

SCHEDULE OF CHARGES
APPROVED BY
CHESAPEAKE INTEGRATED BEHAVIORAL HEALTHCARE
BOARD OF DIRECTORS

Rev. August 1, 2017

MENTAL HEALTH SERVICES

<u>SERVICE DESCRIPTION</u>	<u>UNIT OF SERVICE</u>	<u>CHARGE</u>
ACR Assessment	Initial Assessment - Full	\$ 100.00
ACR Assessment	Annual Reassessment - Full	\$ 75.00
ACR Assessment	Initial Assessment - Short	\$ 25.00
ACR Assessment	Annual Reassessment - Short	\$ 25.00
C & A Day Treatment	Per Unit	\$ 36.53
C & A Day Treatment Assessment	1 Unit	\$ 36.53
Case Management	Per Month	\$ 326.50
GAP Case Management Low Intensity	Per Month	\$ 195.90
GAP Case Management High Intensity	Per Month	\$ 220.80
Crisis Intervention	Per 15 Minutes	\$ 30.79
Education Group	Per Session	\$ 10.00
Family Therapy	1 Hour	\$ 150.00
Group Therapy	Per Session	\$ 75.00
Individual Therapy	30 Minutes	\$ 75.00
	45 Minutes	\$ 150.00
	60 Minutes	\$ 225.00
Individual Patient & Family w/EM	45 Minutes	\$ 175.00
Individual Patient & Family w/EM	60 Minutes	\$ 200.00
Interactive Complexity	Per Session	\$ 15.00
Inpatient Hospitalization	Per Day	\$ 420.00
Intake Evaluation	Per Evaluation	\$ 175.00

MENTAL HEALTH SERVICES (Continued)

<u>SERVICE DESCRIPTION</u>	<u>UNIT OF SERVICE</u>	<u>CHARGE</u>
Intensive Case Coordination	Per Month	\$ 800.00
Intensive Community Treatment	Per Hour	\$ 153.00
Laboratory Test	Per Test	Based on Cost
Level II Screening	Per Screening	To Be Determined By State
Medication Administration and Management Fee	Per Prescription	\$ 4.25
Medication Review w/Psychiatrist Level 1	Per Session	\$ 75.00
Medication Review w/Psychiatrist Level 2	Per Session	\$ 85.00
Medication Review w/Psychiatrist Level 3	Per Session	\$ 95.00
Medication Review w/Psychiatrist Level 4	Per Session	\$ 105.00
Medication Review w/Psychiatrist Level 5	Per Session	\$ 115.00
Peer Support Individual	Per 15 Min Unit	\$ 6.50
Peer Support Group	Per 15 Min Unit	\$ 2.70
Pharmacologic Management w/Psych	Per Session	\$ 75.00
Medication, Therapeutic Injection	Per Injection	\$ 40.00
Psychiatric Evaluation	Per Evaluation	\$ 175.00
Psychiatric Evaluation w/Medical	Per Evaluation	\$ 185.00
Psychosocial Rehab. Services	2-3.99 Hours = 1 Unit 4-6.99 Hours = 2 Units or More Hours = 3Units	\$ 24.23 \$ 48.46 \$ 72.69
Psychiatric Consult (Deposition, court appearance, Etc.)	Per Hour	\$ 100.00
Residential (Atlantic Manor Group Home)		

MENTAL HEALTH SERVICES (Continued)

<u>SERVICE DESCRIPTION</u>	<u>UNIT OF SERVICE</u>	<u>CHARGE</u>
Rent/Utilities	Monthly	\$ 500.00
Residential (Supervised Apartments) Rent/Utilities	Monthly	\$ 375.00
MH Skill Building Services	1-2.99 Hours = 1 Unit	\$ 91.00
	3-4.99 Hours = 2 Units	\$ 182.00
	5-6.99 Hours = 3 Units	\$ 273.00
	7 or More Hours = 4 Units	\$ 364.00
Transportation	Per mile	0-10 miles \$.80 per mile
		Greater than 10 miles \$.60 per mile
IACCT Assessment	1 unit	\$ 250.00
Materials or Supplies for ED	Items Used	Based on cost
Medical Record Copies /DDS	As Needed	\$ 15.00
Medical Record Copies /SSA	Per Record	\$ 30.00
Medical Record Copies /other	Number of Pages/ Processing Time	Determined by City

