COUNSELOR CONTRACT ATTACHMENT A: SCHEDULE OF RATES

EFFECTIVE JULY 1, 2026

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

Assessment	$ 250 per each
Assessment Addendum	$ 100 per each
Screen/Brief Intervention	$ 160 per hour
Individual outpatient therapy	$ 170 per hour
Family outpatient session	$ 170 per hour
Group outpatient session	$ 170 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.

Paid hours of counseling are limited:

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. Screen/Brief Intervention services are limited to 4 hours total per client. The time to perform the Screening process when it is followed by a Brief Intervention is included in the amount of time billed for that combined service. The time to perform a screen that produces a negative result is only paid in the circumstances specified in the counselor manual service definition.

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.

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. Invoices must be supported by the following:

A. ASSESSMENTS must be supported by the completed Gamblers Assistance Program "GAP DATA AT INTAKE" form.
B. ASSESSMENT ADDENDUM must be supported by the "GAP-4 ADDENDUM DETAIL" form.
C. SCREEN/BRIEF INTERVENTION must be supported by the "GAP-3 SCREEN/BRIEF INTERVENTION DETAIL" form.
D. INDIVIDUAL/FAMILY/GROUP outpatient therapy must be supported by entries in the CLIENT ROSTER.
E. 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.