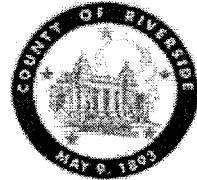


**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

674



FROM: Department of Mental Health

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:

1. 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)

Jerry Wengert

Jerry Wengert, Director of Mental Health
Maria T. Mabey, Assistant Director of Mental Health

JW:AA

FINANCIAL DATA	Current F.Y. Total Cost:	N/A	In Current Year Budget:
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:
	Annual Net County Cost:	\$ 0	For Fiscal Year: 2011/2012

SOURCE OF FUNDS:	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION: APPROVE

BY: *Debra Cournoyer*
Debra Cournoyer

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Buster, seconded by Supervisor Stone and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended, and is set for public hearing on Tuesday, September 13, 2011, at 9:30 a.m.

Ayes: Buster, Tavaglione, Stone, Benoit and Ashley
Nays: None
Absent: None
Date: August 16, 2011
xc: Mental Health, Auditor, COB

Kecia Harper-Ihem
Clerk of the Board
By: *Kecia Harper-Ihem*
Deputy

Prev. Agn. Ref.: 9/29/09 3.62 7/26/11 3.53	District: All	Agenda Number: 3.63
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FISCAL PROCEDURES APPROVED BY: *PAUL ANGLILO, CPA, AUDITOR-CONTROLLER*
 DATE: 8/4/11
 Departmental Concurrence
 FORM APPROVED COUNTY COUNSEL BY: *MARSHA L. VICTOR*
 DATE: 8/4/11
 Dept's Recomm.: Consent Policy
 Per Exec. Ofc.: Consent Policy

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**

Description	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 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	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