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





SUBMITTAL DATE: August 4, 2011

SUBJECT: Fiscal Year 2011/2012 Fee Schedules for Department of Mental Health Services

**RECOMMENDED MOTION:** That the Board of Supervisors:

FROM: Department of Mental Health

- Introduce and set for public hearing, Resolution No. 2011-093 amending the Department of Mental Health fee schedules identified as Exhibit "A" to Ordinance Nos. 722 and 724;
- 2. Upon the close of the public hearing, adopt Resolution No. 2011-093.

**BACKGROUND:** In accordance with the Board of Supervisors' Policy B-4, County Departments shall evaluate existing charges for services on an annual basis, and make recommendations for changes. On July 26, 2011, pursuant to Agenda Item No. 3.53, the Board of Supervisors authorized and directed the Riverside County Department of Mental Health (RCDMH) to prepare and process an amendment to the fee schedules identified as Exhibit "A" to Ordinances Nos. 722 and 724. The RCDMH fee schedules were last updated on September 29, 2009, pursuant to Agenda Item No. 3.62. The RCDMH has reviewed the impact of the cost of providing services relative to the fee schedules, and is proposing a number of fee changes.

	(Continued on page 2)  JW:AA		Jerry Wengerd, Director of Mental Health Maria T. Mabey, Assistant Director of Mental Health				
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• i	FINANCIAL DATA	Current F.Y. Total Cost:	t: N/A In Current Year Budget:				
-		<b>Current F.Y. Net County Cost:</b>	\$ 0	\$ 0 Budget Adjustment:			
5		Annual Net County Cost:	<b>\$</b> 0	For Fiscal Year:	201	1/2012	
	SOURCE OF FUNDS:				Positions To Be Deleted Per A-30		
			APPROVE		Requires 4/5 Vote		
	C.E.O. RECOM	MENDATION:					
Policy	County Execut	ive Office Signature	BY: Willia Debra Cou	Olymcyka Irnoyer		<u>.</u>	
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**SUBJECT:** Fiscal Year 2011/2012 Fee Schedules for the Department of Mental Health Services

### BACKGROUND: (Continued)

The proposed FY 11/12 fees are based on the RCDMH's FY 09/10 actual cost data and projected cost increases for the upcoming fiscal year. These fees will ensure maximum reimbursement for the costs of services provided. Comparison tables are attached to show the extent of the fee changes.

The proposed FY 11/12 fees will not prohibit any citizen of Riverside County from receiving services rendered by the RCDMH because the department is mandated to utilize a sliding scale to determine a patient's ability to pay. The sliding scales established by the State and County ensure that the assessment of a fee to a patient corresponds with his or her ability to pay, and eliminates unnecessary collection efforts for patients who are unable to pay the established fee for services received. The sliding scales take into consideration family income and number of dependents in determining a client's ability to pay.

Therefore, the RCDMH is requesting that the Board of Supervisors set a public hearing to consider Resolution No. 2011-093, amending the fee schedules identified as Exhibit "A" to Ordinance Nos. 722 and 724; and adopt Resolution No. 2011-093 upon the close of the public hearing.

### FINANCIAL DATA:

The methodology in the fee schedules was approved by the County Auditor-Controller. When approved by the Board of Supervisors, the fee schedule changes will result in additional revenue to the RCDMH of approximately \$31,322 annually. No budget adjustment is requested at this time, and no additional county costs are required.

### ATTACHMENT TO FORM 11 Comparison Tables

### Proposed Rate Changes to Exhibit A of Ordinance No. 722 Riverside County Department of Mental Health Public Guardian

### Fiscal Year 2011/2012

<b>Description</b>	Current Rates	Proposed Rates	Increase/(Decrease)
Conservatorship Administration Services	\$413.00/Month	\$413.00/Month	No Change
Special Services	\$68.00/Hour	\$71.00/Hour	\$3.00
Warehouse Services	\$54.00/Hour	\$57.00/Hour	\$3.00
Investigative Services	\$201.00/Hour	\$211.00/Hour	\$10.00
Representative Payee Program	\$20.00/Month	\$22.00/Month	\$2.00
Bond Fee	\$25.00 plus ¼ of 1% of estates greater than \$10,000	\$25.00 plus ¼ of 1% of estates greater than \$10,000	No Change
Interest Fee on Estate Advances	Riverside County Treasurer Pooled Interest Rate	Riverside County Treasurer Pooled Interest Rate	N/A

