10-09-07 – Resolution No. 07-132

11-06-07 – Resolution No. 07-154

5-6-08 – Resolution No. 08-66

6-3-08 – Resolution No. 08-87 (effective 3-1-08)

6-9-09 – Resolution No. 09-70

8-18-09 – Resolution No. 09-119

Revised 6-21-11; Resolution 2011-71

Revised 8-16-11; Resolution 2011-100

Revised 8-14-12; Resolution 2012-124

Revised 8-14-12; Resolution 2012-125

Revised 9-11-12; Resolution 2012-135

Revised 7-9-13; Resolution 2013-87

Revised 7-9-13; Resolution 2013-88

Revised 11-4-14; Resolution 2014-132

Revised 11-4-14; Resolution 2014-133

Revised 2-9-16; Resolution 2016-18

Revised 2-9-16; Resolution 2016-19

Revised 8-2-16; Resolution 2016-104

Revised 2-28-17; Resolution 2017-36

Revised 6-6-17; Resolution 2017-90

Revised 6-20-17; Resolution 2017-110

Revised 8-15-17; Resolution 2017-128

Revised 9-12-17; Resolution 2017-151

Revised 9-12-17; Resolution 2017-152

Revised 12-19-17; Resolution 2017-195

**Revised 10-18-18; Resolution 2018-XX**

**PART 120**

**HEALTH AND HUMAN SERVICES**

Sec. 120.010. General

Sec. 120.020. Drug Offender Program Fees

Sec. 120.030. Mental Health Department Fees

Sec. 120.040. [Reserved]

Sec. 120.050. Napa County Emergency Medical Services Agency Fees

Sec. 120.060. Public Health Clinic Fees

Sec. 120.070. Public Health Clinic – Family Planning Fees

Sec. 120.080. [Reserved]

