

OPEN SOLICITATION # 1114919

Intensive Outpatient and/or Outpatient Substance Use Treatment Services

For County referred clients who do not meet Public Behavioral Health System Eligibility requirements and cannot be billed through the Fee for Service reimbursement model

**Basic Compensation Rate Sheet
as of July 1, 2022**

Service Code	Description	Rate	Unit
H0001	<u>Alcohol and/or Drug Assessment</u> Only bill once per 12-months per client unless there is more than a 30-day break in treatment	\$ 192.57	Per Assessment
H0004	<u>Individual Outpatient Therapy</u> May not bill for more than six units per day per client	\$ 27.12	Per 15-minute increment
H0005	<u>Group Outpatient Therapy</u> May not bill for more than one Group session per day per client	\$ 52.90	Per 60–90-minute session
H0015	<u>Intensive Outpatient (IOP)</u> May bill for a maximum of 4 days per week. Services for clients who require a minimum of 9 hrs of service per week.	\$ 169.51	Per diem with a minimum of 2 hours of service per day

Language Accessibility Compensation

Description	County Rate
Direct non-English services performed by bi-lingual staff for clients with limited English proficiency	\$100 monthly stipend with a maximum of \$1,200 per year. Submission of Direct Non-English Language Stipend Request form with monthly County invoice required for reimbursement.
Reimbursement of outside contracted interpreter services for clients with limited English proficiency	Actual invoice cost, up to \$150 per service provided by a contracted interpreter. Submission of contracted interpreter invoices submitted with monthly County invoice required for reimbursement.
Cultural competency trainings for staff working with clients with limited English proficiency.	\$1,000 maximum per year. Submission of training description, invoice and list of attendees submitted with monthly County invoice required for reimbursement.