

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURE

Date Issued 7/23

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I. APPLICATION:

- SCCCMHA Board
- SCCCMHA Providers & Subcontractors
- Direct-Operated Programs
- Community Agency Contractors
- Residential Programs
- Specialized Foster Care

II. PURPOSE STATEMENT:

St. Clair County Community Mental Health Authority (SCCCMHA) shall ensure that a non-residential fee determination process will be followed in accordance with the procedures herein and according to Chapter 8 of the Mental Health Code and the Michigan Department of Health and Human Services Part 8, Subpart 1 and 2.

III. DEFINITIONS:

A. Ability to Pay (ATP): The ability of a responsible party to pay for the cost of services, as determined by the Michigan Department of Health and Human Services under the Mental Health Code of 1996, Chapter 8, Section 330.1818.

Ability to Pay Determination: The financial ability to pay assessment that determines a responsible party's ability to pay for the cost of services, using the guidelines specified in the Michigan Mental Health Code and MDHHS Administrative Rules. Pursuant to the Michigan Mental Health Code, the ability to pay determination process has the following three (3) components:

1. Initial Fee Determination: The assessment process the SCCCMHA uses at the initial service appointment to assess the responsible party's ability to pay for the cost of services using the criteria specified in Section 330.1818, Subsection 818 (1), with requirements of the federal sliding fee discount program 42 USC 254g and related guidance. Eligibility for the sliding fee discount program must be based solely on family size and income in accordance with the most current federal poverty guidelines, establishing a fee per-session up to a monthly maximum amount.
 - A. The ability-to-pay for a parent of an individual must be determined, as follows (Rule 330.8239 (2)):

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1. If the parents of an individual, or the individual and spouse, are members of the same household, the department or community mental health services program shall use the combined qualifying income to determine the ability-to-pay.
 2. If the parents of an individual, or the individual and spouse, are not members of the same household, the ability-to-pay of each parent or of the individual and their spouse is determined separately.
 3. A parent shall not be determined to have an ability-to-pay for more than 1 individual at any 1 time, and a parent's total liability for 2 or more individuals shall not exceed 18 years.
 4. If either parent or either spouse has been made solely responsible for an individual's medical and hospital expenses by a court order, the other parent or spouse is determined to have no ability-to pay.
 5. Any child support or alimony paid should be included with the income of the receiving parent and as an expense to the other parent.
2. Annual Fee Determination: The assessment process the SCCCMHA uses if an individual receives services for more than one year with requirements of the federal sliding fee discount program 42 USC 254g and related guidance. Eligibility for the sliding fee discount program must be based solely on family size and income in accordance with the most current federal poverty guidelines, establishing a fee per-session up to a monthly maximum amount (R. 818 (1)).
3. New Determination: The assessment process the SCCCMHA uses to make a new fee determination when the responsible party reports significant changes in insurance coverage, family size and/or income or states the income figure(s) used to determine the ability to pay is **not appropriate to their current income status or does not appropriately reflect their ability to pay**. SCCCMHA shall make a new determination with requirements of the federal sliding fee discount program 42 USC 254g and related guidance, if not previously done so. Otherwise, the New Determination of the ability to pay shall be based on a Full Financial Determination (Michigan Mental Health Code, Sections 330.1832, 330.1819).
- B. Ability to pay Administrative Hearing Request: The process the responsible party uses to request an Administrative Hearing to contest a fee determination (initial, annual or new) made by the SCCCMHA.
- C. Ability to pay Administrative Hearing: The formal meeting where a qualified independent party of the SCCCMHA makes a redetermination of ability to pay pursuant to process steps detailed in MHC Section 330.1834, and the fee determination criteria specified in section 818 (1)(a) or (b); or section 832; or section 819.
- D. Account Clerk: St. Clair County Community Mental Health Authority or Contract Agency staff responsible for completing a fee determination with a responsible party.

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- E. Appeal of Redetermination: The process the responsible party uses to appeal an ability to pay redetermination completed by the SCCCMHA Hearing Officer as an outcome of an “Ability To Pay Administrative Hearing.” Pursuant to the Mental Health Code, an appeal of redetermination shall be made to the Probate Court of the county in which the individual resides.
- F. Available Assets: Available money and the market value of any stocks, bonds, or negotiable instruments not secured for debt. Available assets exclude primary homestead and one vehicle (two vehicles may be excluded if married). Tangible personal property is excluded from assets. (See Form 007A.) See MDHHS Subsection 1, Rule 8005 for Assets definition.
- G. Child: An unmarried individual who is less than 18 years old.
- H. Community Mental Health Authority (SCCCMHA): For purposes of this administrative procedure shall mean the St. Clair County Community Mental Health Authority Services Program, which is a separate legal public governmental entity created under MH Code R.330.1205 to operate as a community mental health service program, under Chapter 2 of the Michigan Mental Health Code.
- I. Co-Pays: Fixed amount responsible party pays for a covered health care service, paid to the provider of service.
- J. Cost of Services: The total operating and capital costs incurred by the Department or a Community Mental Health Services Program with respect to, or on behalf of, an individual. The cost of services does not include the cost of expenses of state or county government unrelated to the provision of mental health services. Rates are to be posted in a visible location at each program.
- K. County Program: Programs provided by or contracted through a Community Mental Health Services Board under Chapter 2 of the Mental Health Code.
- L. Dependent: An individual who is allowed as a dependency exemption on the Michigan state income tax return.
- M. Excess Medical Expenses: Medical and dental expenses that exceed the threshold dictated by section 16 of the internal revenue code of 1986, 26 USC 213, that would be allowed to be deducted on itemized tax returns, less expenses for medical health services for the individual paid to the department or community mental health services programs.
- N. Expenses: For the purpose of this administrative procedure, allowed expenses for a Full Financial Determination are: Excess medical expenses, court ordered payments including a divorce decree, student loan payments. Additional tax obligation(s) assessed by municipal, county state, or federal authority. (See Exhibit A.)
- O. Family Household Size: A family unit consisting of the individual, spouse, and dependents.
- P. Financial Liability: That portion of the charges not covered by insurance, not to exceed the assessed ability to pay.

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- Q. Full Guardianship: A guardian who possesses the legal rights and powers provided by the person, the estate, or both for an alleged legally incapacitated adult.
- R. Guardianship: A person appointed by the court to exercise specific powers over an individual who is a minor, legally incapacitated, or developmentally disabled.
- S. Hearing Officer: A person, who has not materially participated in the responsible party's previous ability to pay determination, who conducts Ability to Pay Administrative Hearings for the purpose of re-determining the responsible party's ability to pay. This person shall be knowledgeable of the ability to pay determination process, Mental Health Code and Administrative Rules promulgating ability to pay determinations, as well as, versed in the SCCCMHA's expectations on how to conduct an Administrative Hearing.
- T. Homestead: A currently owned or rented dwelling for which a property tax credit is allowed under Section 211.7a(c) of Act 206 of the P.A. of 1893, as amended, being section 211.7a(c) of the Michigan Compiled Laws Annotated.
- U. Income: Earned and unearned income. Government benefits and other entitlements. (See Exhibit A.)
- V. Individual: The individual, minor or adult, who receives services from the Department or a Community Mental Health Services Program or from a provider under contract with the Department or Community Mental Health Services Program.
- W. Inpatient Services: Twenty-four hour care and treatment services provided by a state facility or a licensed hospital. For purposes of this administrative procedures, inpatient stay would be less than 61 days and the federal sliding fee discount program would not apply. Only a monthly maximum ability to pay would be assessed when completing an Inpatient Services Fee Determination.
- X. Insurance Benefits: Payments made in accordance with insurance coverage for the cost of health care services provided to an individual, identifying Medicaid as the payer of last resort.
- Y. Insurance Coverage: Any policy, plan, program, or fund established or maintained for the purpose of providing for its participants or their dependents medical, surgical, or hospital benefits. Insurance coverage includes, but is not limited to, Medicaid or Medicare: policies, plans, programs, or funds maintained by nonprofit hospital service and medical care corporations, health maintenance organizations, and prudent purchaser organizations, and commercial, union, association, self-funded, and administrative service policies, plans, programs, and funds.
- Z. Medicaid Spend Down: The amount that the Michigan Department of Health and Human Services has determined to be a Medicaid recipient's responsibility to pay.
- AA. Non-Residential Services: Care or treatment services that are crisis residential less than 61 days, hospital inpatient less than 61 days, outpatient services, and all respite care services.

