

## POLICIES AND PROCEDURE MANUAL

|   |  |   |  |
|---|--|---|--|
| <b>Chapter:</b>   | <b>Finance</b>   |   |  |
| <b>Title:</b>   | <b>Substance Use Disorder – Income Eligibility and Fee Determination</b> |   |  |
| <b>Policy:</b> <input type="checkbox"/><br><b>Procedure:</b> <input checked="" type="checkbox"/><br><b>Page:</b> 1 of 3 | <b>Review Cycle:</b> Annually<br><br><b>Author:</b> SUD Workgroup        | <b>Adopted Date:</b> 10.01.2015<br><br><b>Review Date:</b> 02.01.2023 | <b>Related Policies:</b><br>Financial Management<br>SUD Income Eligibility and Fee Determination |

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 BLOCK GRANT for CALENDAR YEAR 2023

Income Eligibility based on 200% of the Federal Poverty Level Guidelines

| Family Size | 200% FPL  |
|-------------|-----------|
| 1           | \$ 29,160 |
| 2           | \$ 39,440 |
| 3           | \$ 49,720 |
| 4           | \$ 60,000 |
| 5           | \$ 70,280 |
| 6           | \$ 80,560 |
| 7           | \$ 90,840 |
| 8           | \$101,120 |
| Each Add    | \$ 10,280 |

| Service Description and Code                             | Copay Amount          |
|--|-----------------------|
| Individual Therapy (90832)                               | \$5.00 per session    |
| Individual Therapy (90834)                               | \$7.50 per session    |
| Individual Therapy (90837)                               | \$10.00 per session   |
| Family Therapy (90846, 90847)                            | \$10.00 per session   |
| Group Therapy (90853)                                    | \$5.00 per session    |
| Evaluation and Management (99202 - 99205, 99212 - 99215) | \$5.00 per session    |
| Individual Counseling (H0004)                            | \$2.50 per 15-minutes |
| Group Counseling (H0005)                                 | \$5.00 per session    |
| Withdrawal Management (H0010, H0012)                     | \$10.00 per day       |
| Residential Treatment (H0018, H0019)                     | \$5.00 per day        |
| Individual Peer Recovery Support Services (H0038)        | \$2.00 per 15-minutes |
| Individual Peer Recovery Support Services (T1012)        | \$4.00 per session    |

**INCOME VERIFICATION AND FEE AGREEMENT**

**Consumer Name:** \_\_\_\_\_

**Family Size:**

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

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

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

**Annual Income:**

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

Other Income:

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

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

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

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

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

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

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

+++++

*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 withdrawal management 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 min. 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          |
| 11.01.2019            | Updated Federal Poverty Levels   | Finance Manager          |
| 10.01.2020            | Updated Federal Poverty Levels   | Finance Manager          |
| 01.01.2021            | Updated Copay Amounts  | Finance Manager          |
| 10.01.2021            | Updated Federal Poverty Levels   | Finance Manager          |
| 03.01.2022            | Updated Federal Poverty Levels   | Finance Manager          |
| 02.01.2023            | Updated Federal Poverty Levels   | Finance Manager          |