EXHIBIT A

Richland County Board of Mental Health & Recovery Services Service Projection Form (SPF)

Agency Name: _____

Fiscal Year: 2023

Service Name	Estimated Medicaid Units	Estimated Medicaid Cost	Estimated Subsidy Units	Estimated Subsidy Cost	Estimated Other Cost	Total Cost for all Service
General Services						
Assessment and Evaluation						
Psychiatric Diagnostic Evaluation w/o Medical						$0.00
SUD Assessment						$0.00
Counseling and Therapy						
Psychotherapy Individual MH						$0.00
Psychotherapy Individual AOD						$0.00
Psychotherapy Group MH						$0.00
SUD Group Counseling						$0.00
Family Psychotherapy MH						$0.00
Family Psychotherapy AOD						$0.00
Psychotherapy for Crisis						$0.00
Coordination and Support Services						
Communty Psychiatric Supportive Treatment Individual						$0.00
Communty Psychiatric Supportive Treatment Group						$0.00
Theraputic Behavioral Health Services Individual						$0.00
Theraputic Behavioral Health Services Group						$0.00
AOD Case Management						$0.00
Medical & Related						
SUD Collection						$0.00
Evaluation and Management						$0.00
Theraputic Behavioral Health Services Nursing Individual						$0.00
Theraputic Behavioral Health Services Nursing Group						$0.00
Ambulatory Withdrawal Management						$0.00
Other						
Total		-		-	-	-