BAY-ARENAC BEHAVIORAL HEALTH
POLICIES AND PROCEDURES MANUAL

Chapter: 12	**Riverhaven Coordinating Agency**		
Section: 4	**Treatment**		
Topic: 5	**Income Eligibility**		
Page: 1 of 3	**Supersedes Date:** **Pol:** **Proc: 09-24-07, 11-16-04, 9-19-02**	**Approval Date:** **Pol: 9-19-02** **Proc: 7-1-09**	_________________ *Board Chairperson Signature* _________________ *Chief Executive Officer Signature*
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 8/27/2010. For Controlled copy, view shared directory G:\\Isimage01\BACMH_users\bacmh_group\Agency\Agency_Manual.			

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Policy

It is the policy of Bay-Arenac Behavioral Health (BABH) to require use of a standardized fee structure that is applicable to all substance use disorder treatment service modalities described in the Michigan Department of Community Health's (MDCH) Annual Plan (AP) Guidelines.

Purpose

This policy and procedure is in place to establish that the Riverhaven Coordinating Agency (RCA) will provide Medicaid or block grant funding for all consumers who meet Financial Liability for substance use disorder services.

Applicability

☐ All BABH Staff
☒ Selected BABH Staff, as follows: Claims and Service Access/Intake
☐ All Contracted Providers: ☐ Policy Only ☐ Policy and Procedure
☒ Selected Contracted Providers, as follows: Substance Use
☐ Policy Only ☒ Policy and Procedure
☐ BABH's Affiliates: ☐ Policy Only ☐ Policy and Procedure
☐ Other:

Definitions

N/A

Procedure

General Information/Instructions:

- Application of First and Third Party Fees: The contract provisions with respect to the collection and reporting of first and third party fees earned by the provider will be the first source of funding for the consumer. It will be the provider's responsibility to develop and maintain policies and procedures regarding the collection and reporting of consumer fees and accounts receivable.

- Consumer Eligibility: These procedures are to be used for any consumer eligible for a substance use disorder treatment benefit from RCA. RCA retains the ability to grant waivers to these policies/procedures. The fee scale uses a consumer's current annualized household income and the family size to determine the consumer’s financial eligibility for a substance use disorder treatment benefit from RCA. Household income would include the income of the consumer’s spouse, if living in the same home. It would also include the income of a significant other, if that consumer is co-habitating with the consumer and is engaged in the consumer’s treatment process. Income would be excluded for estranged or separated spouses, for parents of any college-age consumer, or adults living with parents if the parents only provide room and board. Income would also be excluded for adult children living at home if the parent is in treatment. Consumers whose family income falls at or below the guidelines identified in the attachment - "Income Eligibility for RCA Benefits" are eligible for a benefit subsidy as identified.

- Income Verification: An Income Verification/Fee Agreement form is to be completed at admission for each RCA consumer that is funded through community block grant dollars and signed by the consumer. In addition, proof of income must be documented in the consumer file (i.e., current pay stub, latest income tax return). Income should represent only legally obtained income. Annual income can be used, however, the most recent ninety (90) day period prior to admission should be reviewed to include any changes in employment. For consumers who report no income, their status must be verified by contacting BABH. Providers can choose the method they will use to contact BABH. The choices are 1) e-mail BABH at akeinath@babha.org, or 2) fax BABH at 989-895-2248, attention Amy Keinath. If you choose to e-mail your requests, you should encrypt them or send them in a zip file. Please include the middle initial of the consumer whom you are requesting income information on. Providers must obtain a release from the consumer to the MDCH. The list of staff authorized to request income information should be updated on a regular basis so that the list is current. Questions regarding the process can be directed to Amy Keinath at 989-895-2324. Providers must supply the social security number(s) of the consumer(s) to be verified. A copy of the MDCH response must be retained in the consumer file. Failure to secure and retain these items in the consumer’s file will be grounds for non-reimbursement of services. If a consumer reports no income, but is physically able to work, employment should be addressed as a treatment issue in the consumer’s treatment plan. Financial information needed to determine ability to pay must be reviewed annually or at a change in the consumer's financial status.

- Co-payments**:** The rates that RCA will pay are subject to a ten ($10), fifteen ($15) or twenty ($20) dollar co-pay fee per session for outpatient individual, a five ($5), seven-fifty ($7.50) or ten ($10) dollar co-pay fee per session for outpatient group therapy, a five ($5) dollar co-pay fee per detox day, a three ($3) co-pay fee per short-term residential day and a one ($1) dollar co-pay fee per long-term residential day. The detox co-pay fee will increase to ten ($10) dollars per day for a second detox admission and twenty ($20) dollars per day for a third detox admission, if the consumer does not follow up with treatment once he/she discharges from the first detox admission. The co-pays are based upon the consumer's income as it relates to a percentage of the Federal Poverty Guidelines. The co-pay may be waived or reduced by the Program Director or designee; this waiver must be based upon consumer circumstances. The provider is responsible for the development of policies for waiving the co-pay.

Attachment

Attachment – Income Eligibility for RCA Benefits

Related Forms

Income Verification/Fee Agreement

Related Materials

N/A

References/Legal Authority:

Riverhaven Coordinating Agency Provider Contract

Submission Form

Approving Body/Committee/Supervisor:	Author:	Approval/Review Date:
Joe Sedlock	Darren McAllister	July 1, 2009

Result:

Deletion ☐ New ☐ No Changes ☐ Replacement X☐ Revision ☐

List reason for deletion/replacement/revision here. If replacement, list policy to be replaced.

Annual review update. Amended to coincide with current contract language.