

POLICY AND PROCEDURE

REACH for Tomorrow

RF-224.1 Ability to Pay

This procedure shall apply to REACH for Tomorrow.

1. Intent

Institute and maintain a process that fairly establishes the financial liability of the responsible party for services received.

2. Request for Information

2.1. Every individual seeking behavioral health services shall be requested to provide financial information for the determination of their financial liability as required by the Substance Abuse and Mental Health Services Administration (SAMHSA). Information requested may include any or all of the following:

2.1.1. Divorce decree section on child health care responsibility

2.1.2. Insurance coverage/benefits

2.1.3. Family Size

2.1.4. Income information such as:

2.1.4.1. Salaries and wages from employment (gross wages including overtime, vacation, and holiday pay)

2.1.4.1.1. Most recent state income tax form filed

2.1.4.1.2. Recent paycheck stub

2.1.4.2. Social security statement

2.1.4.3. Retirement or pension income

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2.1.4.4. Social Security Disability Income (SSDI)

2.1.4.5. Supplemental Security Income (SSI)

2.1.4.6. Social Security Survivor's Benefits

2.1.4.7. Cash assistance from Department of Human Services

2.1.4.8. Unemployment benefits

2.1.4.9. Workers' compensation benefits

2.1.4.10. Employer disability insurance

2.1.4.11. Dividends, interest, investments, or trusts

2.1.4.12. Rental income

2.1.4.13. Child support or alimony

2.2. Persons served will be interviewed by the Ability-to-Pay Specialist for the gathering of financial and insurance information.

2.3. If the necessary financial and insurance information is available at time of interview, the person served will be informed at that time of their ability to pay determination and/or their eligibility for participation in the CCBHC sliding fee discount program if applicable. For CCBHC participants participating in the sliding fee scale program, as applicable, the discounted co-payment amounts per service shall be applied and collected up to the ability to pay amount each month.

2.3.1. Information on the CCBHC sliding fee discount program will be:

2.3.1.1. posted at each service site and on the organization's website.

2.3.1.2. made available to persons served upon check-in

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and/or when requested by the person served.

2.4. Persons served will be given 30 days to provide any additional financial information that is unavailable at the time of the financial determination. Notwithstanding any other provision of this policy, if a person served:

2.4.1. Willfully fails to provide relevant insurance coverage information, or

2.4.2. Does not want their insurance company billed even though coverage is carried,

2.4.3. Is covered by a preferred provider plan who would pay for the services if provided by a service provider, or

2.4.4. Willfully fails to apply for insurance benefits that cover the cost of services provided to the individual, then the ability to pay of the person served shall be determined to include the amount of insurance benefits that would be available. If the amount of insurance benefits is not known in a case described above, the ability to pay of the person served shall be determined to be the full cost of services.

2.5. No person served who meets medical necessity will be denied services based on their inability to pay for such services.

3. Request for Redetermination

3.1. If a person served believes the ability to pay determination would cause financial hardship for them, they may request, within 30 days of the determination, a redetermination based upon full financial disclosure.

3.2. The person served may be granted a new ability to pay based upon a redetermination. The redetermination may be equal to or less than the original determination. A person served will not be assessed the higher amount if the redetermination is higher than the original one.

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4. Annual determination

Anyone receiving services will have their ability to pay reviewed annually based upon current financial information.