.35 |
| Indiv Psychophysio Therapy, incl. Biofdbk, 45-50 min. | \$105.41 | \$85.88 | \$75.40 | \$75.40 |
| Psychological Testing, Evaluation services by a Physician or other qualified professional. Treatment planning and report and interactive feedback to the patient, family members and caregivers (first hour) | 0 | \$133.81 | 0 | 0 |
| Psychological Testing, Evaluation services by a Physician or other qualified professional (each additional hour) | 0 | \$101.69 | 0 | 0 |
| Psychological Test administration and scoring by a Physician or other qualified professional (first 30 minutes) | 0 | \$55.18 | 0 | 0 |
| Test administration and scoring by a Physician or other qualified professional (each additional 30 minutes) | 0 | \$51.44 | 0 | 0 |
| Psychological Test administration and scoring by a Technician (first 30 minutes) | 0 | \$45.95 | 0 | 0 |
| Psychological Test administration and scoring by a Technician (each additional 30 minutes) | 0 | \$45.95 | 0 | 0 |

Rates for some services required by children, adolescents and families are not available through the current Maryland Public Health System or through private insurance carriers 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 |
|---|----------------|--|
| Clinical Comprehensive Evaluation (Psychiatrist M.D.) | \$2,300 | Flat rate is inclusive of all services such as diagnostic sessions (e.g., testing, administration, scoring), administrative time, report writing, record review, client feedback sessions, and/or case consultation with DHHS staff, except specifically preparing for court testimony. See Court Appearance rate below. |
| Clinical Comprehensive Evaluation (Psychologist Ph.D. and Psy.D.) | \$2,100 | Flat rate is inclusive of all services such as diagnostic sessions (e.g., testing, administration, scoring), administrative time, report writing, record review, client feedback sessions, and/or case consultation with DHHS staff, except specifically preparing for court testimony. See Court Appearance rate below. |
| Bilingual Clinical Comprehensive Evaluation (Psychologist Ph.D. and Psy.D.) | \$2,750 | Flat rate is inclusive of all services such as diagnostic sessions (e.g., testing, administration, scoring), administrative time, report writing, record review, client feedback sessions, and/or case consultation with DHHS staff, except specifically preparing for court testimony. See Court Appearance rate below. |
| Court appearance, including dispositions, depositions, collaborative meetings, records review, travel time, and report writing associated with the court appearance | \$140 per hour | |

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| Team Meeting w/o Patient Present (as approved by the County) | \$90 per meeting | |
| Telephone Consultation | \$60 per hour | |
| Records Review | \$60 per hour | |
| Progress Report Preparation | \$60 per hour | |
| Behavioral Assessment and Consultation | \$100 per hour | Crisis Stabilization and Therapeutic Mentoring ONLY |
| Home-based Services to Support Placement | \$90 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.**