### Proposed Rate Changes to Exhibit A of Ordinance No. 722 Riverside County Department of Mental Health Substance Abuse Fiscal Year 2011/2012

Description	Current Rates	Proposed Rates	Increase/(Decrease)
Day Care Rehabilitative (DCR)	\$105.00/Day	\$105.00/Day	No Change
Individual Counseling – ODF (Planning, Intervention)	\$185.00/Contact	\$185.00/Contact	No Change
Individual Counseling – Perinatal	\$184.00/Contact	\$193.00/Contact	\$9.00
Group Counseling – ODF	\$58.00/Contact	\$58,00/Contact	No Change
Group Counseling – Perinatal	\$74.00/Contact	\$78.00/Contact	\$4.00
First Offender – DDP	\$93,00/Contact	\$93.00/Contact	No Change
Second Offender – DDP	\$163.00/Contact	\$163.00/Contact	No Change
Monitoring Fee – PC 1000/DDP	\$5.00/Contact	\$5.00/Contact	No Change
Restructuring/Reinstatement – DDP	\$148.00/Contact	\$148.00/Contact	No Change
First Offender Screening Fee – DDP AB 1916 (6 Month / 9 Month Program)	\$152.00/Contact	\$152.00/Contact	No Change
Wet Reckless Screening Fee SB1176 – DDP	\$146.00/Contact	\$146.00/Contact	No Change
Educational Services – PC1210	N/A	\$5.00/Weekly	New Fee
Assessment Fee AB1916 – DDP	\$100.00/Contact	\$100.00/Contact	No Change
DMC Contract Administrative Fee	N/A	8.2% of the DMC Rate	New Fee
Case Management	\$116.00/Hour	\$122.00/Hour	\$6.00

## Proposed Rate Changes to Exhibit A of Ordinance No. 722 Riverside County Department of Mental Health

# Outpatient Drug Free Program Sliding Scale Fee Schedule Substance Abuse Program Fiscal Year 2011/2012

Monthly				Per	sons Depei	ident on Ir hly Fee	icome			
Adjusted Gross Income	1	2	3	4	5	6	7	8	9	10>
\$0-100	0	0	0	0	0	0	0	0	0	0
\$101-150	11	10	9	8	7	6	6	5	5	4
\$151-250	20	18	16	15	13	12	11	10	9	8
\$251-350	33	30	27	24	22	20	18	16	14	13
\$351-450	46	42	38	34	30	27	25	22	20	18
\$451-550	60	54	48	43	39	35	32	28	26	23
\$551-650	73	65	59	53	48	43	39	35	31	28
\$651-750	86	77	70	63	56	51	46	41	37	33
\$751-850	99	89	80	72	65	59	53	47	43	38
\$851-950	112	101	91	82	74	66	60	54	48	44
\$951-1050	126	113	102	92	82	74	67	60	54	49
\$1051-1150	166	150	135	121	109	98	88	80	72	64
\$1151-1250	228	205	185	166	150	135	121	109	98	88
\$1251-1350	248	223	201	181	163	146	132	118	107	96
\$1351-1450	267	241	217	195	176	158	142	128	115	104
\$1451-1550	287	259	233	209	188	170	153	137	124	111
\$1551-1650	409	369	332	298	269	242	218	196	176	159
\$1651-1750	436	392	353	318	286	257	232	208	188	169
\$1751-1850	462	416	374	337	303	273	246	221	199	179
\$1851-1950	489	440	396	356	321	289	260	234	210	189
\$1951-2050	541	487	438	394	355	319	287	259	233	210
\$2051-2150	596	536	482	434	391	352	317	285	256	231
\$2151-2250	653	588	529	476	428	386	347	312	281	253
\$2251-2350	713	642	578	520	468	421	379	341	307	276
\$2351-2450	776	698	628	566	509	458	412	371	334	301
\$2451-2550	841	757	681	613	552	497	447	402	362	326
\$2551-2650	909	818	736	663	597	537	483	435	391	352
\$2651-2750	980	882	794	714	643	579	521	469	422	380
\$2751-2850	1,053	948	853	768	691	622	560	504	453	408
\$2851-2950	1,129	1,016	914	823	741	667	600	540	486	437
\$2951-above	1,821	1,639	1,475	1,328	1,195	1,075	968	871	784	705

