I. APPLICATION
All GHS and PIHP Staff; Contractual Staff; Network Providers

II. POLICY STATEMENT
As a state-funded authority, it is incumbent upon Genesee Health System (GHS) to make a concerted effort to collect fees for our services from clients or spouses, and/or parents or clients, who have an ability to pay. Individuals and their families have the obligation to pay for the cost of mental health services within their capacity, without imposing long-term financial obligation and materially disturbing their standard of living for necessities.

Fees shall be charged to all clients of GHS based upon a determination of ability to pay and the current rate structure for the type of service provided. No client will be denied services because of an inability to pay. No client will be denied a medically necessary service because that client has been determined to be unable to pay for the medically necessary service. Clients will be charged the full cost per unit of service, based on the current rate structure, and will be billed an amount up to their ability to pay. The liability of the client shall not exceed the full cost of services provided.

Ability to pay determinations shall be in effect for the service year commencing on the date of the client’s first service, rather than a calendar year. The determination of financial liability shall be made by the agency subsequent to the admission of the individual to any program of the agency.

GHS clients, or their responsible party, shall be requested to make available to GHS any relevant or pertinent financial information which GHS deems essential for the purpose of determining eligibility to pay.

III. DEFINITIONS

Ability to Pay - the ability of a responsible party to pay for the cost of services, as determined by the Michigan Department of Community Health (“Department”) under sections 818 and 819.

Assets - real and personal property that is owned, in whole or in part, by the responsible party and that has cash value or equity value, but does not include any of the following:
1. A homestead and accumulated funds separately held to pay homestead taxes, assessments, and insurance.
2. The cash value of life insurance for the responsible party, their spouse, and immediate family members as allowed for eligibility under the medical assistance program or its successor.

3. A prepaid funeral contract or agreement that is allowed for eligibility under the medical assistance program or its successor and that has been certified by the Department, or the medical assistance program or its successor as irrevocable, or an out-of-state irrevocable contract that is allowed for eligibility under the medical assistance program or its successor.

4. Burial space, including any accumulated interest, as defined and allowed for eligibility under the medical assistance program or its successor.

5. Burial funds, not including added interest or dividends, or both, as defined and allowed for eligibility under the medical assistance program or its successor.

6. Household goods customarily found in the home and intended for the maintenance, use, or occupancy of the home.

7. Personal goods that are incidental items for personal care.

8. Other personal property that is essential for health maintenance and mobility, such as a wheelchair or walker; continued enrollment in an educational or training program; employment, such as a mechanic’s tools; or business, such as a business vehicle.

9. Pension, self-directed pension, deferred compensation, annuity, or similar funds that cannot be withdrawn or used as collateral for a loan.

Cost of Services - the total operating and capital costs incurred by the Department or a GHS program with respect to, or on behalf of, an individual. Cost of services does not include the cost of research programs or expenses of state or county government unrelated to the provision of mental health services.

Dependent - a person who is allowed as an exemption under section 30 of Act No. 281 of the Public Acts of 1967, as amended, being §206.30 of the Michigan Compiled Laws.

Expenses - the reasonable unreimbursed expenditures of money, actual and estimated, during a financial year to maintain a standard of living essential for one’s self and his or her dependents. All of the following are considered necessities:
1. Food, clothing, and personal necessities.
2. Shelter, including utilities and repairs for the upkeep of a homestead.
3. Employment or business expenses.
4. Medical services.
5. Taxes.
7. Repayment of personal financial obligations contractually established before an application was made for services, including such outstanding debts as lease payments, credit card obligations, and other educational or training expenses.
8. Payments made under a divorce decree or court order.
9. Transportation to maintain employment and necessary family activities.
Homestead - a currently owned or rented dwelling for which a property tax credit is allowed under section 211.7a(c) of Act No. 206 of the Public Acts of 1893, as amended, being §211.7a(c) of the Michigan Compiled Laws.

Income - earned and unearned funds.

Individual - the individual, minor or adult, who receives services from the Department or a GHS program or from a provider under contract with the Department or a GHS program.

Inpatient Services - 24-hour care and treatment services provided by a state facility or a licensed hospital.

