

POLICIES AND PROCEDURE MANUAL

Chapter:	Finance			
Title:	Substance Use Disorder – Income Eligibility and Fee Determination			
Policy: □	Review Cycle: Annually	Adopted Date: 10.01.2015	Related Policies:	
Procedure: X Page: 1 of 3	Author: SUD Workgroup	Review Date: 3.2018	Financial Management SUD Income Eligibility and Fee Determination	
		Revision Eff. Date: 02.01.2024		

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 HEATLH NETWORK INCOME ELIGIBILITY FOR BLOCK GRANT for CALENDAR YEAR 2024

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

Family Size	200% FPL	
1	\$ 30,120	
2	\$ 40,880	
3	\$ 51,640	
4	\$ 62,400	
5	\$ 73,160	
6	\$ 83,920	
7	\$ 94,680	
8	\$105,440	
Each Add	\$ 10,760	

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 information it has been determined that I will be r		
REASON FOR NO INCOME		
Consumer Signature	 Date	_
Witnessed by		_

(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:

Date of Change	Description of Change	Responsible Party
10.01.2015	New Procedure	SUD Workgroup
11.13.2015	Changed co-pay for withdrawal management to \$10	Finance Manager
	per day regardless of number of times in treatment to	
	coincide with policy approved 11.2015 board meeting	
11.13.2015	Detailed Individual Copay for 30 min., 45 min. and 60	Finance Manager
	min. increments	
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