

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

641



FROM: Director of Mental Health **SUBMITTAL DATE:** Sept. 23, 2003

SUBJECT: Amended Rates for the Department of Mental Health All Districts

RECOMMENDED MOTION: Move that the Board of Supervisors:

1. Introduce and set for Public Hearing, Resolution No. 2003-391 amending Ordinance Nos. 722 and 724, Fee Schedules for the Department of Mental Health;
2. Upon the close of the Public Hearing, adopt Resolution No. 2003-391 amending Ordinance Nos. 722 and 724.
3. Delegate to the Mental Health Director the authority to adjust/add/delete rates within the Department's rate structure in accordance with Federal and State regulation changes or requirements.

BACKGROUND: On July 14, 1992, Agenda Item #11.3, the Board adopted Ordinance No. 722 and on September 1, 1992, Agenda Item #11.2, the Board adopted Ordinance No. 724 establishing rates and sliding fee schedules for the Department of Mental Health. In accordance with Board of Supervisors policy number -4, County Departments may evaluate existing rates for services on an annual basis, and make recommendations for changes. The Department last updated rates on July 18, 2000, Agenda Item #3.4. The Department has reviewed the impact of the cost of providing services relative to the rate structure, and is proposing changes to certain services provided in the various organizations within the Department of Mental Health.

Continued on Page 2...

JJR:JCZ

John J. Ryan, Director
Department of Mental Health

FORM APPROVED
COUNTY COUNSEL
SEP 30 2003

FINANCIAL DATA:

CURRENT YEAR COST:	N/A	ANNUAL COST:	N/A
NET COUNTY COST:	\$ -0-	IN CURRENT YEAR BUDGET:	No
		BUDGET ADJUSTMENT:	No

SOURCE OF FUNDS:

C.E.O. RECOMMENDATION: **APPROVE**

County Executive Officer Signature

FISCAL PROCEDURES APPROVED
ROBERT E. BYRD, Auditor-Controller
BY 10/14/03

Department Recommendation: Consent Policy
Per Executive Office: Consent Policy

2003 OCT 12 11:15
CLERK COUNTY OF RIVERSIDE
RIVERSIDE CALIFORNIA

SUBJECT: Amended Rates for the Department of Mental Health (All Organizations)

(BACKGROUND CONT'D.)

The proposed rates are based on FY 01/02 actual cost data and include an increase using the 2002 Home Health Agency Input Price Index of 3.5%.

The proposed rate increases in Public Guardian are based upon a detailed cost study utilizing the costs for FY 01/02. Previously, rates were only adjusted based on the cumulative COLA increase from FY 98/99 to FY 01/02. Comparable services in other counties show our proposed rates will be similar to those currently charged by other counties. The new Bond Fee is in accordance with California Probate Code Section 2942, which States the Public Guardian shall be paid an annual bond fee in the amount of twenty-five dollars plus one fourth of one percent of the amount of an estate greater than ten thousand dollars. The new Investigative Services rate was created to cover the cost of Public Guardian investigations. Previously these costs were being funded by the Department's other funding sources. Due to rising expenditures and reductions in Public Guardian revenues the Department can no longer fund these costs.

The proposed rates for Mental Health Administration reflect a new rate for the LPS (Lanterman Petris Short Act) Facility Designation. The new proposed rate for the LPS Facility Designation Fee is based on the projected costs for the onsite review team to complete the designation. This new fee will be required of facilities located solely within Riverside County as treatment and evaluation sites for involuntarily detained mentally disordered persons, pursuant to the provisions of the Lanterman Petris Short Act (LPS).

The proposed rates for Substance Abuse reflect a new rate for Case Management services. Previously these costs were being funded by the Department's other funding sources. Due to rising expenditures and reductions in Substance Abuse revenues the Department can no longer fund these costs.

Adjustments are proposed to the Narcotics Treatment Program (NTP) (Exhibit B) and Outpatient Drug Free (ODF) (Exhibit C) program sliding scales in compliance with Division 10.5 of the Health and Safety Code, Sections 11841 and 11991.5. This allows assessment of a fee to a patient which corresponds with their ability to pay, and eliminates unnecessary collection efforts for patients who are clearly unable to pay the established Board Approved rate for services received. These two sliding scales were adjusted using the same methodology as the State Department of Alcohol and Drug Uniform Method of Determining Ability to Pay (UMDAP) and NTP Medi-Cal reimbursement guidelines, in order to establish a local sliding scale, which is consistent with what is done by counties throughout the State. The purpose of these updated sliding scales is to ensure that client fees correspond with their income and are consistent with the Department's actual cost to provide this service. The Mental Health Treatment Program utilizes the State's UMDAP sliding fee schedule.