Insurance Benefits - payments made in accordance with insurance coverage for the cost of health care services provided to an individual.

Insurance Coverage - any policy, plan, program, or fund established or maintained for the purpose of providing for its participants or their dependents medical, surgical, or hospital benefits. Insurance coverage includes, but is not limited to, Medicaid or Medicare; policies, plans, programs or funds maintained by nonprofit hospital service and medical care corporations, health maintenance organizations, and prudent purchaser organizations; and commercial, union, association, self-funded, and administrative service policies, plans, programs, and funds.

Nonresidential Services - care or treatment services that are not inpatient or residential services.

Parents - the legal father and mother of an unmarried individual who is less than 18 years of age.

Protected Assets - the portion of assets, as specified in these rules that shall not be considered when the total financial circumstance is used to determination of financial liability.

Protected Income - the portion of income, as specified in these rules that shall not be considered when the total financial circumstance is used to determine financial liability.

Residential Services - 24-hour dependent care and treatment services provided by adult foster care facilities under contract to the Department or a GHS program or provided directly by a GHS program.

Responsible Party - a person who is financially liable for services furnished to the individual. Responsible party includes the individual and, as applicable, the individual’s spouse and parent or parents of a minor.

Spouse - the legal marriage partner of the individual.
Undue Financial Burden - a determination of ability to pay that would materially decrease the standard of living of a responsible party or his or her dependents by decreasing the responsible party’s capacity to pay for expenses as defined in these rules.

IV. DCH PROCEDURES

A. Establishment of financial liability
   Financial liability for services provided to an individual by the Department or by GHS is hereby established in Chapter 8 of the Michigan Mental Health Code (section 802).

B. Application of rules and policies
   Financial liability for services approved for state financial support by the Department and provided by the Department or GHS programs directly or under contract, shall be determined pursuant to these rules and stated in the Department’s and GHS’s written policies and procedures.

C. Charges for invalid admission
   The Department shall charge counties and responsible parties for state services rendered to an involuntary patient or judicially admitted individual, unless it has been medically determined under the act that the individual is not a person requiring treatment, or that the individual does not meet the criteria for judicial admission, or unless it is determined that probable cause for involuntary admission does not exist.

D. Financial liability of responsible party
   1. A responsible party is financially liable for the cost of services provided to the individual directly by or by contract with the Department or a GHS program.
   2. The Department or a GHS program shall charge responsible parties for that portion of the financial liability that is not met by insurance coverage. Subject to section 814, the amount of the charge shall be whichever of the following is the least amount:
      a) Ability to pay determined under section 818 or 819.
      b) Cost of services as defined in section 800
      c) The amount of coinsurance and deductible in accordance with the terms of participation with a payer or payer group.
   3. The Department or GHS program shall waive payment of that part of a charge determined under subsection (2) that exceeds financial liability. The Department or GHS program shall not impose charges in excess of ability to pay.
   4. Subject to section 114a, the Department may promulgate rules to establish therapeutic nominal charges for certain services. The charges shall not exceed $3.00 and shall be authorized in the recipient’s individual plan of services.

E. Single or married individuals
   1. If the individual is single, insurance coverage and ability to pay shall first be determined for the individual. If the individual is an unmarried minor and the individual’s insurance coverage and ability to pay are less than the cost of the services, insurance coverage and ability to pay shall be determined for the parents.
2. If the individual is married, insurance coverage and ability to pay shall be determined jointly for the individual and the spouse.

F. Limitation on financial liability
   The total combined financial liability of the responsible parties shall not exceed the cost of the services.

G. Limitation on concurrent determination of ability to pay
   There shall be only one ability-to-pay determination in effect for a responsible party at any given time and there shall be a cooperative, collaborative effort amount the Department, the GHS programs, and the Department’s and GHS programs’ contractors to assure that the information is available to all appropriate service providers.

H. Denial of services prohibited
   An individual shall not be denied services because of the inability of responsible parties to pay for the services.

I. Delay in emergency services prohibited
   The process of determining financial liability shall not delay the provision of required emergency mental health services.

