

**MACOMB COUNTY COMMUNITY MENTAL HEALTH SUD
FEE AGREEMENT FORM INSTRUCTIONS**

The Fee Agreement Form is to be completed by the client and agency. The client's signature is required to verify that personal and financial information indicated on the Fee Agreement Form is correct, to the best of their knowledge. Information on the Fee Agreement must be consistent with data entered in the FOCUS system Financial and Insurance screens.

- Admission Date:** Write in the client's actual date of admission to the program.
- Agency Client ID #:** Write in the client's identification number as assigned by the agency.
- Client Name:** Write in the client's full name as indicated.
- Social Security Number (Required):** Write in the client's social security number.
- Date of Birth:** Write in client's date of birth.
- Marital Status:** Indicate if single, married, cohabitating, divorced, separated, or widowed.
- County of Residence:** Indicate the county where the client currently lives.
- Number of Dependents:** Indicate the number of people supported by the household income, **including the client**.
- Ages:** List the ages of all dependents indicated above **including the client**.
- Hourly Wage:** Enter the client's hourly wage.
- Hours Worked in past two (2) weeks:** Enter the number of hours the client worked at their job in the past two (2) weeks.
- Annual Personal Income:** Enter the client's current annualized income from all sources (the income that best expresses the client's *current* ability to pay for services).
- Annual Household Income:** Enter the combined gross income of the client and all other household members. This includes all monies which directly contribute to the maintenance of the client and effects the client's ability to pay for services. **Adult children living with parents, siblings, relatives, or roommates/friends include only the client's own income.**
- Sources of Income:** Indicate all sources of income. **If an adult client is supported by parents/family or others, specify. Proof of income or lack there of is required. A signed and dated letter by the client stating they have \$0 is required when client reports no income.**

**Health Insurance/HMO/
PPO/Other:**

If the client has third-party insurance, check the appropriate box. If "Yes", identify the name of the insurance company. Community Grant funding must be applied as the funding of last resort.

VA Healthcare Benefit:

Determine whether or not the veteran has health care benefits and whether the benefits will cover substance use treatment. Not all veterans have healthcare benefits. If there are VA healthcare benefits available, the veteran should be referred to the nearest VA hospital or VA clinic. Community Grant funding must be applied as the funding of last resort.

Medicare:

Individuals with Medicare coverage must be referred to a Medicare-eligible therapist at the contract provider. MCCMH-SUD will cover the cost of co-pays and deductibles if the client is determined to be financially eligible and/or if the individual is also covered by supplemental Medicaid coverage. Community Grant funding must be applied as the funding of last resort.

Healthy Michigan Plan:

Check the box to indicate reported coverage. Verify eligibility in the data system. Community Grant funding must be applied as the funding of last resort.

Medicaid:

Check the box to indicate reported coverage. Verify eligibility in the data system. Community Grant funding must be applied as the funding of last resort.

**Medicaid w/Deductible
(Spend-Down)**

Deductible amount must be documented. If client will not be able to meet their deductible, the provider may apply Community Grant funding for co-pay assistance in accordance to MCCMH-SUD policies. Community Grant funding must be applied as the funding of last resort.

Client Signature and Date:

The client should affirm that the personal and financial information indicated on the form is accurate, and sign and date the form where indicated.

COMPLETED BY TREATMENT PROVIDER:

Verification of Residence:

Indicate what documentation was obtained to verify client is a Macomb County resident. If driver's license or State of Michigan ID is used, ensure that a Macomb address is listed on either the front or back of the license. Proof of verification must be in the client record.

Admission Category:

By checking one (1) of the admission categories, the agency is indicating that the client meets the MCOSA QA Guidelines, ASAM criteria and medical necessity criteria for admission to that level of treatment.

Significant Other admissions are not eligible for re-authorization. See the MCCMH-SUD QA Guidelines for

description of eligibility as a Significant Other. The client has up to 12 sessions or 90 days. Individuals who otherwise meet the diagnostic criteria for a DSM mental health diagnosis should be referred to an appropriate mental health provider.

If an individual is admitted under the Relapse Prevention admission category and is unable to remain abstinent, the admission diagnosis may be changed on the Fee Agreement Form. The therapist should identify the revised Admission category.

Reimbursement Level Assignment:

Select the appropriate box that reflects verification of income. Verification of Medicaid, Healthy Michigan Plan or MICHild in the data system can serve as proof of ability to pay for clients with one of these coverages. All other types of income need proof of verification **attached to the Fee Agreement form**. For employed individuals, a pay stub or other written document should be copied for the file and attached to the Fee Agreement form. Clients employed in previous years should have W2 forms or tax returns. Individuals receiving unemployment or public assistance should also be able to provide a written document to verify income or grant status. Clients reporting \$0 income must provide a signed and dated letter attesting to their lack of income.

Fee Box:

Select the appropriate funding box. For Block Grant or PA2 funding, the agency will indicate the dollar amount of the assigned fees per service in the copayment line. Fees are assessed per the MOCSA Sliding Fee Scale for the authorized level of service.

The agency must use the approved reimbursement schedule which is based on gross household income and the number of individuals supported by that household income. If the client is a single adult residing with other adults, only personal income is used.

The reimbursement level can be raised or lowered as needed to more accurately reflect the client's ability to pay. However, an explanation of the exception must be provided.

Agency Authorization:

By signing and dating the form, the Agency Director, Clinical Supervisor, or designee will 1.) Verify the accuracy of the information, 2.) Clinically approve the admission and, 3.) Review and approve the fees being requested. Funding may not be approved without the agency authorization signature.

Fee Reviews:

A Fee Review Table (see P. 3 of the Fee Agreement documents) must be completed every 90. Fees must also be reviewed when there is a significant change in the client's insurance and/or financial situation during the course of treatment. Indicate the date the review was done and the changes as appropriate.

Financial Situation:

Indicate whether or not the client's financial situation has changed. If it has, enter the new household income amount, and attach verification of such. If the client is requesting zero co-payments, MCCMH-SUD's "Fee Waiver" form must be completed and attached to the Fee Agreement packet. If one is already attached to the fee agreement and nothing has changed, the client should initial and date next to each completed line of the form.

Revised Fee Amount:

The agency will indicate the dollar amount of the revised fees assigned with this review (even if the Reimbursement Level has not changed). Again, the agency must use the approved reimbursement schedule which is based on gross household income and the number of individuals supported by that household income.

New Amount Effective Date:

Indicate the date on which the revised or reviewed Fees are effective. If the assigned fee level is unchanged, enter the date the Fees originally became effective. If the Fee Level has changed, end the current FOCUS Financial (and Insurance, if needed) record and add a new record with the current information. If the Fees did not change, go into the current Financial screen in FOCUS and save the unchanged record. This will serve as the agency's documentation in the system archive that this review has taken place. See the FOCUS Instructions for further information.

Client Acknowledgment & Acceptance of Fees:

Client signs and dates in the section indicated to identify his/her knowledge and acceptance of the fee assigned.

Agency Authorization:

Changes in fees can be reviewed and approved ***without clinical oversight***. The therapist or designee may review changes in the fees and sign off as indicated in the appropriate sections. Funding may not be approved without an authorization signature.