MATRIX PAYMENT FEE SCHEDULE AND CATALOG

Updated 07.01.2025

The “Department” is defined as Montana Department of Public Health and Human Services Child and Family Services Division. The “Contractor” is defined as an agency, individual, or self-employed independent businessperson. The “funding” incorporates both Access and Visitation and Title IV-B defined in the Contract Section 3–D “Source of Funding.”

- *Note: Acronyms utilized throughout document: Child Protection Specialist (CPS), Child Protection Specialist Supervisor (CPSS), Family Resource Specialist (FRS), and Family Resource Specialist Supervisor (FRSS).*

The purpose of this Exhibit is to set forth an agreement between the Department and the Contractor to provide the scope of work and procedures described in Exhibit A with the criteria and rates set forth in within this Exhibit. In addition, the practices listed in this Exhibit are to reduce the impact of social stress on the mental health of vulnerable families.

Implementation and model fidelity are a key consideration for the models listed in this Exhibit as it determines a program’s effectiveness in accomplishing its goals. It is the Contractor responsibility to meet fidelity of the models they are using, certified, and trained in. Contractors will collaborate with the Department to determine fidelity and requirements of the models are being met. The Contractor will provide documentation showing they are meeting fidelity of the models they have identified they are certified or trained in, regarding this Exhibit, to the Contract liaison on a bi-annual basis.

The Department is not legally liable for the cost of providing such services to an individual that are billable to Medicaid or private insurances; with one exception, a state may use the funding to prevent delaying the timely provision of appropriate early intervention services (pending reimbursement from the public or private insurance source that has ultimate responsibility for the payment). The Contractor may not seek compensation from monies payable through this contract for the costs of goods and services that may be or are reimbursed, in whole or in part, from other programs and sources. If public, or private program providers (such as private health insurance or Medicaid) would pay for a service allowable in Exhibit D; those Contractors have the responsibility to provide reimbursement for the services before the Department would be required to provide reimbursement. Specifically, contractors will:

a. Work with families referred to them to set them up with Medicaid within 10 working days of first face to face meeting with caregiver.
b. Inquire if the families have private insurances within 10 working days of their first face to face meeting with the caregiver; and,
c. Bill services private insurances and Medicaid when eligible to do so.

The rates set forth throughout this Exhibit were developed using rates from Medicaid, Casey Family Programs Catalog, Families First Prevention and Services Act, California Evidenced Based Clearing House, and previous Montana Title IV-B and Access and Visitation services rates. A tier rate table was developed based on California Evidenced Based Clearing House level of effectiveness and child welfare relevance; this table is on page 21 of this Exhibit.

Updated 07.01.2025

Resources: Casey Family Catalog Research Reports: https://www.casey.org/resources/research-reports/ and California Evidenced Based Clearing House: https://www.cebc4cw.org/.

The Contractor will bill in fifteen-minute increments, unless otherwise specified below. An (*) Indicates Medicaid rate, and this service will be billed at the prevailing Medicaid rate at the time of service. Billing hours, service hours, and working hours are all slightly different measures. In the log provided by the Department, Contractor will record the actual number of hours spent providing services to families. Additional billing considerations:

a. Billable hours include:
    i. Direct Service-Hours to clients provided by only one Contractor staff;
    ii. Collateral service directly tied to a case; and,
    iii. Travel/Transportation.
b. Virtual Platforms
    i. With the approval of the CPSS and CFSD Liaison, a model intervention can be utilized and reimbursed at the “In-Office” matrix fee schedule listed in this Exhibit. The model intervention must be able to still meet fidelity requirements.
    ii. Virtual platforms should only be used for Family Visitation on a case-by-case basis for extraordinary circumstances (illness, weather, geographic considerations, etc.).

Updated 07.01.2025

FAMILY, INDIVIDUAL and HOME BASED Program Model or Intervention	Ages and Problem or Skill Area Addressed	Treatment Duration	Level of Effectiveness/ Effect Sizes	Cost/Rate
***Trauma-Focused Cognitive Behavioral Therapy (TF-CBT):** TF-CBT is a conjoint child and parent psychotherapy approach for children and adolescents who are experiencing significant emotional and behavioral difficulties related to traumatic life events. It has mostly been used and evaluated with youth who were sexually abused or exposed to domestic violence. TF-CBT can also benefit children with depression, anxiety, shame, and/or grief related to their trauma. This psychotherapy model includes parent and child individual and joint sessions in several modules that combine trauma-sensitive interventions with CBT. TF-CBT aims to (1) improve child and parent knowledge and skills related to processing the trauma; (2) manage distressing thoughts, feelings, and behaviors; and (3) enhance safety, parenting skills, and family communication.	Ages 4–18. Anxiety, depression, PTSD	Weekly 60- to 90-minute sessions Duration: 12–16 weeks	**1** (Well-supported) Child Welfare Relevance: HIGH	$106.04 an hour
TF-CBT Fidelity/Requirements: The TF-CBT Brief Practice Checklist is a self-report form that is available in Appendix 4 of the TF-CBT Implementation Manual. The manual is available from the program representative, Judith Cohen, MD jcohen1@wpahs.org .				
*** Parent Child Interaction Therapy (PCIT):** PCIT has been used with child welfare populations and has been successfully tested with the addition of a group motivational component to increase engagement and success of the parent. As in standard PCIT, over the course of 12 to 14 sessions, a therapist directly observes a parent and child through a one-way mirror and provides direct coaching to the parent through a radio earphone. The focus is building the skills of the parent to more positively interact with the child and manage his or her behavior.	Ages 2–7 years old	Hour-long weekly sessions.	**1** (Well-supported) Child Welfare Relevance: MEDIUM	$106.04 an hour
PCIT Fidelity/Requirements: The basic clinical fidelity tools are included as part of the standard PCIT protocols which can be found at www.pcit.org. More detailed research measures of therapist competency and fidelity have been developed for studying skill acquisition and fidelity and are available upon request from Beverly-funderburk@ouhsc.edu.				

Updated 07.01.2025

FAMILY, INDIVIDUAL and HOME BASED Program Model or Intervention	Ages and Problem or Skill Area Addressed	Treatment Duration	Level of Effectiveness/ Effect Sizes	Cost/Rate
Healthy Families America (HFA) – Voluntary Program: ***HFA*** is a home visiting program model designed to work with overburdened families who are at-risk for child abuse and neglect and other adverse childhood experiences. It is designed to work with families who may have histories of trauma, intimate partner violence, mental health issues, and/or substance abuse issues.	Pregnant women and women with child ages Birth to 4 years.	29–43 home visits Duration: about 16 months129	**1 – Well Being** (Well-supported) **4 – Prevention** (not rated) Child Welfare Relevance: MEDIUM	$74.09 per session
Healthy Families America (HFA) Fidelity/Requirements: There is a manual that describes how to implement this program, and there is training available for this program at www.healthyfamiliesamerica.org.				
Motivational Interviewing (MI):** ***MI is a client-centered, directive method designed to enhance client motivation for behavior change. It focuses on exploring and resolving ambivalence by increasing intrinsic motivation to change. ***MI*** can be used by itself, as well as in combination with other treatments. It has been utilized in pretreatment work to engage and motivate clients for other treatment modalities.	Adults	1–3, 30–50-minute sessions	**1** (Well-supported) *Campbell 2011* Child Welfare Relevance: MEDIUM	$106.04 an hour
MI Fidelity/Requirements: The *Motivational Interviewing Treatment Integrity (MITI)* is an instrument that yields feedback that can be used to increase clinical skill in the practice of motivational interviewing. The *MITI* measures how well or how poorly a practitioner is using MI and can be found on https://casaa.unm.edu/tools/ Coding resources to measure fidelity can be found at https://casaa.unm.edu/tools/coding-instruments.html There are implementation guides or manuals for ***Motivational Interviewing (MI)***: The *Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency (MIA-STEP)* package is a collection of tools for mentoring counselors and other clinicians in the use of MI skills during clinical assessments. *MIA-STEP* was produced by The Addiction Technology Transfer Center (ATTC) Network under a cooperative agreement from the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) and the National Institute on Drug Abuse (NIDA). This document can be found at http://www.motivationalinterviewing.org/sites/default/files/mia-step.pdf.				