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- BB. Parents: The legal father or mother of an unmarried individual under 18 years of age.
- CC. Primary Caseholder: Is the person who has primary responsibility for the coordination of the recipient's case. Generally this is the Case Manager, Clinician, or Clinical Case Manager.
- DD. Protected Asset: The portion of assets not considered when the total financial circumstance is used to determine financial liability. (See Exhibit A.)
- EE. Protected Income: The portion of income that is not considered when the total financial circumstances is used to determine financial liability.
- FF. Residential Services: One of the following:
1. Dependent care and treatment services provided by specialized adult foster care facilities or specialized group home facilities under contract to a Community Mental Health Services Program or provided directly by a Community Mental Health Services Program, or
 2. Inpatient services equal to or greater than 61 days.
- GG. Responsible Party: A person who is financially liable for services furnished to the individual of SCCCMHA. The responsible party includes the individual and, as applicable, the individual's spouse, parent or parents of a minor, Representative Payee, Payee, or Guarantor.
- HH. Sliding Fee Scale: Fees for services that are adjusted depending on individual's income and family size.
- II. Spouse: The legal marriage partner of an individual.
- JJ. Undue Financial Burden: A determination of ability to pay that would unduly impact the health and well-being of the individual or dependents to access the basic necessities of life, including, but not limited to, food, housing, clothing, and healthcare.

IV. STANDARDS:

- A. A fee determination of each individual's 'ability to pay' shall be made (1) upon entry of the individual into the SCCCMHA system (i.e. initial fee determination); (2) at least annually thereafter for individuals receiving services for 1 year (i.e. annual fee determination); (3) when the responsible party's financial situation changes (i.e. new determination), (4) when the responsible party requests a new determination of ability to pay (i.e full financial fee determination); (5) when the responsible party requests an 'Ability to pay Administrative Hearing' (i.e. fee redetermination); or (6) when the responsible party is non-compliant with applying for insurances for which they may be eligible.

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- B. Any payment, appeal, or collection procedure will be implemented according to the MDHHS Administrative Rules and SCCCMHA procedures.
- C. Payments can be collected from cash, check, money order, debit card, or credit card.
- D. Refer to and follow the “Fee Assessment Procedures” (Exhibit F) when assessing a fee for persons who do not have Full Medicaid or Healthy Michigan Plan.
- E. SCCCMHA shall determine an adult responsible party’s ability to pay for adult inpatient psychiatric services of less than 61 days, all non-residential services, and all services to minors, based on the responsible party’s income and insurance information in accordance with all of the following:
1. The SCCCMHA shall include the total annual household qualifying income (earned and unearned, Government benefits, etc.), household size and the most current poverty guidelines. Financial documentation is required for each family member (SSA Notice(s), Paystubs, Bank Statements showing Deposits, etc.). The responsible party’s fee must be established on a per-session fee scale with a maximum monthly amount.
 2. The SCCCMHA shall determine the responsible party’s per-session basis (excluding inpatient psychiatric services of less than 61 days), not to be more than the monthly ability-to-pay amount determined from the non-residential ability-to-pay process and table specified as follows:
 - (a) Determine the percent of poverty specified as the current federal minimum mandatory income level to qualify for medical assistance program or its successor, as specified in the patient protection and affordable care act of 2010, Public Law 111-148, or its successor.
 - (b) Multiply 100% of poverty guideline (Exhibit D) income for family size by the percentage determined in subdivision (a) of this subrule. The result is the income level at which the responsible party will have zero ability-to-pay from this table.
 - (c) Determine qualifying income.
 - (d) Divide qualifying income by income calculated in subdivision (b) of this subrule and convert to a percentage.
 - (e) Match the percentage determined in subdivision (d) of this subrule to the table in subrule (3) (below) of this rule to determine the percent of income to charge as the ability-to-pay.
 - (f) Deduct from qualifying income the poverty guideline income (Exhibit D) for family size determined in subrule (b) of this rule, at which the responsible party will have zero ability-to-pay. The result is income available for cost of care.
 - (g) Multiply the percentage determined in subrule (e) of this rule by income available for cost of care determined in subrule (f) of this rule. The result is the annual ability-to-pay.

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3. The following income and ability-to-pay crosswalk table must be used in the determination of the percent income for subrule (2)(e) of this rule.

Qualifying income as percent of applicable poverty guidelines charged as ability to pay	Percentage of Income
100%	0%
101 – 125%	3%
126 – 150%	4%
151 – 175%	5%
176 – 200%	6%
201 – 225%	7%
226 – 250%	8%
251 – 275%	9%
276 – 300%	10%
301 – 325%	11%
326 – 350%	12%
351 – 375%	13%
376 – 400%	14%
401% +	15%

4. The per-session ability-to-pay is applicable to each session of service provided to all individuals for whom the responsible party has an obligation to pay under section 804 of the mental health code, 1974 PA 258, MCL 330.1804, but may not be, in aggregate, more than the monthly ability-to-pay amount.
5. A parent shall not be determined to have an ability to pay above zero for more than 1 individual at any 1 time, and a parent's total liability for 2 or more individuals shall not exceed 18 years. (Administrative Rule 330.8239 (c)).
- F. If an individual receives SCCCMHA services for 1 year, the SCCCMHA shall annually determine the responsible party's per-session basis and monthly maximum ability-to-pay amount as determined in Standard IV.E. (1-5) if they are not Full Medicaid/HMP eligible. The SCCCMHA shall also complete a new determination of insurance coverage and ability to pay if informed of a significant change in a responsible party's ability to pay (R.330.1828).
- G. If the responsible party believes that the income figure being utilized to determine the ability to pay is not appropriate to their current income status *or* does not appropriately reflect their ability to pay, they may request the SCCCMHA to make a 'new determination' of ability to pay, and the SCCCMHA shall be required to do so in one of the following two options:
1. If the responsible party has stated that the income figure being utilized is **not appropriate to his or her current income status**, the SCCCMHA shall make a 'new determination' of

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ability-to-pay based on the responsible party's per-session basis and monthly maximum ability-to-pay amount as determined in Standard IV.E. (1-5).

2. If the responsible party has stated that the income figure being utilized does **not appropriately reflect his or her ability to pay**, the SCCCMHA shall make a 'new determination' of ability to pay based on a consideration of the responsible party's total financial situation, including, but not limited to, income, expenses, number and condition of dependents, assets and liabilities (Rule 330.1832).
- H. The SCCCMHA shall inform the responsible party (in writing) whose ability to pay was determined under Standard IV.E 1-3 or IV.F of this administrative procedures guideline that they have a right to an administrative hearing to contest an ability to pay determination that has been made by the SCCCMHA. If the responsible party desires a fee redetermination, the SCCCMHA shall:
1. Determine the adult responsible party's ability to pay for a fee redetermination, taking into consideration the adult responsible party's most current total financial circumstances, including but not limited to income, expenses, number and condition of dependents, assets and liabilities (R.330.8242) (see Exhibit A).
 2. Determine a minor's ability to pay for the cost of services considering the minor's total financial circumstances, including but not limited to income, expenses, number, and condition of dependents, assets, and liabilities (R. 330.1818 (1)).
- I. If the responsible party desires an administrative hearing to contest an ability to pay determination, the following guidelines shall apply:
1. The responsible party shall notify the SCCCMHA in writing or on a form provided by the SCCCMHA.
 2. The SCCCMHA shall have a qualified staff person who is designated to conduct the administrative hearings and complete the ability to pay redetermination. This Hearing Officer shall be versed in the MH Code, MDHHS Administrative Rules, applicable MDHHS rules, and PIHP / SCCCMHA policies regarding ability to pay.
 3. The 'Ability to pay Administrative Hearing' shall be scheduled with the responsible party within five (5) working days of request receipts, with the Hearing being held as soon as possible.
 4. The SCCCMHA shall make a redetermination of the ability to pay by completing a total financial assessment (Exhibit G), pursuant to the following guidelines:
 - a. The SCCCMHA shall determine the adult responsible party's ability to pay for a fee redetermination, taking into consideration the adult responsible party's total financial

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circumstances, including but not limited to income, expenses, number and condition of dependents, assets, and liabilities (R.330.1832).

- b. The SCCCMHA shall determine a minor's ability to pay for the cost of services considering the minor's total financial circumstances, including but not limited to income, expenses, number and condition of dependents, assets, and liabilities (R. 330.1832).
5. If the SCCCMHA determines a responsible party's ability to pay, and the amount the responsible party is determined to pay is higher than the amount under previous determinations, the SCCCMHA shall charge the higher amount only for financial liability that is incurred after the date of the redetermination (R. 330.1838).
 6. As an outcome of the Administrative Hearing, the responsible party shall be informed of their redetermination results and provided written notice of their right to appeal the redetermination (form #0034) in accordance with the MH Code (R. 330.1836) and Standard IV.J. below.
- J. A responsible party may appeal the SCCCMHA redetermination of ability to pay made under Standard IV.H. above to the Probate Court of the county in which he or she resides.
 - K. As specified in the fee determination standards noted above, the SCCCMHA shall inform (in writing) the responsible parties that if their ability to pay has undergone change, they may request the SCCCMHA to make a 'new determination' of ability to pay, and the SCCCMHA shall be required to do so. The new determination shall be made in accordance with the guidelines of this administrative procedure.
 - L. The rates for the cost of services will be updated at least annually by SCCCMHA's Chief Financial Officer or designee in accordance with MDHHS Administrative Rules. The SCCCMHA Rate Schedule, SCCCMHA Sliding Fee Scale and Region 10 PIHP Substance Use Disorder Sliding Fee Scale reflecting costs will be available upon request to the responsible party as well as posted in a visible location at each program site. Information will be written at an appropriate literacy level in English and any other language as needed.
 - M. No person will be denied services because of the inability to pay or of the inability of the responsible party to pay, but may be denied for refusal to pay when an ability to pay has been established.
 - N. Collection of fees may include the use of collection agencies, small claims court, collection from an estate, or other legally available means.
 - O. SCCCMHA will "write off" financial liability amounts owed by individuals after it has been determined that the account is uncollectible or that further pursuit would be detrimental to the person.

