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| **DESCRIPTION** | | **CODE** | **SPECIFIC SERVICE REQUIREMENTS** |
| Domestic Violence Assessment | | **521-29a** | * **$850.00** * **Fully Licensed/Provisional Licensure or Master’s under supervision for licensure** * Should only be used if the child/family is non-eligible for Peach Care or Private Health Insurance. * Rate includes mileage and missed appointments. * Assessment must be signed by a fully licensed professional if completed by a provisional licensed or under supervision for licensure individual. * Must be completed within 25 business days of receipt of the service authorization/referral from DFCS. **If the report cannot be completed within 25 business days, the provider must add a section in the report that details why the report was not timely.** |
| Parental Fitness Assessment | | **521-29c** | * **$850.00** * **Fully Licensed/Provisional Licensure or Master’s under supervision for licensure** * Should only be used if the child/family is non-eligible for Peach Care or Private Health Insurance. * Rate includes mileage and missed appointments. * Assessment must be signed by a fully licensed professional if completed by a provisional licensed or under supervision for licensure individual. * Must be completed within 25 business days of receipt of referral/service authorization**. If the report cannot be completed within 25 business days, the provider must add a section in the report that details why the report was not timely.** |
| Psycho-Sexual Abuse Evaluation | | **521-29d** | * $850.00 * Fully Licensed Psychologist only * Should only be used if the child/family is non-eligible for Medicaid, Peach Care or Private Health Insurance. * Rate includes mileage and missed appointments. * Must be completed within 25 business days of receipt of referral/service authorization. If the report cannot be completed within 25 business days, the provider must add a section in the report that details why the report was not timely. |
| Substance Abuse Assessment | | **521-29e** | * **$850.00** * **Master’s or higher degree in Human Services and Fully Licensed or Provisional Licensed or Master’s Degree under Supervision for Licensure or Bachelor’s degree with Certified Addiction Counselor 2 (CAC2) certification.** * Should only be used if the child/family is non-eligible for Medicaid, Peach Care or Private Health Insurance. * Rate includes mileage and missed appointments. * Assessment must be signed by a fully licensed professional if completed by a provisional licensed or under supervision for licensure individual or CAC2. * Must be completed within 25 business days of receipt of referral/service authorization. **If the report cannot be completed within 25 business days, the provider must add a section in the report that details why the report was not timely.** |
| Trauma Assessments | | **521-29f** | * **$400.00** * **Fully Licensed/Provisional Licensure or Master’s under supervision for licensure** * Should only be used if the child/family is non-eligible for Medicaid, Peach Care or Private Health Insurance. * Rate includes mileage and missed appointments. * Assessment must be signed by a fully licensed professional if completed by a provisional licensed or under supervision for licensure individual. * Must be completed within 25 business days of receipt of referral/service authorization. **If the report cannot be completed within 25 business days, the provider must add a section in the report that details why the report was not timely.** |
| Bonding/Attachment Assessment | | **521-29h** | * **$600.00** * **Fully Licensed/Provisional Licensure or Master’s under supervision for licensure** * Should only be used if the child/family is non-eligible for Peach Care or Private Health Insurance. * Assessment must be signed by a fully licensed professional if completed by a provisional licensed or under supervision for licensure individual. * Rate includes mileage and missed appointments * Must be completed within 25 business days of receipt of referral/service authorization. **If the report cannot be completed within 25 business days, the provider must add a section in the report that details why the report was not timely.** |
| Counseling  (**High Risk**) | | **521-50a** | * **$80.00 per hour** * Counseling can be provided for: Individual, child, group, family, pastoral, drug/alcohol, abuse, and marital counseling * **Master/Doctoral Degree– Fully licensed only** |
| Counseling (**Moderate Risk**) | | **521-50b** | * **$65.00 per hour** * Counseling can be provided for: Individual, child, group, family, pastoral, drug/alcohol, abuse, and marital counseling * **Master/Doctoral Degree - Provisional Licensure or Master’s under Supervision for Licensure** |
| Psychological Evaluation | **521-54a** | * $850.00 * Fully Licensed Psychologist only * Should only be used if the child/family is non-eligible for Medicaid, Peach Care or Private Health Insurance or denied by Amerigroup * Rate includes mileage and missed appointments. * Must be completed within 25 business days of receipt of referral/service authorization. If the report cannot be completed within 25 business days, the provider must add a section in the report that details why the report was not timely. |
| Neuro-Psychological Evaluation | **521-54b** | * $1900.00 * Must Be Court Ordered * Must be pre-approved by the Regional or District Director * Fully Licensed Psychologist only * Should only be used if the child/family is non-eligible for Medicaid, Peach Care or Private Health Insurance or denied by Amerigroup. * Rate includes mileage and missed appointments. * Must be completed within 25 business days of receipt of referral/service authorization. If the report cannot be completed within 25 business days, the provider must add a section in the report that details why the report was not timely. |
| Psychiatric Evaluation | **521-54c** | * $850.00 * MD/Psychiatrist only * Should only be used if the child/family is non-eligible for Medicaid, Peach Care or Private Health Insurance. * Rate includes mileage and missed appointments. * Must be completed within 25 business days of receipt of referral/service authorization. If the report cannot be completed within 25 business days, the provider must add a section in the report that details why the report was not timely. |
| PUP Services **Mileage -**  **For Counseling Services only**  **(Not to Be Used for Drug or DNA Screening/Testing or non-contracted services)** | **521-56a** | * **Up to $500.00 per service (round trip)** * State Approved Rate * Travel begins from the provider’s residence or official business address or current location whichever is nearer to the destination point. (full address required) * NOTE: A physical address for mileage must be logged for every origin (start point) and destination (end point). **The specific purpose for each trip must be listed on the mileage log.** |
| PUP Services - **Missed Appointments- For Counseling Services only**  **(Not to Be Used for**  **Drug or DNA Screening/Testing or non-contracted services)** | **521-56e** | * **25.00 per appointment** * 3 missed appointments per month with a MAX of 6 per family/case * All missed appointments must be put in writing to the DFCS case manager within 24 hours of the missed appointment and included in the monthly documentation per client. |
| Court Appearance and/or Testimony  **(Not to Be Used for Drug Screening or DNA Testing or non-contracted services)** | **521-88a** | * **$80/HR/Day May not Exceed $640/Day** * PUP-Invoice and a copy of subpoena   must be attached for payment   * **Master’s/Doctoral – fully licensed only** * **Includes Mileage** |
| Court Appearance and/or Testimony  **((Not to Be Used for Drug Screening or DNA Testing or non-contracted services)** | **521-88b** | * **$45/HR/Day May not Exceed $360** * PUP-Invoice and a copy of subpoena must be attached for payment * **Master’s Degree in Human Services with 1-year experience in human services or Bachelor’s Degree in Human Services with 3 years’ experience in human services (Any staff hired prior to July 1, 2018 with a Bachelor’s and less than 3 years human services experience will be grandfathered in).** * **Includes Mileage** |
| Court Appearance and/or Testimony  **(Not to Be Used for Drug Screening or DNA Testing or non-contracted services)** | **521-88c** | * **$65/HR/Day May not Exceed $520/Day** * PUP-Invoice and a copy of subpoena   must be attached for payment   * **Provisional Licensure or Master’s Under Supervision for Licensure** * **Includes Mileage** |