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| **Description - Treatment**   | **Rate**   |
| Acute Inpatient Hospitalization  | $1017.00 per day  |
| Community Treatment Aid (CTA)  | $65.00 per hour; 20 hours  |
| Co-Occurring Evaluation (CO)  | $448.00 per evaluation  |
| Functional Family Therapy (FFT)  | $145.00 per hour with client $139.00 per hour without client  |
| Juvenile Competency  |  $1200.00 per evaluation, court order required  |
| Juveniles Who Sexually Harm (JSH) Risk Evaluation  | $1009.00 per evaluation (IDI and risk assessment) Voucher will issue at $1009.00. If psychological testing is requested, must submit Evaluation Billing Worksheet. If approved, voucher will be adjusted upon payment. 96130 $251.00 96131 $139.00 96136 $139.00 96137 $64.00  |
| Juveniles Who Sexually Harm (JSH) Day Treatment  | $57.00 per hour  |
| Juveniles Who Sexually Harm (JSH) Intensive Outpatient Counseling (IOP)  | $180.00 per day of service  |
| Juveniles Who Sexually Harm (JSH) Outpatient Counseling  | $159.00 per session **Individual** $156.00 per session **Family** $97.00 per **Group**  |
| Juveniles Who Sexually Harm (JSH) Therapeutic Group Home (ThGH)  | **Therapy/Room and Board** $513.00 per day; 30 days **Room** **and Board only** $199.00 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  | $92.00 per session  |
| Mental Health (MH) Day Treatment  | $57.00 per hour  |
| Mental Health (MH) Intensive Outpatient Counseling (IOP)  | $156.00 per session **Individual** $156.00 per session **Family** $39.00 per hour **Group**  |
| Mental Health (MH) Outpatient Counseling  | $156.00 per session **Individual** $156.00 per session **Family** $55.00 per **Group**   |
| Mental Health (MH) Therapeutic Group Home (ThGH)  | **Therapy/Room and Board** $355.00 per day; 30 days **Room and Board only** $117.00 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.*   |
| Mul-systemic Therapy (MST)  | $51.00 per 15-minute unit  |

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| Paral Hospitalization  | $62.00 per hour  |
| Professional Resource Family Care (PRFC)  |  **Therapy/Room and Board** $142.00 per day; 30 days **Room and Board only** $70.00 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  | $424.00 per evaluation; $522.00 per evaluation if detained and conducted at the facility.  |
| Psychiatric Interview  | $169.00 per psychiatric interview only (conducted subsequent to an evaluation which included a social history); $264.00 per psychiatric interview only if detained and conducted at the facility.  |
| Psychiatric Residential Treatment Facility (PRTF) Hospital-Based  | $579.00 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  | $458.00 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  | $156.00 per session **Individual** $156.00 per session **Family** $55.00 per **Group**  |
| Substance Use (SU) Therapeutic Group Home (ThGH)  | **Therapy/Room and Board** $355.00 per day; 30 days **Room and** **Board only** $117.00 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  | $204.00 per evaluation (Initial Diagnostic Interview) Voucher will issue at $204.00. If psychological testing is requested, must submit Evaluation Billing Worksheet. If approved, voucher will be adjusted upon payment.  96130 $251.00 96131 $139.00  96136 $139.00 96137 $64.00  |
| Substance Use Evaluation (SU)  | $278.00 per evaluation  |
| Substance Use Addendum (SU)  | $113.00 per addendum  |
| Substance Use (SU) Paral Care  | $94.00 per hour  |
| Substance Use (SU) Intensive Outpatient Counseling (IOP)  |  $156.00 per session **Individual** $156.00 per session **Family** $39.00 per hour **Group**  |

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| **Description – Non-Treatment**   | **Rate**   |
| Case Managed Tutoring  | $58.00 per hour; 32 hours  |
| Community Youth Coach  | $22.00 per 15-minute (urban) base rate $3.00 per 15-minute rural differential $9.00 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)  |  $106.00 per hour (urban) base rate $11.00 per hour rural differential $39.00 per hour frontier differential  |
| Expedited Family Group Conferencing  | $2,175.00 per conference; 1 conference  |
| Family Partner  | $66.00 per hour; 20 hours  |
| Family Support  | $68.00 per hour; 25 hours  |
| General Education Class  | $13.00 per hour; 15 hours  |
| Intensive Family Preservation (IFP)  | $554.00 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  | $192.00 per hour; 5 hours  |
| Transportation   | $3.00 per mile ($23.00 minimum reimbursed per loaded oneway trip). $11.00 per hour for escort (defined as the me 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). $3.00 per mile and a $41.00 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.  |

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| **Description – Out-Of-Home Placement**   | **Rate**   |
| Agency Based Foster Care  | $102.74 per day ($52.18 must go directly to the family); 30 days  |
| Professional Foster Care  | $211.36 per day ($108.77 must go directly to the family): 30 days  |
| Crisis Stabilization  | $306.00 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.*   |

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| 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  | $136.00 per day; 30 days  |
| Relative/Kinship Foster Care Assessment  | $256.00 per evaluation  |
| Shelter Care  | $274.00 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  | $352.00/day  |

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| **Description – Additional Probation**  **District Services**   | **Rate**   |
| Continuous Alcohol Monitoring (CAM)  | As ordered by the court. Landline $17.00 per day Ether Cable $18.00 per day Cellular $18.00 per day  |
| Electronic Monitoring (EM)  | Average of 4-6 weeks or as ordered by the court. Land Line Non-GPS $16.00 per day Cellular: $19.00 per day GPS: $26.00 per day  |

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