Sec. 120.090. Medical Marijuana Identification Card Issuance Fees

Sec. 120.200. Mental Health Fees

Sec. 120.300. Alcohol and Drug Services Fee

Sec. 120.400. Vital Statistics Fees

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Sec. 120.010. General | | | | | | | | | | | | | | | |  |
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| The fees set forth in this Part shall be paid to the Department of Human Services. | | | | | | | | | | | | | | | |  |
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| Sec. 120.020. Drug Offender Program Fees | | | | | | | | | | | | | | | |  |
|  | |  | |  | | |  | | | | |  | | | |  |
| The fee to participate in the drug offender program is three hundred eighty dollars. | | | | | | | | | | | | $380.00 | | | |  |
|  | |  | |  | | |  | | | | |  | | | |  |
| Sec. 120.030. Mental Health Department Fees | | | | | | | | | | | | | | | |  |
|  | |  | |  | | |  | | | | |  | | | |  |
| (a) | | The following fees are established for participation in the  four components of the Drinking Driver Program: | | | | | | | | | | | | | |  |
|  | |  | |  | | |  | | | | |  | | | |  |
| (1) | | First Offender Program | | | | | | | | | | $593.00 | | | |  |
|  | |  | |  | | |  | | | | |  | | | |  |
| (2) | | Multiple Offender Program | | | | | | | | | | $1,900.00 | | | |  |
|  | |  | |  | | |  | | | | |  | | | |  |
| (3) | | Six-Month Program | | | | | | | | | | $763.00 | | | |  |
|  | |  | |  | | |  | | | | |  | | | |  |
| (4) | | Six-Week Education Program | | | | | | | | | | $200.00 | | | |  |
|  | |  | |  | | |  | | | | |  | | | |  |
| (b) | | In addition to the program fees set forth in subparagraph (a), a State Surcharge will also be assessed based upon annual assessment by the State Department of Alcohol and Drug. | | | | | | | | | | | | | |  |
|  | |  | |  | | |  | | | | |  | | | |  |
| (c) | | The following payment plans, based on monthly family income, may be utilized for the four programs set forth in subparagraph (a) above: | | | | | | | | | | | | | |  |
|  | |  | |  | | |  | | | | |  | | | |  |
| (1) | | Standard Payment Plan – Monthly Family Income of: | | | | | | | | | | $1,500.00 or greater | | | |  |
|  | |  | |  | | |  | | | | |  | | | |  |
| (2) | | Extended Payment Plan – Monthly Family Income of: | | | | | | | | | | $380.00 to $1,500.00 | | | |  |
|  | |  | |  | | |  | | | | |  | | | |  |
| (3) | | No Intake Fee/$5 per month – Monthly Family Income: | | | | | | | | | | Less than $380.00 | | | |  |
|  | |  | |  | | |  | | | | |  | | | |  |
| (d) | | The following ancillary fees are established for participation in all four components of the Drinking Driver Program: | | | | | | | | | | | | | |  |
|  | |  | |  | | |  | | | | |  | | | |  |
| (1) | | Missed Activity | |  | | |  | | | | | $29.00 | | | |  |
| (2) | | Reinstate | |  | | |  | | | | | $29.00 | | | |  |
| (3) | | Transfer Out | |  | | |  | | | | | $29.00 | | | |  |
| (4) | | Duplicate DL | |  | | |  | | | | | $29.00 | | | |  |
| (5) | | Bad Check | |  | | |  | | | | | $10.00 | | | |  |
| (6) | | Missed Enrollment | | | | |  | | | | | $35.00 | | | |  |
|  | |  | |  | | |  | | | | |  | | | |  |
| Sec. 120.040. [Reserved] | | | | | | | | | | | | | | | |  |
|  | |  | |  | | |  | | | | |  | | | |  |
| Sec. 120.050. Napa County Emergency Medical Services Agency Fees | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | |  |
| The fees related to certification and accreditation of various EMS personnel, and ambulance certification and inspection, are as follows: | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | |  |
|  | |  | |  | | |  | | **Current Fee** | | | | **New Proposed Fee effective October 16, 2018** | | |
| (a) | | EMT Certification - Initial | | | | | | | $155.00 | | | | $155.00 | | |
|  | |  | |  | | |  | |  | | | |  | | |
| (b) | | EMT Certification – Renewal | | | | | | | $117.00 | | | | $117.00 | | |
|  | |  | | | | | | |  | | | |  | | |
| (c) | | Paramedic Accreditation | | | | | | | $200.00 | | | | $200.00 | | |
|  | |  | |  | | |  | |  | | | |  | | |
| (d) | | Replacement Card (EMT or Paramedic) | | | | | | | $10.00 | | | | $10.00 | | |
|  | |  | |  | | |  | |  | | | |  | | |
| (e) | | Certification/Accreditation Rush Fee (less than 30 days from expiration) | | | | | | |  | | | | $100.00 | | |
|  | |  | | | | | | |  | | | |  | | |
| (f) | | Continuing Education Provider\* (4 year approval) | | | | | | | $2,000.00 | | | | $2,000.00 | | |
|  | |  | |  | | |  | |  | | | |  | | |
| (g) | | EMT Training Program\*\* (4 year approval) | | | | | | | $4,000.00 | | | | $4,000.00 | | |
|  | |  | |  | | |  | |  | | | |  | | |
| (h) | | Paramedic Training Program\*\* (4 year approval) | | | | | | | $8,000.00 | | | | $8,000.00 | | |
|  | |  | |  | | |  | |  | | | |  | | |
| (i) | | EMS Aircraft Classification (annual fee) | | | | | | | $1,500.00 | | | | $7,500.00 | | |
|  | |  | | | | | | |  | | | |  | | |
| (j) | | BLS Ambulance Provider Certification | | | | | | | $4,000.00 | | | | $4,000.00 | | |
