



Family First Prevention Services (FFPS) Program

Motivational Interviewing Claiming Frequently Asked Questions (FAQ)

This FAQ provides guidance on how Motivational Interviewing (MI) activities may be claimed under Title IV-E Prevention in California. It is intended to support state and county partners in understanding how MI delivery, training, and related implementation activities align with prevention service and administrative claiming requirements.

As California continues to implement Motivational Interviewing (MI) within its Title IV-E Prevention Plan, counties have raised questions about how MI-related activities should be categorized and claimed. MI is identified in California's Prevention Plan as an evidence-based, substance abuse intervention as well as a cross-cutting case management intervention that may be delivered by community-based providers including clinicians, social workers, case managers, and Title IV-E workers.

This document provides clarification on common claiming questions related to MI, including distinctions between prevention services and administrative activities, use of time study methodologies, and documentation expectations. It is intended to support consistent and defensible claiming practices in alignment with federal requirements and California's approved Prevention Plan and Cost Allocation Plan.

QUESTION

ANSWER

1. What portion of fidelity activities are claimable?

Fidelity activities (e.g., fidelity checks/practice, coaching, supervision, CQI, data review, and performance monitoring tied to MI implementation) may be claimable as Title IV-E Prevention administrative costs.

The claimable portion depends on:

- The staff member's role and responsibilities.
- The programs benefiting from the activity (e.g., prevention vs. other child welfare or probation program); and
- The state's approved cost allocation methodology.

For example, if a CQI or data staff person spends part of their time monitoring fidelity for MI as a prevention service and part of their time supports another program, their salary must be

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proportionally allocated based on how their time benefits each program.

2. What are the allowable administrative costs under the Title IV-E prevention program?

Administrative costs are reimbursable when they are necessary to properly run and oversee the prevention program. This can include:

- Developing and maintaining processes to deliver prevention services
- Policy development and program management
- CQI and fidelity monitoring
- Data collection, reporting and evaluation
- Outreach and coordination efforts to help families access prevention services

Child-specific administrative costs are reimbursable when they support a child's participation in Title IV-E prevention services as identified in the child's Family and Well-Being Plan. This can include:

- Developing and maintaining the child's prevention plan
- Verifying and documenting eligibility
- Making referrals for families to services and coordinating access
- Conducting outreach and engagement with families
- Documenting case planning activities, including documenting needs assessments
- Coordinating participation in services (e.g., transportation, child care)
- Case management activities to increase access, utilization, and engagement in prevention services

Child-specific administrative costs may be claimed even if the prevention service itself is funded by another source (e.g., Medi-Cal), as long as the child has an approved Family Well-Being Plan.

QUESTION**ANSWER****3. Can Motivational Interviewing delivered by county child welfare and probation staff be claimed as Title IV-E prevention service (not just admin), absent explicit Children's Bureau guidance?**

Yes. In California, MI may be claimed as a Title IV-E Prevention Service because it is included in the state's approved Prevention Plan as an evidence-based intervention that can address mental health, substance abuse, and in-home parenting skills needs.

California's Prevention Plan describes MI as a cross-cutting case management intervention that may be delivered by community-based providers including clinicians, social workers, case managers, and Title IV-E agency/Tribal staff. This language reflects how MI is implemented in practice and does not limit how it may be claimed. When MI is used to address an identified mental health, substance abuse, or parenting need in a child's Family Well-being Plan, it qualifies as a Prevention Service even when delivered during routine child welfare or probation case practice.

For specific activities that can be claimed to service costs vs. administrative costs for MI, refer to California's Framework for MI for Cross-Cutting Case Management.

- Note: Time spent on administrative and service activities can be reported to the Title IV-E county agency as long as the provider is not claiming the same MI activities under Medi-Cal for the same child.
- The allocation method must distinguish MI service delivery time from administrative casework time, and the same unit of time cannot be claimed in both categories.
 - For child welfare and probation staff, these activities are typically identified through the county's approved time study or cost allocation methodology, as described in the state's approved Cost Allocation Plan (CAP). This may include traditional time study methodologies or Random Moment Time Study (RMTS), depending on the jurisdiction.
 - For contracted providers, these activities may be defined in the provider's approved contract rate or documented through provider invoices.

