



## EXHIBIT A SPECIALIZED TREATMENT SERVICES FEE SCHEDULE

The following rates apply to services described in Section I of the Contract.

Reimbursement will be for actual services provided to participants in accordance with attached Medicaid Fee schedule. Payments to Provider will vary depending on referrals of participants.

THERE IS NO GUARANTEE NUMBER OF REFERRALS.

Payment is based on "unit of service". A "unit of service" is one (1) hour for individual and family; one and a half (1 ½) hours for group.

PRIMARY LICENSURE: Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Licensed Professional Counselor, Licensed Chemical Dependency Counselor, Licensed Sex Offender Treatment Provider				
Category	Service & Service Code	Location & Unit Rate		
		In Office	Home Based	Out of Office
Psychological Assessment	Psychological Assessment (86W)	\$56.55	\$79.07	\$79.07
	Substance Abuse Assessment (83F)			
Individual	Individual Counseling (86C)	\$56.55	\$79.07	\$79.07
	Substance Abuse Treatment (83G)			
	Parent/Care giver Training (87C)			
	Sexual Behavior Treatment			
Group	Group Counseling (86E)	\$16.04	N/A	\$22.43
	Substance Abuse Treatment (83H)			
	Parent/Care giver Training (87C)			
	Sexual Behavior Treatment			
Family	Family Counseling (86F)	\$60.14	\$84.09	\$84.09
	Substance Abuse Treatment (83J)			
	Parent/Care giver Training (87C)			
	Sexual Behavior Treatment			
Diagnostic Consultation (81H)		\$56.55		
Court Testimony/Deposition (86H)		\$56.55		