J. Explanation of financial liability process
   The Department and the GHS programs shall provide an explanation of the financial liability process before the start of service or as soon as practical thereafter. The explanation shall be given orally and in writing in a language and manner understandable by the responsible party, and a service charge schedule shall be made available to the party.

K. Minor seeking treatment
   A minor who is 14 years of age or older who is seeking treating under section 707 of the Act shall be considered as the responsible party for the determination of ability to pay if the parents are not notified of the treatment.

L. Insurance coverage as part of ability to pay
   1. If an individual is covered, in part or in whole, under any type of insurance coverage, private or public, for services provided directly by or by contract with the Department or a GHS program, the benefits from that insurance coverage are considered to be available to pay the individual’s financial liability, notwithstanding that the insurance contract was entered into by a person other than the individual or notwithstanding that the insurance coverage was paid for by a person other than the individual.
   2. Insurance coverage is considered available to pay for the individual’s financial liability for services provided by the Department or a GHS program or its contractee in the amount and to the same extent that coverage would be available to cover the cost of services if the individual had received the services from a health care provider other than the Department or a GHS program or its contractee.
M. Subrogation
The Department or a GHS program shall be subrogated to a responsible party’s right of recovery for insurance benefits for the cost of services to the individual.

N. Willful refusal to apply for insurance benefits or provide information.
Notwithstanding any other provision of this chapter, if a responsible party willfully fails to provide relevant insurance coverage information to the Department or the GHS program, or if a responsible party willfully fails to apply to have insurance benefits that cover the cost of services provided to the individual paid to the Department or GHS program, the responsible party’s ability to pay 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 in this section, the responsible party’s ability to pay shall be determined to be the full cost of services.

O. Insurance coverage and ability to pay; determination to be made after admittance or start of services
1. For an individual who receives inpatient or residential services on a voluntary or involuntary basis, the Department or GHS program shall determine the responsible parties’ insurance coverage and ability to pay as soon a practical after the individual is admitted.
2. For an individual who receives nonresidential services, the Department or GHS program shall determine the responsible parties’ insurance coverage before, or as soon as practical after, the start of services.

P. Adult inpatient psychiatric services less than 61 days, nonresidential services, and services to minors; provisions applicable to ability to pay; rules
1. The Department and the GHS programs shall determine an adult responsible party’s ability to pay for adult inpatient psychiatric services of less than 61 days, all nonresidential services, and all services to minors, on a basis of the adult responsible party’s income in accordance with the following:
a) The Department or GHS program shall consider the adult responsible party’s income to be taxable income as set forth in the adult responsible party’s most recently filed state income tax return. If the parents of an individual, or the individual and spouse, are members of the same household but file separate income tax returns, the Department or GHS program shall add together the separate taxable incomes to determine the ability to pay. If the parents or the individual and spouse are not members of the same household and they file separate tax returns, the ability to pay of each parent or of the individual and his or her spouse shall be determined separately.
b) If an adult responsible party has not filed a state income tax return, the Department or GHS program shall determine the adult responsible party’s income from those financial documents that are legally available, based on the same factors that determine taxable income under subsection (a).
c) Relying upon an adult responsible party’s income as determined under subsection (a) or (b), the Department and GHS programs shall determine ability to pay based on an ability-to-pay schedule developed under subsection (2).
d) An adult responsible party's ability to pay for a calendar month or any part of a calendar month is the amount specified as the monthly amount in the applicable ability to pay schedule.

e) A parent shall not be determined to have an ability to pay for more than one individual and any one time, and a parent’s total liability for two or more individuals shall not exceed 18 years.

f) If either parent or either spouse has been made solely responsible for an individual’s medical and hospital expenses by a court order, the other parent or spouse shall be determined to have no ability to pay. The ability to pay of the parent or spouse made solely responsible by court order shall be determined in accordance with this section. The ability to pay of a parent made solely responsible by court order shall be reduced by the amount of child support the parent pays for the individual.

g) If an individual receives services for more than one year, the Department or GHS program shall annually redetermine the adult responsible parties' ability to pay on the basis of the most recently filed state income tax return or as provided in subsection (b).