### Proposed Rate Changes to Exhibit A of Ordinance No. 724 Riverside County Department of Mental Health Mental Health Administration

### Fiscal Year 2011/2012

Description	Current Rates	Proposed Rates	Increase/(Decrease)
Patients' Rights Hearing Representation Fees	\$56.00/Hour	\$56.00/Hour	No Change
LPS Facility Designation Fee	\$1,955.00/Facility	\$1,955.00/Facility	No Change

# Proposed Rate Changes to Exhibit A of Ordinance No. 724 Riverside County Department of Mental Health Mental Health Treatment Fiscal Year 2011/2012

Description	Current Rates	Proposed Rates	Increase/(Decrease)
Local Hospital (Professional Component-Physicians)	\$182.00/Day	\$182.00/Day	No Change
Day Care Intensive – Full Day	\$210.00/Day	\$210.00/Day	No Change
Day Care Intensive – Half Day	\$174.00/Day	\$174.00/Day	No Change
Day Care Rehabilitative -Full Day	\$131.00/Day	\$131.00/Day	No Change
Crisis Stabilization - Urgent Care	\$258.00/Hour	\$258.00/Hour	No Change
Crisis Stabilization – (Professional Component-Physicians)	\$43.00/Hour	\$43.00/Hour	No Change
Assessment, Individual	\$2.59/Minute	\$2.59/Minute	No Change
Assessment, Group	\$2.59/Minute	\$2.59/Minute	No Change
Psychological Testing	\$2.59/Minute	\$2.59/Minute	No Change
Clinical Evaluation	\$2.59/Minute	\$2.59/Minute	No Change
Rehabilitative Services	\$2.59/Minute	\$2.59/Minute	No Change
Psychological Consultation	\$2.59/Minute	\$2.59/Minute	No Change
Crisis Intervention	\$3.94/Minute	\$3.94/Minute	No Change
Collateral Services	\$2.59/Minute	\$2.59/Minute	No Change
Non-Family Collateral Services	\$2.59/Minute	\$2.59/Minute	No Change
Individual Therapy	\$2.59/Minute	\$2.59/Minute	No Change
Medications, Therapeutic	\$6.00/Minute	\$6.00/Minute	No Change
Medications, M.D.	\$6.00/Minute	\$6.00/Minute	No Change
Group Therapy	\$2.59/Minute	\$2.59/Minute	No Change
Case Management/Brokerage	\$2.62/Minute	\$2.62/Minute	No Change

### **Board of Supervisors**

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### RESOLUTION NO. 2011-093

# AMENDING THE DEPARTMENT OF MENTAL HEALTH FEE SCHEDULES IDENTIFIED AS EXHIBIT "A" TO ORDINANCE NOS. 722 AND 724

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

WHEREAS, on September 1, 1992, the Board of Supervisors 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, Section 2. of said ordinances provides that the fee schedules may be amended by resolution; and,

WHEREAS, the Department of Mental Health now finds it necessary and appropriate to amend the fee schedules; now, therefore,

BE IT RESOLVED, FOUND, DETERMINED AND ORDERED by the Board of Supervisors of the County of Riverside, in regular session assembled on August 16, 2011, that Exhibits "A" and "B" to Ordinance No. 722 are repealed, replaced and superseded by the Exhibit "A" described in Attachment 1 to this resolution.

BE IT FURTHER RESOLVED by the Board that Exhibits "A" and "B" to Ordinance No. 724 are repealed, replaced and superseded by the Exhibit "A" described in Attachment 2 to this resolution.