The establishment of the proposed fees will not prohibit any citizen of Riverside County from receiving services rendered by the Riverside County Department of Mental Health because we are mandated to utilize a sliding scale to determine ability to pay.

The Medi-cal program provides major support for Mental Health services. Federal rules prohibit the Medi-cal program from making aggregate payments that may exceed the total charges for these services. During the course of a year, actual costs are evaluated and compared against total charges. As actual costs come in higher than charges, changes in current rates become necessary. The delegation for the authority to make changes in the rate structure to the Mental Health Director would allow the Department to maximize the Medi-cal program and eliminate the need for a multitude of motions presented to the Board. It would allow the Department the flexibility to rapidly adjust to changes and therefore expedite billing for services.

SUBJECT: Amended Rates for the Department of Mental Health (All Organizations)

(BACKGROUND CONT'D.)

Therefore, we are requesting that the Board of Supervisors approve to set a Public Hearing in order to amend the fee schedule as outlined in Exhibit "A" and the sliding scales as outlined in Exhibit "B" and "Exhibit C" and authorize the Mental Health Director to adjust/add/delete rates within the Department's rate structure, and adopt Resolution No. 2003-391 at the conclusion of the Public Hearing, amending Ordinance Nos. 722 and 724.

FINANCIAL DATA

These proposed fees have been reviewed and approved by the County Auditor/Controller. If approved, the fee adjustments will result in revenue to the Department of approximately \$374,363 annually. No budget adjustment is requested at this time. Based on the final adoption date, the Department will calculate an estimate for FY 03/04 and submit an adjustment with the next Executive Officer's Mid-Year Budget Report.

RESOLUTION NO. 2003-391

RESOLUTION OF THE BOARD OF SUPERVISORS OF THE
COUNTY OF RIVERSIDE AMENDING ORDINANCES NO. 722 & 724
OF THE COUNTY OF RIVERSIDE
ESTABLISHING FEE SCHEDULES FOR
THE DEPARTMENT OF MENTAL HEALTH

WHEREAS, on September 1, 1992 the Board of Supervisors of the County of Riverside adopted Ordinance No. 724, an ordinance of the County of Riverside establishing a fee schedule for the Department of Mental Health for clinical and emergency treatment services; and

WHEREAS, on July 14, 1992 the Board of Supervisors of the County of Riverside adopted Ordinance No. 722 an ordinance of the County of Riverside establishing a fee schedule for the Department of Mental Health for Alcohol, Drug and Public Guardian Programs, and

WHEREAS, said ordinances took effect thirty days from the date of adoption; and

WHEREAS, Section 2 of said ordinances allows that the fee schedule, identified as Exhibit "A" to Ordinance Nos. 722 and 724, may be amended by resolution; and

WHEREAS, the Department of Mental Health of the County of Riverside now finds it necessary and appropriate to amend the fee schedule for Mental Health services; the fee schedule and sliding scale fee schedule for Substance Abuse services.

Now, Therefore,

BE IT RESOLVED AND ORDERED by the Board of Supervisors of the County of Riverside, State of California, in regular session assembled on _____, 2003, that:

1. The fee schedule identified as Exhibit "A" to Ordinance Nos. 722 and 724 are hereby amended by the fee schedule identified as Exhibit "A" of this resolution and that the sliding scale fee schedules identified as Exhibits "B" and "C" are amended by this resolution.
2. The Mental Health Director is authorized to adjust, add, or delete rates within the Department's rate structure in accordance with Federal and State regulatory or statutory changes.

EXHIBIT A

Riverside County Department of Mental Health
Public Guardian

Description	Current Rates	Proposed Rates	Increase/(Decrease)
Conservatorship Administration Services	\$134.00/Month	\$279.00/Month	\$145.00
Special Services	\$40.00/Hour	\$46.00/Hour	\$6.00
Warehouse Services	\$24.00/Hour	\$39.00/Hour	\$15.00
Investigative Services	NEW	\$89.00/Hour	NEW
Bond Fee	NEW	\$25.00 plus ¼ of 1% of estates greater than \$10,000	NEW

EXHIBIT A

Riverside County Department of Mental Health
Mental Health Administration

Description	Current Rates	Proposed Rates	Increase/(Decrease)
Patients' Rights Hearing Representation Fees	\$33.00/Hour	\$41.00/Hour	\$8.00
LPS Facility Designation Fee	New	\$1,370.00/Facility	New

