|  |  |
| --- | --- |
| **Description - Treatment** | **Rate** |
| Acute Inpatient Hospitalization | $997.00 per day |
| Community Treatment Aid (CTA) | $64.00 per hour; 20 hours |
| Co-Occurring Evaluation (CO) | $439.00 per evaluation |
| Functional Family Therapy (FFT) | $142.00 per hour with client  $136.00 per hour without client |
| Juveniles Who Sexually Harm (JSH) Risk Evaluation | $989.00 per evaluation (IDI and risk assessment) Voucher will issue at $989.00. If psychological testing is requested, must submit Evaluation Billing Worksheet. If approved, voucher will be adjusted upon payment.  96130 $246.00 96131 $136.00  96136 $136.00 96137 $63.00 |
| Juveniles Who Sexually Harm (JSH) Day Treatment | $56.00 per hour |
| Juveniles Who Sexually Harm (JSH) Intensive Outpatient Counseling (IOP) | $176.00 per day of service |
| Juveniles Who Sexually Harm (JSH) Outpatient Counseling | $153.00 per session **Individual**  $153.00 per session **Family**  $95.00 per **Group** |
| Juveniles Who Sexually Harm (JSH) Therapeutic Group Home (ThGH) | **Therapy/Room and Board** $503.00 per day; 30 days **Room and Board only** $195.00 per day; 30 days  (insurance/Medicaid paying for therapeutic service). *Probation does not pay for the date of discharge for 24-hour services. All dates are included in the report, however, only NIGHTS spent in the facility are billable.* |
| Medication Management | $90.00 per session |
| Mental Health (MH) Day Treatment | $56.00 per hour |
| Mental Health (MH)  Intensive Outpatient Counseling (IOP) | $153.00 per session **Individual**  $153.00 per session **Family**  $38.00 per hour **Group** |
| Mental Health (MH)  Outpatient Counseling | $153.00 per session **Individual**  $153.00 per session **Family**  $54.00 per **Group** |
| Mental Health (MH)  Therapeutic Group Home (ThGH) | **Therapy/Room and Board** $348.00 per day; 30 days **Room and Board only** $115.00 per day; 30 days  (insurance/Medicaid paying for therapeutic service). *Probation does not pay for the date of discharge for 24-hour services. All dates are included in the report, however, only NIGHTS spent in the facility are billable.* |
| Multi-systemic Therapy (MST) | $50.00 per 15-minute unit |
| Partial Hospitalization | $61.00 per hour |
| Professional Resource Family Care (PRFC) | **Therapy/Room and Board** $139.00 per day; 30 days  **Room and Board only** $69.00 per day; 30 days  (insurance/Medicaid paying for therapeutic service). *Probation does not pay for the date of discharge for 24-hour services. All dates are included in the report, however, only NIGHTS spent in the facility are billable.* |
| Psychiatric Evaluation | $416.00 per evaluation; $512.00 per evaluation if detained and conducted at the facility. |
| Psychiatric Interview | $166.00 per psychiatric interview only (conducted  subsequent to an evaluation which included a social history); $259.00 per psychiatric interview only if detained and conducted at the facility. |
| Psychiatric Residential Treatment Facility (PRTF) Hospital-Based | $568.00 per day; 30 days  *Probation does not pay for the date of discharge for 24-hour services. All dates are included in the report, however, only NIGHTS spent in the facility are billable.* |
| Psychiatric Residential Treatment Facility (PRTF) Specialty-Based | $449.00 per day; 30 days  *Probation does not pay for the date of discharge for 24-hour services. All dates are included in the report, however, only NIGHTS spent in the facility are billable.* |
| Substance Use (SU)  Outpatient Counseling | $153.00 per session **Individual**  $153.00 per session **Family**  $54.00 per **Group** |
| Substance Use (SU)  Therapeutic Group Home (ThGH) | **Therapy/Room and Board** $348.00 per day; 30 days **Room and Board only** $115.00 per day; 30 days  (insurance/Medicaid paying for therapeutic service). *Probation does not pay for the date of discharge for 24-hour services. All dates are included in the report, however, only NIGHTS spent in the facility are billable.* |
| Psychological Evaluation | $200.00 per evaluation (Initial Diagnostic Interview) Voucher will issue at $200.00. If psychological testing is requested, must submit Evaluation Billing Worksheet. If approved, voucher will be adjusted upon payment.  96130 $246.00 96131 $136.00  96136 $136.00 96137 $63.00 |
| Substance Use Evaluation (SU) | $273.00 per evaluation |
| Substance Use Addendum (SU) | $111.00 per addendum |
| Substance Use (SU) Partial Care | $92.00 per hour |
| Substance Use (SU)  Intensive Outpatient Counseling (IOP) | $153.00 per session **Individual**  $153.00 per session **Family**  $38.00 per hour **Group** |