|  | |  | | | | | | |  | | | |  | | |
| (k) | | ALS Ambulance Provider Certification | | | | | | | $4,000.00 | | | | $4,000.00 | | |
|  | |  | | | | | | |  | | | |  | | |
| (l) | | CCT Ambulance Provider Certification | | | | | | | $4,000.00 | | | | $4,000.00 | | |
|  | |  | | | | | | |  | | | |  | | |
| (m) | | Ambulance Inspection | | | | | | | $150.00 | | | | $150.00 | | |
|  | |  | | | | | | |  | | | |  | | |
| (n) | | Special Event Permitting, Hourly Rate | | | | | | |  | | | | $75.00 | | |
|  | |  | |  | | |  | |  | | | |  | | |
| (o) | | Stroke Receiving Center Designation/Oversight | | | | | | |  | | | | $30,000.00 | | |
|  | |  | |  | | |  | |  | | | |  | | |
| (p) | | STEMI Receiving Center Designation/Oversight | | | | | | | | | | | $15,000.00 | | |
|  | |  | | | | | | | | | | |  | | |
| (q) | | Trauma Receiving Center Designation/Oversight | | | | | | | | | | | $30,000.00 | | |
|  | |  | | | | | | | | | | |  | | |
| (r) | | Receiving Hospital Designation/Oversight | | | | | | | | | | | $15,000.00 | | |
|  | |  | | | | | | | | | | |  | | |
| (s) | | Base Receiving Hospital Designation/Oversight | | | | | | | | | | | $25,000.00 | | |
|  | |  | |  | | |  | |  | | | |  | | |
| \*Fee may be waived for providers offering all courses at no charge to participants or public safety agencies offering courses to “in-house” employees only. | | | | | | | | | | | | | | | |  |
| \*\*Public safety agencies and community colleges only pay 50% of designated fees. | | | | | | | | | | | | | | | |  |
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| **Sec. 120.060. Public Health Clinic Fees** | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | |  |
| The fees for immunizations are as set forth in the following table: | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | |  |
| **Immunization** | | | **Fee** | |  | **Immunization** | | | | | | | | **Fee** |  | |
| Typhoid (Inj) | | | $90.00 | |  | Typhoid (Oral) | | | | | | | | $80.00 |  | |
| MMR (Adult) | | | $95.00 | |  | Yellow Fever | | | | | | | | $150.00 |  | |
| PPD | | | $25.00 | |  | IPV | | | | | | | | $60.00 |  | |
| Hepatitis B-Adult | | | $100.00 | |  | Hepatitis A-Adult | | | | | | | | $110.00 |  | |
| Tdap-Adult | | | $50.00 | |  | Meningococcal | | | | | | | | $140.00 |  | |
|  | | |  | |  | (Menactra) | | | | | | | |  |  | |
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| **Office Visit/Registration** | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | |  |  | |
| Travel Vaccine – consultation fee | | | | | | | | | | | | | | $40.00 |  | |
| Office Visit – charged to client for each individual visit | | | | | | | | | | | | | | $10.00 |  | |
|  | | |  | |  |  | | | | | | | |  |  | |
| **Sec. 120.070. [Reserved]** | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | |  | |
| **Sec. 120.080. [Reserved]** | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | |  |
| **Sec. 120.090** | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | |  |
| The following Napa County fees are established for application for issuance or renewal of Medical Marijuana Identification Cards: | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | |  |
| (a) | For a Non-Medi-Cal Recipient | | | | | | | | | $100.00 | | | | | |  |
|  | | | | | | | | | | | | | | | |  |
| (b) | For a Medi-Cal Recipient | | | | | | | | | $50.00 | | | | | |  |
|  | | | | | | | | | | | | | | | |  |
| (c) | For County Medical Services Program Participants | | | | | | | | | $0.00 | | | | | |  |
|  | | | | | | | | | | | | | | | |  |
| **Sec. 120.200. Mental Health Fees** | | | | | | | | | | | | | | | |  |
|  | |  | |  | | |  | | | | |  | | | |  |
| The fees for mental health services are as follows: | | | | | | | | | | | | | | | |  |
|  | |  | |  | | |  | | | | |  | | | |  |
| **Mental Health Services** | | | | | | |  | | | | | $434.18 per hour | | | |  |
|  | | | | | | |  | | | | |  | | | |  |
| These activities include assessments, therapy, rehabilitation assistance and education to improve functioning and life skills, contacts or consultations with significant support persons, and developing and monitoring client plans which guide services. | | | | | | | | | | | |  | | | |  |
|  | |  | |  | | |  | | | | |  | | | |  |
| **Case Management** | | | | | | |  | | | | | $414.00 per hour | | | |  |
|  | |  | |  | | |  | | | | |  | | | |  |
| Assisting clients and families to access needed community services, including referrals, coordinating and monitoring service delivery, and placement assistance. | | | | | | | | | | | |  | | | |  |
|  | |  | |  | | |  | | | | |  | | | |  |
| **Medication Support** | | | | | | |  | | | | | $516.60 per hour | | | |  |
|  | | | | | | |  | | | | |  | | | |  |
| Evaluating, prescribing, administering, dispensing and monitoring of psychiatric medications. | | | | | | | | | | | |  | | | |  |
|  | | | | | | |  | | | | |  | | | |  |
| **Crisis Intervention** | | | | | | |  | | | | | $842.07 per hour | | | |  |
|  | | | | | | |  | | | | |  | | | |  |