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- P. In instances where, through no fault of the responsible party, the SCCCMHA has not billed for services in a timely manner, the SCCCMHA shall only obligate the responsible party to pay for services based on their ability to pay when the initial bill for services is presented within two (2) years from the date the services were provided.
- Q. An ability to pay, above zero, shall not be incurred for more than one (1) family member at one time, and a parent's total liability for 2 or more individuals shall not exceed 18 years. It shall be the responsible party's duty to notify the SCCCMHA that an ability to pay determination has been made by another program or county. There shall be a cooperative, collaborative effort among the SCCCMHA services programs and their contractors to assure the information is available to all appropriate service providers.
- R. In addition to the ability to pay for Mental Health Services, persons receiving Crisis Residential or Respite services must pay Room and Board to the Residential Provider.
- S. An installment payment agreement may be instituted when the responsible party is not able to pay the full balance at the time it is due. Installment payment agreements are not to exceed 12 months, nor be less than \$20.00 per month.
- T. All responsible parties shall make available to the SCCCMHA (or one of its subcontract providers) any relevant financial and insurance information that the SCCCMHA is not prohibited by law from obtaining and that the SCCCMHA considers essential for purpose of determining the responsible party's ability to pay. Willful failure to provide the relevant financial and insurance information, as specified in this administrative procedures guideline, may result in a determination of ability to pay up to the full cost of services received by the individual.
- U. The responsible party shall have the right to refuse to participate in the ability to pay process and/or withhold information regarding income and insurance coverage. In this instance, the person shall be responsible for the full cost of service(s) provided by SCCCMHA, or one of its subcontract providers. The Account Clerk-Billing will need to be advised to bill the person full cost of service when this occurs and an entry of \$25,000 shall be entered into the data entry system as the ability to pay.
- V. No determination of ability to pay made by the SCCCMHA (or one of its contract providers) shall impose an undue financial burden on the individual, or the individual's family members. Should the responsible party determine that the ability to pay determination will impose an undue financial burden, they may request a new determination of ability to pay. Further relief may be sought by the responsible party through forgiveness of partial or full balance due per Procedure V.G. "Write Off of Uncollectible Accounts" below.
- W. An application for benefits shall be requested from all appropriate agencies for individuals who qualify for Medicaid, Healthy Michigan Plan (HMP), SSI, etc.
- X. An ability to pay shall be waived for adoptive parents when there is a pre-existing condition

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that has been approved for a medical adoption subsidy. Proof of said adoption is to be scanned into the individual's electronic health record.

- Y. An ability to pay of zero (\$0) shall be established for minors receiving services under the Children's Waiver program and the medical adoption subsidy program.
- Z. The Veterans Choice Program is a zero (\$0) fee for services rendered, no-shows, rescheduled or canceled appointments, or rendered care excluded from authorizations according to the Health Net Federal Services. Veterans will be required to provide information regarding third-party insurance coverage and shall be required to apply for any and all other insurance coverage (Medicaid, HMP, and/or Medicare) to which they may be entitled (Chapter 8 of the Michigan Mental Health Code). Such persons shall be required to complete a zero fee assessment based on qualifying program.
- AA. For individuals with Programs of All-Inclusive Care for the Elderly (PACE) coverage, SCCCMHA will assess a zero (\$0) ability to pay for mental health services. Any active Medicare Policies will be end dated one day prior to the effective date of PACE coverage. Such persons shall be required to complete a zero fee assessment based on qualifying program.
- BB. For individuals with current Full Medicaid or Healthy Michigan Plan (HMP) coverage, SCCCMHA will assess a zero (\$0) ability to pay for mental health services. This does not apply to those with a Medicaid spend down or Children's Special Health Care Services. However, if an individual has Full Medicaid or HMP coverage and they are non-compliant in applying for other insurances for which they may be eligible, they may be assessed a fee.
- CC. Persons receiving OBRA PASARR assessments will be assessed a zero (\$0) ability to pay. PASARR assessments are required by MDHHS and are not billable services. SCCCMHA is reimbursed by MDHHS and cannot assess an ATP (**does not pertain to OBRA Active Treatment**). Such persons shall not be required to complete a zero fee assessment based on qualifying program.
- DD. SCCCMHA shall ensure all individuals 65 years of age and older have Medicare Part B and D, or Part C (unless the person has other 3rd Party Insurance that primarily covers Medical and Prescriptions and is entered as an Insurance Policy). Individual/Responsible Party shall be required to apply for applicable Medicare, Parts A, B, C, and D, and all other insurance coverage in which they may be eligible.
- EE. SCCCMHA shall charge responsible parties for that portion of the financial liability that is not met by insurance coverage (Section 804). The amount of the charge shall be whichever of the following is the least amount (Subject to section 814):
- (a) Ability to pay determined under sections 818 or 819.
 - (b) Cost of services as defined in section 800.
 - (c) The amount of coinsurance and deductible in accordance with the terms of participation with a payer or payer group.

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FF. SCCCMHA shall waive payment of that part of a charge determined under EE that exceeds financial liability. The department or community mental health services program shall not impose charges in excess of ability to pay.

V. PROCEDURES:

A. Completion of Initial/Annual Fee Determination

The Region 10 PIHP Access Center

1. When it has been determined the caller qualifies for publicly funded mental health services informs individual/responsible party of the fee determination process and of the documentation that they will be required to bring to their first appointment: Total annual household qualifying income (earned and unearned, Government benefits, etc.) Financial documentation is required for each family member (SSA Notice(s), Paystubs, Bank Statements showing Deposits, etc.). Third party payer coverage, Medicaid card, divorce decree, as applicable. Informs caller if documentation is not provided or if they choose not to participate in SCCCMHA's Fee Assessment process, they may be charged for full cost of service.
2. Informs a minor, 14 years of age or older, who is receiving services under Chapter 9, Rights of a minor, Section 330.1707 of the Mental Health Code, that only the minor is responsible for the cost of service; the minor's parent or guardian are not responsible for the cost of services of the minor.

Program Supervisor/Designee

3. Ensures that staff designated to complete an initial, annual, new or redetermination fee determination, have received training on this administrative procedures guideline and the MH Code / MDHHS Administrative Rule requirements regarding fee determinations.

Account Clerk

4. Reviews and follows procedures in the Insurance Verification and Coverage, Billing and Refusal to Provide Information administrative procedure, #07-003-0080.
5. Provides First Request of Financial Documentation letter, Sliding Fee Scale application and No Medicaid Financial letter, as applicable.
6. Provides Final Request of Financial Documentation letter (as applicable) when assessing a fee for persons who do not have Medicaid or Healthy Michigan Plan.
7. Provides assistance if the individual does not have Full Medicaid/HMP or information to complete Assistance and Health Care Application or file on-line at

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www.michigan.gov/newmibridges, for individuals with income below the Medicaid/HMP threshold (see Exhibits D and E). Assist in filing for Retroactive Medicaid, as applicable.

8. Follows the Fee Assessment Procedures (Exhibit F) when assessing a fee.
9. Prepares fee determination at intake, annually and whenever there's a significant change in the responsible party's finances or insurance. This can be done face to face or through U.S. Postal Service.

