

## POLICIES AND PROCEDURE MANUAL

<b>Chapter:</b>	<b>Finance</b>		
<b>Title:</b>	<b>Substance Use Disorder – Income Eligibility &amp; Fee Determination</b>		
<b>Policy:</b> <input type="checkbox"/>	<b>Review Cycle:</b> Annually	<b>Adopted Date:</b> 10.01.15	<b>Related Policies:</b> Financial Management SUD Income Eligibility and Fee Determination
<b>Procedure:</b> <input checked="" type="checkbox"/>	<b>Author:</b> SUD Workgroup	<b>Review Date:</b> 3.2018	
<b>Version:</b> 2.0		<b>Revision Eff. Date:</b> 11.01.18	
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DO NOT WRITE IN SHADED AREA ABOVE

**Purpose**

MSHN is required to maintain a clear and consistent process for income eligibility and fee determination. This procedure assures that regional Substance Use Disorder treatment providers administer income eligibility and fee determination using a consistent format and criteria.

**Procedure:**

### MID-STATE HEALTH NETWORK INCOME ELIGIBILITY FOR MSHN BENEFITS

Income Eligibility based on 200% of the Federal Poverty Guidelines

Non-Medicaid Services, Mid-State Health Network FY2018-2019

Family Size	200% FPL
1	\$ 24,280
2	\$ 32,920
3	\$ 41,560
4	\$ 50,200
5	\$ 58,840
6	\$ 67,480
7	\$ 76,120
8	\$ 84,760
Each Add	\$ 8,640

Level of Care					
Outpatient Psychotherapy Co-pays	Individual 30 minutes \$5.00	Individual 45 minutes \$7.50	Individual 60 minutes \$10.00	Family (with or without consumer) \$10.00	Group \$5.00
Outpatient Co-Pays	Individual: \$2.50 per 15 minutes Group: \$5.00 per session				
Sub-Acute Detox	\$10.00 per day				
Residential Low	\$3.00 per day				
Residential Medium or High	\$1.00 per day				

**INCOME VERIFICATION AND FEE AGREEMENT**

**Consumer Number:** \_\_\_\_\_

**Family Size:**

Consumer \_\_\_\_\_ 1 .

Number of people living with and/or supported by the consumer: \_\_\_\_\_

Total Family Size \_\_\_\_\_

**Income (use annual income information):**

Gross Salaries, Wages \$ \_\_\_\_\_

Other Income:

Alimony \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_

Unemployment \$ \_\_\_\_\_

Workers Compensation \$ \_\_\_\_\_

Other (Describe): \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total Income \$ \_\_\_\_\_

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*I hereby certify that the information shown above is a true and correct statement. Based upon this information it has been determined that I will be responsible for a fee of \$ \_\_\_\_\_ per session/day.*

*REASON FOR NO INCOME* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Consumer Signature*

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Date*

\_\_\_\_\_  
*Witnessed by*

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Date*

(Note: If the fee is reduced or waived, the Program Director, or designee, must be the witness signature.)

**Applies to**

- All Mid-State Health Network Staff
- Selected MSHN Staff, as follows:
  - MSHN Affiliates:  Policy Only     Policy and Procedure
- Other: Sub-contract Providers

**Definitions**

**Other Related Materials**

**References/Legal Authority**

Federal Poverty Guidelines - <https://aspe.hhs.gov/poverty-guidelines>

**Change Log:**

<u>Date of Change</u>	<u>Description of Change</u>	<u>Responsible Party</u>
10.01.2015	New Procedure	SUD Workgroup
11.13.2015	Changed co-pay for detox to \$10 per day regardless of number of times in treatment to coincide with Policy approved 11.2015 board meeting	Finance Manager
11.13.2015	Detailed Individual Copay for 30 min., 45 min. and 60 minute increments	Finance Manager
11.01.2016	Updated Federal Poverty Levels	Finance Manager
03.20.2017	Annual Review	Chief Financial Officer
11.01.2017	Updated Federal Poverty Levels	Finance Manager
03.20.2018	Annual Review	Chief Financial Officer
11.01.2018	Updated Federal Poverty Levels	Finance Manager