4. Is it acceptable to treat MI as a stand-alone prevention service when it is embedded within other child welfare or probation

Yes. Under California's Prevention Plan, Motivational Interviewing may be delivered as a stand-alone prevention service even when it occurs within routine child welfare or probation case practice.

California's plan describes MI as a cross-cutting intervention that may be used during family engagement and case management

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activities (home visits, case contacts, CFTs)?

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activities, including case contacts, home visits, and family team meetings. When MI is used and is (1) child-specific, (2) conducted with the family present, (3) supports the family in progress towards their goals, as outlined in the Family Well-Being Plan, and (4) is the intervention being delivered to address the identified need in the Family Well-Being Plan, the MI intervention itself is treated as the Prevention Service. MI must be identified as an intervention in the family's Well-Being Plan.

In practice:

- Time spent delivering MI as the intervention addressing the identified need is reported as a Prevention Service.
- Other case management activities (such as documentation, case planning, referrals, or coordination) remain child-specific administrative costs.
- The allocation method (e.g., RMTS for county staff, invoice for contracted providers) must distinguish service time from administrative time so that the same unit of time is not claimed twice.

The fact that MI occurs within routine case practice does not prevent it from being claimed as a Prevention Service. When MI is used to address the identified need under the child's Family Well-Being Plan, the MI intervention itself is the stand-alone service.

5. Can approved time study methodologies be used to allocate iv-e staff time between mi service and mi administrative activities?

ACF has not issued MI-specific guidance requiring a particular time study or allocation methodology. Staff time allocation must be consistent with the state's approved Cost Allocation Plan (CAP) and meet federal standards for allocability and documentation of personnel costs. California counties may utilize approved time study methodologies, including traditional time study approaches or Random Moment Time Study (RMTS), where applicable.

Many California counties already utilize approved time study methodologies that distinguish direct service, case management, administrative, and training activities for claiming purposes. Implementation of MI claiming may build upon existing structures, provided the methodology can reasonably differentiate MI Prevention Service activities from MI administrative activities and prevent duplicate claiming.

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	*For CBO staff delivering MI who are not participating in time study activities, the provider invoice will have to separate MI service from MI administrative activity.
6. Are existing time study activity codes sufficient to capture MI activity for IV-E staff, or must: • New MI-specific codes be created? • Codes explicitly reference MI techniques vs. general casework?	There is no federal requirement that states create MI-specific time study or RMTS codes. The ability to use existing codes depends on whether the current RMTS structure can reasonably distinguish: • MI delivery time, and • MI-related administrative case management activities (e.g., documentation, planning, coordination activities, etc.). If existing activity codes (e.g., case contact, case planning, documentation) are detailed enough to identify when MI is being delivered versus when administrative casework is occurring, they may be sufficient. Some states have: • Used existing case contact codes to represent MI delivery (e.g., DC - home visit); • Retained existing codes but added a follow-up question to identify whether MI was used during the sampled moment (e.g., Michigan); • Modified or added codes If a jurisdiction's current time study or RMTS codes cannot clearly distinguish MI service time from administrative time, updates to activity codes or time study structure may be needed. Substantive changes would need to be reflected in the state's approved Cost Allocation Plan. The core requirement is not the presence of an MI-specific code, but that the allocation method clearly and defensibly differentiates service and administrative activities and prevents duplicate claiming. Time study methodologies and CARES documentation serve different purposes. CARES documents service delivery and supports prevention reporting requirements, while time study methodologies allocate staff costs across allowable claiming categories. These systems are not expected to align on a one-to-one basis; however, counties must maintain a defensible

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7. Do counties have to enter MI into CARES as a service to claim MI time?

methodology linking documented service delivery to claimed costs.

Yes. Because California's Prevention Plan identifies MI as a Title IV-E Prevention Service, MI must be documented in CARES as part of the child's Family Well-Being Plan.

