RESOLUTION NO. 93-117

A RESOLUTION OF ST. JOHNS COUNTY, FLORIDA, IDENTIFYING SPECIFIC SERVICES FOR WHICH THE ST. JOHNS COUNTY MENTAL HEALTH DEPARTMENT MAY CHARGE FEES AND SETTING SUCH FEES

WHEREAS, the Board of County Commissioners of St. Johns County, Florida, considered the fees and services set forth in the attached fee schedule and determined that they are fair and reasonable;

NOW, THEREFORE, BE IT RESOLVED, this 13th day of July , 1993, by the Board of County Commissioners of St. Johns County, Florida that commencing July 1, 1993, the St. Johns County Mental Health Department shall charge the fees set forth in the attached fee schedule for the services indicated therein.

BE IT FURTHER RESOLVED, that the St. Johns County Mental Health Department shall cause the funds derived from such fees to be deposited promptly into the Mental Health Fund and said funds shall be used as provided, but only after the expenditures have been approved by the Board of County Commissioners when such prior approval is required by law.

BE IT FURTHER RESOLVED, that all prior resolutions establishing fees are hereby terminated.

BE IT FURTHER RESOLVED, that the Clerk is requested to file a copy of this Resolution with the Department of Health and Rehabilitative Services.

BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA

BY: Line Boloonog

ATTEST: Carl "Bud" Markel, Clerk

Deputy Clerk

ST. JOHNS COUNTY ALCOHOL, DRUG ABUSE AND MENTAL HEALTH DEPARTMENT

SLIDING FEE SCHEDULE FOR 1993-94 FISCAL YEAR (% OF STANDARD FEE TO CHARGE)

A minimum fee of \$5.00 will be assessed for each chargeable service regardless of the sliding fee category.

FAMILY	NUMBER OF FAMILY MEMBERS IN HOUSEHOLD									
ANNUAL INCOME	1	2	3	4	5	6	7	8		
0 - 6,000	90	0.8	0%	0%	0.8	0 %	0%	0%		
6,001 - 9,000	5%	0%	0%	0%	0%	0 %	0.8	0%		
9,001 - 11,000	10%	5%	0%	0%	0%	0%	0%	0%		
11,001 - 13,000	15%	10%	5%	0%	0%	0%	0%	0%		
13,001 - 15,000	25%	15%	10%	5%	0%	0%	0.8	0%		
15,001 - 18,000	35%	25%	15%	10%	5%	0%	0 %	0%		
18,001 - 22,000	45%	35%	25%	15%	10%	5%	0%	0.8		
22,001 - 26,000	55%	45%	35%	25%	15%	10%	5%	0 %		
26,001 - 28,000	70%	55%	45%	35%	25%	15%	10%	5%		
28,001 - 30,000	85%	70%	55%	45%	35%	25%	15%	10%		
30,001 - 32,000	100%	85%	70%	55%	45%	35%	25%	15%		
32,001 - 34,000	100%	90%	85%	70%	55%	45%	35%	25%		
34,001 - 36,000	100%	100%	90%	85%	70%	55%	45%	35%		
36,001 - 38,000	100%	100%	100%	90%	85%	70%	55%	45%		
38,001 - 40,000	100%	100%	100%	100%	90%	85%	70%	55%		
40,001 - 42,000	100%	100%	100%	100%	100%	90%	85%	70%		
42,001 - 44,000	100%	100%	100%	100%	100%	100%	90%.	85%		
44,001 or more	100%	100%	100%	100%	100%	100%	100%	100%		