To complete the fee determination:

- a. Request with First Letter:
 - (1) Copies of front and back of insurance card(s)
 - (2) Documentation of total family earned and unearned income (includes Government benefits and other entitlements).
 - (3) Family size.
 - (4) To apply for Health Coverage if individual served is below the Medicaid or Healthy Michigan Plan income limit.
- b. Record all income and family size in DES, Self Pay Financial Determination (St. Clair), to generate the ability to pay/Fee Determination.
- c. Record all insurance information in DES.
- d. Informs recipient/subscriber that when receiving reimbursement check(s) directly, they are responsible to forward the check(s) to SCCCMHA within 14 days. The payment must include the person's name and case number and a copy of the EOB (Explanation of Benefits).
- e. Validates all Medicaid or HMP insurance(s) (initially and monthly). A copy of a "live" MPFI report must be attached to the Self Pay Policy (in the DES) for the initial, annual, or new fee determination(s).
- f. Verifies all third- party insurance(s) initially and at time of each service received and notes findings in the data entry system (DES), and informs Account Clerk/Billing.
- g. Explain and provide a Final Request letter that failure to provide verification within 14 days may result in full costs of services.
- h. Enters \$25,000 in DES and informs case holder and Billing Department that the responsible party failed to provide required documentation within 14 days of Final Request letter and has inactive Medicaid/HMP. Send Full Cost of Service letter and Financial Determination for signature. **Continues** to follow up until the Individual/Responsible Party complies with the Medicaid application process and/or provides financial information as applicable.

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NOTE: If the person receiving services has a Medicaid Spend Down, the monthly Spend Down amount gets entered as the monthly ability to pay for non-compliance (until financial information is provided to complete a compliant Fee Determination)

10. Fee Determinations for respite services:
 - a. The fee for respite services for a full day or any portion of the day must be determined by dividing the monthly ability-to-pay amount determined from the non-residential table specified in R 330.8239 by 30 and rounding up to the nearest dollar but must not be more than the cost of services. A responsible party may request a new determination.
 - b. Respite fees charged during a calendar month may not be, in aggregate, more than the monthly ability-to-pay amount determined from the non-residential table.
 - c. Notifies clinical provider of assessed fee when greater than zero (\$0) and enters fee in DES.
11. Ensures responsible party (and spouse, when applicable) signs fee determination.
12. Ensures receipt within 30 days when mailing an annual fee determination for Non-Full Medicaid/Non-HMP clients to the responsible party for completion/signature. Document if the responsible party chooses not to sign the fee determination, and make notes in the DES. Process as a full cost of service fee determination if no financial documentation is received.
13. Informs at time of initial fee determination, both verbally and then in writing, the responsible party of their right to request a new determination if their income changes, if they believe the amount assessed is not accurate, or if they believe the amount assessed will impose an undue financial hardship (SCCCMHA Form #0034, Notice of Rights for Ability to Pay, New Rate Determination, Redetermination, and Appeal; or the New Rate Determination Request on Page 3 of the Fee Based on Income Only Fee Determination).
14. Informs the responsible party, both verbally and in writing, of their right to contest the ability to pay determination, and to request an Administrative Hearing for a fee redetermination. In doing so, informs the responsible party of the process he or she must follow in requesting an administrative hearing, and what documentation will be required in order for the Hearing Officer to complete the total financial determination (SCCCMHA Form #0034, Notice of Rights, Notice of Rights for Ability to Pay, New Rate Determination, Redetermination, and Appeal).

Supervisor/Designee

15. Reviews and signs the Fee Determination for completeness and correctness and notifies the Account Clerk- of any errors for follow-up.

Account Clerk

16. Enters any change to the ability to pay in the DES and notifies the Billing Department of change.

CHAPTER Fiscal Management	CHAPTER 07	SECTION 003	SUBJECT 0025
SECTION Reimbursement	SUBJECT Non-Residential Fee		

Billing Department

17. Processes responsible party invoices monthly.

B. Completion of New Determination (Change in Income)

Account Clerk

1. Follows Standard IV. E. (1-5) and Procedures under V.A. (Sections 7, 8, 9, 11, 12, 13, 14, 16).

Supervisor/Designee

2. Follows Section V.A., procedural step #15.

Billing Department

3. Follows Section V. Procedure A., step #17.

C. Completion of New Determination (Income does not appropriately reflect ability to pay)

Account Clerk

1. Completes a New Determination within 30 days of Responsible Party informing the SCCCMHA that the initial, annual, or new fee determination does not appropriately reflect his or her ability to pay using newly submitted total family size and income in accordance with the most current federal poverty guidelines, establishing a fee per-session up to a monthly maximum amount (R. 330.1818 (1)) if not previously done so. Otherwise, the New Determination of the ability to pay shall be based on a Full Financial Determination by taking into consideration the adult responsible party's total financial circumstances, including, but not limited to, income, expenses, number and condition of dependents, assets, and liabilities (R. 330.1832 and 330.1819.). See Exhibit A and Exhibits G 1-5.

Supervisor

2. Approves or disapproves by his/her dated signature of rationale for reducing or eliminating the recipient/guarantor's ability to pay. The approval shall be reviewed annually or earlier should the responsible party's financial situation change.

CHAPTER	CHAPTER	SECTION	SUBJECT
Fiscal Management	07	003	0025
SECTION	SUBJECT		
Reimbursement	Non-Residential Fee		

Account Clerk

3. Presents New Determination to responsible party for their dated signature.
4. Enters new fee per session and new monthly assessed fee information into the Data Entry System, if applicable.
5. Coordinates the updating of the ability to pay in the data entry system with the Billing Department when the new determination results in a different fee.
6. Provides responsible party with a copy of any completed fee determination and SCCCMHA Rate Schedule as applicable.
7. Informs the responsible party, both verbally and in writing, of their right to contest the ability to pay new determination, and to request an Administrative Hearing. In doing so, informs the responsible party of the process he or she must follow in requesting an administrative hearing (SCCCMHA Form #0034, Notice of Rights for Ability to Pay, New Rate Determination, Redetermination and Appeal).
8. Assists, if necessary to complete SCCCMHA form #0006, Ability to Pay Administrative Hearing Request Form (SCCCMHA form #0006 or #0012).
9. Forwards copy, upon receipt, of the Request for Administrative Hearing form to Hearing Officer and Electronic Health Record.

Supervisor/Designee

10. Reviews fee determination for completion and sign if fee determination is not contested.

Account Clerk

11. Scans into electronic health record.

Case Holder/Designee

12. Prepares dated, signed written rationale for undue financial burden, if it is the opinion that the new determination would materially decrease the responsible party's standard of living by decreasing the responsible party's capacity to pay for expenses as defined in III (II) of this administrative procedures.

D. Administrative Hearing (Redetermination)

Hearing Officer

CHAPTER Fiscal Management	CHAPTER 07	SECTION 003	SUBJECT 0025
SECTION Reimbursement	SUBJECT Non-Residential Fee		

1. Reviews responsible party's request for an ability to pay redetermination Administrative Hearing, and schedules the Administrative Hearing within five (5) days of receipt of the request. Attempts to schedule the Hearing to occur as soon as possible.
2. Conducts Administrative Hearing, documenting responsible party concerns and requests (SCCCMHA Form #0032, Documentation of Administrative Hearing)
3. Completes a redetermination of ability to pay assessment.
4. Informs, in writing, the responsible party of the results of the Administrative Hearing, and obtains the responsible party signature on the redetermination.
5. Forwards completed redetermination ability to pay to be scanned in electronic health record.
6. Informs, in writing, the responsible party of his or her rights to appeal the redetermination to the local Probate Court (SCCCMHA Form #0028, Notice of Outcome of Ability to Pay Administrative Hearing).

E. Collection Procedures for Individuals Currently Receiving Services

Billing Department

1. Notifies Finance Supervisor of significant accumulation of unpaid open account balances.

Finance Supervisor

2. Discusses the impact of discontinuing services to the individual with primary case holder.
3. Makes recommendation to SCCCMHA Executive Director/ designee to discontinue services if appropriate.
4. Instructs Billing to pursue payment agreement if service continuation is appropriate.

Billing Department

5. Provides a payment agreement, Installment Payment Agreement, SCCCMHA Form #0004, to the responsible party.
6. Informs Individual/Responsible Party that the first payment is due upon signing the Installment Payment Agreement and due by the fifth working day of each month thereafter until balance is paid in full. They will also agree to pay for services at the time they are provided.

CHAPTER	CHAPTER	SECTION	SUBJECT
Fiscal Management	07	003	0025
SECTION	SUBJECT		
Reimbursement	Non-Residential Fee		

7. Notifies Supervisor when responsible party fails to make payment in accordance with the Installment Payment Agreement. Notes if account has been forwarded to credit bureau.

Primary Case Holder/Supervisor

8. Notifies Account Clerk in writing within 5 days when aware of any new circumstances that would make further collections unwarranted.

Account Clerk Billing

9. Sends a total of three (3) invoices at 2 week intervals to responsible party, prior to account being forwarded to the Credit Bureau of Michigan.
 - a. Sends 1st invoice, unmarked.
 - b. Sends 2nd invoice, marked as 2nd Request.
 - c. Sends 3rd invoice, marked Final Request, along with a Final Request of Collection letter (SC Collection Final).
10. Seeks approval to send to credit bureau by routing Form #0264, Request to Send Responsible Party to the Credit Bureau or Write-Off Account, to management.
11. Turns accounts over to Credit Bureau.