Updated 07.01.2025

FAMILY, INDIVIDUAL and HOME BASED Program Model or Intervention	Ages and Problem or Skill Area Addressed	Treatment Duration	Level of Effectiveness/ Effect Sizes	Cost/Rate
***Multisystemic Therapy (MST):** An intensive family and community-based treatment for serious juvenile offenders with possible substance abuse issues and their families. The primary goals of MST are to decrease youth criminal behavior and out-of-home placements. The California Evidence Based Clearinghouse for Child Welfare lists three adaptations of MST that have high ratings for research support—MST Child Abuse and Neglect (MST-CAN), and MST for Youth with Problem Sexual Behavior (MST-YPSB).	Ages 12–17, with possible substance abuse issues who are at risk of out-of-home placement due to antisocial or delinquent behaviors and/or youth involved with the juvenile justice system.	Weekly sessions, with multiple therapist-family contacts each week, that become less frequent as discharge approaches. Duration: 4 months	**1** (Well - Supported) Child Welfare Relevance: Medium	$106.04 an hour
MST Fidelity/Requirements: Quality assurance support activities focus on monitoring and enhancing program outcomes through increasing therapist adherence to the ***MST*** treatment model. The ***MST*** *Therapist Adherence Measure (TAM)* and the ***MST*** *Supervisor Adherence Measure (SAM)* have been validated in the research on ***MST*** with antisocial and delinquent youth and are now being implemented by all licensed ***MST*** programs. *The Therapist Adherence Measure Revised (TAM-R)* is a 28-item measure that evaluates a therapist's adherence to the ***MST*** model as reported by the primary caregiver of the family. The adherence scale was originally developed as part of a clinical trial on the effectiveness of ***MST***. *The Supervisor Adherence Measure (SAM)* is a 43-item measure that evaluates the ***MST*** Supervisor's adherence to the ***MST*** model of supervision as reported by ***MST*** therapists. The measure is based on the principles of ***MST*** and the model of supervision presented in the ***MST*** *Supervisory Manual*. There are implementation and fidelity requirements, a manual, and training. Contact Melanie Duncan, PhD Agency/Affiliation: MST Services Email: melanie.duncan@mstservices.com Phone (843) 284-2221. Website: www.mstservices.com.				
***Child Parent Psychotherapy (CPP):** In CPP examines how the trauma and the caregivers' relational history affect the caregiver-child relationship and the child's developmental trajectory. A central goal is to support and strengthen the caregiver-child relationship as a vehicle for restoring and protecting the child's mental health. Targets of the intervention include caregivers' and the children's maladaptive representations of themselves and each other and interactions and behaviors that interfere with the child's mental health.	Children age 0-5, who have experienced a trauma, and their caregivers.	Weekly 1 to 1.5 hours sessions. Duration: 52 weeks	2 (Supported) Child Welfare Relevance: HIGH	$106.04 an hour
Child Parent Psychotherapy Fidelity/Requirements: Practitioner: master's level training Supervisor: master's degree plus minimum of 1-year training in the model. There is a manual that describes how to implement this program, and there is training available for this program. Contact Chandra Ghosh Ippen, PhD at the Child Trauma Research Program, Chandra.ghosh@ucsf.edu / (415) 206-5312. Training involves an initial 3-day workshop and then quarterly (3 more times in a year) 2-day additional workshops. In addition, training involves bi-monthly telephone-based case consultation of ongoing treatment cases involving children aged 0-5 who have experienced a trauma.				

Updated 07.01.2025

FAMILY, INDIVIDUAL and HOME BASED Program Model or Intervention	Ages and Problem or Skill Area Addressed	Treatment Duration	Level of Effectiveness/ Effect Sizes	Cost/Rate
SafeCare Augmented Home Visitor: A home-visiting program where parents are taught child behavior management, home safety, and child healthcare skills to avoid child maltreatment. Parents receive weekly home visits to improve skills in several areas, including home safety, health care, and parent-child interaction. Evidence-based training curriculum for parents who are at-risk or have been reported for child maltreatment.	Parents of children under the age of 5 who are at risk of child maltreatment.	Weekly 60-minute home visits Duration:15–20 weeks	**2 (Supported)** Child Welfare Relevance: HIGH	$132.30 per session Cap of 20 sessions. Any additional sessions will need to be approved by CPS and Department liaison.
SafeCare Augmented Home Visitor Fidelity/Requirements: To become a SafeCare Augmented Home Visitor, you must attend a week-long workshop and complete all required role-plays and quizzes, attend a one-day Domestic Violence training, and complete an on-line Motivational Interviewing course. Following the workshop, you will be provisionally certified in SafeCare home visiting. To reach full certification, you must demonstrate proficiency in delivering SafeCare with a family across 4 sessions, which will be monitored by your SafeCare Coach. Typically, it takes approximately 2 months to be fully certified as a SafeCare Home Visitor. Home Visitor sites will meet SafeCare Accreditation within the first year of being trained and will maintain their Accreditation. To meet Accreditation Home Visitors must meet fidelity of the model, implementation process, remain active as a home visitor, and complete survey.				
SafeCare Coach: Coach Certification Requirements, ex. uploading sessions, coaching calls with trainer, etc. Review uploaded session and provide feedback to respective home visitor within 3 business days. Respond timely to questions, concerns, and needs from home visitors. Work with the Department and National SafeCare Training and Resource Center (NSTRC) staff to hold home visitors to required expectations and trouble shoot issues as necessary. Agree to adhere to certification requirements and complete all coaching sessions with NSTRC as necessary. Provide up to 20 hours of coaching/week initially to home visitors assigned to you by the State. Caseloads will be adjusted by the State as necessary. Retain SafeCare home visitor certification and maintain a caseload of at least 1-2 while providing coaching services. Attend monthly All SafeCare Group Calls hosted by the State. Have monthly, at a minimum, communication with SafeCare Program Manager regarding: Questions from home visitors (ex. referrals outreach, etc.); Progress of home visitors towards certification; Training and/or technical assistance needs from the NSTRC. Complete required communication with NSTRC as determined by NSTRC and the State. Billable time: Coach time spent including pre-session call, prep call with home visitor, reviewing of session, prep for coaching call, coaching call with home visitor. Check-ins with the SafeCare Program Manager via phone or email. Monthly home visitor progress logs. Monthly All SafeCare Group Calls.				$51.50 an hour
SafeCare Coach Fidelity/Requirements: To become a SafeCare Coach, you must attend the home visitor workshop and become certified as a home visitor. Additionally, you must attend a one-day coach workshop and complete required role-plays and quizzes. Following the workshop, you will be provisionally certified in SafeCare coaching. To reach full certification, you must demonstrate proficiency in fidelity monitoring of SafeCare home visitors, leading SafeCare team meetings, and providing supervision of SafeCare home visiting skills. It typically takes approximately 3 months to be fully certified as a SafeCare Coach.				
SafeCare Trainer: Provide up to 3 trainings per year based on need identified by the state. Billable time: Trainers time providing SafeCare related trainings, and trainer certification requirements. Rate encompasses: Prep time for training, connecting new home visitors on portal, check-ins with the SafeCare Program Manager via phone or email in regard to training.				$103.00 an hour
SafeCare Trainer Fidelity/Requirements: To become a SafeCare Trainer you must complete full certification in SafeCare home visiting and coaching and have substantial experience in delivering the SafeCare model with proficiency. Additionally, you must attend a two-day trainer workshop and complete required role-plays and quizzes. Following the workshop, you will be provisionally certified as a SafeCare Trainer. To reach full certification, you must demonstrate proficiency in delivering home visitor and coach training workshops. Additionally, you must demonstrate proficiency in supervising a Coach through the Coach certification process. It takes approximately 6-9 months to be fully certified as a SafeCare Trainer. After certification, SafeCare Trainers are observed at one year following training and must complete recertification every two years to maintain Trainer certification.				

