

Service Referral Approval Matrix

Purpose: The approval matrix is intended to facilitate conversations regarding the appropriate service referrals to meet the needs of the families and children that DCS is engaged with. Discussion and signed approval at all identified levels is required before the service is requested. For more information regarding contracted services, please refer to Policy for the applicable [Service Guides](#).

Court Ordered Services: The service approval requirements remain the same for court ordered and non-court ordered services. Please note that efforts to comply with court ordered services may include the utilization of community resources in lieu of paid service referrals. These decisions should be made in conjunction with Supervisor/Program Manager staffing to ensure the needs of the family as directed by the court are being met.

Counseling/Psychiatric Services: Children’s Behavioral Health (BH) Services should be obtained through the Child and Family Team(CFT) process. If there are issues obtaining services, please contact the behavioral health unit at DCSBHUnit@azdcs.gov for assistance.

Adult Behavioral Health Services can be obtained through: Appropriate referrals to the AZ Families First program, through the adult's own health insurance, or through the child's behavioral health CFT process as long as services needed help the parent to meet the child’s behavioral health needs. Only when uninsured and not TXIX eligible should contracted services be utilized.

Service	DCS Specialist	Program Supervisor	Program Manager	Program Administrator	Deputy Director	Unit Consult
Transportation – Rates vary based on individual provider contract. Please follow the provider listing to refer for services. Start at number 1. If the provider is unable to meet the need, then proceed down the list. Cost includes flag drop, cost per mile x total miles traveled, wait time, and attendant rate as required. Wait time (>15 min): \$8.00 - \$24.00 Attendant Rate (accompany children under 7): \$8.00 - \$45.00 Non-Ambulatory: Flag Drop: \$4.00 - \$34.50 Cost per Mile: \$1.85 - \$2.95 Ambulatory: Flag Drop: \$3.50 - \$8.50 Cost per Mile: \$1.75 - \$2.65						
Group Home Providers are required to provide transportation up to 50 miles each way for clients.						
1 time event	x					
Any recurring arrangement	x	x	x			
Any and all bus cards	x	x				
Bus cards greater than 5 per person, per distribution	x	x	x			
Interregional transportation (excluding Metro Phoenix area)	x	x	x	x		
Out of state travel	x	x	x	x		
Laboratory – Sample collection and individual tests are billed separately. ** Confirmation Testing does not require additional approvals ** Specimen Collection – Urban: \$8.80 - \$9.00 Urine – 5 panel: \$5.75 - 7.50 Confirmation Test: \$14.00 - \$15.00 Specimen Collection – Rural: \$23.00 - \$30.00 Urine – 9 panel: \$7.00 - \$8.00 Random Screening/wk: \$3.75 - \$4.40 Specimen Collection – Out of State: \$27.00 - \$35.00 Urine – 4 panel vapor: \$58.00 - \$180.00 Expert Witness/hr: \$125.00 - \$150.00 Urine – Fentanyl: \$6.00 - \$7.00 Medical Review Officer: \$25.00 - \$35.00 Urine – Ketamine: \$6.00 - \$7.00 Urine – Oxycodone: \$6.00 Blood – Paternity Testing: \$55.00 - \$120.00 Urine – Alcohol: \$6.00 - \$9.00 Urine – Synthetic Cannabinoids: \$9.00 - \$10.00 Oral Fluid – Paternity Testing: \$42.00 - \$120.00 Urine – Substituted Cathinone: \$10.00 - \$20.00 Oral Fluid – 6 panel \$15.00 - \$15.25 Oral Fluid – 9 panel: \$19.50 - \$20.00 Oral Fluid – Alcohol (TASC only): \$25.00						
1 time event	x					
Recurring Referral	x	x				
Specialized Testing (e.g. 10 panel, ETG, Spice, Bath Salts, Hair)	x	x	x			
Recurring Referral of Specialized Testing	x	x	x	x		
Supervised Visitation Only – Costs vary based on individual provider contract Standard 2 Hour Visit \$125.00-\$465.00 for 2 hour face to face visit \$0.44-\$2.80 per mile for travel from duty station to pick up first child, then from drop off of last child and back to duty station. Standard service authorizations will be 13 weeks in duration Standard Visitation – 4 hours per week per parent client (2 hours x 2 days)						
1st extension of standard visitation	x	x				
2nd extension of standard visitation	x	x	x			
3+ extension of standard visitation - describe the reason for this level of service in comments on PS-067	x	x	x	x		
Non-Standard Visitation – Greater than 4 hours week per parent client						
Visitation Greater than 4 hours per week and less than 8 hours per week per parent client	x	x	x			
Visitation Greater than 8 hours per week per parent client	x	x	x	x		
Visitation Greater than 12 hours per week per parent client - describe the reason for this level of service in comments on PS-067	x	x	x	x	x	
1st extension of non-standard visitation	x	x	x			
2nd extension of non-standard visitation	x	x	x	x		
3+ extension of non-standard visitation - describe the reason for this level of service in comments on PS-067	x	x	x	x	x	