CLIENT CHARGES FOR THE TAXABLE FISCAL YEAR

•	CLIENT CHARGES FOR AND TOTAL		
		MEDICAID	
		UNIT*	UNIT *
CHARGE	ABBREVIATED	REIMB	<u>CHARGE</u>
CODE_	DESCRIPTION	\$ 31	\$100
01	Individual Therapy	\$ 15	\$ 45
(2	Group Therapy	\$ 20	\$100
	nilu Therany	\$ 60	\$100
03	Physician Discharge Summary	\$ 26	\$100
04	Psycho-Social Evaluation	\$ 60	\$150
05	Psychiatric Evaluation	\$ 00 \$ 28	\$ 75
06	Group Medication Management (under 20 minut		\$150
07	Group Medication Management Individual Medication Mgmt. (20-30 minutes	es)\$ 1/	\$150
ว8	Individual Medication Mgmt. (20-30 minutes Individual Medication Mgmt.)) \$ 35	\$120
. 9	Initial Intake - New Client	, \$ 50	\$120
10		\$ 40	\$120 \$150
11	Readmit Intake - Est. Crient Individual Medication Mgmt. (over 30 min.)	\$ 5 2	\$ 90
12	Individual medication right	\$ 20	\$ 90 \$100
13	Collateral - Therapeutic Info	\$ 80	
14	Psycholg Test - TAT	\$ 80	\$800
15	Termer - Hattely	ş 80	\$100
16	Payahola Test - MMrI OI MAII	\$160	\$400
17		\$ 80	\$120
18	Psychold Test - Rorscach of Western	\$ 0	\$125
19	Baker Act Screening	\$ 50	\$ 60
	mroatment Plan Review	\$ 15	\$ 45
24	por mreatment - Partlal Day	\$ 42	\$ 50
30	Day Treatment - Min. 4 Hrs	\$ 12	\$ 12
31	Child Case Management	\$ 17	, \$ 50
41	Social Rehabilitation	\$ 17	\$150
43	Physician Visit	\$ 12 \$ 12	\$ 90
51	Visit W/Injection	\$ 14	\$ 50
53	Physical Exam	\$ 45 \$ 0 \$ 50	\$ 3
54	Physical Exam	\$ U	\$ 50
59	Prescription - IDP Clinical On-Site (Child)	\$ 50	\$ 10
62	Non-Clinical In-Home (Child)	s 10	\$ 5
63	Non-Clinical in nome ()	\$ 5	\$ 25
7 7	Transportation Service Sign Language Interpreter (Cost)	\$ 5 \$ 17 \$ 0	\$100
78	Sign Language Interpretation (
79	Minor Surgical Procedures Court - Personal Injury Testimony	\$ O	\$300
85	Court - Personal Injuly 200	\$ 0	\$200
86	Physician Court/Deposition	ș O	\$150
87	Therapist Court/Deposition	\$ 0 \$ 0 \$ 0 \$ 60 \$ 10 \$ 21	\$ 25
90	No Show Charge	\$ 60	\$160
91	Psychiatric Consultation	\$ 10	\$ 50
9 5	EKG Dr. Assessment	\$ 21	\$ 50
96	FKC Interpretation	. \$ 0	\$ 15
9 7	Taboratory Test - TASC	\$ O	\$ 20
98	Laboratory Service	,	
די ח פאי ת	AL HOSPITALIZATION	\$ 42	\$140
	pagetial Hospitalizacion	\$ 15	\$ 80
36 30	1 Haasifallon - J May	\$ 15 \$ 15	\$120
39	Partial Hosp. Alc/Drug - 4.5 Hrs	רד ל	- r -
65	rational moops was a		
=	IENT PER DIEM (ALL INCLUSIVE)	- ^	\$ 500
	Adult/Adolescent Per Day **	\$ 0	J 0 0
7 0	Adult/Adolescenc 1021		
	3 207 2007	·+ .	

Unit charge is per hour, per day, or per event.
Includes laboratory and pharmacy related to psychiatric and substance abuse treatment only. Includes psychiatric and therapy services. Does not include services needed due to medical complications.

DETAIL SCHEDULE

ST. JOHNS COUNTY ALCOHOL, DRUG ABUSE AND MENTAL HEALTH DEPARTMENT Client Charges for XXXXXX Fiscal Year 1993-1994