Updated 07.01.2025

FAMILY, INDIVIDUAL and HOME BASED Program Model or Intervention	Ages and Problem or Skill Area Addressed	Treatment Duration	Level of Effectiveness/ Effect Sizes	Cost/Rate
Common Sense Parenting (CSP): CSP is led by a credentialed trainer who focuses on teaching practical skills to increase children's positive behavior, decrease negative behavior, and model appropriate alternative behavior. Each session is formatted to include a review of the prior session, instruction of the new skill, modeled examples, skill practice/feedback, and a summary. The goals of *Common-Sense Parenting (CSP)* are to: (a) Equip parents with a logical method for changing their children's behaviors through teaching positive behaviors, social skills, and methods to reduce stress in crisis situations; and, (b) Provide parents with practical strategies for enhancing parent-child communication and building robust family relationships.	Parents/caregivers of children ages 6 – 16 to increase children's positive behavior, decrease negative behavior, including delinquent and aggressive behavior	Six weekly, 2-hour sessions Duration: 6 weeks	2 (Supported) Child Welfare Relevance: MEDIUM	$70.92 an hour Clinician rate $110.14 *Note: Service from Clinician must be provided in the family's home.*
CSP Fidelity/Requirements: There is formal support available for implementation of ***Common-Sense Parenting (CSP)*** as listed below: Formal Support is available through Boys Town National Community Support Services (BTNCSS). Contact Susan Lamke, Director National Training, at Susan.Lamke@boystown.org or (531)355-1477 for more information. The Fidelity Measures of CSP is an objectively rated observation tools that serve as fidelity tools. Implementation guides or manuals for ***Common Sense Parenting (CSP)***: There is a trainer's manual. Contact Laura Buddenburg of Boys Town via email at Laura.Buddenberg@boystown.org or (402) 498-1899.				
***Functional Family Therapy (FFT):** FFT is a family counseling intervention targeted toward youth-family conflict areas. While FFT is increasingly being used in child welfare, the vast majority of FFT studies are based on programs targeted toward high-risk youth who have had previous contact with the juvenile justice system or who are at risk of delinquency. A licensed clinician meets in the home with the youth and his or her family to progressively build protective factors against delinquency while mitigating risk factors, or to improve parent and youth functioning in child welfare. The intermediate program goals focus on improving interpersonal relationships between family members and then building those skills in extra-family relationships.	Ages 11–18. Youth-family conflict areas, such as physical or verbal aggression, and other behavioral or emotional problems	12-14 sessions Duration: 3–4 months	**2** (Supported) Child Welfare Relevance: MEDIUM	$106.04 an hour
FFT Fidelity/Requirements: FFT, Inc. includes intensive procedures for monitoring quality of implementation on a continuous basis. Information is captured from multiple perspectives (family members, therapists, and clinical supervisors). The two measures that are utilized to represent therapist fidelity to the model are the Weekly Supervision Checklist and the Global Therapist Ratings. Weekly Supervision Checklist: Following every clinical staffing, the clinical supervisor completes a fidelity rating for the case that was reviewed for each therapist. This fidelity rating reflects the degree of adherence and competence for that therapist's work in that case in a specific session. Thus, the weekly supervision ratings are not global, but specific to a single case presentation. Over the course of the year, a therapist may receive up to 50 ratings, which provides the supervisor with critical information about the therapist's progress in implementing FFT. Global Therapist Ratings: Three times a year the clinical supervisor rates each therapist's overall adherence and competence in FFT. The Global Therapist Rating (GTR) allows for the supervisor to provide feedback to the therapist on their overall knowledge and performance of each phase and general FFT counseling skills. The GTR specifically targets time measures with the hope of displaying therapist growth. With respect to the GTR, we encourage supervisors to utilize the comments box under each phase to target specific strengths and specific phase areas of growth.				

Updated 07.01.2025

FAMILY, INDIVIDUAL and HOME BASED Program Model or Intervention	Ages and Problem or Skill Area Addressed	Treatment Duration	Level of Effectiveness/ Effect Sizes	Cost/Rate
Nurturing Parenting Program for Parents and their School-age Children 5 to 12 Years: A 15-session program that is group-based, and family-centered. Parents and their children attend separate groups that meet concurrently. Each session is scheduled for 2.5 hours with a 20-minute break in which parents and children get together and have fun. The lessons in the program are based on the known parenting behaviors that contribute to child maltreatment.	Parents of children ages 5-12	2.5-hour sessions Duration: 15 weeks	**3** (Promising Child Welfare Relevance: HIGH	$68.78 an hour Clinician rate $110.04. *Note: Service from Clinician must be provided in the family's home.*
Nurturing Parenting Program for Parents and their School age Children 5 to 12 Years Fidelity/Requirements: There are no fidelity measures for ***Nurturing Parenting Program for Parents and their School-age Children 5 to 12 Years***. There are implementation guides or manuals for ***Nurturing Parenting Program for Parents and their School-age Children 5 to 12 Years*** as listed: An implementation manual is available and contains useful information and assessments designed to assist in recruiting parents and advertising availability of program in the community. There are checklists to help ensure proper materials are on hand. Contact person at Family Development is Robert Schramm at fdr@nurturingparenting.com.				
Wraparound (in-home parent support focus) Team-based planning process intended to provide individualized and coordinated family-driven care. Wraparound is designed to meet the complex needs of children who are involved with several child and family-serving systems (e.g., mental health, child welfare, juvenile justice, special education, etc.), who are at risk of placement in institutional settings, and who experience emotional, behavioral, or mental health difficulties.	Parents of children ages 0–17	Two 60–90-minute sessions and two team sessions in the first month. Duration: About 14 months	3 (Promising) Child Welfare Relevance: HIGH	$66.79 an hour Clinician rate $110.14 *Note: Service from Clinician must be provided in the family's home.*
Wraparound Fidelity/Requirements: Pre-implementation materials are available and are tailored to the agency requesting them, please contact the National Wraparound Implementation Center at www.nwic.org or through Janet Walker at janetw@pdx.edu for more details about pre-implementation materials. The National Wraparound Implementation Center (NWIC, www.nwic.org) provides innovative approaches that are grounded in implementation science and designed to provide the most cutting-edge strategies to support ***Wraparound*** implementation. The center's goal is to ensure that sites have concentrated support to implement high-fidelity, high-quality ***Wraparound*** for children with behavioral health needs and their families. NWIC works with sites at any stage of implementation—from initial planning to established initiative—using a tailored and intensive approach for implementation support. This process begins with a rigorous assessment of current implementation. Based on assessment results, NWIC will work with the site to design a comprehensive implementation support plan to address identified needs. The comprehensive plan will integrate efforts across the three main areas of implementation: Organization and system development, which focuses on policy, financing, and systems structure; Workforce development, which focuses on processes for training, coaching and supervision; Accountability, which focuses on the measurement of key quality assurance indicators and outcomes; and Implementation support from NWIC is provided using a strategic combination of in-person and technology- enabled strategies. NWIC's expanding array of technology-enabled communication options include telephone and video conferencing, the Wraparound Virtual Learning Collaborative (WVLC), a virtual training center, and the Virtual Coaching Platform (VCP). Implementation support is also provided using a variety of online tools including automated tracking and feedback systems, web-based clinical support, and a wraparound-specific electronic behavioral health record. The *Wraparound Implementation Guide: A Handbook for Administrators and Managers* is available at http://nwi.pdx.edu/order-print-publications/.				

