

POLICIES AND PROCEDURE MANUAL

Chapter:	Finance		
Title:	Substance Use Disorder – Income Eligibility and Fee Determination		
Policy: <input type="checkbox"/>	Review Cycle: Annually	Adopted Date: 10.01.2015	Related Policies: Financial Management SUD Income Eligibility and Fee Determination
Procedure: <input checked="" type="checkbox"/>	Author: SUD Workgroup	Review Date: 05.13.2025	
Page: 1 of 3		Revision Eff. Date: 01.01.2026	

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 HEATHL NETWORK INCOME ELIGIBILITY FOR BLOCK GRANT for CALENDAR YEAR 2026

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

Family Size	200% FPL
1	\$ 31,920
2	\$ 43,280
3	\$ 54,640
4	\$ 66,000
5	\$ 77,360
6	\$ 88,720
7	\$100,080
8	\$111,440
Each Add	\$ 11,360

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):

_____ φ _____

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
02.01.2024	Updated Federal Poverty Levels	Finance Manager
02.01.2025	Updated Federal Poverty Levels	Finance Manager
01.01.2026	Updated Federal Poverty Levels	Finance Manager