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**IDAPA 16
TITLE 04
CHAPTER 03**

16.04.03 - RULES GOVERNING FEES FOR COMMUNITY MENTAL HEALTH CENTER SERVICES

000. LEGAL AUTHORITY.

Pursuant to Sections 39-3133, 39-3137, and 56-1007, Idaho Code, the Board of Health and Welfare and the Director are authorized to adopt rules for the charging of fees for services provided by Regional Community Mental Health Centers. (5-1-82)

001. TITLE AND SCOPE.

These rules govern the assessment of fees by the Department of Health and Welfare, Community Mental Health Centers, for services rendered to eligible persons and are to be cited as Idaho Department of Health and Welfare Rules, IDAPA 16.04.03, "Rules Governing Fees for Community Mental Health Center Services". (5-1-82)

002. POLICY.

Community Mental Health Center service recipients or the responsible party will pay for the cost of services provided. However, by these rules it is required that the amount charged for each service be in accordance with the client's or responsible guardian's ability to pay as determined by a discount schedule. In addition, liable third-party sources including, but not limited to, private, Medicaid, and Medicare, must be included in developing a person's total ability to pay. (9-22-91)

01. Ability To Pay. Charges are organized into a discount schedule based upon the number of dependents and income. (5-1-82)

a. Ability determination will be made on the first visit, if possible, utilizing a fee determination form. (5-1-82)

b. Redetermination of ability will be made: (5-1-82)

i. At least annually; or (5-1-82)

ii. Upon the person receiving services' request; or (9-22-91)

iii. At any time changes occur in family size, income, or allowable deductions. (5-1-82)

c. Information regarding third-party payors including, but not limited to, Medicaid, Medicare, or insurance, must be identified and developed in order to determine a person's total ability to pay and to maximize reimbursement for the cost of service provided. (9-22-91)

d. A follow-up system will be established and maintained by the Community Mental Health Center to obtain required information not available at the time of the initial financial interview. (5-1-82)

e. Service recipients may be required to produce necessary supporting documentation. (9-22-91)

02. Time Of Payment. Normally charges for services will be due upon delivery of the service unless other arrangements are made, such as for monthly billing. (5-1-82)

03. Nondiscrimination. In accordance with Section 39-3137, Idaho Code, no Regional Mental Health Program shall refuse service to any person because of race, color, religion, or because of ability or inability to pay, however, refusal to pay by someone who is determined able to pay may result in denial of services. (5-1-82)

04. Admission To Service. A person's admission to service will be determined by the Regional Mental Health Services Program in accordance with the priority populations as outlined in the Idaho Mental Health Services Program Plan. (9-22-91)

003. DEFINITIONS.

For the purposes of the rules contained in IDAPA 16.04.03, the following terms are used, as herein defined: (5-1-82)

01. Ability To Pay. The financial capacity that is available to pay for the program services after allowable deductions in relation to gross income and family size exclusive of any liability of third party payor sources. (5-1-82)

02. Adjusted Gross Income. Total family annual income less allowable annual deductions. (5-1-82)

03. Allowable Deductions. In determining a person's ability to pay for services, acceptable adjustments to income which are limited to the following: (9-22-91)

a. Court-ordered obligations paid annually; and (5-1-82)

b. Annual dependent support payments; and (5-1-82)

c. Annual child care payments necessary to availability of employment; and (5-1-82)

d. Annual medical expenses. (5-1-82)

04. Annual Charge Period. The month of admission into the program and the subsequent eleven (11) calendar months, and each twelve (12) month period thereafter during which the person continues to receive services. Admission and/or readmissions to the program during the twelve (12) month period do not change the period. (9-22-91)

05. Annual Child Care Payments. The annual expense to a family for necessary child care as a result of a parent working. (5-1-82)

06. Annual Dependent Support Payments. The annual expense to a family for dependent support. This can be for children, spouse, or parents. This deduction is not allowed when the same person or persons are claimed as members of the household unit. (5-1-82)

07. Annual Medical Expense Payments. The amount of gross annual income that is being paid for medical expense. (1-7-94)

08. Charge. The determined dollar amount a person is expected to pay for each service received during the annual charge period. (9-22-91)

09. Charge Adjustment. Any change in an established charge. (5-1-82)

10. Community Mental Health Center. Pursuant to Section 39-3135, Idaho Code, a community facility of the Department of Health and Welfare the purpose of which is to provide for area, space, personnel and equipment for diagnostic and therapeutic services to mentally ill adults. (9-22-91)

11. Cost. The amount equal to total cost of services provided. (5-1-82)

12. Court-Ordered Obligations. Those obligations upon which a court has made a decision and a written order of liability has been issued. Such liabilities paid on a monthly basis can be allowed as a deduction from annual gross income as long as the amount is currently being paid. (5-1-82)