Updated 07.01.2025

FAMILY, INDIVIDUAL and HOME BASED Program Model or Intervention	Ages and Problem or Skill Area Addressed	Treatment Duration	Level of Effectiveness/ Effect Sizes	Cost/Rate
Exchange Parent Aide (Home Visiting Program for Prevention of Child Abuse and Neglect) this program consists of trained, professionally supervised individuals who provide supportive and educational in-home services to families at risk of child abuse and neglect. Services are strength-based and family-centered. A family treatment plan focusing on the program's four goal areas: • Child safety • Problem solving skills • Parenting skills • Social support	Parents of children ages 0–12 (or prenatal)	1-2 home visits per week lasing 1 to 2 hours. Duration: 9-12 months	3 (Promising) Child Welfare Relevance: HIGH	$68.78 an hour Clinician rate $110.14 *Note: Service from Clinician must be provided in the family's home.*
Exchange Parent Aide Fidelity/Requirements: Director/Administrator - master's level, Program manager/supervisor - Bachelor's in human service field, Parent Aides - college level or para-professional. There is a manual that describes how to deliver this program. There is training available for this program and consist of 2 days/15 hours. **Training Contact:** • **Genevieve Stults**, Director Child Abuse Prevention Services dept.: National Exchange Club gstults@nationalexchangeclub.org phone: (800) 924-2643				
1-2-3 Magic: This is a group format discipline program for parents of children. The program can be used with children with and without cognitive impairments. 1-2-3 Magic divides the parenting responsibilities into three straightforward tasks: controlling negative behavior, encouraging good behavior, and strengthening the child-parent relationship. The program seeks to encourage gentle, but firm, discipline without arguing, yelling, or spanking.	2–12 years of age Behavior problems	1–2, 1.5-hour sessions per week Duration: 4–8	3 (Promising) Child Welfare Relevance: MEDIUM	$66.67 an hour Clinician rate $110.14 *Note: Service from Clinician must be provided in the family's home.*
1-2-3 Magic Fidelity/Requirements: There are no pre-implementation materials to measure organizational or provider readiness for ***1-2-3 Magic: Effective Discipline for Children 2-12***. There are no fidelity measures for ***1-2-3 Magic: Effective Discipline for Children 2-12***. There is formal support available for implementation of ***1-2-3 Magic: Effective Discipline for Children 2-12***: Dr. Thomas Phelan, author and originator of the ***1-2-3 Magic*** program is available by email, phone, and sometimes personal consultation. There are implementation guides or manuals for ***1-2-3 Magic: Effective Discipline for Children 2-12***: Leader Guides, participant booklets training guidelines, DVDs, book, workbook, and orientation book for the children. They are available at www.123magic.com.				

Updated 07.01.2025

FAMILY, INDIVIDUAL and HOME BASED Program Model or Intervention	Ages and Problem or Skill Area Addressed	Treatment Duration	Level of Effectiveness/ Effect Sizes	Cost/Rate
ACT Raising Safe Kids: This is a universal parenting program designed to promote positive parenting and prevent child maltreatment by fostering knowledge and skills that change or improve parenting practices. The program addresses parents use of effective, non-violent discipline and nurturing behaviors. It addresses parental knowledge of child development, discipline methods, and media literacy. It also addresses parents' anger management, social problem-solving skills, and their ability to teach/model these skills to children. By promoting effective parenting practices, the program also addresses children's aggression and behavior problems.	For families of children aged 0-10	One 3-hour assessment session followed by a 1.5-hour session every two to three weeks. Duration: four home visits (after an out-of-home assessment) over a period of three months	**3** (Promising Child Welfare Relevance: MEDIUM	$112.01 per session

Updated 07.01.2025

FAMILY, INDIVIDUAL and HOME BASED Program Model or Intervention	Ages and Problem or Skill Area Addressed	Treatment Duration	Level of Effectiveness/ Effect Sizes	Cost/Rate
Parents as Teachers (PAT): An early childhood parent education, family support and well-being, and school readiness home visiting model based on premise that "all children will learn, grow, and develop to realize their full potential." Parent educators work with parents to strengthen protective factors and ensure that young children are healthy, safe, and ready to learn.	Families with children 0-5	1-hour sessions (1-4 monthly visits.) Duration: At least 2 years	3 Promising Child Welfare Relevance: MEDIUM	$66.67 an hour Clinician rate $110.14 *Note: Service from Clinician must be provided in the family's home.*
PAT Fidelity/Requirements: This program requires parent educators to have a high school diploma or general equivalency degree (GED), and at least two years previous supervised work experience with young children and/or parents. The PAT program prefers for parent educators to have at least a four- year degree in early childhood education or a related field, or at least a two-year degree, or 60 college hours in early childhood or a related field. It is recommended that parent educators have prior experience working with young children and/or parents. There is a manual that describes how to implement this program, and there is a training available for this program. Contact Donna Hunt O-Brien, Director, Training and Curriculum Development for Parents as Teachers National Office, https://parentsasteachers.org/ / (866)728-4968 x 276. There are fidelity measures for PAT, and there are implementation guides or manuals for PAT.				
All Babies Cry (ABC): A strengths-based prevention program that targets the parents of infants, with the goal of reducing incidences of child abuse during the first year of life. Infant crying is the most common precursor to child maltreatment in the first year of life. ABC aims to improve new parents' ability to understand and cope with infant crying. ABC is a multiple-dose intervention intended for use from hospital discharge through the infant's first months of life. The core program components include: (1) a short video program for hospital closed-circuit TV systems or classroom introduction; (2) media, including videos, for families to access at home or on mobile platforms; and (3) a booklet with checklists and activities.	Adults to prevent child abuse	Duration: 3–6 months	3 (Promising)+ NREPP rating of promising	$58.22 an hour Clinician rate $110.14 *Note: Service from Clinician must be provided in the family's home.*
ABC Fidelity/Requirements: There is a manual is available for this program. No Implementation or fidelity information is available at this time.				
Parenting a Second Time Around (PASTA): PASTA is a parenting program designed to provide grandparents and other kinship caregivers with information, skills, and resources designed to enhance their ability to provide effective care for the young relatives they are parenting.	Grandparents/other kinship caregivers of children who are not the biological parents of the child in their care.	2 hours sessions Duration: 8 -10 sessions	General Practice Child Welfare Relevance: HIGH	$64.57 an hour Clinician rate $110.14 *Note: Service from Clinician must be provided in the family's home.*
PASTA Fidelity/Requirements: This curriculum is designed as a training module for educators with a strong background in human development and family sciences. It is also appropriate for allied health and mental health professionals, providing a strong concentration in the above. There is no license required. There is a manual that describes how to implement this program, and there is training available for this program. Contact Denyse Variano at dav4@cornell.edu.				