| Non-scheduled response to urgent situations, including assessment, collateral consultations, and therapy. | | | | | | | | | | | |  | | | |  |
|  | | | | | | |  | | | | |  | | | |  |
| **Crisis Stabilization** | | | | | | |  | | | | | $147.50 per hour | | | |  |
|  | | | | | | | |  | | | |  | | | |  |
| Response to individuals in crisis, with emphasis on stabilization and a return to the home environment. Evaluating, prescribing, administering, dispensing and monitoring of psychiatric medications. Assessment, collateral consultations, and therapy. | | | | | | | | | | | |  | | | |  |
|  | | | | | | | | | | | |  | | | |  |
| **Day Treatment Intensive (Half Day)** | | | | | | |  | | | | | $144.13 per day | | | |  |
|  | | | | | | |  | | | | |  | | | |  |
| A structured treatment program designed to prevent hospitalization. Avoid more restrictive placement, and maintain a client in a community setting, half day. | | | | | | | | | | | |  | | | |  |
|  | | | | | | |  | | | | |  | | | |  |
| **Day Treatment Intensive (Full Day)** | | | | | | |  | | | | | $202.43 per day | | | |  |
|  | | | | | | |  | | | | |  | | | |  |
| A structured treatment program designed to prevent hospitalization, avoid more restrictive placement, and maintain a client in a community setting, full day. | | | | | | | | | | | |  | | | |  |
| **Day Treatment Rehabilitation (Half Day)** | | | | | | |  | | | | | $84.08 per day | | | |  |
|  | | | | | | |  | | | | |  | | | |  |
| A treatment program to provide rehabilitation and therapy to improve, maintain or restore personal independence and functioning, half day. | | | | | | | | | | | |  | | | |  |
|  | | | | | | |  | | | | |  | | | |  |
| **Day Treatment Rehabilitation (Full Day)** | | | | | | |  | | | | | $131.24 per day | | | |  |
|  | | | | | | |  | | | | |  | | | |  |
| A treatment program to provide rehabilitation and therapy to improve, maintain or restore personal independence and functioning, full day. | | | | | | | | | | | |  | | | |  |
|  | | | | | | |  | | | | |  | | | |  |
| **Adult Residential** | | | | | | |  | | | | | $450.00 per day | | | |  |
|  | | | | | | |  | | | | |  | | | |  |
| Rehabilitation services provided in a non-institutional residential setting. | | | | | | | | | | | |  | | | |  |
|  | | | | | | |  | | | | |  | | | |  |
| **Adult Crisis Residential** | | | | | | |  | | | | | $650.00 per day | | | |  |
|  | | | | | | |  | | | | |  | | | |  |
| Structured, non-institutional, residential therapeutic program serving as an alternative to hospitalization. | | | | | | | | | | | |  | | | |  |
|  | | | | | | |  | | | | |  | | | |  |
| **Institute for Mental Disease (IMD)** | | | | | | |  | | | | | $1,123.37 per month | | | |  |
|  | | | | | | |  | | | | |  | | | |  |
| Therapeutic activities that augment and are integrated into a skilled nursing facility with more than 16 beds where more than 50% of the individuals are diagnosed with a mental disorder. | | | | | | | | | | | |  | | | |  |
|  | | | | | | |  | | | | |  | | | |  |
| **Hospital Inpatient** | | | | | | |  | | | | | $1,239.00 per day | | | |  |
|  | | | | | | |  | | | | |  | | | |  |
| Psychiatric services provided at an acute psychiatric hospital or a distinct acute psychiatric part of general hospital. | | | | | | | | | | | |  | | | |  |
|  | | | | | | |  | | | | |  | | | |  |
| **Hospital Inpatient Administration Day** | | | | | | |  | | | | | $489.28 per day | | | |  |
|  | | | | | | |  | | | | |  | | | |  |
| Psychiatric services beyond the beneficiary’s need for acute psychiatric inpatient hospital services due to a temporary lack of residential placement options at non-acute residential treatment facilities.  (Resolution 09-119; 8-18-09) | | | | | | | | | | | |  | | | |  |
| **Psychiatric Health Facility Day** | | | | | | |  | | | | | $887.00 per day | | | |  |
|  | | | | | | |  | | | | |  | | | |  |
| Psychiatric services provided at a free standing acute inpatient facility  with 16 beds or less | | | | | | | | | | | |  | | | |  |
| **Sec. 120.300. Alcohol and Drug Services Fees** | | | | | | | | | | | | | | | |  |
| The fees for Alcohol and Drug Services are as follows: | | | | | | |  | | | |  | | | | |  |
| **Individual – Crisis Intervention** | | | | | | |  | | | | $118.57 per  50-minute session | | | | |  |
| A face-to-face contact between a therapist or counselor and a beneficiary in crisis. Services shall focus on alleviating crisis problems. “Crisis” means an actual relapse or unforeseen event or circumstance, which presents to the beneficiary an imminent threat of relapse. Crisis Intervention services shall be limited to the stabilization of the beneficiary’s emergency situation. | | | | | | | | | | |  | | | | |  |
|  | | | | | | |  | | | |  | | | | |  |
| **Individual – Intake/Assessment** | | | | | | |  | | | | $118.57 per  50-minute session | | | | |  |
