

Behavioral Health
16601 & 16602

FY 2016-17 FEE SCHEDULE

Fee Description	Authority	Fee Amount	Unit Desc.	Comments
Fund Center-16602 Drug and Alcohol Treatment Programs				Footnote 1
Medication Evaluation		\$100.00	Each	Cost for medication evaluation provided by licensed individual. Footnote 1
Individual Counseling		\$86.00	Per Hour	Footnote 1
Group Counseling		\$34.00	Each	Footnote 1
Client Assessment		\$288.00	Each	Court Ordered Assessment - Extended Program
Absence Fee		\$34.00	Each	
Urine Testing		\$24.00	Each	
Urine Testing - ETG		\$36.00	Each	Urine test used strictly to determine the presence of alcohol in the system - ETG.
Patch Test Fee		\$68.00	Each	Patch drug test is used as an alternative to the normal urine testing for clients who are unable to test frequently.
Urine Testing - Dip		\$15.00	Each	Urine test used to determine the presence of drugs in the system.
Breathalyzer Test		\$6.00	Each	Breath test used strictly to determine the presence of alcohol in the system.
Detox Program Fee - Suboxone		\$752.00	Per Prgm	Footnote 1
Detox Fee Hrly - Alcohol & Opiates		\$104.00	Each	Footnote 1
Intensive Outpatient Treatment		\$135.00	Each	Footnote 1
Non Perinatal Intensive Outpatient Treatment		\$117.00	Each	Footnote 1
Assessment / Screening Program Fee	PC 1463.13	\$150.00	Each	Treatment Program Assessment. Fee amount maximum defined by PC 1463.13

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Fee Description	Authority	Fee Amount	Unit Desc.	Comments
Fund Center-16601 Specialty Mental Health Services				
Mental Health Services		\$4.90	Minute	See Footnote 2
Medication Support		\$7.27	Minute	See Footnote 2
Day Treatment: Intensive (Full Day)		\$380.80	Day	See Footnote 2
Psychiatric Health Facility (PHF)		\$1,746.40	Day	See Footnote 2
Adult Residential		\$183.07	Day	See Footnote 2

Department Name: Behavioral Health
Fund Center: 16601 & 16602

Footnote #	Footnote Narrative
1	While the standard treatment fees are calculated and based on the cost of doing business, clients are assessed a fee based on their ability to pay. The ability to pay is calculated based on a sliding fee scale, taking into consideration factors such as household income and the number of dependents in the household.
2	FC 16601 receives Medi-Cal reimbursement based on actual costs or published rate, whichever is lower. To ensure that the actual costs can be reimbursed, and not limited to the published rate, the rates are inflated. Proposed units of service have not been included on this worksheet since the calculated revenue projection would be overstated due to the inflated rates.