

SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURE

NUMBER: DA1034

NAME: ANNUAL FEE ASSESSMENT/ABILITY TO PAY PROCEDURE

INITIAL APPROVAL DATE:	07/18/2001	BY: Administrative Committee
(LAST) REVISION DATE:	04/11/2025	BY: CFO
(LAST) REVIEW DATE:	04/17/2025	BY: Policy Committee
DISCONTINUED DATE:	N/A	REPLACED BY: N/A

I. PURPOSE

To obtain financial and insurance information from all active individuals receiving service from Sanilac CMH annually in order to determine his/her ability to pay (ATP).

II. APPLICATION

Populations: **ALL**

Programs: **Direct - ALL**
Contracted - ALL

III. PROCEDURE

A. A Sanilac CMH Representative will complete Fee Assessment Form (FA) for all active individuals/guardians/payees as indicated below:

1. Medicaid/Healthy Michigan eligibles and Veterans Community Care Network (VACCN) eligibles: A Sanilac CMH Representative (Program Secretary) will complete the FA at onset of service and on an annual basis for all Medicaid/Healthy Michigan/MiChild eligible and Veterans Community Care Network eligible individuals and will enter this information into the electronic medical record in the individual's account. Medicaid/Healthy Michigan/MiChild eligible and Veterans Community Care Network eligible individuals are deemed to have a \$0 ability to pay (ATP) for all services provided by Sanilac CMH.

2. Non-Medicaid/Healthy Michigan/MiChild eligibles / non-VACCN eligibles: A Sanilac CMH Representative (Finance-Billing Specialist [primary] / Data Management Specialist [back up]) will complete the FA at onset of service and on an annual basis for all individuals that are not Medicaid/Healthy Michigan/MiChild or VACCN eligible. The Data Management Specialist will include the agency's billing account email address (billing@sanilacmh.org) in correspondence for all intakes of individuals that are not Medicaid/Healthy Michigan/MiChild eligible or VACCN eligible. This will alert the Billing Specialists that there a scheduled intake for an individual that they will need to coordinate with their schedule to meet with the responsible party/individual in order to determine their ATP.

a. These individuals are asked to bring with them documentation to identify all income (pay stubs, W-2, Social Security benefit documentation, Pension, etc.) to their intake appointment as well as their annual FA appointment. . The individuals are asked this by the program secretary when they are called for their appointment reminder. The individual's ATP is based on income, family size and the sliding fee

scale that is based on the federal poverty guidelines calculation method per instruction from MDHHS.

b. The Billing Specialist (or back up) will meet with the individuals just before their initial intake appointment and on an annual basis to complete their initial and annual FA's in electronic format and will secure the individual's signature and date of signature. [Note: : If a hardcopy FA is printed for the individual's signature, no white-out can be used on any documentation which will be scanned into the electronic medical record.]

c. The Billing Specialist (or back up) will explain the FA to the individual and also provide the individual with a copy of their completed and signed FA. This signed/dated document will also be sent to scanning along with all documentation (copies of insurance cards, proof of income, etc.). The Billing Specialist will enter the individual's insurance, financial information, and ATP amount into the electronic medical record under the correct account once the FA is complete and signed/dated.

d. The Finance-Billing Specialists will track the FA's that are completed and will know when the annual FA update will be due. Each Billing Specialist is responsible to assure that the annual FA appointment/meeting is scheduled and completed on or before the annual date of the individual's FA. All FA's will be completed on an annual basis.

- B. If an individual fails to provide insurance coverage information or if they fail to apply to have insurance benefits that cover the cost of services provided to the individual by Sanilac CMH, their ATP shall be determined to be the full cost of services.
- C. No individual will be denied services or discriminated against due to lack of ability to pay, insurance coverage, race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity.

IV. DEFINITIONS

V. ATTACHMENTS

VI. REFERENCES