2700 RATES FOR PURCHASED DCYF SERVICES

Chapter: **Fiscal Management** Section: Rates



New Hampshire Division for Children, Youth and Families Policy Manual

Policy Directive: **18-02**

Effective Date: January 2018

Scheduled Review Date:

Joseph E. Ribsam, Jr., DCYF Director

Related Statute(s): RSA 170-G

Related Admin Rule(s):

Related Federal Regulation(s):

Related Form(s):

Bridges' Screen(s) and Attachment(s):

Approved:

Everyone needs and deserves a life of well-being. DCYF believes that well-being includes a health mind, body, and spirit, as well as a life experiences that foster a sense of hopefulness for the future. To this end, DCYF offers an array of services that promote opportunities for families to meet their basic needs.

Purpose

This policy identifies current rates of reimbursement for community-based services.

Policy

- The reimbursement rates for community-based services, Title XX, Title IV-A, Title IV-B, and grant-I. funded services are set by the Bureau of Administration Operations at State Office and are reviewed annually.
- II. The maximum rates for before court or court ordered community-based services are:
 - A. Accompanied Transportation (IV) See Policy 1900.

Set by agency budget

B. Adolescent Community Therapeutic Services (MT) See Policy 1911.

Up to \$ 36.31 per day

C. Adoptive Report Writing (AS) See Policy 1901.

> Adoptive History Report Up to \$21.90 per hour, not to exceed 25 hours per report

> Adoptive Home Study Report Up to \$21.90 per hour, not to exceed 25 hours per report

D. Alcohol/Drug Abuse Individual Outpatient Counseling (QF) See Policy 1917.

Psychiatrist Up to \$21.40 per 15 minutes Licensed Clinical Psychologist Up to \$18.07 per 15 minutes Pastoral Counselor Up to \$18.07 per 15 minutes Clinical Social Worker Up to \$17.54 per 15 minutes Psychiatric Advanced Nurse Practitioner Up to \$17.54 per 15 minutes

Community Mental Health Center	Up to \$18.07 per 15 minutes
Licensed Alcohol/Drug Abuse Counselor	Up to \$13.35 per 15 minutes
Other Licensed Clinicians	Up to \$17.54 per 15 minutes

E. Alcohol/Drug Abuse Group Outpatient Counseling (QG) See Policy 1918.

Psychiatrist	Up to \$7.23 per 15 minutes
Licensed Clinical Psychologist	Up to \$6.20 per 15 minutes
Pastoral Counselor	Up to \$6.20 per 15 minutes
Clinical Social Worker	Up to \$6.20 per 15 minutes
Psychiatric Advanced Nurse Practitioner	Up to \$6.20 per 15 minutes
Community Mental Health Center	Up to \$6.20 per 15 minutes
Licensed Alcohol/Drug Abuse Counselor	Up to \$5.28 per 15 minutes
Other Licensed Clinicians	Up to \$6.20 per 15 minutes

F. Attorney (LR) See Policy 1873.

As determined by the Administrative Office of the Court, Up to \$60.00 per hour

G. Care Examinations (AA) See Policy 1931.

Current Medicaid Program rates or usual and customary charge

H. Child Health Support Service (HM) See Policy 1904.

Up to \$ 10.27 per 15 minutes

I. Dental (DL) See Policy 1874.

Current Medicaid Program rates or usual and customary charge

J. Diagnostic Evaluation (DE) See Policy 1919.

Psychiatrist	Up to \$85.62 per hour
Licensed Clinical Psychologist	Up to \$72.28 per hour
Pastoral Counselor	Up to \$72.28 per hour
Clinical Social Worker	Up to \$70.17 per hour
Psychiatric Advanced Nurse Practitioner	Up to \$70.17 per hour
Community Mental Health Center	Up to \$72.28 per hour
Other Licensed Clinicians	Up to \$70.17 per hour

K. Family Counseling (OF) See Policy 1920.

Psychiatrist Up to \$21.40 per 15 minutes Licensed Clinical Psychologist Up to \$18.07 per 15 minutes

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Pastoral Counselor	Up to \$18.07 per 15 minutes
Clinical Social Worker	Up to \$15.65 per 15 minutes
Psychiatric Advanced Nurse Practitioner	Up to \$15.65 per 15 minutes
Community Mental Health Center	Up to \$18.07 per 15 minutes
Other Licensed Clinicians	Up to \$15.65 per 15 minutes

L. Family Support Services (FF) See Policy 1910.

Specific rate as approved by State Office

M. Group Outpatient Counseling (OP) See Policy 1921.

Psychiatrist	Up to \$7.22 per 15 minutes
Licensed Clinical Psychologist	Up to \$6.20 per 15 minutes
Pastoral Counselor	Up to \$6.20 per 15 minutes
Clinical Social Worker	Up to \$6.20 per 15 minutes
Psychiatric Advanced Nurse Practitioner	Up to \$6.20 per 15 minutes
Community Mental Health Center	Up to \$6.20 per 15 minutes
Other Licensed Clinicians	Up to \$6.20 per 15 minutes