EXHIBIT A

**Riverside County Department of Mental Health
Mental Health Treatment**

Description	Current Rates	Proposed Rates	Increase/(Decrease)
Local Hospital (Professional Component-Physicians)	\$80.00/Day	\$115.00/Day	\$35.00
Socialization Services	\$91.00/Unit	\$29.00/Day	(\$62.00)
Day Care Intensive – Full Day	\$198.00/Day	\$170.00/Day	(\$28.00)
Day Care Intensive – Half Day	\$134.00/Day	\$158.00/Day	\$24.00
Day Care Rehabilitative -Full Day	\$100.00/Day	\$106.00/Day	\$6.00
Crisis Stabilization – Urgent Care	\$109.00/Hour	\$109.00/Hour	\$0.00
Crisis Stabilization – ETS (Professional Component-Physicians)	\$102.00/Hour	\$43.00/Hour	(\$59.00)
Assessment, Individual	\$2.00/Minute	\$2.00/Minute	\$0.00
Assessment, Group	\$2.00/Minute	\$2.00/Minute	\$0.00
Psychological Testing	\$2.00/Minute	\$2.00/Minute	\$0.00
Clinical Evaluation	\$2.00/Minute	\$2.00/Minute	\$0.00
Rehabilitative Services	\$2.00/Minute	\$2.00/Minute	\$0.00
Psychological Consultation	\$2.00/Minute	\$2.00/Minute	\$0.00
Crisis Intervention	\$3.00/Minute	\$2.00/Minute	\$0.00
Collateral Services	\$2.00/Minute	\$2.00/Minute	\$0.00
Non-Family Collateral Services	\$2.00/Minute	\$2.00/Minute	\$0.00
Individual Therapy	\$2.00/Minute	\$2.00/Minute	\$0.00
Medications, Therapeutic	\$4.00/Minute	\$6.00/Minute	\$2.00
Medications, M.D.	\$4.00/Minute	\$6.00/Minute	\$2.00
Group Therapy	\$2.00/Minute	\$2.00/Minute	\$0.00
Case Management/Brokerage	\$2.00/Minute	\$2.00/Minute	\$0.00
MAB Training	\$72.00/Session	\$72.00/Session	\$0.00

EXHIBIT A

**Riverside County Department of Mental Health
Substance Abuse**

Description	Current Rates	Proposed Rates	Increase/(Decrease)
Day Care Habilitative (DCH)	\$108.00/Day	\$105.00/Day	(\$3.00)
Individual Counseling - ODF (Planning, Intervention)	\$70.00/Contact	\$94.00/Contact	\$24.00
Individual Counseling - Perinatal	\$99.00/Contact	\$106.00/Contact	\$7.00
Individual Counseling - NTP	\$15.00/10 minutes	\$31.00/10 minutes	\$16.00
Group Counseling – ODF	\$39.00/Contact	\$33.00/Contact	(\$6.00)
Group Counseling – Perinatal	\$55.00/Contact	\$55.00/Contact	\$0.00
Group Counseling – NTP	\$6.00/10 minutes	\$4.00/10 minutes	(\$2.00)
Narcotic Treatment Program (NTP) – Methadone	\$8.00/dose	\$8.00/dose	\$0.00
Narcotic Treatment Program (NTP) - LAAM	\$10.00/dose	\$14.00/dose	\$4.00
First Offender - TPP – 18 contact (4 month program)	\$19.00/Contact	\$19.00/Contact	\$0.00
Second Offender – TPP - 64 contact	\$19.00/Contact	\$19.00/Contact	\$0.00
Rescheduling Fee – TPP	\$16.00/Contact	\$16.00/Contact	\$0.00
Transfer Fee – TPP	\$21.00/Contact	\$21.00/Contact	\$0.00
First Offender – DDP	\$60.00/Contact	\$60.00/Contact	\$0.00
Second Offender – DDP	\$87.00/Contact	\$87.00/Contact	\$0.00
Monitoring Fee – DDP	\$371.00/Review	\$371.00/Review	\$0.00
Restructuring/Reinstatement - DDP	\$32.00/Contact	\$32.00/Contact	\$0.00
Methadone Program Review	\$1,430.00/Review	\$1,430.00/Review	\$0.00
First Offender (6 mo. Program) AB 1916	\$21.00/Contact	\$21.00/Contact	\$0.00
12 Hr. Educational SB1176 (Wet Reckless)	\$26.00/Contact	\$26.00/Contact	\$0.00
First Offender Screening Fee – DDP AB 1916	\$80.00/Contact	\$80.00/Contact	\$0.00
Wet Reckless Screening Fee SB1176 - DDP	\$40.00/Contact	\$40.00/Contact	\$0.00
Assessment Fee AB1916 - DDP	\$100.00/Contact	\$100.00/Contact	\$0.00
Case Management	NEW	\$101.00/Hour	NEW