CHAR	GE ABBREVIATED	5 L	101	15 t	251	351	451	551	701	051	901	100%
CODE	DESCRIPTION	CIIRG	CTRG	CHRG	CIIRG	CHRG	CIIRG	CIIRG	СЛЯС	Cling	CHRG	CHARGE
		·										
01	INDIVIDUAL THERAPY	5.00	10.00	15.00	25.00	35.00	45.00	55.00	70.00	85.00	90.00	100.00
02	GROUP THERAPY	5.00	5.00	7.00	11.00	₹ 16.00°	20.00	25.00	32.00	38.00	41.00	45.00
03	FAHILY TRERAPY	5.00	10.00	15.00	25.00	35.00	45.00	55.00	:	85.00	90.00	100.00
04	PHYSICIAN DISCHARGE	5 .00	4.00	6.00	10.00	14.00	10.00	22.00	20.00	34.00	36.00	40.00
05	PSYCHO-SOCIAL EVALUA	5.00	10.00	15.00	25.00	15.00	45.00	55.00	75.00	85.00	90.00	: ::
06	PSYCHIATRIC EVALUATI	8.00	15.00	. 23.00	38.00	53.00	60.00	83.00	105.00	128.00	135.00	100.00 150.00
07	GROUP HEDICATION HGH	5.00	8.00	11.00	19.00	26.00	34.00	41.00	53.00	64.00	68.00	<u>'</u>
08	INDIVIDUAL HEDICATIO	8.00	15.00	23.00]]0.00	53.00	60.00	83,00	105.00	_f2@_oo	135.00	75.00 150.00
10	INITIAL INTARE - NEW	6.00	12.00	18.00]0.0 0	42.00	54.00	66.00	84.00	102.00	108.00	150.00 170.00
11	READNIT INTAKE - EST	6.00	12.00	18.00	30.00	42.00	54.00	66.00	84.00	102.00	108.00	120.00
13	COLLATERAL - THERAPE	5.00	9.00	14.00	23.00	32.00	41.00	50.00	63.00	77.00	81.00	90.00 [
14	PSYCHOLG TEST- TAT	5.00	10.00	15.00	25.00	, 35.0 0	45.00	55.00	70.00	85.00	90.00	100.00
15	PSYCHOLG TEST- BATTE	40.00	80.00	120.00	200.00	200.00	360.00	440.00	560.00	680.00	720.00	800.00
16	PSTCHOLG TEST - HAPI	5.00	10.00	15.00	25.00	35.00	45.00	55.00	70.00	85.00	90.00	100.00
17	NEUROPSYCHOLOGICAL T	20.00	40.00	60.00	100.00	140.00	100.00	220.00	280.00	340.00	360.00	400.00
18	PSYCHOLG TEST-RORSCA	6.00	12.00	18.00	30.00	42.00	54.00	66.00	84.00	102.00	109.00	120.00
19	BAKER ACT SCREENING	6.00	13.00	19.00	31.00	44.00	56.00	69.00	09.00	106.00	113.00	125.00
24	TREATMENT PLAN REVIE	3.00	6.00	9.00	15.00	21.00	27.00	33.00	42.00	51.00	:	!!
31	DAY TREATHENT - HIN.	3.00	5.00	8.00	13.00	10.00	23.00	28.00	35.00	!	54.00	60.00
43	SOCIAL REFABILITATIO	1.00	5.00	8.00	13.00	18.00	23.00	28.00	:	43.00	45.00	50.00
51	PHYSICIAN VISIT - ES	8.00	15.00	23.00	38.00	53.00	68.00	:	35.00	43.00	45.00	50.00
53	VISIT W/INJECTION -	5.00	9.00	14.00	23.00	32.00	41.00	83.00	105.00	128.00	135.00	150.00
54	PHYSICAL EXAM	3.00	5.00	0.00	13.00	10,00	23.00	50.00	63.00	77.00	81.00	90.00
59	PRESCRIPTION - IDP	0.00	0.00	0.00	1.00	1.00	1.00	20.00	35.00 2.00	43.00	45.00	50,00
77	TRANSPORTATION SERVI	0.00	1.00	1.00	1.00	2.00	2.00	3.00	4.00	3.00	3.00	1.00 []
78	SIGN LANGUAGE INTERP	1.00	3.00	4.00	6.00	9.00	11.00	14.00	18.00	21.00	5.00	5.00
79	HINOR SURGICAL PROCE	5.00	10.00	15.00	25.00	35.00	45.00	55.00	70.00	85.00	23.00	\$25 }
86	PHYSICIAN COURT/DEPO	J.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	90.00	100.00
87	THERAPIST COURT/DEPO	6.00	12.00	18.00	30.00	42.00	54.00	66.00	04.00	102.00	3.00 108.00	160.00
90	NO SHOW CHARGE	1.00	3.00	4-00	6.00	9.00	11.00	14.00	18.00	21.00		!!
91	PSYCHIATRIC CONSULTA	8.00	16.00	24.00	40.00	56.00	72.00	88.00	112.00	136.00	23.00	25.00
95	EKG DR. ASSESSMENT	3.00	5.00	8.00	13.00	10.00	23.00	2B.00	35.00	43.00	:	160.00
96	EKG INTERPRETATION	3.00	5.00	8.00			!	Į.	,	,	45.00	50.00 []
97	LABORATORY TEST - TA	1.00			_	18.00	7 00 1	20.00	33.00	43.00	45.00	50.00
98	LABORATORY SERVICE	1.00	2.00	1.00	5 00 1	7 00	9.00	11.00	11.00	13.00	14.00	15.00
	1			3.30	3.30	,.00	7.00 J	11.00	14.00	17.00	18.00	\$20
PARTIAL HOSPITALIZATION												
	PARTIAL HOSPITALIZAT	7.00	14.00	21.00 T	15.00 F	as on I	63 00 l	77 00 1	na co I		100 00 1	!!
39	PARTIAL HOSPITILIZAT	4.00 1	9.00	12.00	20.00	28.00 l	36.00	44 00 T	56.00	119.00	126.00	140.00 []
65	PARTIAL HOSP. ALC/D	15.00	15.00 J	15.00	15.00	15.00	15.00 j	15 00	ו מחיפר	16 00	72.00	120.00
		- 1	· · 1		1	1	-3.50	13.00	13.00	13.00	15.00	140.00 []

36	PARTIAL HOSPITALIZAT	7.00	14.00	21.00	35.00	49.00	63.00	77.00	98.00	119.00	126.00	140.00	11
39	PARTIAL HOSPITILIZAT	4.00	8.00	12.00	20.00	28.00	36.00	44.00	56.00	68.00	72.00	80.00	ii
65	PARTIAL HOSP. ALC/D	15.00	15.00 Î	15.00	15.00	15.00	15.00 Î	15 no l	15 00 1	15 00	15 00	120.00	11

INTATIENT PER DIEM

ABULT/ADOL PER DAY | 25.00 | 50.00 | 75.00 | 125.00 | 175.00 | 225.00 | 275.00 | 350.00 | 425.00 | 450.00 | 500.00 ||