

Nebraska Commission on Problem Gambling

SCHEDULE OF RATES FOR FISCAL YEAR 2016-2017

1. THERAPY SERVICES TO BE PAID UP TO THE STATED CONTRACT LIMIT

Assessment \$ 315 per each

Assessment Addendum \$ 115 per each

Crisis \$ 90 per hour

Individual outpatient therapy \$ 90 per hour

Family outpatient session \$ 100 per hour

Group outpatient session \$ 90 per hour

Family and group sessions are paid per hour of contractor's time, no matter how many individuals are in the group or family participating. A session does not qualify as a family or group session unless two or more individuals participate in actual therapy.

2. PUBLIC EDUCATION AND OUTREACH TO BE PAID UP TO THE STATED CONTRACT LIMIT

\$ 55 per hour for actual time spent by the contractor in conducting the activity, and may include assembling and preparing materials for presentation.

Advertising, promotional and educational materials will be reimbursed at cost.

In order to be reimbursed, this item must include a prominent message regarding the gambling disorder, such as warning signs, hints about responsible gambling, etc. Website development and maintenance is included. Samples or facsimiles of the materials for which reimbursement is requested must be supplied with the invoice. Examples include script of a radio spot, photo of a billboard, copy of a newspaper ad, sample of handout literature. These materials must also include the Helpline phone number 1-800-522-4700, and a statement that the Helpline is sponsored by the Nebraska Commission on Problem Gambling.

3. ADMINISTRATION

5% of the total contract amount, one-twelfth monthly.

THIS ITEM IS INCLUDED WITHIN THE STATED TOTAL CONTRACT AMOUNT, AND DOES NOT INCREASE THE STATED TOTAL CONTRACT AMOUNT.

This is a flat-rate pay item that is based on the requirement that the contractor must compile and maintain clinical records of services provided under this contract, document intake assessment and discharge information into the Program database, make records available for Program internal audits, and provide therapy services in a suitable environment consistent with professional and ethical standards. Five percent of the amount of the contract award will be paid in twelve monthly installments, one-twelfth per month. Invoices for administration may be disallowed if the contractor does not demonstrate active clinical practice that justifies the presumption of administrative overhead expense.

4. MILEAGE ALLOWANCE

For necessary travel by staff going from Contractor's home office and returning, while in the performance of the obligations of this contract, mileage will be reimbursed at the rate of Thirty-nine cents per mile. Mileage claims will be supported by documentation showing the date of travel, start and destination points, miles claimed, and purpose of the travel.