

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: Linda Beltrami
Chair

ATTEST: Carl "Bud" Markel, Clerk

BY: Yvonne Carter
Deputy Clerk



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

CLIENT CHARGES FOR ~~1992-93~~¹⁹⁹³⁻⁹⁴ FISCAL YEAR

CHARGE CODE	ABBREVIATED DESCRIPTION	MEDICAID	UNIT *
		REIMB.	CHARGE
		\$ 31	\$100
01	Individual Therapy	\$ 15	\$ 45
(2	Group Therapy	\$ 20	\$100
03	Family Therapy	\$ 60	\$100
04	Physician Discharge Summary	\$ 26	\$100
05	Psycho-Social Evaluation	\$ 60	\$150
06	Psychiatric Evaluation	\$ 28	\$ 75
07	Group Medication Management	\$ 17	\$150
08	Individual Medication Mgmt. (under 20 minutes)	\$ 35	\$150
9	Individual Medication Mgmt. (20-30 minutes)	\$ 50	\$120
10	Initial Intake - New Client	\$ 40	\$120
11	Readmit Intake - Est. Client	\$ 52	\$150
12	Individual Medication Mgmt. (over 30 min.)	\$ 20	\$ 90
13	Collateral - Therapeutic Info	\$ 80	\$100
14	Psycholg Test - TAT	\$ 80	\$800
15	Psycholg Test - Battery	\$ 80	\$100
16	Psycholg Test - MMPI or MAPI	\$160	\$400
17	Neuropsychological Test	\$ 80	\$120
18	Psycholg Test - Rorscach or Wechsler	\$ 0	\$125
19	Baker Act Screening	\$ 50	\$ 60
24	Treatment Plan Review	\$ 15	\$ 45
30	Day Treatment - Partial Day	\$ 42	\$ 50
31	Day Treatment - Min. 4 Hrs	\$ 12	\$ 12
41	Child Case Management	\$ 17	\$ 50
43	Social Rehabilitation	\$ 12	\$150
51	Physician Visit	\$ 12	\$ 90
53	Visit W/Injection	\$ 45	\$ 50
54	Physical Exam	\$ 0	\$ 3
59	Prescription - IDP	\$ 50	\$ 50
62	Clinical On-Site (Child)	\$ 10	\$ 10
63	Non-Clinical In-Home (Child)	\$ 5	\$ 5
77	Transportation Service	\$ 17	\$ 25
78	Sign Language Interpreter (Cost)	\$ 0	\$100
79	Minor Surgical Procedures	\$ 0	\$300
85	<u>Court - Personal Injury Testimony</u>	\$ 0	\$200
86	<u>Physician Court/Deposition</u>	\$ 0	\$150
87	<u>Therapist Court/Deposition</u>	\$ 0	\$ 25
90	No Show Charge	\$ 60	\$160
91	Psychiatric Consultation	\$ 10	\$ 50
95	EKG Dr. Assessment	\$ 21	\$ 50
96	EKG Interpretation	\$ 0	\$ 15
97	Laboratory Test - TASC	\$ 0	\$ 20
98	Laboratory Service		
PARTIAL HOSPITALIZATION			
36	Partial Hospitalization - 6 Hrs	\$ 42	\$140
39	Partial Hospitalization - 3 Hrs	\$ 15	\$ 80
65	Partial Hosp. Alc/Drug - 4.5 Hrs	\$ 15	\$120
INPATIENT PER DIEM (ALL INCLUSIVE)			
70	Adult/Adolescent Per Day **	\$ 0	\$500

* 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 ~~XXXX~~ Fiscal Year 1993-1994