2. The Department shall promulgate rules to establish an ability-to-pay schedule that is fair and equitable. The schedule may take into consideration geographic cost-of-living differences. The Department shall review the ability-to-pay schedule at least every three years and shall update the schedule as necessary. The Department shall submit proposed rules under this subsection within six (6) months after the effective date of the amendatory act that added section 819.

Q. Residential services and inpatient services other than psychiatric services less than 61 days; provision applicable to ability to pay; minor’s ability to pay

1. The Department or a GHS program shall determine an adult responsible party's ability to pay for residential services and inpatient services other than psychiatric inpatient services of less than 61 days by taking into consideration the adult responsible party's total financial circumstances, including, but not limited to, income, expenses, number and condition of dependents, assets, and liabilities.

2. The Department and GHS programs shall determine a minor’s ability to pay for the cost of services by considering the minor’s total financial circumstances, including, but not limited to, income, expenses, number and condition of dependents, assets, and liabilities.

R. Spouse’s ability to pay

Except with respect to inpatient psychiatric services of less than 61 days, the Department or a GHS program shall determine a spouse’s ability to pay for the first 730 days of inpatient or residential services during the individual’s lifetime. After the first 730 days, the Department or GHS program shall determine ability to pay solely for the individual.

S. Financial information

All responsible parties shall make available to the Department or GHS program any relevant financial information that the Department or GHS program is not prohibited by law from seeking and obtaining, and that the Department or GHS program considers essential for the purpose of determining ability to pay. Willful failure to
provide the relevant financial information may result in a determination of ability to pay up to the full cost of services received by the individual.

T. Determination of ability to pay from ability-to-pay schedule
An adult responsible party’s ability to pay for adult inpatient psychiatric services of less than 61 days and crisis residential services of less than 61 days, adult nonresidential services, and all services to minors shall be the amount established by this rule’s ability-to-pay schedule based upon the responsible party’s state taxable income. The responsible party’s ability to pay shall be established on a per-session, monthly, or annual basis, and the basis selected and methodology used shall be identified and described in the Department’s and GHS program’s written policies, except as follows:

1. The ability to pay for adult inpatient psychiatric services of less than 61 days and adult residential crisis services of less than 61 days shall be determined on a monthly basis.
2. An ability to pay may be determined on a per-session basis for nonresidential services other than respite care services. During a calendar month, the per-session ability to pay shall not be more than the monthly ability to pay amount determined from the schedule specified in this rule. The per-session ability to pay is applicable to each session on service provided to all persons for whom the responsible party has an obligation to pay under the act, but shall not be, in aggregate, more than the monthly ability to pay amount.
3. A responsible party who has been determined under the medical assistance program or its successor to be Medicaid-eligible shall be deemed to have a $0.00 ability to pay from the Public Mental Health System Ability to Pay Schedule issued by the State each year specified in this rule.
4. If the ability to pay for parents is assessed separately and their combined ability to pay is more than the cost of services, then the charges shall be prorated.
5. A responsible party may request a new determination, based on the party’s total financial circumstances, within 30 days from notification of the initial determination made from the ability-to-pay schedule specified in this rule.
6. Parents of children receiving public mental health services under the home and community-based children’s waiver shall be deemed to have zero ($0.00) ability to pay for the services provided.

U. Determination of fee for respite services
1. The fee for respite services for a full day or any portion thereof shall be determined by dividing the monthly ability to pay amount determined from the schedule by 30 and rounding up to the nearest dollar, but shall not be more than the cost of services. A responsible party may request a new determination under R 330.8239(4).
2. Respite fees charged during a calendar month shall not be, in aggregate, more than the monthly ability to pay amount determined from the schedule.

V. Ability to pay method selected
A per-session, monthly, or annual ability to pay shall apply to each program area, and the ability to pay method selected shall be identified in the Department’s and GHS programs’ written policies and procedures.
W. Ability-to-pay determinations based on total financial circumstances

If a responsible party’s ability to pay is determined pursuant to section 819 of the act, then all of the following provisions apply:

1. The financial determination based on the responsible party’s total financial circumstances shall consider all of the following as specified in these rules:
   a. Income and protected income
   b. Net assets and protected assets
   c. Unreimbursed expenses