F. Collection Procedures for Individual No Longer Receiving Services

Billing Department

1. Reviews Private Pay Statements.
2. Sends a total of three (3) invoices at 2 week intervals to responsible party, prior to account being forwarded to the Credit Bureau of Michigan.
 - a. Sends 1st invoice, unmarked.
 - b. Sends 2nd invoice, marked as 2nd Request.
 - c. Sends 3rd invoice, marked Final Request, along with a Final Request of Collection letter (SC Collection Final).
3. Documents calls from individual/Responsible Party.
4. Seeks approval to send to credit bureau by routing Form #0264, Request to Send Responsible Party to the Credit Bureau or Write-Off Account, to management.
5. Turns account over to the Credit Bureau Services of Michigan.

CHAPTER Fiscal Management	CHAPTER 07	SECTION 003	SUBJECT 0025
SECTION Reimbursement	SUBJECT Non-Residential Fee		

G. Write-Off of Uncollectible Accounts

Account Clerk Billing/Designee

1. Prepares "Request to Send Responsible Party to the Credit Bureau or Write-Off Account" form (Form #0264), and attaches supporting documentation. Forwards to Chief Financial Officer and Program Director.
2. Forwards a listing of accounts recommended for write-off to the Chief Financial Officer and Program Director for approval.
3. Removes those accounts from the Data Entry System and/or Accounts Receivable upon receiving approval.

VI. REFERENCES:

- A. Michigan Mental Health Code, Chapter 8.
- B. Department of Health and Human Services, Behavioral Health and Developmental Disability Administration, Financial Liability for Mental Health Services, Part 8.

VII. EXHIBITS:

- A. Guidelines for Inclusion and Exclusion of Assets, Income, and Expenses
- B. SCCCMHA Sliding Fee Scale
- C. SUD-PIHP Sliding Fee Scale
- D. MDHHS Annual Income Limit Chart (Federal Poverty Limit)
- E. MDHHS Monthly Income Limit Chart (Federal Poverty Limit)
- F. Fee Assessment Procedures
- G. SCCCMHA Full Financial Determination (2451B, 2465A, 2468B, Protected Assets, Income & ATP Crosswalk Table)

VIII. REVISION HISTORY:

Dates issued 01/88, 10/89, 05/90, 01/93, 09/97, 11/97, 08/98, 07/00, 09/01, 10/02, 10/04, 08/05, 02/06, 02/08, 04/10, 03/12, 11/13, 01/15, 01/16, 01/17, 01/18, 05/19, 11/20, 10/21, 4/22, 09/22, 04/23, 07/23.

Guidelines for Inclusion and Exclusion of Assets, Income and Expenses
For Full Financial Determination
(Outpatient, Crisis residential <61 Days, Hospital Inpatient <61 Days and Respite)

The following are listings of assets, income and expenses that per Michigan Department of Health and Human Services Administrative Rules may or may not be included in the determination of ability to pay:

Liquid Assets to be included in a Full Financial Determination:

- Bank accounts: checking and savings accounts
- Cash
- Certificates of deposit
- Treasury bills
- Money market investments
- Bonds
- Marketable securities, including stocks and bonds
- Pensions
- Deferred compensations
- Annuities
- Other funds that can be withdrawn or used as collateral for a loan

Income to be included, but not limited to, in determining ability to pay:

- Salaries and wages, including bonuses, longevity, overtime, vacation and sick pay, tips, etc.
- Government benefits such as Social Security, Veteran's Administration, Supplemental Security Income, Retirement Survivor's Disability Income, Social Security Disability Income, etc.
- Retirement and pension income
- Interest and dividends
- Unemployment compensation
- Worker's compensation
- Public Assistance
- Alimony received
- Child support received (only when child is the recipient of services, does not get added as gross income of a parent when parent is the recipient of services)
- Rental income
- Profit from business if self employed
- Trust income
- Long Term Disability payments received (if all or part of premium paid by employer)
- Interest and dividends not excluded for purpose of preparing MI 1040
- Military pay
- Income attributable to another state
- Other Miscellaneous sources

Excluded Income:

- Capital gains or losses
- Non-cash benefits (e.g. food benefits, housing subsidies)
- Tax Credits

Guidelines for Inclusion and Exclusion of Assets, Income and Expenses
For Full Financial Determination
(Outpatient, Crisis residential <61 Days, Hospital Inpatient <61 Days and Respite)

The only Expenses to be included in a Non Residential Full Financial Determination:

- Excess medical expenses – medical and dental expenses that exceed the threshold dictated by section 16 of the internal revenue code of 1986, 26 USC 213, that would be allowed to be deducted on itemized tax returns, less expenses for medical health services for the individual paid to the SCCCMHA and/or programs.
- Court ordered payments including a divorce decree
- Student loan payments
- Additional tax obligation(s) assessed by municipal, county state, or federal authority.
- Guardianship fees
- Court ordered obligations such as child support and alimony

St. Clair County Community Mental Health Authority
 Sliding Fee Scale
 For Mental Health & Primary Care Assessment & Screening
 Based on 2023 Federal Poverty Guidelines (Gross Income)

Sliding Fee Category Code	A		B		C	
Client Responsibility Per Service	\$ 0.00		\$ 10.00		\$ 20.00	
% of Poverty	0 - 133%		134 - 200%		200+%	
Family Size / Income	Above	Below	Above	Below	Above	Below
1	\$ -	\$ 19,391	\$ 19,392	\$ 29,160	\$ 29,161	
2	\$ -	\$ 26,228	\$ 26,229	\$ 39,440	\$ 39,441	
3	\$ -	\$ 33,064	\$ 33,065	\$ 49,720	\$ 49,721	
4	\$ -	\$ 39,900	\$ 39,901	\$ 60,000	\$ 60,001	
5	\$ -	\$ 46,736	\$ 46,737	\$ 70,280	\$ 70,281	
6	\$ -	\$ 53,572	\$ 53,573	\$ 80,560	\$ 80,561	
7	\$ -	\$ 60,409	\$ 60,410	\$ 90,840	\$ 90,841	
8	\$ -	\$ 67,245	\$ 67,246	\$ 101,120	\$ 101,121	
For each additional person add	\$6,836		\$ 10,280		\$ 10,280	

*** No one will be denied services due to inability to pay - Everyone has the right to be assessed on the Sliding Fee Scale**

Notes:

This scale is based on Qualifying Income & family size.

- * "Qualifying Income" means income from whatever source derived, regardless of whether the source is reported on federal or state returns. Qualifying Income includes, but is not limited to, the following: Earned and unearned income, Government benefits, other entitlements.