13. Department. The Idaho Department of Health and Welfare. (5-1-82)

14. Dependent. A person dependent on the family income for over fifty percent (50%) of his support. The discount schedule is based on the number of dependents in household, including the head of household (applicant). (5-1-82)

15. Director. The Director of the Department of Health and Welfare or his designee. (12-31-91)

- 16. Equity.** Just and uniform treatment for all persons. (5-1-82)
- 17. Family Unit.** Husband (man) and/or wife (woman) and their dependent children. (5-1-82)
- 18. Gross Income.** Total family income before allowances for taxes and other deductions. In the case of self-employed persons, it is total income after business expenses have been deducted. (5-1-82)
- 19. Mental Illness.** A substantial disorder of thought, mood, perception, orientation, or memory, which grossly impairs judgment, behavior, capacity to respond and adapt to reality, and requires a person to have care and treatment at a facility (Section 66-317(m), Idaho Code). (5-1-82)
- 20. Client Liability.** The determined dollar amount for which the person or responsible person is legally responsible as a result of a service provided. (9-22-91)
- 21. Present Balance.** Any monies owed by a person or responsible parties to the program for current or previous services. (9-22-91)
- 22. Provider.** The Community Mental Health Center responsible for providing the services. (5-1-82)
- 23. Responsible Person.** The spouse of a person receiving services, the parents of a minor, or a guardian or conservator of the service recipient's estate. (9-22-91)
- 24. Services.** The diagnostic, therapeutic, or support programs offered by the Community Mental Health Center to assist persons suspected of or having a mental illness. Such programs include, but are not limited to, the following: (5-1-82)
- a. Outpatient Services.** Nonresidential services for persons with mental illness, designed to ameliorate or remove a disability and restore more effective functioning or to maintain present levels of functioning; and (9-22-91)
 - b. Emergency Services.** Response and intervention services for persons experiencing psychiatric emergencies. The basic elements include twenty-four (24) telephone response to screen, provide help, identify and divert, and Center-based and outreach emergency intervention, evaluation and treatment; and (5-1-82)
 - c. Community Support/aftercare Services.** Hospital alternative services for the chronically mentally ill. Elements include such services as outreach, case management, medication management, day treatment, vocational development, and residential development. (9-22-91)
 - d. Consultation and Training.** Professional technical assistance to organizations and other human service providers on organizational development and/or treatment of an individual client. Such contacts focus on the way in which others can respond therapeutically or supportively to the problems of a specific target population or individual receiving services; and (9-22-91)
 - e. Prevention and Education.** Informational services for communities which relate to prevention of mental and emotional problems and/or recognition of symptoms of mental and emotional problems and/or access to resources for helping persons with mental and emotional problems; and (5-1-82)
 - f. Screening.** Preadmission evaluation services for adults allegedly needing psychiatric hospitalization or other inpatient placement. The purpose is to prevent unnecessary hospitalization or other inpatient placement; and (9-22-91)
 - g. Commitment Evaluation Services.** Screening, evaluation, investigation, diversion, court appearances, and disposition for persons who are thought to be mentally ill and likely to injure themselves or others, or unable to provide for their basic human needs due to mental illness, or persons charged with an offense who have entered formal intent to rely on mental illness as a defense or incompetency to stand trial; and (5-1-82)

h. Follow-up Services. Tracking and monitoring persons released from hospitalization or other inpatient treatment facilities. This service typically involves intermittent care reviews and supportive services and supplements the Community Support/Aftercare Services and Outpatient Services; and (5-1-82)

i. Inpatient Services. Provision or arrangement for twenty-four (24) hour residential care for persons needing a protective treatment setting.; and (9-22-91)

j. Transitional/Liaison Services. Assurance of appropriate discharge planning for individuals who are released from inpatient care. Service includes liaison contact with staff of the inpatient facility, with other service recipients, and with the person receiving service regarding progress toward treatment goals, and after requirements such as assurance of appropriate living arrangements, follow-up services, or community support services. The purpose of this service is to maintain continuity of care when a client moves from an inpatient to a community-based program in order to facilitate reintegration into the community; and (9-22-91)

k. Case Management. Individualized attention emphasizing some type of intervention or participation in the natural environment of the individual involving one (1) or more of the following activities: identification or engagement of a potential service recipient; assessment of the person and planning for a range of services, entitlements and assistance; implementation of the plan; and follow-up to ensure continuity of care. (9-22-91)

25. Third Party Payor. A payor other than a person receiving service or responsible person who is legally liable for all or part of the person's care. (9-22-91)

004. -- 099. (RESERVED).