2. When determining ability to pay for an individual, a portion of the individual’s income shall be protected as follows:
   a. If the individual is receiving residential services or inpatient services other than psychiatric inpatient services, then the following amounts are protected income:
      i. The personal needs allowance identified under title XIX of the social security act, 42 U.S.C. section 1396a (q) (2), or the amount allowed under the medical assistance program or its successor, whichever is greater.
      ii. The first monthly amount of earned income identified under title XVI of the social security act, 42 U.S.C. section 1382a (b) (4), plus 1/2 of earned income that is greater than the first monthly amount.
      iii. Up to the income disregard identified under title XVI of the social security act, 42 U.S.C. section 1382a (b) (2).

   b. If the individual is receiving inpatient psychiatric or crisis residential services, then protected income may be up to the personal needs allowance and the income disregard allowance described above section of this subsection as stated in the Department’s and GHS programs’ written policies and procedures.
      i. Protected assets shall be the same asset limit amounts allowed for the Medicaid group 2 category under the medical assistance program or its successor.
      ii. For adult inpatient psychiatric stays of not less than 61 days, the ability to pay shall be determined based on a full financial determination from the date of admission.
      iii. A minor who has been determined under the medical assistance program or its successor to be Medicaid eligible shall be deemed to have a $0.00 ability to pay for nonresidential services.

X. Division of assets jointly owned in determining ability to pay

In determining ability to pay, the value of assets that are jointly owned shall be divided equally among all owners, unless otherwise specified by an ownership agreement.

Y. Collection of ability to pay amounts

The Department and the GHS programs shall make a reasonable, bona fide collection effort and shall adopt policies that shall be consistently applied to all responsible parties for collection of determined ability to pay amounts. The amounts collected shall not be more than the determined ability to pay amount, plus any costs awarded by the court.
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<th>Z.</th>
<th>Installment payments; written policies and procedures</th>
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<td>The Department and the GHS programs shall have written policies and procedures if installment payments plans are allowed.</td>
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<th>AA.</th>
<th>Nominal therapeutic fees for nonresidential services</th>
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<td></td>
<td>Community mental health programs may charge an individual a nominal therapeutic fee for nonresidential services if all of the following conditions are met:</td>
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<td>1. The GHS program has adopted a written therapeutic fee policy that is fair, equitable, and uniformly applied.</td>
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<td>2. The fee charged is $3.00 or less for each counseling session.</td>
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<td>3. The individual was determined to have a $0.00 ability to pay under R330.8239.</td>
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<td>4. The individual's plan of service clinically substantiates the need for, and orders, a therapeutic fee to be assessed as specified in this rule.</td>
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<th>BB.</th>
<th>Court orders</th>
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<td>A GHS program shall comply with the terms of a court order that is related to an individual's obligation to pay for services rendered and that is issued before the individual presented for services. The amount shall not be less, but may be more, than the amount that would be determined by establishing the individual's ability to pay in accordance with these rules.</td>
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<th>CC.</th>
<th>Undue financial burden prohibited</th>
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<td>1.</td>
<td>No determination of ability to pay that is made by the Department or a GHS program shall impose an undue financial burden on the individual or the individual's family members.</td>
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<td>2.</td>
<td>In an instance where through no fault of the individual or the individual's family members the Department or a GHS program has not billed for services in a timely manner, an undue financial burden has been created. The Department or a GHS program shall only obligate an individual or the individual's family to pay for services based on their ability to pay when the initial bill for services is presented within two (2) years from the date the services were provided.</td>
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<th>DD.</th>
<th>Undue financial burden</th>
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<td>A responsible party’s ability to pay shall not create an undue financial burden that does either of the following:</td>
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<td>1.</td>
<td>Deprives the party and his or her dependents of the necessities described in these rules.</td>
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<td>2.</td>
<td>Deprives the party and his or her dependents of the financial means to maintain or reestablish the individual in a reasonable and appropriate community-based setting.</td>
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<th>EE.</th>
<th>Annual determination of insurance coverage and ability to pay; new determination</th>
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<td>The Department or GHS program shall annually determine the insurance coverage and ability to pay of each individual who continues to receive services and of each additional responsible party, if applicable. The Department or GHS program shall also complete a new determination of insurance coverage and</td>
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ability to pay if informed of a significant change in a responsible party’s ability to pay.