**Substance Use Disorder
FEE SCHEDULE
EFFECTIVE MARCH 1, 2022**

Exhibit C

Service Fee		Min. Contribution	20% of Cost		30% of Cost		40% of Cost		50% of Cost		60% of Cost		70% of Cost		80% of Cost		100% of Cost*		
Poverty Level	→	100%	125%		150%		175%		200%		225%		250%		275%		300%		
One Person	Year/	0	13,590.00	13,590.01	16,988.00	16,988.01	20,385.00	20,385.01	23,783.00	23,783.01	27,180.00	27,180.01	30,578.00	30,578.01	33,975.00	33,975.01	37,373.00	37,373.01	40,770.00
	Month/	0	1,133.00	1,133.01	1,416.25	1,416.26	1,699.50	1,699.51	1,982.75	1,982.76	2,266.00	2,266.01	2,549.25	2,549.26	2,832.50	2,832.51	3,115.75	3,115.76	3,399.00
	Week/	0	261.35	261.36	326.68	326.69	392.02	392.03	457.36	457.37	522.69	522.70	588.03	588.04	653.37	653.38	718.70	718.71	784.04
Two Persons	Year/	0	18,310.00	18,310.01	22,888.00	22,888.01	27,465.00	27,465.01	32,043.00	32,043.01	36,620.00	36,620.01	41,198.00	41,198.01	45,775.00	45,775.01	50,353.00	50,353.01	54,930.00
	Month/	0	1,526.00	1,526.01	1,907.50	1,907.51	2,289.00	2,289.01	2,670.50	2,670.51	3,052.00	3,052.01	3,433.50	3,433.51	3,815.00	3,815.01	4,196.50	4,196.51	4,578.00
	Week/	0	352.12	352.13	440.14	440.15	528.17	528.18	616.20	616.21	704.23	704.24	792.26	792.27	880.29	880.30	968.32	968.33	1,056.35
Three Persons	Year/	0	23,030.00	23,030.01	28,788.00	28,788.01	34,545.00	34,545.01	40,303.00	40,303.01	46,060.00	46,060.01	51,818.00	51,818.01	57,575.00	57,575.01	63,333.00	63,333.01	69,090.00
	Month/	0	1,919.00	1,919.01	2,398.75	2,398.76	2,878.50	2,878.51	3,358.25	3,358.26	3,838.00	3,838.01	4,317.75	4,317.76	4,797.50	4,797.51	5,277.25	5,277.26	5,757.00
	Week/	0	442.88	442.89	553.61	553.62	664.33	664.34	775.05	775.06	885.77	885.78	996.49	996.50	1,107.21	1,107.22	1,217.93	1,217.94	1,328.65
Four Persons	Year/	0	27,750.00	27,750.01	34,688.00	34,688.01	41,625.00	41,625.01	48,563.00	48,563.01	55,500.00	55,500.01	62,438.00	62,438.01	69,375.00	69,375.01	76,313.00	76,313.01	83,250.00
	Month/	0	2,313.00	2,313.01	2,891.25	2,891.26	3,469.50	3,469.51	4,047.75	4,047.76	4,626.00	4,626.01	5,204.25	5,204.26	5,782.50	5,782.51	6,360.75	6,360.76	6,939.00
	Week/	0	533.65	533.66	667.07	667.08	800.48	800.49	933.89	933.90	1,067.31	1,067.32	1,200.72	1,200.73	1,334.13	1,334.14	1,467.55	1,467.56	1,600.96
Five Persons	Year/	0	32,470.00	32,470.01	40,588.00	40,588.01	48,705.00	48,705.01	56,823.00	56,823.01	64,940.00	64,940.01	73,058.00	73,058.01	81,175.00	81,175.01	89,293.00	89,293.01	97,410.00
	Month/	0	2,706.00	2,706.01	3,382.50	3,382.51	4,059.00	4,059.01	4,735.50	4,735.51	5,412.00	5,412.01	6,088.50	6,088.51	6,765.00	6,765.01	7,441.50	7,441.51	8,118.00
	Week/	0	624.42	624.43	780.53	780.54	936.63	936.64	1,092.74	1,092.75	1,248.85	1,248.86	1,404.95	1,404.96	1,561.06	1,561.07	1,717.16	1,717.17	1,873.27
Six Persons	Year/	0	37,190.00	37,190.01	46,488.00	46,488.01	55,785.00	55,785.01	65,083.00	65,083.01	74,380.00	74,380.01	83,678.00	83,678.01	92,975.00	92,975.01	102,273.00	102,273.01	111,570.00
	Month/	0	3,099.00	3,099.01	3,873.75	3,873.76	4,648.50	4,648.51	5,423.25	5,423.26	6,198.00	6,198.01	6,972.75	6,972.76	7,747.50	7,747.51	8,522.25	8,522.26	9,297.00
	Week/		715.19	715.20	893.99	894.00	1,072.79	1,072.80	1,251.59	1,251.60	1,430.38	1,430.39	1,609.18	1,609.19	1,787.98	1,787.99	1,966.78	1,966.79	2,145.58
Seven Persons	Year/	0	41,910.00	41,910.01	52,388.00	52,388.01	62,865.00	62,865.01	73,343.00	73,343.01	83,820.00	83,820.01	94,298.00	94,298.01	104,775.00	104,775.01	115,253.00	115,253.01	125,730.00
	Month/	0	3,493.00	3,493.01	4,366.25	4,366.26	5,239.50	5,239.51	6,112.75	6,112.76	6,986.00	6,986.01	7,859.25	7,859.26	8,732.50	8,732.51	9,605.75	9,605.76	10,479.00
	Week/	0	805.96	805.97	1,007.45	1,007.46	1,208.94	1,208.95	1,410.43	1,410.44	1,611.92	1,611.93	1,813.41	1,813.42	2,014.90	2,014.91	2,216.39	2,216.40	2,417.88
Eight Persons	Year/	0	46,630.00	46,630.01	58,288.00	58,288.01	69,945.00	69,945.01	81,603.00	81,603.01	93,260.00	93,260.01	104,918.00	104,918.01	116,575.00	116,575.01	128,233.00	128,233.01	139,890.00
	Month/	0	3,886.00	3,886.01	4,857.50	4,857.51	5,829.00	5,829.01	6,800.50	6,800.51	7,772.00	7,772.01	8,743.50	8,743.51	9,715.00	9,715.01	10,686.50	10,686.51	11,658.00
	Week/	0	896.73	896.74	1,120.91	1,120.92	1,345.10	1,345.11	1,569.28	1,569.29	1,793.46	1,793.47	2,017.64	2,017.65	2,241.83	2,241.84	2,466.01	2,466.02	2,690.19
Amount Per Additional Family Member	Year/		4,720.00		5,900.00		7,080.00		8,260.00		9,440.00		10,620.00		11,800.00		12,980.00		14,160.00
	Month/		393.33		491.67		590.00		688.33		786.67		885.00		983.33		1,081.67		1,180.00
	Week/		90.77		113.46		136.15		158.85		181.54		204.23		226.92		249.62		272.31
SUD Self Pay Based on Fixed Amount																			
If Income falls Within ranges Above the Sud Self Pay per Srvc will Be:				\$5		\$10		\$15		\$20		\$25		\$30		\$35		Full Cost	
* Persons earning in excess of 300% of the poverty level shall be assessed a fee of full cost of services received																			

2023 Annual Income Limit Chart

Federal Poverty Limit (FPL) Guidelines
Effective 4/1/2023

		U19, PCR, PGW LIF	HMP	U19>1 OHK, HKE	U19<1, PGW Newborns, HKP	MIChild	Freedom to Work (FTW)	Flint Water Group
Group Size	100%	54%	133%	160%	195%	212%	250%	400%
1	\$14,580.00	\$7,873.20	\$19,391.40	\$23,328.00	\$28,431.00	\$30,909.60	\$36,450.00	\$58,320.00
2	\$19,720.00	\$10,648.80	\$26,227.60	\$31,552.00	\$38,454.00	\$41,806.40	\$49,300.00	\$78,880.00
3	\$24,860.00	\$13,424.40	\$33,063.80	\$39,776.00	\$48,477.00	\$52,703.20	\$62,150.00	\$99,440.00
4	\$30,000.00	\$16,200.00	\$39,900.00	\$48,000.00	\$58,500.00	\$63,600.00	\$75,000.00	\$120,000.00
5	\$35,140.00	\$18,975.60	\$46,736.20	\$56,224.00	\$68,523.00	\$74,496.80	\$87,850.00	\$140,560.00
6	\$40,280.00	\$21,751.20	\$53,572.40	\$64,448.00	\$78,546.00	\$85,393.60	\$100,700.00	\$161,120.00
7	\$45,420.00	\$24,526.80	\$60,408.60	\$72,672.00	\$88,569.00	\$96,290.40	\$113,550.00	\$181,680.00
8	\$50,560.00	\$27,302.40	\$67,244.80	\$80,896.00	\$98,592.00	\$107,187.20	\$126,400.00	\$202,240.00
9	\$55,700.00	\$30,078.00	\$74,081.00	\$89,120.00	\$108,615.00	\$118,084.00	\$139,250.00	\$222,800.00
10	\$60,840.00	\$32,853.60	\$80,917.20	\$97,344.00	\$118,638.00	\$128,980.80	\$152,100.00	\$243,360.00
11	\$65,980.00	\$35,629.20	\$87,753.40	\$105,568.00	\$128,661.00	\$139,877.60	\$164,950.00	\$263,920.00
12	\$71,120.00	\$38,404.80	\$94,589.60	\$113,792.00	\$138,684.00	\$150,774.40	\$177,800.00	\$284,480.00
13	\$76,260.00	\$41,180.40	\$101,425.80	\$122,016.00	\$148,707.00	\$161,671.20	\$190,650.00	\$305,040.00
14	\$81,400.00	\$43,956.00	\$108,262.00	\$130,240.00	\$158,730.00	\$172,568.00	\$203,500.00	\$325,600.00
15	\$86,540.00	\$46,731.60	\$115,098.20	\$138,464.00	\$168,753.00	\$183,464.80	\$216,350.00	\$346,160.00
16	\$91,680.00	\$49,507.20	\$121,934.40	\$146,688.00	\$178,776.00	\$194,361.60	\$229,200.00	\$366,720.00
17	\$96,820.00	\$52,282.80	\$128,770.60	\$154,912.00	\$188,799.00	\$205,258.40	\$242,050.00	\$387,280.00
18	\$101,960.00	\$55,058.40	\$135,606.80	\$163,136.00	\$198,822.00	\$216,155.20	\$254,900.00	\$407,840.00
19	\$107,100.00	\$57,834.00	\$142,443.00	\$171,360.00	\$208,845.00	\$227,052.00	\$267,750.00	\$428,400.00
20	\$112,240.00	\$60,609.60	\$149,279.20	\$179,584.00	\$218,868.00	\$237,948.80	\$280,600.00	\$448,960.00