N. Guardian ad Litem (GA) See Policy 1872.

As determined by the Administrative Office of the Court, Up to \$60.00 per hour

O. Home-Based Therapeutic Services (HT) See Policy 1907.

Up to \$59.02 per day

P. Individual Outpatient Counseling (OC) See Policy 1922.

Psychiatrist	Up to \$21.40 per 15 minutes
Licensed Clinical Psychologist	Up to \$18.07 per 15 minutes
Pastoral Counselor	Up to \$18.07 per 15 minutes
Clinical Social Worker	Up to \$17.54 per 15 minutes
Psychiatric Advanced Nurse Practitioner	Up to \$17.54 per 15 minutes
Community Mental Health Center	Up to \$18.07 per 15 minutes
Other Licensed Clinicians	Up to \$17.54 per 15 minutes

Q. In-Home Individual Service Option (DT) See Policy 1906.

Set by agency budget

R. Interpreter (IT) See Policy 1909.

Up to \$40.07 per hour

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S. Licensed Child Care Center (LS) See Policy 1902 (THESE RATES EFFECTIVE JULY 3, 2017)

Level of Service	Child Age in Months	Weekly Rate
Full Time	1-17	\$222.50
Full Time	18-35	\$210.00
Full Time	36-78	\$185.00
Full Time	79-155	\$141.40
Half Time	1-17	\$172.26
Half Time	18-35	\$162.58
Half Time	36-78	\$143.23
Half Time	79-155	\$89.00
Part Time	1-17	\$86.13
Part Time	18-35	\$81.29
Part Time	36-78	\$71.61
Part Time	79-155	\$44.50

T. License-Exempt Facility (LZ) See Policy 1903 (THESE RATES EFFECTIVE JULY 3, 2017)

Level of Service	Child Age in Months	Weekly Rate
Full Time	1-17	
Full Time	18-35	
Full Time	36-71	
Full Time	72-78	\$92.50
Full Time	79-155	\$70.70
Half Time	1-17	
Half Time	18-35	
Half Time	36-78	
Half Time	72-78	\$71.61
Half Time	79-155	\$44.50
Part Time	1-17	
Part Time	18-35	
Part Time	36-78	
Part Time	72-78	\$35.81
Part Time	79-155	\$22.25

U. License-Exempt Family Friend and Neighbor (LP) See Policy 1903 (THESE RATES EFFECTIVE JULY 3, 2017).

Level of Service	Child Age in Months	Weekly Rate
Full Time	1-17	\$120.75
Full Time	18-35	\$117.25
Full Time	36-78	\$106.75
Full Time	79-155	\$54.75
Half Time	1-17	\$93.41
Half Time	18-35	\$90.72
Half Time	36-78	\$82.66
Half Time	79-155	\$42.00
Part Time	1-17	\$46.70
Part Time	18-35	\$45.36
Part Time	36-78	\$41.33
Part Time	79-155	\$21.00

V. Licensed Family Home (LY) (THESE RATES EFFECTIVE JULY 3, 2017) See Policy 1902.

Level of Service	Child Age in Months	Weekly Rate
Full Time	1-17	\$172.50
Full Time	18-35	\$167.50
Full Time	36-78	\$152.50
Full Time	79-155	\$78.22
Half Time	1-17	\$133.44
Half Time	18-35	\$129.60
Half Time	36-78	\$118.08
Half Time	79-155	\$60.00
Part Time	1-17	\$66.72
Part Time	18-35	\$64.80
Part Time	36-78	\$59.04
Part Time	79-155	\$30.00

W. Medical See Policy 1875.

Current Medicaid Program rates or the Usual and Customary Charge

Clinics/Groups (ME) Medical Equipment (MQ) Physicians' Services (MD)
Hospitals (MO) Pharmacy (MP)

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X. Medical/Psychological Evaluations (ML) See Policy 1932.

Current Medicaid Program rates or usual and customary charge

Y. Miscellaneous State Office (SO)

Specific rate as approved by State Office

Z. Out-of-Home 1 on 1 Aide (OH)

Specific rate per child as approved by State Office

AA. Respite Care (RS) See Policy 1912.

Up to \$27.20 per day

BB. Secure Transportation (JS) See Policy 1913.

Up to \$8.91 per 15 minutes

CC. Therapeutic Day Treatment (DU) See Policy 1908.

Set by agency budget

DD. Transportation (TR) See Policy 1916.

Private Vehicle Up to \$0.50 per mile

Public Transportation (PT) As Charged per ticket

III. The maximum rates for Title IV-B (Child Welfare Services) are:

A. Initial Clothing Allotment (NB) See Policy 1940.

Up to \$50.00 per child

B. Miscellaneous District Office (DO)

Specific rate as approved by State Office

IV. The maximum rates for Title IV-E (Foster Care and Adoption Assistance) are:

A. Foster Care Fire & Safety (FB) See Policy 1941.

As Billed. Over \$100.00 needs State Office approval

V. The maximum rates for **Independent Living** Grant services are:

A. Adventure Training (LB) See Policy 1950.

As Billed

B. Miscellaneous (LL) See Policy 1952.

As Billed

C. Skills Training (LA) See Policy 1953.

As Billed

D. Stipend (LF) See Policy 1954.

As Billed

E. Testing (LC)

As Billed

F. Transportation (LD) See Policy 1957.

Up to \$0.50 per mile

G. **Tuition Assistance (LE)**

Up to \$5000.00 per state fiscal year

VI. The maximum rates for **Aftercare services** are:

A. Housing (LM)

As Billed

Tuition Assistance (LO) В.

Up to \$5000.00 per state fiscal year

C. Miscellaneous (LH)

As Billed

D. Stipend (LQ)

As Billed

E. **Transportation (LN)**

Up to \$0.50 per mile

VII. Current rates also may be accessed via NH Bridges.