

**ATTACHMENT A: SCHEDULE OF RATES FOR FISCAL YEAR 2021-2022**

**EFFECTIVE JANUARY 1, 2022**

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

|                                      |                        |
|--------------------------------------|------------------------|
| <b>Assessment</b>                    | <b>\$ 300 per each</b> |
| <b>Assessment Addendum</b>           | <b>\$ 115 per each</b> |
| <b>Urgent Care</b>                   | <b>\$ 120 per hour</b> |
| <b>Individual outpatient therapy</b> | <b>\$ 120 per hour</b> |
| <b>Family outpatient session</b>     | <b>\$ 120 per hour</b> |
| <b>Group outpatient session</b>      | <b>\$ 120 per hour</b> |

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.

Hours of counseling paid for by Gamblers Assistance Program are subject to the following limits:

- A. Up to a total of 36 hours of individual outpatient therapy and family outpatient therapy sessions, combined, shall be paid for during the first six months after admission to therapy, for each client admitted to outpatient therapy. The six-month period shall include the month of admission if therapy is provided during that month.
- B. Up to a total of 24 hours of individual outpatient therapy and family outpatient therapy sessions, combined, shall be paid for during the seventh through the twelfth months after the month of admission to therapy, for each client admitted to outpatient therapy.
- C. Up to a total of 36 hours of individual outpatient therapy and family outpatient therapy sessions, combined, shall be paid for during the thirteenth through the twenty-fourth months after the month of admission to therapy, for each client admitted to outpatient therapy.
- D. Up to a total of 36 hours of individual outpatient therapy and family outpatient therapy sessions, combined, shall be paid for during the twenty-fifth through the thirty-sixth months after the month of admission to therapy, for each client admitted to outpatient therapy.
- E. Up to 2 hours per month of individual outpatient therapy and family outpatient therapy sessions, combined, shall be paid for beginning in the thirty-seventh month after the month of admission to therapy and continuing until discharge, for each client admitted to outpatient therapy.
- F. Urgent care services are limited to 2 hours per client within any six-months period.

- G. A month within the periods specified in A.-D. when the client does not attend counseling shall not be counted in the tally of months for which payment will be made.
- H. These terms apply both to gamblers admitted as clients and to members of the family of gamblers who are admitted to therapy themselves.
- I. Group outpatient counseling is not subject to the limits in A.-E.
- J. All counseling hours for which payment is requested must be documented on the Program TAD form, submitted as a live digital document along with the invoice.

***By requesting payment for counseling services under this contract, the contractor agrees to accept the amount specified in this schedule as payment in full for the services rendered.***

***The Nebraska Commission on Problem Gambling does not allow counselors under contract to the Nebraska Gamblers Assistance Program to charge or accept payment from clients of the program for any amount in addition to the rates provided in this contract, when the services are paid for by the Program. Counselors may make other payment arrangements with clients for services that are not billed to the Nebraska Gamblers Assistance Program.***

## **2. DOCUMENTATION REQUIRED**

All invoices asking for payment for ASSESSMENTS must be supported by the completed Gamblers Assistance Program "GAP DATA AT INTAKE" form; claims for payment for ASSESSMENT ADDENDUM must be supported by the "GAP-4 ADDENDUM DETAIL" form; claims for payment for URGENT CARE services must be supported by the "GAP-3 URGENT CARE SESSION DETAIL" form. Claims for these categories of service that are not supported by the applicable form legibly and completely filled out will not be paid.

## **3. MILEAGE ALLOWANCE**

For necessary travel by the counselor going from Contractor's home office to the client's location and returning to the home office, while in the performance of the obligations of this contract, mileage will be reimbursed at the IRS/GSA rate in effect at the time. Mileage claims must be supported by the completed "Mileage Reimbursement Documentation" form. Mileage claims that are not supported by this documentation will not be paid.