| A face-to-face contact between a beneficiary and therapist or counselor. The process of admitting a beneficiaryinto a substance abuse treatment program. Includes the evaluation or analysis of cause or nature of mental, emotional, psychological, behavioral, and substance abuse disorders; the diagnosis of substance abuse disorders, utilizing the DSM-IV; and the assessment of treatment needs to provide medically necessary treatment services by a physician licensed to practice medicine in the State of California. Intake may include a physical examination and laboratory testing (e.g., body specimen screening) necessary for substance abuse treatment and evaluation conducted by staff lawfully authorized to provide such services and/or order laboratory testing within the scope of their practice or licensure. | | | | | | | | | | |  | | | | |  |
|  | | | | | | |  | | | |  | | | | |  |
| **Individual – Treatment Planning** | | | | | | |  | | | | $118.57 per  50-minute session | | | | |  |
| Collaborative session between program staff and beneficiary to identify problems, goals, action steps and target dates. | | | | | | | | | | |  | | | | |  |
| **Individual Counseling** | | | | | | |  | | | | $118.57 per  50-minute session | | | | |  |
|  | | | | | | |  | | | |  | | | | |  |
| A face-to-face contact between beneficiary and therapist or counselor to therapeutically address behavioral manifestations of a client’s ambivalence about change and/or enhance a client’s motivation for change and/or addressing beneficiaries need for mental health or physical health. | | | | | | | | | | |  | | | | |  |
|  | | | | | | |  | | | |  | | | | |  |
| **Individual – Collateral Services** | | | | | | |  | | | | $118.57 per  50-minute session | | | | |  |
|  | | | | | | |  | | | |  | | | | |  |
| Face-to-face sessions with therapists or counselors and significant persons in the life of a beneficiary, focusing on the treatment needs of the beneficiary in terms of supporting the achievement of the beneficiary’s treatment goals. Significant persons are individuals who have a personal, not professional or official, relationship with the beneficiary. | | | | | | | | | | |  | | | | |  |
|  | | | | | | |  | | | |  | | | | |  |
| **Individual – Discharge Planning** | | | | | | |  | | | | $118.57 per  50-minute session | | | | |  |
| Face-to-face final collaborative session between program staff and beneficiary to reinforce newly developed recovery skills and to develop a plan to maintain those skills upon conclusion of treatment. | | | | | | | | | | |  | | | | |  |
|  | | | | | | |  | | | |  | | | | |  |
| **Group Counseling** | | | | | | |  | | | | $35.57 per  90-minute session | | | | |  |
| Face-to-face contact in which one or more therapists or counselors treat two or more clients at the same time, focusing on the needs of the individuals served. Sessions shall focus on short-term personal, family, job/school, and other problems and their relationship to substance abuse or a return to substance abuse. Each beneficiary shall receive at least two sessions per month. | | | | | | | | | | |  | | | | |  |
|  | | | | | | |  | | | |  | | | | |  |
| **Group – Early Recovery** | | | | | | |  | | | | $35.57 per  90-minute session | | | | |  |
| Face-to-face contact in which one or more therapists or counselors treat two or more clients at the same time focusing on the needs of the individuals served. Sessions shall focus on teaching clients cognitive tools for managing cravings and emphasize time management, and the groups assist clients in connecting with community support services. | | | | | | | | | | |  | | | | |  |
|  | | | | | | |  | | | |  | | | | |  |
| **Group - Education** | | | | | | |  | | | | $35.57 per  90-minute session | | | | |  |
| Face-to-face group sessions designed to educate participants on the impact of drug and alcohol abuse on their health, wellbeing, relationships, and community resources available to address these effects with the goal of decreasing risk and reducing harm. | | | | | | | | | | |  | | | | |  |
|  | | | | | | |  | | | |  | | | | |  |
| **Group – Criminal Thinking** | | | | | | |  | | | | $35.57 per  90-minute session | | | | |  |
| Face-to-face contact in which one or more therapists or counselors provide group services to two or more beneficiaries at the same time. Outpatient treatment group for clients involved in the Criminal Justice System that incorporates and addresses the client’s criminogenic needs. This group focuses on the connection between addiction and criminal behavior. | | | | | | | | | | |  | | | | |  |
|  | | | | | | |  | | | |  | | | | |  |
| **Case Management** | | | | | | |  | | | | $110.77 per  50-minute session | | | | |  |