FF. Change in ability to pay; notice of right to request new determination
The Department and GHS programs shall inform responsible parties that if their ability to pay has undergone a change, they may request the Department or GHS program to make a new determination of ability to pay, and the Department or GHS program shall be required to do so. The new determination of ability to pay shall be made in accordance with this chapter.

GG. Ability to pay; utilization of inappropriate income figure; notice of right to request new determination; basis of determination
The Department and GHS shall inform responsible parties whose ability to pay was determined under section 818 that if they believe that the income figure being utilized to determine their ability to pay is not appropriate to their current income status or does not appropriately reflect their ability to pay, they may request the Department or GHS program to make a new determination of ability to pay, and the Department or GHS program shall be required to do so. If a responsible party has stated that the income figure being utilized is not appropriate to his or her current income status, the Department or GHS program shall make a new determination of ability to pay based on the responsible party’s current annualized Michigan taxable income. If this is not available, other documentation of income as described in section 818(1)(b) shall be used. If a responsible party has stated that the income figure being utilized does not appropriately reflect his or her ability to pay, the Department or GHS program shall make a new determination of ability to pay based on a consideration of the responsible party’s total financial situation as described in section 819. In neither instance, however, shall the new determination of ability to pay be for an amount greater than the original determination.

HH. Administrative hearing to contest ability to pay determination
The Department or GHS program shall inform the responsible parties that they have a right, by means of an administrative hearing, to contest an ability to pay determination that has been made by the Department or GHS program. If the responsible party desires an administrative hearing, the following procedures apply:
1. The responsible party shall notify the Department or GHS program in writing or on a form provided by the Department or GHS program.
2. An administrative hearing shall be held and the Department or GHS program shall make a redetermination of ability to pay.
3. A re-determination of ability to pay pursuant to subsection (b) shall be made in accordance with this chapter.

II. Appeal of redetermination of ability to pay
A responsible party may appeal a redetermination of ability to pay made under section 834(b) to the probate court of the county in which they reside.
JJ. Re-determination of ability to pay; charge for higher amount
If the Department or a GHS program re-determines a responsible party’s ability to pay and the amount the responsible party is determined to be able to pay is higher than the amount under previous determination, the Department or community health services program shall charge a higher amount only for financial liability that is incurred after the date of the re-determination.

KK. Rules; procedures for determining ability to pay
The Department shall develop and promulgate rules, pursuant to Act. No. 306 of the Public Acts of 1969, as amended, which shall implement the provisions of this chapter. Such rules shall include particularized procedures for determining ability to pay, and such procedures shall be applied uniformly throughout the state.

V. GHS PIHP PROCEDURES
The designated staff responsible for determining ability to pay shall be responsible for the following:

A. Determine the client's ability to pay, utilizing the Residential or Non-Residential Monthly Ability to Pay Determination form (GHS form #ATP1), and information obtained from the client or GHS Reimbursement Questionnaire, and Monthly Ability to Pay Scale.

Clients who have no insurance and are determined to have no ability to pay should be referred to the Department of Human Services to apply for Medicaid.

For residential services, an individual and/or spouse on SSI and/or public assistance shall be deemed to have "no ability to pay." All monies received shall be applied to room and board, less the current personal allowances as determined by the Department of Human Services.

B. Review the ability to pay determination with the client, if appropriate, to assure that they understand the charge for service. Obtain the client's signature or signature of the responsible spouse or parent/guardian, if appropriate. A copy of this form shall be given to the client and a copy shall be filed in the Billing Office.

C. The payment process should be discussed/reviewed with the client when appropriate. Client should be advised that payment is due upon receipt of billing invoice. Payments shall be made at the Billing Department in person or via U.S. Mail services.

Client/client family shall supply necessary health insurance information, claims forms, and sign an insurance consent form allowing insurance benefits for services rendered payable to GHS. (Should client choose to pay full cost to GHS and bill insurance themselves, GHS shall furnish necessary itemized statement upon receipt of payment.)