100. FEE DETERMINATION.

The service recipient, parent or guardian must make application for Mental Health Program services and complete a "Fee Determination Form" (HW-0733) prior to delivery of services. The fee determination process includes the following procedures: (1-1-94)

01. Charges. An amount will be charged based on family size, income assets and allowable deductions, exclusive of third-party liable sources, but in no case will the amount charged for care services as specified in the table of charges exceed the cost of the services. (5-1-82)

02. Equity. To achieve equity in determining amounts to be charged, a "Discount Schedule" (HW-0734) will be employed. The "Discount Schedule" takes into consideration income, family size, and average expenditures by family size, and is shown in the TABLE in Subsection 100.03. (12-31-91)

03. Discount Schedule - TABLE. Incomes below the five percent (5%) level are to be charged the zero percent (0%) minimum rate.

TABLE 100A
Poverty Guidelines per the Federal Register as of February 12, 1992
Standard Fee Percentage Schedule (Sliding Fee Scale)

Number of Persons in Household									
1	2	3	4	5	6	7	8	9+	Client%
\$26,406	\$36,862	\$45,045	\$54,364	\$63,684	\$73,004	\$82,323	\$91,943	\$100,963	100%
\$25,244	\$35,241	\$43,064	\$51,974	\$60,883	\$69,793	\$78,703	\$87,613	\$96,522	95%
\$24,088	\$33,627	\$41,091	\$49,593	\$58,095	\$66,597	\$75,098	\$83,600	\$92,102	90%
\$22,941	\$32,025	\$39,135	\$47,232	\$55,328	\$63,425	\$71,522	\$79,619	\$87,719	85%
\$21,849	\$30,500	\$37,271	\$44,982	\$52,964	\$60,405	\$68,116	\$75,828	\$83,539	80%
\$20,808	\$29,048	\$35,496	\$42,840	\$50,185	\$57,529	\$64,873	\$72,217	\$79,561	75%

Number of Persons in Household									
1	2	3	4	5	6	7	8	9+	Client%
\$19,798	\$27,638	\$33,774	\$40,762	\$47,749	\$54,737	\$61,725	\$68,712	\$75,700	70%
\$18,802	\$26,247	\$32,074	\$38,710	\$35,346	\$51,982	\$58,618	\$65,254	\$71,890	65%
\$17,805	\$24,855	\$30,373	\$36,657	\$42,941	\$49,225	\$55,509	\$61,794	\$68,078	60%
\$16,813	\$23,471	\$28,681	\$34,615	\$40,549	\$46,483	\$52,417	\$58,351	\$64,285	55%
\$15,817	\$22,080	\$26,981	\$32,563	\$38,146	\$43,728	\$49,310	\$54,893	\$60,475	50%
\$14,823	\$20,693	\$25,287	\$30,519	\$35,750	\$40,982	\$46,214	\$51,446	\$56,678	45%
\$13,841	\$19,321	\$23,611	\$28,495	\$33,380	\$38,265	\$43,150	\$48,035	\$52,920	40%
\$12,851	\$17,940	\$21,923	\$26,458	\$30,994	\$35,530	\$40,065	\$44,601	\$49,137	35%
\$11,866	\$16,565	\$20,242	\$24,430	\$28,619	\$32,807	\$36,995	\$41,183	\$45,371	30%
\$10,876	\$15,183	\$18,554	\$22,393	\$26,231	\$30,070	\$33,909	\$37,748	\$41,586	25%
\$9,888	\$13,803	\$16,867	\$20,357	\$23,847	\$27,337	\$30,826	\$34,316	\$37,806	20%
\$8,900	\$12,424	\$15,182	\$18,323	\$21,464	\$24,605	\$27,746	\$30,888	\$34,029	15%
\$7,911	\$11,044	\$13,495	\$16,287	\$19,079	\$21,871	\$24,664	\$27,456	\$30,248	10%
\$6,970	\$9,730	\$11,890	\$14,350	\$16,810	\$19,270	\$21,730	\$24,190	\$26,650	5%

Clients with income below the Department’s minimum level may have their fee established at zero (0) when properly authorized. (7-1-93)

04. Forms. To achieve simplicity of operation, two (2) basic documents are used to determine ability to pay: a “Fee Determination Form” and a “Discount Schedule”. (5-1-82)

a. The “Fee Determination Form,” when properly completed, contains the economic factors -- income/allowable deductions/size of family -- necessary to determine the charge by easy referral to the “Discount Schedule”. (5-1-82)

b. The “Discount Schedule” reflects variations in the cost of living by family size and adjusted gross income. (5-1-82)

05. Review Of Fees. A review of ability determinations will be made: (5-1-82)

a. On petition of the person receiving services; or (1-1-94)

b. If circumstances are known to have changed; or (5-1-82)

c. Annually for the purpose of updating the determinations to current conditions which may or may not have changed during the previous year. (5-1-82)