This documentation establishes that:

- The child is a Title IV-E prevention candidate;
- MI is being used to address an identified mental health, substance abuse, or parenting skills need; and
- Prevention services listed in the Family Well-Being Plan are being delivered during the claiming period.

Documenting MI in CARES ensures the state has the information necessary to:

- support Prevention Service claiming,
- generate the required six-month Title IV-E prevention report.

In practice, this means MI should be reflected in the Family Well-Being Plan and documented in CARES when it is delivered, consistent with the state's prevention plan and documentation requirements.

8. How can SUD providers more easily claim MI for SUD?

For contracted SUD providers, claiming MI is generally more straightforward when it is clearly incorporated into the provider's approved service model or rate structure and Medi-Cal is not available. When Medi-Cal is available to support delivery of MI, SUD providers can claim MI administrative costs associated with delivering MI so long as all program eligibility criteria are met.

To support claiming:

- MI should be identified as part of the approved service model (either as a discrete service or as an allowable modality within an SUD program).
- The service must be tied to an identified substance use need documented in the Family Well-Being Plan.
- The provider should document delivery of MI consistent with contract requirements to support claiming.
- Claiming should follow the provider's approved rate methodology (e.g., calculated hourly rate), typically determined within the contract.

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9. Can MI training for CW or Probation staff ever qualify for 75% IV-E training or is it limited to 50% prevention admin?

If MI is bundled within a broader SUD treatment model, only one EBP or service may be claimed for a given unit of time.

If MI training is provided to CW and probation staff delivering FFPSA services, it must be claimed under Title IV-E prevention at the 50% Federal Financial Participation (FFP) rate. Keep in mind, claiming under Title IV-E prevention offers a higher federal match since there is no discount rate, compared to claiming Title IV-E training at the 75% FFP rate.

MI training may be eligible for 75% FFP under regular Title IV-E training, to qualify for 75%, the training must:

- Training is for non-FFPSA staff
- Support allowable IV-E administrative functions (e.g., case planning, case management, permanency-related activities)
- Is provided to IV-E eligible staff (e.g., child welfare or probation staff performing IV-E administrative duties)
- Is included in the approved IV-E training plan
- Is properly allocated (e.g., program allocation for mixed caseload staff or eligibility allocation if not all of the work benefits IV-E cases)

10. Is it acceptable to default MI training to 50% as a risk-mitigation strategy?

Yes – claiming MI training at 50% (as prevention services training cost) is generally the most conservative and lowest-risk approach.

Reasons:

- It avoids the need to apply IV-E eligibility/penetration rates.
- It avoids distinguishing foster care vs. prevention portions of the training.
- It reduces audit complexity.
- It aligns with how many jurisdictions currently claim prevention-related training.

While claiming at 75% may produce greater federal reimbursement in some circumstances, it requires stricter documentation, allocation, and IV-E foster care eligibility application.

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11. How does payer of last resort apply to MI claiming?

Title IV-E Prevention is payer of last resort. When MI is delivered as part of a Medi-Cal covered service, including behavioral health or substance use treatment, Medi-Cal must be billed first. Title IV-E Prevention funding may only be used when the MI service is not otherwise reimbursable through another funding source.

Feedback and Questions*Feedback*

We welcome your feedback on this fact sheet. Please take a few moments to complete the [MI Claiming FAQ Feedback Survey](#) to share your input and suggestions. Your feedback will help inform future resources and ensure they are clear, effective, and supportive of FFPS Program implementation.

Questions?

For additional questions regarding FFPS Program policy and requirements, please contact the CDSS FFPS

Team at ffpsapreventionservices@dss.ca.gov

Appendix B: References

Foundational Texts

- Miller, W. R., & Rollnick, S. (2023). *Motivational Interviewing: Helping People Change and Grow* (4th ed.). Guilford Press.
- Miller, W. R., & Rollnick, S. (2012). *Motivational Interviewing: Helping People Change* (3rd ed.). Guilford Press.

Evidence-Based Practice Guidelines

- SAMHSA (2019). *TIP 35: Enhancing Motivation for Change in Substance Use Disorder Treatment*.