| Face-to-face, telephone or telehealth contact in which one or more therapists or counselors or case managers provide individuals with linkage, referral and service coordination with other agencies and/ or community resources that help address issues that could be barriers to the client’s ability to sustain ongoing recovery. Case Management services may be provided anywhere in the community. Services can include:  A. Comprehensive assessment and periodic reassessment of individual needs to determine the need for continuation of case management services; B. Transition to a higher or lower level SUD of care; C. Development and periodic revision of a client plan that included service activities; D. Communication, coordination, referral and related activities; E. Monitoring service delivery to ensure beneficiary access to service and the service delivery system; F. Monitoring the beneficiary’s progress; G. Patient advocacy, linkages to physical and mental health care, transportation and retention in primary care services. | | | | | | | | | | |  | | | | |  |
| **Family Counseling Services** | | | | | | | | | | | $118.57 per  50-minute session | | | | |  |
| Only the Family Unit or Significant Other will participate, not the member. The session(s) will focus on understanding the roles a family plays in the addicts life, understanding the elements of enabling, establishing strategies of how to work with the addict and referrals to supportive services, such as Ala-non. | | | | | | | | | | |  | | | | |  |
| **Urinalysis Testing** | | | | | | |  | | | | $23.71 per  10-minute session | | | | |  |
| Face-to-face contact in which one or more therapists or counselors or case managers do urine collection, testing and recording of results of urine drug screens, as a part of treatment. Brief contact with the beneficiary may take place, as positive test results are disclosed. \*\*A therapeutic intervention may take place and be coded/documented as a separate individual contact. | | | | | | | | | | |  | | | | |  |
| **Recovery Services** | | | | | | |  | | | | $132.92 per hour | | | | |  |
| Beneficiaries may access recovery services after completing their course of treatment whether they are triggered, have relapsed or as a preventative measure to prevent relapse. Recovery services may be provided face-to-face, by telephone, or by telehealth with the beneficiary and may be provided anywhere in the community. The components of Recovery Services are:  A. Outpatient counseling services in the form of individual or group counseling to stabilize the beneficiary and then reassess if the beneficiary needs further care; B. Recovery Monitoring: Recovery coaching, monitoring via telephone and internet; C. Substance Abuse Assistance: Peer-to-peer services and relapse prevention; D. Education and Job Skills: Linkages to life skills, employment services, job training, and education services; E. Family Support: Linkages to childcare, parent education, child development support services, family/marriage education; F. Support Groups: Linkages to self-help and support, spiritual and faith-based support; G. Ancillary Services: Linkages to housing assistance, transportation, case management, individual services coordination. | | | | | | | | | | |  | | | | |  |
| **Physician Consulting**  Physician consultations services are not with the DMC-ODS beneficiaries; rather, they are designed to assist the Medical Director when seeking expert advice on complex client cases and designing the treatment plan in such areas as: medication selection, dosing, side effect management, adherence, drug interactions, or level of care considerations. | | | | | | | | | | | $133.12 per hour | | | | |  |
| **Medication Assisted Treatment** | | | | | | | | | | | $133.12 per hour | | | | |  |
| Beneficiaries meeting medical necessity through an identified diagnosis for opiate and/or alcohol dependence. Includes the ordering, prescribing, administering and monitoring of all medications. (Medications to be included in the services will be Buprenorphine (Suboxone), Vivitrol and Disulfiram) | | | | | | | | | | |  | | | | |  |
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| **Withdraw-Management Level 1** | | | | | | | | | | | $199.07 per day | | | | |  |
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| Ambulatory withdrawal management without extended on-site monitoring. Beneficiaries may have mild withdrawal with daily or less than daily outpatient supervision. Medically necessary services will be provided with an individualized treatment plan prescribed by a licensed physician or LPHA. Supportive services to include: A. Availability of specialized psychological and supervision for biomedical, emotional, behavioral, and cognitive problems as indicated B. Obtain a comprehensive medical history and physical examination of the patient at admission C. Affiliation with other levels of care, including other levels of specialty addiction treatment, for additional problems identified through a comprehensive biopsychosocial assessment D. Conduct and/or arrange for appropriate laboratory and toxicology tests, which can be point-of-care testing E. 24-hour access to emergency medical consultation services should such services become indicated F. Provide or assist in accessing transportation services for patients who lack safe transportation | | | | | | | | | | |  | | | | |  |