06. Allowable Deductions From Income. The only allowable deductions from income are for expenses projected to occur during the annual charge period: (5-1-82)

a. Court-ordered obligations paid annually; and (5-1-82)

b. Annual child care expenses necessary to availability for employment; and (5-1-82)

c. Annual dependent support payments for children not included in dependents for calculating percent of fee; and (5-1-82)

d. Annual medical expenses. (1-1-94)

07. Adjustments To Established Fee. Adjustments, such as a waiver or reduction of fees, may only be made upon signature authorization of the Director. Clinical criteria based on the following guidelines may be used as a basis for adjustment: (12-31-91)

a. There is reasonable expectation that without receiving the service, the mentally ill person would severely regress and require more intensive and costly care or institutionalization; and (5-1-82)

b. Adjustments to other agencies or organizational units may be negotiated and established by contract with the Department. (12-31-91)

08. Established Fee. The maximum fee charged for Community Mental Health Center services shall be that established by the Department of Health and Welfare. The fees for services based on Medicaid reimbursement rates may vary according to Medicaid inflationary increases. Fees will be reviewed and adjusted as the Medicaid rates vary. Current information regarding services and fee charges can be obtained from Mental Health Centers. (1-1-94)

09. Charges For Community Mental Health Center Services. (1-1-94)

a. Diagnostic: (1-1-94)

i. Psychiatric examination: sixty-three dollars per hour (\$63/hr); (1-1-94)

ii. Psychosocial examination: fifty-seven dollars per hour (\$57/hr); (1-1-94)

iii. Psychological testing: fifty-seven dollars per hour (\$57/hr); (1-1-94)

iv. Medical: fifty-seven dollars per hour (\$57/hr). (1-1-94)

b. Treatment Service: (1-1-94)

i. Individual therapy: fifty-seven dollars per hour (\$57/hr); (1-1-94)

ii. Family/Couple therapy: fifty-seven dollars per hour (\$57/hr); (1-1-94)

iii. Group therapy: twenty-one dollars per hour (\$21/hr); (1-1-94)

iv. Inpatient service: fifty-seven dollars per hour (\$57/hr); (1-1-94)

v. Emergency service: fifty-seven dollars per hour (\$57/hr). (1-1-94)

c. Medical Service: (1-1-94)

i. Chemotherapy visit: twenty-eight dollars per visit (\$28/visit); (1-1-94)

ii. Blood drawing: ten dollars per occurrence (\$10/occurrence); (1-1-94)

iii. Nursing service: thirteen dollars per visit (\$13/visit); (1-1-94)

iv. Injections: eight dollars (\$8) plus cost of medication. (1-1-94)

d. Collateral Contact (Interview with collaterals - service recipient seen or not seen)*: sixty-three dollars per hour (\$63/hr).

*This activity includes those instances in which collaterals having primary treatment relationship to the

client are interviewed regarding a client with the client included or intentionally excluded. This category does not include case management and other agency collaterals or service coordination activities. (1-1-94)

- e. Community Support Service (Day Treatment/Partial Care): fourteen dollars per hour (\$14/hr). (1-1-94)
- f. Other Nonclient Specific (Consultation/Education): sixty-three dollars per hour (\$63/hr). (1-1-94)
- g. Transportation: twenty-five cents per mile (\$.25/mile). (1-1-94)

10. Obligation To Pay Difference Between Insurance And Mental Health Charges. If the person responsible for payment has insurance coverage, then the private insurance obligation will be one hundred percent (100%) of the amount contained in the policy, but not to exceed the Mental Health Charge. If the insurance company pays less than the Mental Health charge, then the participant will be responsible to pay towards the difference between what the insurance paid and the original Mental Health charge based upon their ability to pay as determined by the sliding fee schedule. (7-1-98)

101. -- 995. (RESERVED).

996. ADMINISTRATIVE PROVISIONS.

Contested case appeals shall be governed by Idaho Department of Health and Welfare Rules, IDAPA 16.05.03, Sections 000, et seq., "Rules Governing Contested Case Proceedings and Declaratory Rulings". (12-31-91)

997. CONFIDENTIALITY.

Before any information about a client, registrant, applicant, or recipient contained in Department records may be released to the person who is the subject of the record, to another Department unit, to another governmental agency, or to a private individual or organization, the unit of the Department with custody of the record must comply with Idaho Department of Health and Welfare Rules, IDAPA 16.05.01, "Use and Disclosure of Department Records (Confidentiality)". (5-1-82)

998. INCLUSIVE GENDER.

For the purpose of these rules, words used in the masculine gender include the feminine or vice versa, where appropriate. (5-1-82)

999. SEVERABILITY.

Idaho Department of Health and Welfare Rules, IDAPA 16.04.03, are severable. If any rule, or part thereof, or the application of such rule to any person, or circumstance is declared invalid, that invalidity does not affect the validity of any remaining portion of this chapter. (5-1-82)

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