Professional & Academic Research

- Lundahl, B. W., et al. (2010). "A meta-analysis of motivational interviewing: Twenty-five years of empirical studies." *Research on Social Work Practice*.
- Hohman, M. (2021). *Motivational Interviewing in Social Work Practice* (2nd ed.). Guilford Press.
- National Association of Behavioral Intervention and Threat Assessment (NABITA). "Motivational Interviewing in Case Management." (2025).

California-Specific Resources

- California Department of Social Services (CDSS). *Integrated Core Practice Model (ICPM)*.

Primary Sources for Case Management

- Commission for Case Manager Certification (CCMC): The governing body for the CCM credential. Their *Case Management Body of Knowledge (CMBOK)* defines the nine-phase process (Screening, Assessing, Stratifying Risk, Planning, Implementing, Following-Up, Transitioning, Post-Transition Communication, and Evaluating).
- Case Management Society of America (CMSA): Author of the *Standards of Practice for Case Management*, which provides the professional framework for healthcare and multi-disciplinary case management.
- National Association of Social Workers (NASW): Provides the *NASW Standards for Social Work Case Management*, which emphasizes ethics, cultural competence, and the biopsychosocial model.

Primary Sources for Motivational Interviewing (MI)

- Miller, W. R., & Rollnick, S. (2023). *Motivational Interviewing: Helping People Change and Grow* (4th Edition).
- Hohman, M. (2021). *Motivational Interviewing in Social Work Practice* (2nd Edition).
- Rollnick, S., Miller, W., & Butler, C. (2022). *Motivational Interviewing in Health Care*.

Professional Toolkits

- MINT (Motivational Interviewing Network of Trainers)
- SAMHSA (Substance Abuse and Mental Health Services Administration)

Authority	Citation	Topic	Relevant FAQ Questions	Link
Title IV-E Prevention Services Program Overview	ACF Children's Bureau	Federal overview of Title IV-E Prevention Services addressing mental health, substance abuse, and parenting needs	Q2, Q3, Q8, Q9	https://www.acf.hhs.gov/cb/title-iv-e-prevention-program
Child Welfare Policy Manual – Allowable Administrative Costs	CWPM §8.6C.1	Administrative costs for prevention services including case planning, referrals, coordination, CQI, and program management	Q1, Q2, Q3, Q8, Q9	https://cwpm.acf.gov/citations/title-iv-e/title-iv-e-prevention-services-program/administrative-functionscosts/allowable
Administrative Costs – Title IV-E	45 CFR §1356.60	Federal reimbursement for administrative costs necessary for the proper and efficient administration of Title IV-E programs	Q1, Q2, Q3, Q9	https://www.ecfr.gov/current/title-45/section-1356.60
Allocable Costs	2 CFR §200.405	Costs must be allocated to programs in proportion to the benefit received; supports time study allocation methodologies	Q4, Q5, Q6, Q7	https://www.ecfr.gov/current/title-2/section-200.405
Compensation for Personal Services	2 CFR §200.430	Personnel costs must be supported by records that accurately reflect work performed (basis for time studies such as RMTS)	Q4, Q5, Q6	https://www.ecfr.gov/current/title-2/section-200.430
Cost Allocation Plans	45 CFR §75.416	States must maintain an approved Cost Allocation Plan describing how program costs are distributed	Q4, Q5, Q6	https://www.ecfr.gov/current/title-45/section-75.416
Children's Bureau Program Instruction	PI-24-07	Guidance for Title IV-E financial reporting including Prevention Service and Administrative cost reporting on CB-496	Q2, Q3, Q8	ACYF-CB-PI-24-07
California Five-Year Prevention Plan	California Department of Social Services	Identifies Motivational Interviewing as a cross-cutting intervention that may be used during case management and family engagement	Q2, Q3	https://cdss.ca.gov/infore-sources/cdss-programs/ffpsa-part-iv/californias-five-year-state-prevention-plan
Motivational Interviewing Guide	Chapin Hall & Public Consulting Group	Implementation guide describing potential claiming approaches and CAP considerations for MI	Q2, Q4, Q5, Q6	The Potential of Motivational Interviewing - Chapin Hall