## **ATTACHMENT 1**

## EXHIBIT A ORDINANCE NO. 722 FEE SCHEDULE

Riverside County Department of Mental Health Public Guardian Fiscal Year 2011/2012			
Description	Fees		
Conservatorship Administration Services	\$413.00/Month		
Special Services	\$71.00/Hour		
Warehouse Services	\$57.00/Hour		
Investigative Services	\$211.00/Hour		
Representative Payee Program	\$22.00/Month		
Bond Fee	\$25.00 plus ¼ of 1% of estates greater than \$10,000		
Interest Fee on Estate Advances	Riverside County Treasurer Pooled Interest Rate		

Riverside County Department of Mental Health Substance Abuse Fiscal Year 2011/2012			
Description	Fees		
Day Care Rehabilitative (DCR)	\$105.00/Day		
Individual Counseling – ODF (Planning, Intervention)	\$185.00/Contact		
Individual Counseling – Perinatal	\$184.00/Contact		
Group Counseling ODF	\$58.00/Contact		
Group Counseling – Perinatal	\$74.00/Contact		
First Offender – DDP	\$93.00/Contact		
Second Offender – DDP	\$163.00/Contact		
Monitoring Fee – PC 1000/DDP	\$5.00/Contact		
Restructuring/Reinstatement – DDP	\$148.00/Contact		
First Offender Screening Fee – DDP AB 1916 (6 Month / 9 Month Program)	\$152.00/Contact		
Wet Reckless Screening Fee SB1176 – DDP	\$146.00/Contact		
Educational Services – PC1210	N/A		
Assessment Fee AB1916 DDP	\$100.00/Contact		
DMC Contract Administrative Fee	N/A		
Case Management	\$116.00/Hour		

## EXHIBIT A ORDINANCE 724 FEE SCHEDULE

### Riverside County Department of Mental Health Outpatient Drug Free Program Sliding Scale Fee Schedule Substance Abuse Program Fiscal Year 2011/2012 Persons Dependent on Income Monthly Monthly Fee Adjusted Gross 10> Income ol \$0-100 \$101-150 \$151-250 \$251-350 \$351-450 \$451-550 \$551-650 \$651-750 \$751-850 \$851-950 \$951-1050 \$1051-1150 \$1151-1250 \$1251-1350 \$1351-1450 \$1451-1550 \$1551-1650 \$1651-1750 \$1751-1850 \$1851-1950 \$1951-2050 \$2051-2150 \$2151-2250 \$2251-2350 \$2351-2450 \$2451-2550 \$2551-2650 \$2651-2750 \$2751-2850 1,053 1,129 1,016 \$2851-2950 1,075 1,195 \$2951-above 1,821 1,639 1,475 1,328

## **ATTACHMENT 2**

## EXHIBIT A ORDINANCE NO. 724 FEE SCHEDULE

Riverside County Department of Mental Health Mental Health Administration Fiscal Year 2011/2012		
Description	Fees	
Patients' Rights Hearing Representation Fees	\$56.00/Hour	
LPS Facility Designation Fee	\$1,955.00/Facility	

Riv	erside County Department of Mental Health Mental Health Treatment Fiscal Year 2011/2012
Description	Fees
Local Hospital (Professional Component-Physicians)	\$182.00/Day
Day Care Intensive – Full Day	\$210.00/Day
Day Care Intensive – Half Day	\$174.00/Day
Day Care Rehabilitative -Full Day	\$131.00/Day
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Assessment, Individual	\$2.59/Minute
Assessment, Group	\$2.59/Minute
Psychological Testing	\$2.59/Minute
Clinical Evaluation	\$2.59/Minute
Rehabilitative Services	\$2.59/Minute
Psychological Consultation	\$2.59/Minute
Crisis Intervention	\$3.94/Minute
Collateral Services	\$2.59/Minute
Non-Family Collateral Services	\$2.59/Minute
Individual Therapy	\$2.59/Minute
Medications, Therapeutic	\$6.00/Minute
Medications, M.D.	\$6.00/Minute
Group Therapy	\$2.59/Minute
Case Management/Brokerage	\$2.62/Minute