CHARGE CODE	ABBREVIATED DESCRIPTION	51 CHRG	101 CHRG	151 CHRG	251 CHRG	351 CHRG	451 CHRG	551 CHRG	701 CHRG	851 CHRG	901 CHRG	1001 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	FAMILY THERAPY	5.00	10.00	15.00	25.00	35.00	45.00	55.00	70.00	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	35.00	45.00	55.00	70.00	85.00	90.00	100.00
06	PSYCHIATRIC EVALUATI	8.00	15.00	23.00	38.00	53.00	60.00	83.00	105.00	128.00	135.00	150.00
07	GROUP MEDICATION MGH	5.00	8.00	11.00	19.00	26.00	34.00	41.00	53.00	64.00	68.00	75.00
08	INDIVIDUAL MEDICATIO	8.00	15.00	23.00	38.00	53.00	60.00	83.00	105.00	128.00	135.00	150.00
10	INITIAL INTAKE - NEW	6.00	12.00	18.00	30.00	42.00	54.00	66.00	84.00	102.00	108.00	120.00
11	READMIT 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	35.00	45.00	55.00	70.00	85.00	90.00	100.00
15	PSYCHOLG TEST- BATT	40.00	80.00	120.00	200.00	280.00	360.00	440.00	560.00	680.00	720.00	800.00
16	PSYCHOLG TEST - MMPI	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	180.00	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	108.00	120.00
19	BAKER ACT SCREENING	6.00	13.00	19.00	31.00	44.00	56.00	69.00	88.00	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	54.00	60.00
31	DAY TREATMENT - MIN.	3.00	5.00	8.00	13.00	18.00	23.00	28.00	35.00	43.00	45.00	50.00
43	SOCIAL REHABILITATIO	1.00	5.00	8.00	13.00	18.00	23.00	28.00	35.00	43.00	45.00	50.00
51	PHYSICIAN VISIT - ES	8.00	15.00	23.00	38.00	53.00	68.00	83.00	105.00	128.00	135.00	150.00
53	VISIT W/INJECTION -	5.00	9.00	14.00	23.00	32.00	41.00	50.00	63.00	77.00	81.00	90.00
54	PHYSICAL EXAM	3.00	5.00	8.00	13.00	18.00	23.00	28.00	35.00	43.00	45.00	50.00
59	PRESCRIPTION - IDP	0.00	0.00	0.00	1.00	1.00	1.00	2.00	2.00	3.00	3.00	3.00
77	TRANSPORTATION SERVI	0.00	1.00	1.00	1.00	2.00	2.00	3.00	4.00	4.00	5.00	5.00
78	SIGN LANGUAGE INTERP	1.00	3.00	4.00	6.00	9.00	11.00	14.00	18.00	21.00	23.00	25
79	MINOR SURGICAL PROCE	5.00	10.00	15.00	25.00	35.00	45.00	55.00	70.00	85.00	90.00	100.00
86	PHYSICIAN COURT/DEPO	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	160.00
87	THERAPIST COURT/DEPO	6.00	12.00	18.00	30.00	42.00	54.00	66.00	84.00	102.00	108.00	120.00
90	NO SHOW CHARGE	1.00	3.00	4.00	6.00	9.00	11.00	14.00	18.00	21.00	23.00	25.00
91	PSYCHIATRIC CONSULTA	8.00	16.00	24.00	40.00	56.00	72.00	88.00	112.00	136.00	144.00	160.00
95	ERG DR. ASSESSMENT	3.00	5.00	8.00	13.00	18.00	23.00	28.00	35.00	43.00	45.00	50.00
96	ERG INTERPRETATION	3.00	5.00	8.00	13.00	18.00	23.00	28.00	35.00	43.00	45.00	50.00
97	LABORATORY TEST - TA	1.00	2.00	2.00	4.00	5.00	7.00	8.00	11.00	13.00	14.00	15.00
98	LABORATORY SERVICE	1.00	2.00	3.00	5.00	7.00	9.00	11.00	14.00	17.00	18.00	20

PARTIAL HOSPITALIZATION

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
39	PARTIAL HOSPITALIZAT	4.00	8.00	12.00	20.00	28.00	36.00	44.00	56.00	68.00	72.00	80.00
63	PARTIAL HOSP. ALC/D	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	120.00

INPATIENT PER DIEM

70	ADULT/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
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