

St. Clair County Community Mental Health  
**Fee Determination for Mental Health Services**  
**For Monthly Payments**  
**Specialized Group Homes/Foster Homes, or Inpatient >60 Days**

Individual \_\_\_\_\_  
 Responsible Party \_\_\_\_\_

Case # \_\_\_\_\_  
 Payment Effective Date: \_\_\_\_\_

(Check as appropriate:)

**DETERMINATION TYPE:**       Initial                       Annual                       Other \_\_\_\_\_

**FOR:**                               Inpatient                       Residential                       Other (list) \_\_\_\_\_

**DETERMINATION FOR:**       Individual Only                       Individual/Spouse                       Child  
     Parents                               Father                               Mother

**Protected Income:** \_\_\_\_\_

\*Individual (full year) = \$528/\$768 OR  
 \$ \_\_\_\_\_ X \_\_\_\_\_ months = \$ \_\_\_\_\_

**Protected Assets:** \_\_\_\_\_

Individual                              \$2000  
 Individual & Spouse                      \$3000  
 Each Additional Dependent                      \$250

**Earned Income:**

Protect the first \$65 plus ½ of earned income over \$65/month. (Refer to form #117, "Earned Income Worksheet")

<b>1. Personal Ability to Pay -- Net Income</b>		
a.	Total Gross Annual Income (Refer to Form #119, section 1f)	\$
b.	<b>Minus</b> Protected Income <i>(if using Earned Income, enter amount from "Earned Income Worksheet", form #117, line 10)</i>	\$-
c.	Net Annual Income	1.c. \$
<b>2. Personal Ability to Pay -- Net Assets</b>		
a.	Total Available Assets (Refer to Worksheet #119, section 2e)	\$
b.	<b>Minus</b> Protected Assets	\$ -
c.	<b>Minus</b> Liabilities (Refer to Worksheet #119, section 3)	\$ -
d.	Net Available Assets	2.d. \$
<b>3. Maximum Annual Personal Liability</b>		
a.	Net Annual Income (1.c.)	\$
b.	Net Available Assets (2.d.)	\$ +
c.	Total Expenses (Refer to Worksheet #119, section 4) *	\$ -
d.	Annual Personal Liability for M.H. Services (3.a. + 3.b. - 3.c.)	=
e.	Monthly Personal Liability for Mental Health Services (3d/____ months) Enter on here and on "Summary & Signature Page", form #116. (Individuals with Medicaid Deductible, enter on "Medicaid Deductible Worksheet", form #121, line 1 and then on "Summary & Signature Page", form #116)	\$

Individual does not owe towards mental health services due to their full Medicaid Eligibility status from the Michigan Department of Health & Human Services.

Refer to Medicaid Deductible Worksheet, Form #121.