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Service

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Parent Aide Level Services – Costs vary based on level of service referred and individual provider contract					
L1 – 1 Parent Aide session (2 hour duration) per week, and no more than 2 supervised visitation sessions (2 hour duration each) per week - \$4,400 - \$14,200					
L2 – 1 Parent Aide session (2 hour duration) per week, and more than 2 supervised visitation sessions (2 hour duration each) per week - \$5,500 - \$16,200					
Referral – No-Contact: \$1.00 - \$300.00 Referral – No-Engagement: \$1.00 - \$450.00 Mileage after 100 miles traveled: \$0.44 - \$2.80 per mile					
Parent Aide - Initial Referral	x	x			
Parent Aide - Re-Referral	x	x	x		
Parent Aide - 2nd Re-referral	x	x	x	x	
Parent Aide - 3+ Re-referral - describe the reason for this level of service in comments on PS-067	x	x	x	x	x

Psych/Counseling – Rates vary by Urban and Rural usage and are billed by the quarter hour. Unit Consults are paid for time in office not per scheduled session.					
Unit Consultation (Hourly Rate): \$80.00 - \$175.00 (avg: \$133.00); Psychological Consultation (Hourly): \$80.00 - \$175.00 (avg: \$133.00)					
Psychological Evaluation (Hourly Rate) \$75.00 - \$217.00 (avg: \$139.00); Neuro-psychological evaluation (Hourly): \$80.00 - \$230.00 (avg: \$146.00)					
Therapy – In Office (Hourly Rate): \$40.00 - \$200.00 (avg: \$130.00); Therapy – In Home (Hourly): \$45.00 - \$175.00 (avg: \$135.00)					
Therapy – Group (Hourly Rate): \$50.00 - \$105.00 (avg: \$85.00)					
Paper Consult	x	x			
Face to Face Consult (including phone consult for Rural)	x	x			
Psychological Evaluation	x	x			x
Re-referral Evaluation	x	x	x		x
Jail/Prison Evaluation	x	x	x		x
Emotional Abuse Evaluation	x	x	x		
Psychosexual Evaluation	x	x	x		x
Neuropsychological Evaluation	x	x	x		x
Bonding Assessment/Best Interest	x	x	x		x
Individual Counseling	x	x	x		x
Group Counseling	x	x	x		x
Home-based Counseling	x	x	x		x
PhD Counseling	x	x	x		x
Re-referral of service for Parent	x	x	x	x	x
Service for child/parent exceeding 12 units	x	x	x	x	x
Service for Child (should be Title XIX eligible)	x	x	x	x	x
Re-referral of service for Child (should be Title XIX eligible)	x	x	x	x	x

In Home Service – Rates vary based on individual provider contract. Some services are referral based while others are hourly rates.					
Moderate Services: \$2,950 - \$4,346 Intensive Services: \$4,200 - \$5,650					
Moderate – 1st Referral	x	x			
Moderate – 2nd Referral	x	x	x		
Intensive Family Preservation – 1st Referral	x	x			
Intensive Family Preservation – 2nd Referral	x	x	x		
Intensive SENSE – 1st Referral	x	x			
Intensive SENSE – 2nd Referral	x	x	x		
In-Home Services Extension (any level)	x	x	x		
Emergency Flex Funds (any level)	x	x			

Transition or Post OOH Care Services – Rates vary based on individual provider contract.					
Family Reunification and Placement Stabilization: \$3,295 - \$4,898					
Family Reunification – 1st Referral	x	x	x		
Family Reunification – 2nd Referral	x	x	x		
Placement Stabilization – 1st Referral	x	x			
Placement Stabilization – 2nd Referral	x	x	x		
Emergency Flex Funds (any level)	x	x			

Subsidies					
Housing Subsidy/Assistance	x	x	x		
Child Care Subsidy – Case in Investigations phase	x				
Child Care Subsidy – Case is Ongoing (In Home/Out of Home)	x				
Child Care Subsidy – Child (not in OOH Care) of Teen Parent in OOH Care (excluding Group Homes receiving daily rate)	x				

Building Resilient Families					
Per Referral: \$200.00 - \$650.00					
1st Referral	x	x	x		
Emergency Flex Funds (any level)					

Allowances					
For information on allowances, reference the Child Placement Rates and Special Allowances Approval Matrix CSO-1109A					