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| **Withdraw-Management Level 3.2** | | | | | | |  | | | | 248.83 per day | | | | |  |
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| Beneficiaries have moderate withdrawal and need 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery. Supportive services to include: A. Availability of specialized clinical consultation and supervision for bio-medical, emotional, behavioral, and cognitive problems B. WM 3.2 is managed by clinicians, not medical or nursing staff and protocols are in place should a patient’s condition deteriorate and appear to need medical or nursing interventions C. Affiliation with others levels of care D. Ability to arrange for appropriate laboratory and toxicology tests | | | | | | | | | | |  | | | | |  |
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| **Residential Level 3.1** | | | | | | |  | | | | $133.12 per day | | | | |  |
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| Clinically Managed Low-Intensity Residential Services with 24-hour structure offering at least 5 hours of clinical services weekly while preparing for outpatient treatment.  The treatment servers are focused on improving the individual’s readiness to change and/or functioning and coping skills. Services may include individual, group, and family therapy; medication management and medication education; mental health evaluation and treatment; vocational rehabilitation and job placement; and either introductory or remedial life skills workshops.  The structured recovery residence environment provides sufficient stability to prevent or minimize relapse or continued use and continue problem potential. Interpersonal and group living skills generally are promoted through the use of community or house meetings of residents and staff. | | | | | | | | | | |  | | | | |  |
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| **Residential Level 3.3** | | | | | | |  | | | | $208.00 per day | | | | |  |
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| Clinically Managed Population Specific, High Intensity Residential Services. 24-hour care with trained counselors to stabilize multidimensional imminent danger. Less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community and prepare for outpatient treatment. Services may include individual, group, and family therapy; medication management and medication education; mental health evaluation and treatment; vocational rehabilitation and job placement; and either introductory or remedial life skills workshops. The structured recovery residence environment provides sufficient stability to prevent or minimize relapse or continued use and continue problem potential. Interpersonal and group living skills generally are promoted through the use of community or house meetings of residents and staff. | | | | | | | | | | |  | | | | |  |
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| **Residential Level 3.5** | | | | | | |  | | | | $166.40 per day | | | | |  |
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| Clinically Managed High-Intensity Residential Services with 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery. Goals of treatment are to promote abstinence of substance use, arrest, and other addictive and/or antisocial behaviors, and effect change in participants; lifestyles, attitudes and values. Focus is on stabilization of dangerous addiction signs and symptoms, initiation or restoration of a recovery process and preparation for ongoing recovery. Necessary support systems include:  1. Telephone or in-person consolation with a physician and emergency services availability 24/7.  2. Direct affiliations with other levels of care or close coordination through referral to more and less intensive levels 3. Arranged medical, psychiatric, psychological, laboratory, and toxicology services, as appropriate to the severity and urgency of the patient’s condition. | | | | | | | | | | |  | | | | |  |
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| **Sec. 120.400. Vital Statistics Fees** | | | | | | |  | | | |  | | | | |  |
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| The fees established for burial permits and certified copies of birth, death and fetal death certificates are as follows: | | | | | | | | | | | | | | | |  |
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| **Description** | | | | | | |  | | | | | **Fee** | | | |  |
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| Birth Certificate  (Original Issuance, Amendment or Informational) | | | | | | |  | | | | | $28.00 | | | |  |
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| Death Certificate  (Original Issuance, Amendment or Informational) | | | | | | |  | | | | | $21.00 | | | |  |
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| Fetal Death Certificate | | | | | | |  | | | | | $18.00 | | | |  |
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| Burial Permit | | | | | | |  | | | | | $12.00 | | | |  |
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