Updated 07.01.2025

FAMILY, INDIVIDUAL and HOME BASED Program Model or Intervention	Ages and Problem or Skill Area Addressed	Treatment Duration	Level of Effectiveness/ Effect Sizes	Cost/Rate
Attachment, Regulation, and Competency (ARC) Trauma Treatment – Client Level Intervention: ARC is a core component framework designed to support individual/familial/dyadic intervention with youth and families who have experienced complex trauma with a wide range of systems. The framework is organized around the core domains of attachment, regulation, and developmental competency. ARC concepts can be integrated into individual, group, dyadic, and familial therapy; caregiver supports; and provider supervision. ARC can also be used as a system level trauma treatment program on its own or in combination with the client-level intervention.	For families of children aged 0-18	Varies	General Practice Child Welfare Relevance: HIGH	$64.57 an hour Clinician rate $110.14 *Note: Service from Clinician must be provided in the family's home.*
ARC Fidelity/Requirements: Prerequisite/Minimum Provider Qualifications are the appropriate education/licensure/certification of the provider in their profession. There is a manual that describes how to implement this program, and there is training available for this program. Contact Margaret E. Blaustein, PhD at mblaustein@centerfortraumatraining.org. / Website: https://arcframework.org/what-is-arc/				
Nurturing Parenting Program for Parents and their Infants, Toddlers, and Preschoolers: The NPP Infants, Toddlers, and Preschoolers program is family centered program designed for the prevention and treatment of child abuse and neglect. Both parents and their children participate in home-based, group based, or combination of both. The program focuses on remediating five parenting patterns: - Having inappropriate developmental expectations. - Demonstrating consistent lack of empathy towards meeting child's needs. - Expressing a strong belief in the use of corporal punishment. - Reversing the role responsibilities of parents and children. - Oppressing the power and independence of children.	For families of children aged 0-5	90 minutes weekly session Duration: 7 to 55 weeks *a minimum of 7 home visits.	General Practice Child Welfare Relevance: HIGH	$64.57 an hour Clinician rate $110.14 *Note: Service from Clinician must be provided in the family's home.*
Nurturing Parenting Program for Parents and their Infants, Toddlers, and Preschoolers Fidelity/Requirements: There are no minimum education level requirements to be trained in the program. Staff must be knowledgeable of developmental capabilities of children birth to 5 years of age, and have attended the Nurturing Program facilitator training, and be regularly supervised by agency administrative staff. There is a manual that describes how to implement this program, and there is training available for this program. Training consists of three full days. Contact: Bob Schramm fdr@nurturingparenting.com / (800) – 688-5822.				
Love and Logic: Training materials designed to teach educators and parents how to experience less stress while helping young people learn skills required for success in today's world. This approach has two assumptions. That children learn the best lessons when they are given task and allowed to make their own choices (and fail) when the cost of failure is still small; and, That the children's failure must be couple with love and empathy from their parents, caregivers, and teachers.	Families of children aged 0-18	1-hour sessions Duration: 1 to 6 sessions	General Practice Child Welfare Relevance: MEDIUM	$61.39 an hour Clinician rate $110.14 *Note: Service from Clinician must be provided in the family's home.*
Love and Logic Fidelity/Requirements: There are no minimum qualifications for providers who implement this program, aside from reading the core programs. There is a manual that describes how to implement this program, and there is training available for this program. Training consists of 3-6 all day workshops. Contact Tim Cole timc@loveandlogic.com / (800) -338-4066.79. Website: www.loveandlogic.com				

Updated 07.01.2025

FAMILY, INDIVIDUAL and HOME BASED Program Model or Intervention	Ages and Problem or Skill Area Addressed	Treatment Duration	Level of Effectiveness/ Effect Sizes	Cost/Rate
Circle of Security 1:1 (Individual Counseling): The COS-P protocol presents Circle of Security content in eight chapters using a manual for the provider, handouts for the parents, and a DVD that explains and shows examples of all concepts presented. The facilitator stops at designated moments and asks reflective questions to participants. The core concepts of the program are: The caregiver serves as a secure base from which the child can explore and as a haven to which the child can return for connection in times of stress. Given that a child thrives when the caregiver is relatively responsive to both attachment and exploratory behavior, it is important that the caregiver develop the reflective capacity to consider what may hinder or help her/his capacity to respond.	For parents/caregivers of children ages: 0-5	One 90-minute session per week. Recommended Duration: 8 weeks	General Practice Child Welfare Relevance: MEDIUM	$61.39 an hour Clinician rate $110.14 *Note: Service from Clinician must be provided in the family's home.*
COS Individual Fidelity/Requirements: There is a manual that describes how to implement this program, and there is training available for this program. To become a registered COS-P facilitator attend the 4 day/24 contact hour COS training course. Training Contact: **Gretchen Cook /** www.circleofsecurity.org / gretchen@circleofsecurity.org / phone: (509) 462-2024. Number of days/hours: 4-day training; 6 contact hours per day. *Note: Fidelity Coaching is offered for contractors to have opportunities to gain additional coaching after the course to help them hone their facilitation skills.*				
Active Parenting 4th Edition is a video-based parenting education program targeting parents of children from early childhood through early teens who want to improve their parenting skills and their child's behavior. It is based on the application of Adlerian parenting theory, which includes mutual respect among family members, nonviolent discipline, problem solving, communication skills training, family enrichment, and encouragement.	For parents/caregivers of children ages: 5 – 12	Recommended Intensity: Weekly 2-hour group session Recommended Duration: Six weeks	General Practice Child Welfare Relevance – MEDIUM	$61.39 an hour Clinician rate $110.14 *Note: Service from Clinician must be provided in the family's home.*
Active Parenting 4th Edition Fidelity/Requirements: Provider Qualifications: This is left up to the providing organization, but most leaders have a degree in mental health, education, or a related field. There is a manual that describes how to implement this program, and there is training available for this program. Training Contact: **Micole Mason /** micole@activeparenting.com / phone: (678) 738-0466.				
Family Based Services: Family Based Services is a short-term service that works to restore positive functioning in families who would benefit from a variety of coordinated services that are individualized to meet each family's specific needs by using treatment models that are strength based, solution focused, and family centered. These serves support safety, well-being, and permanency. Also, these services promote positive behavior; improve parental competency in nurturing positive development in their children; enhance communication skills; increase effectiveness of family meetings; develop conflict resolution skills; learn how to play together; help children/teens increase confidence; and achieve positive connections with communities.	Parents/Caregivers of Children ages 0-18	Intensive weekly sessions in the home for 1-10 hours a week.	General Practice	$58.22 an hour Clinician rate $110.14. *Note: Service from Clinician must be provided in the family's home.*
FBS Fidelity/Requirements: There are no fidelity or implementation manuals. Goals and hours of service are established with the referring Child Protection Specialist (CPS), for the duration established by the CPS.				

Updated 07.01.2025

FAMILY, INDIVIDUAL and HOME BASED Program Model or Intervention	Ages and Problem or Skill Area Addressed	Treatment Duration	Level of Effectiveness/ Effect Sizes	Cost/Rate
***Couple's Therapy with Licensed Clinician:** Therapy in which a psychologist helps couples solve problems with their relationships. Services designed to help couples understand and resolve problems, dissatisfaction, and conflict in their relationship.	Parents/Caregivers	Short-term	General Practice	$106.04 an hour
Couple's Therapy Counseling Fidelity/Requirements: Contractor will meet the State requirements to maintain Licensure on the Montana Board of Behavioral Health. The goal Montana Board of Behavioral Health is to protect the health, safety, and well-being of Montana citizens through the regulation and oversight of licensed clinical professional counselors, licensed clinical socials workers, licensed marriage and family therapists, and certified behavioral health peer support specialists. The board makes every effort to include relevant and current information pertaining to licensing and regulation on our website. http://boards.bsd.dli.mt.gov/bbh.				
***Youth Case Management (YCM):** Engage individuals and families as partners in services and develop positive, hopeful, and trusting relationships. Participate as an active member of the service provider team. Conduct assessments and participate in treatment plan or plan of care development. Mediate between clients/families and other professionals directing services and care. Build client relationships, as well as business relationships and strategic partnerships with other agencies and external resources. Mediate between clients/families and other professional services to facilitate care plans, strengths assessments, and establish access to other resources and providers. Advocate for resources on behalf of the client and family with state, government, and private agencies. Complete forms and facilitate processes as deemed appropriate by circumstances.	Ages 3-18	Weekly sessions Duration: As needed.	General Practice	$16.51 / 15 min $18.99 / 15 min (Frontier Differential)
YCM Fidelity/Requirements: Contractor will follow Administrative Rules of *Montana* outlined for Targeted Case Management for Youth.				
***MH Individual Counseling (Licensed Clinician):** A mental health counselor is a medical professional who helps patients achieve emotional wellness. Counselors often see patients on an ongoing basis as one part of a treatment plan. These professionals work with a variety of patients and may specialize in areas such as trauma, addiction, or youth services. The specialty may determine what services a mental health provider may provide.	Children, Adolescents, and Adults	1-2 weekly sessions	General Practice	$106.04 an hour
MH Individual Counseling (Licensed Clinician) Fidelity/Requirements: Contractor will meet the State requirements to maintain Licensed on the Montana Board of Behavioral Health. The goal Montana Board of Behavioral Health is to protect the health, safety, and well-being of Montana citizens through the regulation and oversight of licensed clinical professional counselors, licensed clinical socials workers, licensed marriage and family therapists, and certified behavioral health peer support specialists. The board makes every effort to include relevant and current information pertaining to licensing and regulation on our website. http://boards.bsd.dli.mt.gov/bbh .				

