

**INDIVIDUALIZED AGREEMENT FOR SERVICES  
ATTACHMENT A**

THIS AGREEMENT IS MADE AND ENTERED INTO on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between Boys and Girls Home of Nebraska, Inc., a Nebraska not-for-profit corporation (“Boys and Girls Home”) and \_\_\_\_\_, a Nebraska \_\_\_\_\_ (“Subcontractor”).

**1. Purpose:** The purpose of this agreement is to obtain \_\_\_\_\_ service for the following individual:

NAME: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 MC#: \_\_\_\_\_

**2. Term:** This agreement is in effect for the period from \_\_\_\_\_ until \_\_\_\_\_.

**3. Consideration:**

WHEREAS, Boys and Girls Home has entered into “Service Coordination and Service Provision for Child Welfare and Juvenile Services Contract” (the “State Contract”) with the Nebraska Department of Health and Human Services, Division of Children and Family Services (“NDHHS”), to provide an individualized system of care for children and their families referred for services by NDHHS in the Western, Central and Northern Service Areas; and

WHEREAS, Boys and Girls Home wishes to contract for Subcontractor’s performance of certain specified services which Boys and Girls Home has contracted to perform for NDHHS and Subcontractor wishes to perform those services and/or interventions for Boys and Girls Home.

IN CONSIDERATION of their mutual promises contained in this Agreement and the Standard Contract, Boys and Girls Home and Subcontractor (the “parties”) agree to perform as follows:

- a. Services to be Provided to Referred Children and Members of Families. Subcontractor agrees to perform the following selected services for children or members of families of children whom Boys and Girls Home refers to Subcontractor for services (Boys and Girls Home authorized designed will select authorized service by initialing and placing an “X” next to the services to be provided):

Initials	Type of Service	Billing Code	Subcontractor Rates
<b><u>B.1 Community Based Services and Supports</u></b>			
_____	1.1 In-Home Safety	1841	45.00/hour-for First 24 hours
_____	1.2 Home Supported Services 23:59	5352	10.00/hour
_____	1.3 Crisis Respite (bio family)	7395	80.00/day (max of 3 days)
_____	1.4 Intentional Family Interaction/ Parenting Time	4205	40.00/hour
_____	1.5 Drug Screening and Testing	8641	28.00/occurrence 18.00/occurrence for lab fee
_____	1.5a Drug Screening and Testing/ Tied into another service	8641	10.00/occurrence
_____	1.6 Intensive Family Preservation	8487	30.00/hour, Max 6,800
_____	1.7 Tracker Services	2464	24.00/Day
_____	1.8 Safety Checks	4331SC	20.00/Occurrence

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_____	1.9 Intentional Family Interaction/ Family Support Services	4331	40.00/hour
_____	1.10 Respite as Safety Plan Part.	4880S	20.00/day
_____	1.11 Interpreter	1450	Negotiable Rate

**B.2 Community Support Services**

_____	2.1 Escort/Transportation (includes mileage)	5581	15.00/hour
_____	2.2 Secure Transportation	1965	TBD
_____	2.3 Parent Education	8125	36.00/hour
_____	2.4 Family Group Conferencing	3159	2,700/per case
_____	2.5 Expedited Family Group Conferencing	3159	1,700/per case
_____	2.6 Mediation	4946	100.00/hour

**B.3 Network Services and Supports**

_____	3.1 NFAPA	4450	Case Rate
_____	3.1a NFAPA Recruitment	4449	10,000.00 max annually
_____	3.1a NFAPA Adoptive Home Studies	6013	\$450.00/each plus mileage
_____	3.1b NFAPA Home Studies	444OH	\$250.00/each plus mileage
_____	3.2 Federation of Families	4451	Case Rate
_____	3.2a After Care Services	9996OH	Case Rate

**B.4 Foster Care**

_____	4.1 Enhanced Resource Family Care and Support (ASFC)		
_____	4.1a Tier One	7933T1	30.00/day
_____	4.1b Tier Two	7933T2	43.00/day
_____	4.1c Tier Three	7934T3	69.00/day
_____	4.2 Emergency Resource Family Care and Support	7933E	69.00/day
_____	4.3 Crisis Respite	7933C	80.00/day
_____	4.4 Adoptive Home Studies	6013	450.00/each plus mileage
_____	4.5 Home Studies- non- affiliated Families-by referral only	444OH	\$250.00/each plus mileage
_____	4.6 Parenting Time by Foster Parent	4205FC	20.00/hour
_____	4.7 Transportation Family Visitation	3773OH	.34 per mile after 25 mile radius

**B.5 Facility Based Placement**

_____	5.1 Residential Safety Services	3015	135.00/day
_____	5.2 Group Home	9795	97.00/day
_____	5.3 Transportation Family Visitation	3773OH	.34/mile after 25 mile radius
_____	5.4 Additional Staffing	1350OH	80.00/day-pre-auth required

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**B.6 Individualized Services and Supports**

\_\_\_\_\_ 6.1 To Define

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**4. Documentation:** Billing documentation to be submitted by the 5<sup>th</sup> working day of the month following the month of service to: Boys and Girls Home of Nebraska, Inc., Attn: Julie Lynner, PO Box 1197, Sioux City, IA 51102-1197 or Invoice may also be submitted via fax to: 712-293-4800 Attn: Julie Lynner or securely emailed to [lynnerj@bghome.net](mailto:lynnerj@bghome.net) . Invoices will not be processed unless they are properly completed and include all described information in the Monthly Billing Summary section. Daily contract documentation is to be submitted to the corresponding Service Area Geopod that coordinates services to the child/client identified in this agreement.

**5. Signature**

The individuals executing this Agreement represent that they are properly and legally authorized to enter into this Agreement on behalf of the entity named above. As evidence of their intent to execute this contract, the authorized representatives have attested their signature below. By signing this Individual Agreement, the authorized representatives attest that they have signed the Standard Contract and all accompanying Exhibits, including the Attachment B for corresponding services listed above, as required by the contract.

**Boys and Girls Home of Nebraska, Inc.**

By:

Boys and Girls Home of Nebraska, Inc.

By: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_\_  
Name and Title

**NAME "Subcontractor"**

By: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_\_  
Name and Title