EXHIBIT B

**Riverside County Department of Mental Health
NTP Sliding Scale Fee Schedule
Substance Abuse Program**

Monthly Adjusted Gross Income	Persons Dependent on Income Monthly Fee									
	1	2	3	4	5	6	7	8	9	10 <
\$0-350	0	0	0	0	0	0	0	0	0	0
\$351-450	100	90	81	73	66	59	53	48	43	39
\$451-550	130	117	105	94	85	76	69	62	56	50
\$551-650	159	143	129	116	104	94	85	76	68	62
\$651-750	189	170	153	138	124	111	100	90	81	73
\$751-850	218	196	177	159	143	129	116	104	94	85
\$851-950	248	223	201	181	163	146	132	118	107	96
\$951-1050	277	250	225	202	182	164	147	133	119	107
\$1051-1150	307	276	248	224	201	181	163	147	132	119
\$1151-1250	336	303	272	245	221	199	179	161	145	130
\$1251-1350	366	329	296	267	240	216	194	175	157	142
\$1351-1450	395	356	320	288	259	233	210	189	170	153
\$1451-1550	425	382	344	310	279	251	226	203	183	165
\$1551-1650	454	409	368	331	298	268	242	217	196	176
\$1651-1750	484	436	392	353	318	286	257	231	208	188
\$1751-1850	514	462	416	374	337	303	273	246	221	199
\$1851-1950	543	489	440	396	356	321	289	260	234	210
\$1951-2050	573	515	464	417	376	338	304	274	246	222
\$2051-2150	602	542	488	439	395	356	320	288	259	233
\$2151-2250	632	569	512	461	414	373	336	302	272	245
\$2251-2350	661	595	536	482	434	390	351	316	285	256
\$2351-2450	691	622	560	504	453	408	367	330	297	268
\$2451-2550	720	648	583	525	473	425	383	345	310	279
\$2551-2650	750	675	607	547	492	443	398	359	323	291
\$2651-2750	779	701	631	568	511	460	414	373	335	302
\$2751-2850	809	728	655	590	531	478	430	387	348	313
\$2851-2950	838	755	679	611	550	495	446	401	361	325
\$2951- above	868	781	703	633	569	513	461	415	374	336

EXHIBIT C

**Riverside County Department of Mental Health
Outpatient Drug Free Program Sliding Scale Fee Schedule
Substance Abuse Program**

Monthly Adjusted Gross Income	Persons Dependent on Income Monthly Fee									
	1	2	3	4	5	6	7	8	9	10 <
\$0-100	0	0	0	0	0	0	0	0	0	0
\$101-150	8	7	6	6	5	5	4	4	3	3
\$151-250	15	14	12	11	10	9	8	7	7	6
\$251-350	25	23	20	18	16	15	13	12	11	10
\$351-450	35	32	28	26	23	21	19	17	15	14
\$451-550	45	41	37	33	30	27	24	22	19	17
\$551-650	55	50	45	40	36	33	29	26	24	21
\$651-750	65	59	53	47	43	38	35	31	28	25
\$751-850	75	68	61	55	49	44	40	36	32	29
\$851-950	85	77	69	62	56	50	45	41	37	33
\$951-1050	95	86	77	69	62	56	51	45	41	37
\$1051-1150	126	114	102	92	83	74	67	60	54	49
\$1151-1250	173	155	140	126	113	102	92	83	74	67
\$1251-1350	188	169	152	137	123	111	100	90	81	73
\$1351-1450	203	182	164	148	133	120	108	97	87	79
\$1451-1550	218	196	176	159	143	129	116	104	94	84
\$1551-1650	310	279	251	226	204	183	165	148	134	120
\$1651-1750	330	297	267	241	217	195	175	158	142	128
\$1751-1850	350	315	284	255	230	207	186	167	151	136
\$1851-1950	370	333	300	270	243	219	197	177	159	143
\$1951-2050	410	369	332	299	269	242	218	196	176	159
\$2051-2150	451	406	365	329	296	266	240	216	194	175
\$2151-2250	495	445	401	361	325	292	263	237	213	192
\$2251-2350	540	486	438	394	354	319	287	258	233	209
\$2351-2450	588	529	476	428	386	347	312	281	253	228
\$2451-2550	637	574	516	465	418	376	339	305	274	247
\$2551-2650	689	620	558	502	452	407	366	329	296	267
\$2651-2750	742	668	601	541	487	438	394	355	320	288
\$2751-2850	798	718	646	582	523	471	424	382	343	309
\$2851-2950	855	770	693	624	561	505	455	409	368	331
\$2951- above	988	889	800	720	648	583	525	473	425	383