All clients shall be encouraged to report any changes in income, employment, address, insurance coverages, etc., to the designated staff.
Whenever a client is covered in part or in whole under any third-party arrangement, the ability to pay will be considered as co-pay to any unpaid balance (the difference between the allowable and insurance paid amount). The total third-party and patient fee billings shall not be in excess of the cost of the services.

After determining the monthly ability to pay, the amount determined should be entered into CHIP (the GHS electronic medical record) to be used by the Billing Department for monthly client invoicing.

Re-Determination of Monthly Ability to Pay:
Ability to pay should be re-determined at least annually or when significant changes occur in any factor used to determine liability.

A. The designated staff should:
   - Retrieve a list of cases due for Annual Review via the web-based report, and mail out a reimbursement questionnaire when necessary.
   - During the client's next scheduled appointment, financial liability should be redetermined and an adjustment made when necessary.

B. The assigned case manager should:
   - Review client's circumstances for significant changes on an ongoing basis. The designated staff should be notified when a change occurs which may increase or decrease a client's ability to pay. Upon notification, the designated staff should redetermine the client's financial ability to pay.

Re-determination and Appeal of Determination or Re-determination of Ability to Pay:
If determined ability to pay is not based upon the total financial situation and is not acceptable to an individual, spouse, or parent, they may appeal, in writing, for a Re-determination of ability to pay using all assets, liabilities, income, and expenses to the service program of GHS. The appeal request shall be made within 30 days of notification of the Determination.

Re-determination shall be made based on the following:
- Available assets
- Annual income
- Annual expenses
- Protected assets and income
- Court orders and settlements

Redetermination may be made based upon new financial information provided or upon evidence of undue financial hardship.

If the Redetermination of ability to pay is not acceptable to an individual, spouse, or parent, they may appeal, in writing, to designated Hearing Officer within 30 days of notification of the re-determination.

The Hearing Officer may affirm re-determination, or direct the Redetermination of ability to pay based upon applicable Rules and Guidelines, or may change the re-determination based upon evidence of undue hardship.
The Hearing Officer shall not have made the original Determination of ability to pay which is being appealed and shall not have a personal, financial, or familial interest in the outcome of the appeal.

The client or responsible party has the right to request a Redetermination of financial liability within thirty days of the date of the initial Determination.

**Redetermination Procedure:**

1. Within 30 days of the initial Determination, the client should notify the designated staff of their desire for a re-determination of financial liability.
2. The designated staff will complete the "Redetermination of Monthly Ability to Pay" form (GHS form #ATP1).
3. The re-determination should be reviewed and approved by the appropriate supervisor. Upon approval, the redetermination should be reviewed with the client, client spouse, or parent/guardian.
4. When a change in the ability to pay occurs, the designated staff should:
   - Complete the "Redetermination of Monthly Ability to Pay" form (GHS form #ATP1). Review the changes with the client. Obtain the client's signature or signature of the responsible spouse or parent/guardian. A copy of the agreement should be given to the client and a copy filed in the Billing Office.
   - This information is updated via the CHIP Insurance Policies/Funding Sources information screen.

**Appeal of Redetermination of Ability to Pay:**

If a redetermination fee is not acceptable to a client or responsible spouse or parent/guardian, they may appeal in writing within 30 days.

**Appeal Process:**

1. The designated staff will complete the "Notice of Hearing" form (GHS form #507) and submit it to the designated Hearing Officer.
2. The Hearing Officer will keep a list of appeals by completing the "Docket for Hearing" form (GHS form #508).
3. The Hearing Officer will review the pertinent information and will give the opportunity to both parties to present their cases.
4. The Hearing Officer will make his or her decision based on the information provided by both parties. The judgment will be recorded on "Hearing Judgment" form (GHS form #509). A copy of this form will be given to the client and a copy filed in the Billing Office. The decision of the Hearing Officer is binding upon all parties unless such decision is modified by the CEO as described in section 5 below.
5. If the client does not agree with the decision of the Hearing Officer, they may appeal to the CEO for a final administrative decision.
6. An individual, spouse, or parent may appeal the decision of the CEO to the County Probate Court.

**VI. DEVELOPMENT AND EVALUATION**

This policy will be reviewed on an as needed basis, but not less than annually, by the CFO.