2023 Monthly Income Limit Chart

Federal Poverty Limit (FPL) Guidelines
Effective 4/1/2023

		U19, PCR, PGW LIF	HMP	U19>1 OHK, HKE	U19<1, PGW Newborns, HKP	MICchild	Freedom to Work (FTW)	Flint Water Group
Group Size	100%	54%	133%	160%	195%	212%	250%	400%
1	\$1,215.00	\$656.10	\$1,615.95	\$1,944.00	\$2,369.25	\$2,575.80	\$3,037.50	\$4,860.00
2	\$1,643.33	\$887.40	\$2,185.63	\$2,629.33	\$3,204.50	\$3,483.87	\$4,108.33	\$6,573.33
3	\$2,071.67	\$1,118.70	\$2,755.32	\$3,314.67	\$4,039.75	\$4,391.93	\$5,179.17	\$8,286.67
4	\$2,500.00	\$1,350.00	\$3,325.00	\$4,000.00	\$4,875.00	\$5,300.00	\$6,250.00	\$10,000.00
5	\$2,928.33	\$1,581.30	\$3,894.68	\$4,685.33	\$5,710.25	\$6,208.07	\$7,320.83	\$11,713.33
6	\$3,356.67	\$1,812.60	\$4,464.37	\$5,370.67	\$6,545.50	\$7,116.13	\$8,391.67	\$13,426.67
7	\$3,785.00	\$2,043.90	\$5,034.05	\$6,056.00	\$7,380.75	\$8,024.20	\$9,462.50	\$15,140.00
8	\$4,213.33	\$2,275.20	\$5,603.73	\$6,741.33	\$8,216.00	\$8,932.27	\$10,533.33	\$16,853.33
9	\$4,641.67	\$2,506.50	\$6,173.42	\$7,426.67	\$9,051.25	\$9,840.33	\$11,604.17	\$18,566.67
10	\$5,070.00	\$2,737.80	\$6,743.10	\$8,112.00	\$9,886.50	\$10,748.40	\$12,675.00	\$20,280.00
11	\$5,498.33	\$2,969.10	\$7,312.78	\$8,797.33	\$10,721.75	\$11,656.47	\$13,745.83	\$21,993.33
12	\$5,926.67	\$3,200.40	\$7,882.47	\$9,482.67	\$11,557.00	\$12,564.53	\$14,816.67	\$23,706.67
13	\$6,355.00	\$3,431.70	\$8,452.15	\$10,168.00	\$12,392.25	\$13,472.60	\$15,887.50	\$25,420.00
14	\$6,783.33	\$3,663.00	\$9,021.83	\$10,853.33	\$13,227.50	\$14,380.67	\$16,958.33	\$27,133.33
15	\$7,211.67	\$3,894.30	\$9,591.52	\$11,538.67	\$14,062.75	\$15,288.73	\$18,029.17	\$28,846.67
16	\$7,640.00	\$4,125.60	\$10,161.20	\$12,224.00	\$14,898.00	\$16,196.80	\$19,100.00	\$30,560.00
17	\$8,068.33	\$4,356.90	\$10,730.88	\$12,909.33	\$15,733.25	\$17,104.87	\$20,170.83	\$32,273.33
18	\$8,496.67	\$4,588.20	\$11,300.57	\$13,594.67	\$16,568.50	\$18,012.93	\$21,241.67	\$33,986.67
19	\$8,925.00	\$4,819.50	\$11,870.25	\$14,280.00	\$17,403.75	\$18,921.00	\$22,312.50	\$35,700.00
20	\$9,353.33	\$5,050.80	\$12,439.93	\$14,965.33	\$18,239.00	\$19,829.07	\$23,383.33	\$37,413.33

FEE ASSESSMENT PROCEDURES

Individuals with Full Medicaid/HMP (with or without additional insurance)

- Verify and enter Medicare/Private Insurance (if applicable)
 - Attach insurance cards (front and back) if available
 - Attach insurance verification(s) if available
- Enter self-pay choosing “Zero Fee Based on Insurance (Medicaid, HMP, or MIChild) or qualifying programs”
 - Attach MPHI
 - Attach income documentation if received
- Make sure Medicaid/HMP residence county code is 74 (unless the individual is COFR case)
 - If the code is not 74, Medicaid/HMP should be transferred to SCC
 - Once the case has been transferred to SCC, attach MPHI verifying the transfer
 - Some SUD cases may reside in other counties – residence code should match the actual county of residence
- Print and mail along with the letter “Add SC Auto Zero Program”
- If the individual has a qualifying MI diagnosis (does not need to be primary), unless the Individual is in Mental Health Court or PACE.
 - Enter into the WSA system (refer to WSA entry instructions) within ten days of receipt of signed consent
 - Enter CCBHC Demonstration payer effective month of intake
- Individuals with Full Medicaid/HMP are always a zero fee with the following exceptions (in these cases, individual may be charged full cost)
 - Medicare eligible and choose not to enroll
 - Private Insurance primary to Medicaid but fails to provide insurance information
- OBRA PASSAR is always zero fees regardless of insurance coverage

Veteran authorization only

- If the individual is below Medicaid/HMP income limit, they should be encouraged to apply for Medicaid.
 - Provide application
 - Provide the letter “Add SC No Medicaid” **and the information verification form**
 - Assist with the application if requested
 - Follow up as needed
 - If the individual is approved for Medicaid/HMP, follow the procedures above for Full Medicaid/HMP
- Make sure VA auth is entered in Oasis. If there is no VA auth, contact Veteran Navigator Wendy Martindale
- Enter self-pay choosing “Zero Fee Based on Insurance (Medicaid, HMP, or MIChild) or qualifying programs”
 - For “Based Upon” drop-down select “Other” and note that the individual has VA auth
 - If VA auth expires in less than one year, use VA auth end date as end for self-pay
 - Attach MPHI

- Attach income documentation if received
- Print and mail along with the letter “Add SC Auto Zero Program.”
- If the individual has a qualifying MI diagnosis (does not need to be primary)
 - Enter into the WSA system (refer to WSA entry instructions) within ten days of receipt of signed consent
 - Enter CCBHC Demonstration payer effective month of intake

PACE Sunrise

- Enter self-pay choosing “Zero Fee Based on Insurance (Medicaid, HMP, or MIChild) or qualifying programs”
 - Attach MPHI
- Verify and enter PACE Sunrise
 - Enter PACE Sunrise Payor
 - End date all other Medicare Payors
- Do Not enter CCBHC Demonstration Payor
- End date active Medicare Payor(s) one day prior to the effective date of PACE.

IDD/DD individuals with No Medicaid/HMP, Residential and Hospital Placements will be required to apply for Medicaid

- Provide application
- Provide the letter “Add SC No Medicaid” **and the information verification form**
- Assist with the application if requested
- Follow up as needed
- If the individual is approved for Medicaid/HMP, follow the procedures above for Full Medicaid/HMP
- If the individual is denied Medicaid, services will more than likely be denied
- If an exception is made, monthly ATP would need to be assessed (excludes a Fee per Session)

CCBHC Individuals without Full Medicaid/HMP, Medicare/Private Insurance Only, or No Insurance

- If the individual is below Medicaid/HMP income limit, they should be encouraged to apply for a Medicaid Program.
 - Provide application
 - Provide the letter “Add SC No Medicaid” **and the information verification form**
 - Assist with the application if requested
 - Follow up as needed
 - If the individual is approved for Medicaid/HMP, follow the procedures above for Full Medicaid/HMP
- Verify and enter Medicare/private insurance (if applicable)
 - Attach insurance cards (front and back) if available
 - Attach insurance verification(s) if available
- Enter spenddown (verify amount from MPHI or Lisa Clark)
- Individual will be required to provide proof of total family income and family size
 - Provide letter “Add SC Fin. Det. Information”
 - If documentation is not received, send the letter “Add SC Fin. Det. Information 2nd”

- Enter self-pay choosing “Fee Based on Income”
 - Attach MPHI
 - Attach documentation of income
 - Assess Fee Based on qualifying family income and family size
 - Assess a Monthly ATP and a Fee Per Session
- Inform the individual of financial liability. If an Individual believes the ATP isn’t appropriate for their current income status, CMH can complete a New Rate Determination based on Full Financial Determination
- Mail along with letter “Add SC Fin. Det. Signature”
- If the individual has a qualifying MI diagnosis (does not need to be primary)
 - Enter into the WSA system (refer to WSA entry instructions) within ten days of receipt of signed consent
 - Enter CCBHC Demonstration payer effective month of intake
- For Recovery Court individuals, notify Leslie Brown and Alexis Hadwin if a fee is assessed
-

SUD Individuals without Full Medicaid/HMP, Medicare/Private Insurance Only, or No Insurance