|  |  |
| --- | --- |
| **Description – Non-Treatment** | **Rate** |
| Case Managed Tutoring | $57.00 per hour; 32 hours |
| Community Youth Coach | $21.00 per 15-minute (urban) base rate  $2.00 per 15-minute rural differential  $8.00 per 15-minute frontier differential |
| Day / Evening Reporting | **Day Reporting** $184.00 per day; 30 days  **Evening Reporting** $184.00 per day; 30 days |
| In Home Family Services (Boys Town Model) (IHFS) | $104.00 per hour (urban) base rate  $10.00 per hour rural differential  $38.00 per hour frontier differential |
| Expedited Family Group Conferencing | $2,132.00 per conference; 1 conference |
| Family Partner | $65.00 per hour; 20 hours |
| Family Support | $67.00 per hour; 25 hours |
| General Education Class | $13.00 per hour; 15 hours |
| Intensive Family Preservation (IFP) | $543.00 per week per case; 28 days |
| Justice Wraparound Program | $540.00 for 0-15 days  $995.00 for 28 days  $1029.00 for 29 days  $1065.00 for 30 days  $1100.00 for 31 days |
| Mediation | $188.00 per hour; 5 hours |
| Transportation | $2.00 per mile ($23.00 minimum reimbursed per loaded oneway trip). $10.00 per hour for escort (defined as the time a transportation staff must wait with a secure/non-secure transported juvenile for an appointment or when an additional driver is needed to ensure safety, as authorized by the court). $2.00 per mile and a $40.00 base rate for wheelchair-required transportation. Meals for transported juveniles can be billed with prior approval for payment from probation at the GSA approved rate. |

|  |  |
| --- | --- |
| **Description – Out-Of-Home Placement** | **Rate** |
| Agency Based Foster Care | $101.00 per day ($52.00 must go directly to the family); 30 days |
| Crisis Stabilization | $300.00 per day; 30 days  *Probation does not pay for the date of discharge for 24hour services. All dates are included in the report, however, only NIGHTS spent in the facility are billable.* |
| Group Home A | $176.00 per day; 30 days  *Probation does not pay for the date of discharge for 24hour services. All dates are included in the report, however, only NIGHTS spent in the facility are billable.* |
| Group Home B | $132.00 per day; 30 days  *Probation does not pay for the date of discharge for 24hour services. All dates are included in the report, however, only NIGHTS spent in the facility are billable.* |
| Independent Living | $133.00 per day; 30 days |
| Relative/Kinship Foster Care Assessment | $251.00 per evaluation |
| Shelter Care | $269.00 per day; 30 days  *Probation does not pay for the date of discharge for 24hour services. All dates are included in the report, however, only NIGHTS spent in the facility are billable.* |
| RESTORE  Specialized Restorative Residential Program | $345.00/day |

|  |  |
| --- | --- |
| **Description – Additional Probation**  **District Services** | **Rate** |
| Continuous Alcohol Monitoring (CAM) | As ordered by the court.  Landline $16.00 per day  Ether Cable $16.50 per day  Cellular $17.00 per day |
| Electronic Monitoring (EM) | Average of 4-6 weeks or as ordered by the court.  Land Line Non-GPS $15.00 per day  Cellular: $18.00 per day  GPS: $25.00 per day |