Updated 07.01.2025

FAMILY, INDIVIDUAL and HOME BASED Program Model or Intervention	Ages and Problem or Skill Area Addressed	Treatment Duration	Level of Effectiveness/ Effect Sizes	Cost/Rate
Parenting Classes: Contractor will define their class, as well as fidelity and requirements, in Exhibit H. Must be preapproved by the Department.	Families with children ages birth to 18 years old.	Varies upon course	General Practice	$37.05 per participant per class *Note: Cap of 8 participants, unless approved by Department liaison.*
Parenting Classes Fidelity/Requirements: Facilitator will be trained, and certified, in model being provided in the class setting. Curriculum for class will be provided to Department liaison. Sign in sheets will be used at each class. Certification of completion will be provided to the participant, and the referring Department worker. No-Shows can be billed at the rate laid out in this Exhibit. o No-Show expectations will be clarified in Exhibit H from each contractor, as many models have specific no-show policies that the facilitator will need to follow per fidelity. o Make-up sessions will be clarified in Exhibit H from each contractor, as many models have specific make up session policies that the facilitator will need to follow per fidelity. Facilitator is required to meet with participants 1:1 after completion of class to speak about additional resources provided in the community, and to speak with the family about engaging in in-home services or parenting programs such as SafeCare. o This information will be included in a discharge summary.				
Co-Parenting Contractor will define their co-parenting course, as well as fidelity and requirements, in Exhibit H. Must be preapproved by the Department.	Families with children ages birth to 18 years old.	Varies upon course	General Practice	$31.35 per participant per hour
Co-Parenting Fidelity/Requirements: - Facilitator will be trained, and certified, in model being provided in the course. - Curriculum for the course will be provided to Department liaison. - Notice of completion will be provided to the referring Department worker. - No-Shows can be billed at the rate laid out in this Exhibit. o No-Show expectations will be clarified in Exhibit H from each contractor, as many models have specific no-show policies that the facilitator will need to follow per fidelity. o Make-up sessions will be clarified in Exhibit H from each contractor, as many models have specific make up session policies that the facilitator will need to follow per fidelity. - Facilitator is required to meet with participants 1:1 after completion of class to speak about additional resources provided in the community, and to speak with the family about engaging in in-home services or parenting programs such as SafeCare. o This information will be included in a discharge summary.				
Parenting Assessment The Parenting Assessment is to evaluate the parent's capability of parenting. Psychologists or other mental health professionals are often asked to provide clinical evaluations related to parenting capabilities to assist with child welfare decisions around incomplete or disputed facts, time deadlines, and the unpredictability of future events. These are clinical practice models for mental health evaluations of parents in a child welfare context. Must be preapproved by the Department.	Varies	N/A	General Practice	$130.18 per assessment

Updated 07.01.2025

FAMILY, INDIVIDUAL and HOME BASED Program Model or Intervention	Ages and Problem or Skill Area Addressed	Treatment Duration	Level of Effectiveness/ Effect Sizes	Cost/Rate
Ages and Stages Questionnaire and Screening performed by Certified Contractor Must be preapproved by the Department.	Ages 0-3	N/A	General Practice	$21.17 per survey
Adverse Childhood Experience Survey Must be preapproved by the Department.	All Ages	N/A	General Practice	$21.17 per survey
Healthy Families Parenting Inventory Must be preapproved by the Department.	Varies	N/A	General Practice	$21.17 per survey
Protective Factor Survey Must be preapproved by the Department.	All Ages	N/A	General Practice	$21.17 per survey

Program Model or Intervention	Cost/Rate
Coordination: Time spent engaging family, updating, and coordinating with team members who were not present at meetings, working with department to identify providers of services, and other community resources needed. Making necessary referrals for youth or family, calls to team members to elicit information, updates, monitoring service and plans.	$21.17 an hour Note: Contractor may bill up to 4 hours per month per family.
Family Support Team Meetings (FST): FST were developed to allow for children to remain in their own homes, while managing for the safety threat. We know removing children from their families can impact a child's self-esteem, security, stability, learning abilities, development, family, and natural connections, etc. We also know, leaving a child in an unsafe situation can put children at higher risk of the above-mentioned impacts; and in severe situations can even be the cause of death. When services are immediately put in place the family may be more capable and willing to engage in services and be more transparent and open in aligning with the Department to keep their children safe.	$26.46 an hour
Evening and Weekends: Contractor's billing for hours outside of the regular M-F 8am - 5 pm can bill at this additional rate for their time spent providing direct services to a referred family (i.e., Family visitation, in-home services, etc.). This does not include collateral, referral/intake, windshield time, or trainings.	Additional $10.58 an hour for the direct service to the family.
Referral/Intake: Time spent receiving referral and making necessary contacts to open case as quickly as possible.	$21.17 one-time fee *Note: Service must be billed in the first month of **opening** a case.*
Ancillary: Time Spent in Family Engagement Meetings, Treatment Team Meetings, Testifying in Court, and Travel.	$26.46 an hour
Mileage: Reimbursement at the prevailing state rate at the time the services are provided.	$0.70 per mile
Windshield Time: Time spent traveling to Rural areas 50 miles, or further, one way.	Additional $15.88 an hour
Hard Services: Must be Pre-Approved by CPS and Contract liaison. Where books/manuals are provided to families and are part of the required curriculum, contractors will document in their Exhibit H the amount per said book/manual and where items are purchased from (providing website).	Rate must be pre-approved

Updated 07.01.2025

Program Model or Intervention	Cost/Rate
No Show/Cancellation Payment made to contractor upon the scheduled appointment being cancelled or no showed as long as the following requirements are met: - If the scheduled appointment with the family is canceled by the Department with less than a 48 hours' notice. o Contractor will email CPS and CPSS regarding scheduled appointment being cancelled or missed. - If the scheduled appointment with the family is canceled by the Resource Family with less than 48 hours' notice. o Contractor will offer to provide the service through a virtual platform, and document if denied. o Contractor will email CPS, CPSS, and Family Resource Specialist Supervisor regarding scheduled appointment being cancelled or missed. - If the scheduled appointment is cancelled by parent with less than 48 hours' notice, or parent no shows. o Contractor will offer to provide the service through a virtual platform, and document if denied. o Contractor will make efforts to engage clients by: ▪ Contacting the family using every form of contact they are aware of (phone at all numbers known, text at all numbers known, email, etc.); and, ▪ Sending a letter to the parents, at all addresses known, outlining the services they have missed, encouraging them to engage in services, and how to contact provider to set up next appointment. This letter must be cc'd to CPS worker. ▪ Contractor will email CPS and CPSS regarding the cancelled or missed scheduled appointment by parent. - No show payment can only be assessed once per scheduled service. Note: After 3 consecutive no-shows, the Contractor will not schedule with the family for future appointments until a meeting with CPS and family occurs to engage and make 30-day plan. It is the CPS workers responsibility to set up said meeting.	$21.17 one-time charge per family. *Contractor can only bill three time a month per family for "parent's" no- show or cancellations.

