EXHIBIT A

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

Agency Name:

Agency Name: Fiscal Year:

2024

	Estimated Medicaid	Estimated Medicaid	Estimated Subsidy	Estimated Subsidy	Estimated Other	Total Cost for all
Service Name	Units	Cost	Units	Cost	Cost	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
						\$0.00
Other						
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Total		_		_	_	_
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