- A Sempra Energy utility

Original 1 of 3

Change Order Number: 2003 – 02

COUNTY OF RIVERSIDE COMMUNITY ACTION AGENCY
2038 IOWA AVENUE, SUITE B102
RIVERSIDE, CA 92507

September 5, 2003

CHANGE ORDER IN REFERENCE TO CONTRACT NUMBER SCGDAP2003-12.

CONTRACT AWARDS:

Contractor is awarded an additional 20 Gas weatherization units and 5 Gas water heaters for program year 2003. Contractor's Gas Weatherization Average Unit Cost has been revised to \$400 per unit. Additionally, Contractor is awarded 6 electric Weatherization units at an Average Unit cost of \$550 per unit.

Total Gas Weatherization and In-Home Energy Education units through December 31, 2003:	80
Maximum 2003 funds for Gas Weatherization and In-home Energy Education*:	\$32,000

Total Gas Water Heater Allocations through December 31, 2003:	50
Maximum funds for 2003 Gas Water Heater Installations**:	\$30,000

Total Energy Education Workshop Participants at \$15 each though December 31, 2003:	135
Maximum Energy Education Workshop Participant funds for 2003:	\$2,025

Total Electric Weatherization Units and Electric In-Home Energy Education Allocations through December 31, 2003 at an average unit cost of \$550 per unit:***	6
Maximum Electric space heating funds for PY2003:	\$3,300

Total Contract Amount for Program Year 2003:	\$67,325
---	-----------------

Should Contractor's Gas Weatherization Average Unit Cost be less than \$400, Contractor may elect to complete additional gas units up to, but not to exceed, the Maximum 2003 Gas Weatherization and In-Home Energy Education funds of \$32,000. Contractor shall notify the Company in writing of any such intent to expend remaining funds. In no case shall Contractor exceed the Contractor's Gas Weatherization Average Unit Cost of \$400 per unit, remaining gas units allocated may be subject to Maximum funds allocated for Gas Weatherization and In-home Energy Education herein specified.



Contract Change Order

A Sempra Energy® utility

As part of the SoCalGas/SoCalEdison Inter-Utility Agreement, Contractor is awarded **6 electric** weatherization units at an average unit cost not to exceed \$550 per unit and shall bill Company for services as referenced in the 2003 Direct Assistance Program Reimbursement Schedule. To comply with Inter-Utility guidelines, Contractor shall perform weatherization services in homes where the space heating source energy is provided by SoCalEdison. At no time shall Contractor utilize funds allocated for electric space heating units to weatherize gas space heating units. Further, at no time shall Contractor utilize funds allocated for gas space heating units to weatherize electric space heating units. Should Contractor complete the total number of electric units allocated without depleting all electric unit funds, Contractor may seek approval to weatherize additional electric units by contacting Jack Parkhill of SoCalEdison by mail at: 2244 Walnut Grove Ave., (G.O.1, Quad 2B), Rosemead, CA 91770, by telephone, (626) 302-8040 or electronically, jack.parkhill@sce.com. Contractor is advised SoCalGas shall not provide reimbursement for any electric units weatherized that exceed Contractor's original electric unit allocation without written approval from SoCalEdison.

- *Gas Weatherization and In-Home Energy Education units calculated at an Average Unit Cost of \$400 per unit.
- **Gas Water Heater allocations calculated at \$600 per appliance.
- ***Electric Weatherization and In-Home Energy Education units calculated at an Average Unit Cost of \$550 per unit.

ALL OTHER CONTRACT TERMS REMAIN THE SAME.

APPROVALS

COUNTY OF RIVERSIDE COMMUNITY ACTION
AGENCY

SOUTHERN CALIFORNIA GAS COMPANY

Signature: _____

Signature: _____

Name: _____

Name: Gregg Lawless

Title: _____

Title: Customer Assistance Manager

Date: _____

Date: _____

Contract Manager initial here _____ Karen Sturgeon

FORM APPROVED
COUNTY COUNSEL

SEP 25 2003

BY