INTELLECTUAL DISABILITY SERVICES

<u>SERVICE DESCRIPTION</u>	<u>UNIT OF SERVICE</u>	<u>CHARGE</u>
ACR Assessment	Initial Assessment - Full	\$ 100.00
ACR Assessment	Annual Reassessment - Full	\$ 75.00
ACR Assessment	Initial Assessment - Short	\$ 25.00
ACR Assessment	Annual Reassessment - Short	\$ 25.00
Case Management	Per Month	\$ 326.50
DD Case Management	Per Month	\$ 242.73
Group Day	Tier 1 Per Hour	\$ 8.60
	Tier 2 Per Hour	\$ 11.25
	Tier 3 Per Hour	\$ 13.31
	Tier 4 Per Hour	\$ 17.34
Community Engagement	Tier 1 Per Hour	\$ 14.29
	Tier 2 Per Hour	\$ 16.01
	Tier 3 Per Hour	\$ 18.38
	Tier 4 Per Hour	\$ 22.61
Day Support (non-CCSB)		Based on Cost
Supported Employment – Group		Based on Cost
Supported Employment - Follow–along		Based on Cost
Supported Employment – Sheltered		Based on Cost
Medical Record Copies /DDS	Per Record	\$15.00
Medical Record Copies /SSA	Per Record	\$30.00
Medical Record Copies /other	Number of Pages/ Processing Time	Determined by City
Occupational Therapy	15 Minutes	\$25.13 (Congregate)
		\$37.50 (Individual)
Physical Therapy	15 Minutes	\$25.13 (Congregate)
		\$37.50 (Individual)
Speech & Language Therapy	5 Minutes	\$25.13 (Congregate)
		\$37.50 (Individual)

INTELLECTUAL DISABILITY SERVICES (continued)

<u>SERVICE DESCRIPTION</u>	<u>UNIT OF SERVICE</u>	<u>CHARGE</u>
Reimbursement Category 1 Providers – Therapists, Nurse Category 2 Providers – Educators, Home Visiting Teachers		
Initial Assessment for Service Planning	15 minutes	\$ 37.50 (Category 1) \$ 27.50 (Category 2)
Initial IFSP Development, Annual IFSP Review	15 minutes	\$ 37.50 (Category 1) \$ 27.50 (Category 2)
Team Treatment, Team Meeting, On-going Assessments	15 minutes	\$ 37.50 (Category 1) \$ 27.50 (Category 2)
Developmental Services	15 minutes	\$ 18.43 (Congregate) \$ 27.50 (Individual)
Center-based Group or Individual Early Intervention Services Category I	15 minutes	\$ 7.43 (Group) \$ 22.50 (Individual)
Center-based Group or Individual Early Intervention Services Category 2	15 minutes	\$ 5.44 (Group) \$16.49 (Individual)
Transportation	Per mile	0-10 miles \$.80 per mile Greater than 10 miles \$.60 per mile

SUBSTANCE ABUSE SERVICES (continued)

<u>SERVICE DESCRIPTION</u>	<u>UNIT OF SERVICE</u>	<u>CHARGE</u>
Case Management	Per Unit	\$ 243.00
SA Education Group	Per Session	\$ 10.00
Family Therapy	1 Hour	\$ 150.00
Group Therapy	Per Session	\$ 75.00
Individual Therapy	30 Minutes	\$ 75.00
	45 Minutes	\$ 150.00
	60 Minutes	\$ 225.00
Individual Patient & Family w/EM	45 Minutes	\$ 175.00
Individual Patient & Family w/EM	60 Minutes	\$ 200.00
Intake Evaluation	Per Evaluation	\$ 175.00
Intensive Outpatient Program	Per 3 Hour Unit	\$ 250.00
Laboratory Test	Per Test	Based on Cost
Medical Detox	Per Day	\$ 420.00
Medical Record Copies /DDS	Per Record	\$ 15.00
Medical Record Copies /SSA	Per Record	\$ 30.00
Medical Record Copies /other	Number of Pages/ Processing Time	Determined by City
Methadone Detox	Per Day	\$ 15.00
Peer Support Individual	Per 15 Min Unit	\$ 6.50
Peer Support Group	Per 15 Min Unit	\$ 2.70
Psychiatric Consult (Deposition, court appearance, Etc.)	Per Hour	\$ 100.00
Transportation	Per mile	0-10 miles \$.80 per mile Greater than 10 miles \$.60 per mile

SUBSTANCE ABUSE SERVICES

<u>SERVICE DESCRIPTION</u>	<u>UNIT OF SERVICE</u>	<u>CHARGE</u>
Urine Drug Screen Panel	Per Screen	\$ 20.00
Substance Abuse Screening	Per Screen	\$ 75.00