Updated 07.01.2025

FAMILY VISITATION Program Model or Intervention *Note: Family Visits are when parents only see their children during said visits while being overseen by a contractor.*	Ages and Problem or Skill Area Addressed	Treatment Duration	Level of Effectiveness/ Effect Sizes	Cost/Rate
Family Visitation – General Monitoring Basic Monitoring of child and parent's interaction to ensure visits occur, and the child is safe during said visit. Contractors will include their standards of procedures for visitation in the contractor's narrative in Exhibit H.	Children 0-18, who are living in foster/kinship care and see their parents only during Family visitation.		General Practice	$48.69 an hour In the Office $53.97 an hour In the Home
Family Visitation – Incorporating the following models into the visitation. • All Babies Cry *Note:* *The parents must be concurrently, or have previously, received training in the model. And it must be clearly defined how the model was incorporated in the documentation of the visit (including the parent's level of understanding of the model, and application of the model).*	Children 0-18, who are living in foster/kinship care and see their parents only during Family visitation.		General Practice	$67.73 an hour In the Office $70.92 an hour In the Home **Clinician Rate** $110.14 an hour *Note: Service from Clinician must be provided in the family's home.*
Family Visitation – Incorporating the following Child Welfare Relevance "Medium" models into the visitation. • ACT Raising Safe Kids • Parents as Teachers • Common Sense • 1-2-3 Magic • Love and Logic • Circle of Security • Active Parenting 4th Edition *Note:* *The parents must be concurrently, or have previously, received training in the model. And it must be clearly defined how the model was incorporated in the documentation of the visit (including the parent's level of understanding of the model, and application of the model).*	Children 0-18, who are living in foster/kinship care and see their parents only during Family visitation.		General Practice Child Welfare Relevance: MEDIUM	$70.92 an hour In the Office $76.21 an hour In the Home **Clinician Rate** $110.14 an hour *Note: Service from Clinician must be provided in the family's home.*
Family Visitation – Incorporating the following Child Welfare Relevance "High" models into the visitation. • Nurturing Parenting Program for Parenting and their School-age Children 5-12 years • Nurturing Parenting Program for Parents and their Infants, Toddlers, and Pre-schoolers • Parent Child Interaction Therapy • Child Psychotherapy *Note:* *The parents must be concurrently, or have previously, received training in the model. And it must be clearly defined how the model was incorporated in the documentation of the visit (including the parent's level of understanding of the model, and application of the model).*	Children 0-18, who are living in foster/kinship care and see their parents only during Family visitation.		General Practice Child Welfare Relevance: HIGH	$74.09 an hour In the Office $85.35 an hour In the Home **Clinician Rate** $110.14 an hour *Note: Service from Clinician must be provided in the family's home.*

Updated 07.01.2025

FAMILY VISITATION Program Model or Intervention *Note: Family Visits are when parents only see their children during said visits while being overseen by a contractor.*	Ages and Problem or Skill Area Addressed	Treatment Duration	Level of Effectiveness/ Effect Sizes	Cost/Rate
Therapeutic Supervised Visitation Program Provides specialized and intensive services to vulnerable children and their families. These services are designed to help parents who cannot have unsupervised access to their children due to abuse and/or neglect. This is a one-on-one supportive setting where relationships can safely continue and be strengthened while safety threats are mitigated through treatment plans and parent's engagement. The family receives support from licensed clinicians to strengthen or repair their relationship with their children.	Children 0-18, who are living in foster/kinship care and see their parents only during Family visitation.	Temporary remedy with most parents moving towards less restrictive visitation.	General Practice Child Welfare Relevance: HIGH	**Clinician Rate** $106.04 an hour In the Office **Clinician Rate** $110.14 an hour *Note: Service from Clinician must be provided in the family's home.*
Therapeutic Supervised Visitation Program Fidelity/Requirements: Visits are facilitated by a master's level clinician with an active license, or a Master of Social Work intern who is supervised by licensed clinician. There is a manual that describes how to implement this program which can be located here: https://nyspcc.org/product/bfm-supervised-visitation-for-high-risk-families/ [nyspcc.org]. Contact: Jessica Trudeau at JTrudeau@nyspcc.org				
Visit Coaching (developed by Marty Beyer, PhD) is fundamentally different from supervised visits because the focus is on the strengths of the family and the needs of the children. Visit Coaching supports families to meet the unique needs of each child during their family time in the community, family homes, visit centers, or offices. Visit Coaching includes: •Helping parents understand the unique developmental needs of their child and demonstrate that understanding during visits with their child: preparing parents for their children's trauma-related needs and reactions during visits; helping parents give their children their full attention at each visit; building on the parent's strengths in meeting each child's needs; and, helping parents visit consistently and keep their sadness, anger, and other issues out of the visit.	Children 0-18, who are living in foster/kinship care and see their parents only during Family visitation.	Recommended Intensity: 1- to 3-hour family visit at least once per week (can occur more often). Recommended Duration: Varies with the family, about 3-6 months	General Practice Child Welfare Relevance: HIGH	$74.09an hour In the Office $85.35 an hour In the Home **Clinician Rate** $110.14 an hour *Note: Service from Clinician must be provided in the family's home.*
Visit Coaching Fidelity/Requirements: There is a manual that describes how to implement this program, and there is training available for this program. Training Contact: **Marty Beyer /** martybeyer.com/content/contact . Training is obtained by on-site, arranged with each site to include visit coach trainees and their supervisors. Dr. Beyer has also offered the program regionally through University of California (UC) Davis Extension to county Visit Coaching teams. Visit Coaching cannot be taught from the manual by someone who is not an experienced visit coach. Dr. Beyer has provided a limited number of Training for Trainers programs by special arrangement. Visit Coaches receive a 2-day training program provided by Marty Beyer, PhD or Auguste Elliott, PhD followed by one day of group supervision where coaches present their families and refine their approaches; the developer is also available to continue to provide supervision by teleconference and to support the implementation team at each Visit Coaching site. Continuing support through teleconference is available.				
Supervised Visitation Network: Nurturing Parenting Skills for Families in Family Visitation is an innovative program designed to empower parents and parent educators in creating customized, competency-based parenting programs to meet the specific needs of families. It consists of 45 lessons intended to either precede a supervised visitation or be incorporated into the visit. The lessons are taken from the evidenced-based Nurturing Parenting Programs for Parents and Their Infants, Toddlers and Preschoolers, and Parents and Their School Age Children.	Children 0-18, who are living in foster/kinship care and see their parents only during Family visitation.	45 lessons (can be in the office or in the home setting)	General Practice Child Welfare Relevance: HIGH	$74.09 an hour In the Office $85.35 an hour In the Home **Clinician Rate** $110.14 an hour *Note: Service from Clinician must be provided in the family's home.*

Supervised Visitation Network Fidelity/Requirements: There is a manual that describes how to implement this program at https://www.svnworldwide.org/. There is required training to be able to facilitate and implement this model.

Updated 07.01.2025

FAMILY VISITATION Program Model or Intervention *Note: Family Visits are when parents only see their children during said visits while being overseen by a contractor.*	Ages and Problem or Skill Area Addressed	Treatment Duration	Level of Effectiveness/ Effect Sizes	Cost/Rate
Therapeutic Facilitated Visitation (TFV) Program The focus is on the family's strengths and resiliency – and the goal is reunification and permanency. TFV is designed to create, maintain, and strengthen family relationships, with the goal of enhancing a child's well-being and lessening the impact of separation.	Children 0-18, who are living in foster/kinship care and see their parents only during Family visitation.	At minimum one session per week. Duration: 6-12 months. All visits are required to have a 15-minute pre-visit and 15-minute post-visit session.	General Practice Child Welfare Relevance: HIGH	Clinician rate $106.04 an hour in the office $110.14 an hour In the Home
Therapeutic Facilitated Visitation (TFV) Program Fidelity/Requirements: There is a manual that describes how to implement this program; but there is not training available for this program. Prerequisite/Minimum Provider Qualifications: Director of Preventive Services must have an education of at least a master's degree in a clinical discipline, currently licensed with the State of Montana, and three years administrative and supervisory experience. Supervisor of Preventive Services must have an education of master's degree in a clinical discipline, current Clinical Licensure with the State of Montana, and five years clinical experience with families and/or supervisory experience. Visitation Specialists must have an education of master's degree in a clinical discipline, Clinical licensure with the State of Montana, and a minimum two-year clinical experience with families. In addition, visitation specialists must attend a minimum of 15 hours of training per calendar year. Topics may include training in various areas of child welfare, home-based family preservation, behavioral management and crisis de-escalation, life skills training, and many others. Intake Coordinator must have an education of at least a bachelor's degree in human services, and two years related experience.				
Visitation Assessment Developed in El Paso County Colorado Springs, Colorado Provider must be trained in administrating assessment. Assessment provided and approved by Department.	Children 0-18, who are living in foster/kinship care and see their parents only during Family visitation.	3 Baseline Assessments 3 Assessment Mid-case 3 Assessment prior to Discharge	General Practice	$10.58 per assessment More than 9 assessments will need to be pre-approved by CPS and Department liaison.
Visitation Assessment Fidelity/Requirements: There is a manual that describes how to implement this program. Ongoing Training of the model will be provided by the Department, when applicable and needed.				