- If the individual is below Medicaid/HMP income limit, they should be encouraged to apply for Medicaid.
 - Provide application
 - Provide the letter “Add SC No Medicaid” **and the information verification form**
 - Assist with the application if requested
 - Follow up as needed
 - If the individual is approved for Medicaid/HMP, follow the procedures above for Full Medicaid/HMP
- Verify and enter Medicare/private insurance (if applicable)
 - Attach insurance cards (front and back) if available
 - Attach insurance verification(s) if available
- Enter spenddown (verify amount from MPHI or Lisa Clark)
- Individual will be required to provide proof of total family income and family size
 - Provide letter “Add SC Fin. Det. Information”
 - If documentation is not received, send the letter “Add SC Fin. Det. Information 2nd”
- Enter self-pay choosing “Fee Based on SUD Sliding Fee Schedule”
 - Attach MPHI
 - Attach documentation of income
 - Assess a Fee based on the SUD Sliding Fee Scale
- Inform the individual of financial liability. If an Individual believes the ATP isn’t appropriate for their current income status, CMH can complete a New Rate Determination based on Full Financial Determination
- Mail along with letter “Add SC Fin. Det. Signature”
- If the individual has a qualifying MI/SUD diagnosis (does not need to be primary)
 - Enter into the WSA system (refer to WSA entry instructions) within ten days of receipt of signed consent
 - Enter CCBHC Demonstration payer effective month of intake

Residential Individuals under Contract with SCCCMHA

See Residential Fee Policy

***** SUD fee determinations must be signed off within 30 days even if Medicaid is still pending and/or documentation has not been provided. Adjustments may be made later as needed.**

For All Individuals

- Monitor for return of signed Financial Determination
 - If returned, mark “Obtained externally” and add the date of signature
 - If not returned, mark “Refused to Sign”
- Financial Determinations may be signed in person rather than mailed
- Contact the Billing Department whenever a retroactive change is made to any Fee Determination or Insurance Payor
- No monthly maximum ability to pay shall be more than an individual’s Medicaid Spend Down amount
- SCCCMHA cannot collect an ability to pay for any month a person receives a Patient Pay Amount issued from MDHHS

**ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
FULL FINANCIAL DETERMINATION**

A. Personal Data			
1. Facility:		2. Individual's Name:	
3. Case No:		4. Payer ID:	
5. Determination For:		<input type="checkbox"/> Individual & Spouse <input type="checkbox"/> Parents <input type="checkbox"/> Individual Only <input type="checkbox"/> Father Only <input type="checkbox"/> Spouse Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Child	
6. Determination Class:		7. Determination Type:	
<input type="checkbox"/> Initial <input type="checkbox"/> New <input type="checkbox"/> Annual		<input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Zero	
8. Determination Effective Date:			
9. Spouse/Parent(s) Name:		10. Family Size:	
11. Spouse's Liability: 730 days less Previous Inpatient Liability: = Days Remaining:		12. Parent's Liability: 245 Mths less Previous Liability: = Months remaining:	
13. Responsible Party's Name: Address City/State/Zip Code		14. Insurance Coverage:	
B. Determination of Net Assets (Use Assets & Liabilities Worksheet)		C. Determination of Net Income (Use Income & Expenses Worksheet)	
15. Total Value of Liquid Assets (f/Worksheet)	\$0.00	19. Total Income (f/Worksheet)	\$0.00
16. Less Total Cost to Liquidate (f/Worksheet)	\$0.00	20. Less Base Income for Family Size (f/Worksheet)	\$0.00
17. Less Protected Assets		21. Less Expenses (f/Worksheet)	\$0.00
18. Net Liquid Assets	\$0.00	22. Less Protected Income	
		23. Income Available for Cost of Care	\$0.00
D. Annual Ability to Pay (ATP)		E. *** Payment Plan ***	
24. Percent of Available Income for ATP	#DIV/0!	28. Determination Amount (D27)	#DIV/0!
25. Income-Based ATP	#DIV/0!	29. Lump Sum Amount Available (Asset-Based ATP) (D26)	\$0.00
26. Asset-Based ATP	\$0.00	30. Monthly Payment Amount	#DIV/0!
27. Annual Ability to Pay (Sum of D25 and D26)	#DIV/0!	IF COST OF SERVICES EXCEEDS INSURANCE PAYMENTS, YOUR ABILITY TO PAY WILL BE THE DETERMINATION AMOUNT (E28) OR THE BALANCE OF THE COST OF SERVICES, WHICHEVER IS LESS.	
F. - 31. Remarks:			
***** NOTE ***** *** YOU HAVE 30 DAYS TO APPEAL THIS DETERMINATION ***			
A SPOUSE SHALL NOT HAVE AN ABILITY TO PAY FOR MORE THAN 730 DAYS OF INPATIENT OR RESIDENTIAL SERVICES IN AN INDIVIDUAL'S LIFETIME. DETERMINATIONS OF ABILITY TO PAY FOR INPATIENT PSYCHIATRIC STAYS OF 60 DAYS OR LESS ARE NOT COUNTED TOWARD THE 730 DAY LIMITATION.			
32. Prepared by: Date:		34. Individual's Signature: Date: <i>Not Required</i>	
33. Approved by Date:		35. Spouse's/Parents' Signature: Date: <i>Not Required</i>	

YOUR ABILITY TO PAY WILL BE REVIEWED AT LEAST ANNUALLY

DATE MAILED

**ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
FULL FINANCIAL DATA WORKSHEET
ASSETS**

1. INDIVIDUAL 0		2. CASE NO. 0		3. DETERMINATION <input type="checkbox"/> Initial <input type="checkbox"/> New <input type="checkbox"/> Annual	
4. SPOUSE/PARENT(S) 0				5. FACILITY 0	
Assets included in determining ability to pay	6. Description			7. VALUE	8. LIQUIDATING COST
	(Specify)				
Assets including but not limited to: Checking and savings accounts; cash; certificates of deposit; treasury bills; money market investments; bonds; marketable securities, including stocks and bonds; pensions; deferred compensation; annuities; other funds that can be withdrawn or used as collateral for a loan					
9. Total				\$0.00	\$0.00
10. Net Value					\$0.00

**ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
FULL FINANCIAL DATA WORKSHEET
INCOME AND EXPENSES**

1. INDIVIDUAL 0	2. CASE NO. 0	3. DETERMINATION <input type="checkbox"/> Initial <input type="checkbox"/> New <input type="checkbox"/> Annual		
4. SPOUSE/PARENT(S) 0		5. FACILITY 0		
6. FAMILY SIZE: 0	7. BASE INCOME FOR FAMILY SIZE:	8. QUALIFYING INCOME PERCENTAGE TO BASE INCOME		#DIV/0!
INCOME (Specify)	9. SOURCE	WEEK	MONTH	ANNUAL
Income from whatever source derived including but not limited to: Earned and unearned income Government benefits Other entitlements				
10. TOTAL				\$0.00

EXPENSES (Specify)	11. DESCRIPTION	WEEK	MONTH	ANNUAL
For Regular Calculations: Excess medical expenses Court ordered payments including divorce decree Student loan payments Additional tax obligations assessed by municipal, county, state, or federal taxing authority				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
For Alternate Calculation Process, Use Only: Personal needs allowance and Expense deduction equal to the provider payment rate for appropriate living arrangement as allowed under the medical assistance program or its successor				\$0.00
				\$0.00
				\$0.00
12. TOTAL				\$0.00

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
FULL FINANCIAL DATA WORKSHEET
PROTECTED ASSETS & INCOME

Protected Assets	
Administrative Rule 330.8242(c)	
\$2,000/year/one person	
\$3,000/year/two persons	
\$200/year/each additional person	

Protected Income				
Administrative Rule 330.8242				
		Psychiatric Inpatient & Crisis Residential Services	Residential & Non-Psychiatric Inpatient Services	Social Security Act
(A)	Personal Needs Allowance	\$37/month	\$44/month	Title XIX
(B)	Earned Income*	\$65/month + 1/2 all additional	\$65/month + 1/2 all additional	Title XVI
(C)	Income Disregard	Up to \$20/month	Up to \$20/month	Title XVI
Subtotals (A & C)		\$684	\$768	

*Applies to client receiving social security and receiving earned Income in workshop setting.

Family of One - Up to personal needs allowance plus income disregard.

Family of Two - Up to twice the amount allowed for a family of one.

Dependents - Each additional family member - 1/2 of above allowed amounts.

The amount protected for a family of one may never be over the amount as described above except for working patients/residents. The patient/resident's protected amount may be set between zero and the set amount and can be at the level of the previous year's spending. If the protected amount is not depleted at the annual redetermination, the remaining amount will be considered an asset.

**Michigan Department of Health and Human Services
Excerpt from Administrative Rules 330.8242 (2) (i)
Income and Ability to Pay Crosswalk Table**

Qualifying Income as a Percent of Applicable Poverty Guidelines.	% Of Income Charged as Ability to Pay
100%	0%
101 - 200%	10%
201 - 250%	15%
251 - 300%	20%
301 - 400%	25%
401+	30%