Updated 07.01.2025

The table above and below utilizes information from the Casey Family Program 2nd Edition Intervention with Special Relevance for the Families First Prevention Services Act (FFPSA). The table below compares Family First Prevention Services Act (FFPSA) and the California Evidenced Based Clearinghouse (CEBC) regarding requirements, studies, and testing, that must be met for a model or practice to become well-supported, supported, promising, or general practice. The purpose of FFPSA models are to enhance support to children and families and prevent foster care placements through the provision of mental health, substance abuse, prevention and treatment services, in-home parent skill-based programs, and kinship navigator services.

Family First Prevention Services Act (FFPSA)	California Evidenced Based Clearinghouse (CEBC)
WELL-SUPPORTED	
A practice shall be considered to be a 'well- supported practice' if: (I)the practice is superior to an appropriate comparison practice using conventional standards of statistical significance (in terms of demonstrated meaningful improvements in validated measures of important child and parent outcomes, such as mental health, substance abuse, and child safety and well-being), as established by the results or outcomes of at least two studies that— (aa) were rated by an independent systematic review for the quality of the study design and execution and determined to be well- designed and well-executed; (bb) were rigorous random-controlled trials (or, if not available, studies using a rigorous quasi-experimental research design); and (cc) were carried out in a usual care or practice setting; and at least one of the studies described in sub clause (I) established that the practice has a sustained effect (when compared to a control group) for at least 1 year beyond the end of treatment. (pp. 172-173) [I.e., at least one 12-month follow-up study is required.]	• At least 2 rigorous randomized controlled trials (RCTs) in different usual care or practice settings have found the practice to be superior to an appropriate comparison practice. • In at least one of these RCTs, the practice has shown to have a sustained effect of at least one year beyond the end of treatment, when compared to a control group.
SUPPORTED	
(I) the practice is superior to an appropriate comparison practice using conventional standards of statistical significance (in terms of demonstrated meaningful improvements in validated measures of important child and parent outcomes, such as mental health, substance abuse, and child safety and well-being), as established by the results or outcomes of at least one study that— (aa) was rated by an independent systematic review for the quality of the study design and execution and determined to be well-designed and well-executed; (bb) was a rigorous random-controlled trial (or, if not available, a study using a rigorous quasi-experimental research design); and (cc) was carried out in a usual care or practice setting; and (II) the study described in sub-clause (I) established that the practice has a sustained effect (when com-pared to a control group) for at least 6 months beyond the end of the treatment (p. 172) [I.e., at least one 6-month follow-up study is required.]	• At least one rigorous RCT in a usual care or practice setting has found the practice to be superior to an appropriate comparison practice. • In that RCT, the practice has shown to have a sustained effect of at least six months beyond the end of treatment, when compared to a control group.
PROMISING	
The practice is superior to a comparison practice "using conventional standards of statistical significance in terms of demonstrated meaningful improvements in validated measure of important child and parent outcomes, such as mental health, substance abuse, and child safety and well-being, as established by the results or outcomes of at least one study that: (I) that was rated by an independent systematic review for the quality of the study design and execution, and determined to be well-designed and well-executed; and (II) utilized some form of control (e.g., untreated group, placebo group, wait list study) (III) the evaluation was carried out in a "usual care or practice setting." (p. 172)	• At least one study utilizing some form of control (e.g., untreated group, placebo group, matched wait list) that has established the practice's benefit over the comparison or found it to be equal to or better than an appropriate comparison practice.

Updated 07.01.2025

GENERAL REQUIREMENTS	
In order for an intervention to be reimbursed by FFPSA it must: (i) have a book, manual or other available writings that specify the components of the practice protocol and describe how to administer the practice. (ii) there is no empirical basis is suggesting that, compared to its likely benefits, the practice constitutes a risk of harm to those receiving it. (iii) if multiple outcome studies have been conducted, the overall weight of evidence supports the benefits of the practice (iv) outcome measures are reliable and valid and are administered consistently and accurately across all those receiving the practice. (v) there are no case data suggesting a risk of harm that was probably caused by the treatment that was severe or frequent. (p. 171) (vi) been published in "government reports and peer-reviewed journal articles that assess effectiveness (i.e., impact) using quantitative methods." (See https://www.federalregister.gov/d/2018-13420, p. 9.) FFPSA also requires that: □ The practice be provided in an agency context and with a "trauma-informed approach and trauma-specific interventions" (p. 171) □ Study must be rated by some kind of "an independent systematic review" (p. 172) □ Study must have targeted one of the FFPSA "target outcomes;" conducted in the U.S., U.K., Canada, New Zealand, or Australia; and published/prepared in English during or after 1990. (See https://www.federalregister.gov/d/2018-13420, pp. 9.-10.) □ The "meaningful positive significant effect" on the study FFPSA target outcome "…will be defined using conventional standards of statistical significance (i.e., two-tailed hypothesis test and a specified alpha level of p<.05)." (See https://www.federalregister.gov/d/2018-13420, p. 11.)	In order for an intervention to be rated by CEBC it must: a. Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects. b. If multiple outcome studies have been conducted, the overall weight of evidence supports the benefit of the practice. c. There are no case data suggesting a risk of harm that: (a) was probably caused by the treatment and (b) the harm was severe or frequent. d. There is no legal or empirical basis suggesting that, compared to its likely benefits, the practice constitutes a risk of harm to those receiving it. e. The practice has a book, manual, and/or other available writings that specify the components of the practice protocol and describe how to administer it. (See http://www.cebc4cw.org/ratings/)

Updated 07.01.2025

TIER TABLE
RATES

INDIVIDUAL, FAMILY, and HOME-BASED MODELS AND INTERVENTIONS

Effectiveness Level	Rate
Not Rated / Low or no indication	$58.22
Not Rated / Med	$61.39
Not Rated / High	$64.57
Level 3 / Med	$66.79
Level 3 / High	$68.79
Level 2 / Med	$70.92
Level 2 / High	$74.09
Level 1	Clinician rates of $106.04, unless otherwise indicated on the Rate Matrix.
When a model or intervention, outside of a therapeutic model, is provided ***in the home*** by a professional who has been qualified to provide psychotherapy and other counselling services at a clinical level (examples, but not limited to: LCPC, LCSW, etc.) the contractor can bill at the prevailing Medicaid rate for this therapeutic level. As of 7/1/2024 the rate is $106.04. This is identified throughout Exhibit D as “clinician rate”. Rates for non-therapeutic/non-clinician: $58.22 should be the beginning rate of any service that is a direct service.	

FAMILY VISITATION MODELS AND INTERVENTIONS

Effectiveness Level	Rate in the office	Rate in the home
General Monitoring	$48.69	$53.97
Not Rated / Low or no indication	$67.73	$70.92
Not Rated / Med	$70.92	$76.21
Not Rated / High	$74.09	$85.35

HOME VISITING MODELS

Not Rated or a mix of levels Such as Healthy Families Act, has a Level 1 for well-being; however, has a Level 4 of non-rated for Child Abuse Prevention, but is a medium)	$74.09
When performed by a professional who has been qualified to provide psychotherapy and other counselling services at a clinical level (examples, but not limited to: LCPC, LCSW, etc.) the provider can bill at the prevailing Medicaid rate for this therapeutic level. As of 7/1/2020 the rate is $94.50. This is identified throughout Exhibit D as “clinician rate”.	

PARENTING CLASS

Per Participant	$37.05 per session
$10.58 more than Ancillary rate per participant to help with covering cost of curriculum, space, and logistics, etc.	