IDAPA 16 – IDAHO DEPARTMENT OF HEALTH AND WELFARE

Division of Behavioral Health

16.04.07 – Fees for State Hospital North and State Hospital South

Who does this rule apply to?
Patients, families, relatives and advocates of these patients, and third-party payors.

What is the purpose of this rule?
The scope of these rules is to provide standards for the establishment of fees for services and charges for the services provided to the patients at State Hospital North and State Hospital South.

What is the legal authority for the agency to promulgate this rule?
This rule implements the following statutes passed by the Idaho Legislature:

State Charitable Institutions -
State Hospitals:

- Section 66-118, Idaho Code – Powers and Duties of The Board — Hospitals Managed by — Annual Report

Hospitalization of Mentally Ill:

- Section 66-354, Idaho Code – Mentally Ill Person with Assets Sufficient to Pay Expenses — Liability of Relatives

Where can I find information on Administrative Appeals?
Administrative appeals and contested cases are governed by the provisions of IDAPA 16.05.03, "Contested Case Proceedings and Declaratory Rulings."

How do I request public records?
Unless exempted, all public records are subject to disclosure by the Department that will comply with Title 74, Chapter 1, Idaho Code, upon requests. Confidential information may be restricted by state or federal law, federal regulation, and IDAPA 16.05.01, "Use and Disclosure of Department Records."

Who do I contact for more information on this rule?

Idaho Department of Health and Welfare
Division of Behavioral Health

STATE HOSPITAL NORTH
Street and mailing address:
300 Hospital Drive
Orofino, ID 83544
Phone: (208) 476-4511 / Fax: (208) 476-7898
Email: SHNinquiries@dhw.idaho.gov
Webpage: http://idahostatehospitals.dhw.idaho.gov

STATE HOSPITAL SOUTH
Street and mailing address:
700 East Alice
Blackfoot, ID 83221
Phone: (208) 785-8401/ Fax: (208) 785-8516
Email: SHSinquiries@dhw.idaho.gov
Webpage: http://idahostatehospitals.dhw.idaho.gov

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000. LEGAL AUTHORITY.
The Idaho Board of Health and Welfare is authorized under Section 66-118, Idaho Code, to adopt rules for establishing and charging fees for services provided at State Hospital North and State Hospital South. Under Section 56-1007, Idaho Code, the Department of Health and Welfare is authorized to charge and collect reasonable fees, established by rule, for such services. Section 66-354, Idaho Code, authorizes a state facility to cause an inquiry to be made and collect fees and charges for treatment. Under Sections 56-1003(3)(e), 66-116 and 66-118, Idaho Code, the Idaho Board of Health and Welfare and Director are jointly authorized to administer, manage, and control State Hospital North and State Hospital South. (3-20-20)T

001. TITLE AND SCOPE.
The scope of these rules is to establish fees for services provided at State Hospital North (SHN) or State Hospital South (SHS) and are titled IDAPA 16.04.07, "Fees for State Hospital North and State Hospital South." (3-20-20)T

002. POLICY.
Fees for services will be established and charged to all patients or responsible relatives. Further, SHN and SHS must not refuse service to any person because of race, color, religion, handicap, or ability or inability to pay. (3-20-20)T

003. -- 009 (RESERVED)

010. DEFINITIONS.

01. Charge. The dollar amount determined by costs per patient day for service received from SHN or SHS for specialized services. (3-20-20)T

02. Cost Per Patient Day. An accounting process of allocating all cost centers for the hospital to a twenty-four (24) hour period of time the patient occupies the hospital. (3-20-20)T

03. Responsible Relatives. Relatives as defined by Section 66-354, Idaho Code. (3-20-20)T

04. Services. May include reasonable and customary services such as: medical, nursing, pharmacy, individual and group counseling, etc. Services covered may differ between SHN and SHS. (3-20-20)T

05. Third Party Payor. A payor other than a patient or responsible relative who is legally liable for all or part of patient charge. (3-20-20)T

011. -- 029 (RESERVED)

030. FEES.

01. State Hospital North (SHN) - Diagnostic and Treatment Unit Costs. Costs per patient day for the diagnostic and treatment units will be determined by annual cost allocations and will be effective the first day of October of each calendar year. (3-20-20)T

02. State Hospital South (SHS) - Nursing Facility and Treatment Unit Costs. Costs per patient day for the nursing facility and individual treatment units will be determined by annual cost allocations and will be effective the first day of October of each calendar year. (3-20-20)T

03. Specialized Service Costs. Specialized services provided by the Hospital Mini Clinic will be billed in addition to the cost per patient day and receipts will be deducted from cost allocations. Specialized services provided outside SHN or SHS will be billed in addition to cost per patient day. (3-20-20)T

031. -- 049. (RESERVED)

050. CHARGES.
Charges will be established and billed based on fees calculated for services provided. The ability of a patient or responsible relative to pay charges will be determined from the following: (3-20-20)T

01. Insurance. (3-20-20)T

a. State Hospital North (SHN) - Claims will be itemized by cost per patient day unless the insurance requires a claim itemized by cost per service. No insurance claim will be filed without an assignment of insurance

benefits to the hospital. All benefits from insurance must be made available in total to be applied toward payment of fees set forth herein. (3-20-20)T

b. State Hospital South (SHS) - Patients with third-party insurance capability will be charged one hundred percent (100%) of cost. No insurance claims will be filed without an assignment of insurance benefits to SHS. All benefits from insurance must be made available in total to be applied toward payment of fees set forth herein. (3-20-20)T

02. Other Benefits. All patient benefits from Social Security, Veterans Administration, retirement, trust accounts, and other periodic benefits and earnings will be made available in total to SHN or SHS to be applied toward payment of fees set forth in this chapter unless otherwise dictated by benefit sources. (3-20-20)T

051. -- 069. (RESERVED)

070. WAIVER.
Upon a showing of good cause, the Administrators of SHN or SHS or a designee may waive a patient's fees for any given month or portion thereof. Also, the Administrator of State Hospital North or designee may increase or decrease the amount set aside for patient personal needs. (3-20-20)T

071. -- 089. (RESERVED)

090. PERSONAL NEEDS ALLOWANCE.

01. State Hospital North (SHN). (3-20-20)T

a. Set-Aside Amount. Excluded and set aside from all income or benefits for patients will be a personal needs allowance established by the hospital or as required by the benefit source. (3-20-20)T

b. Use of Monies. These moneys will not be applied toward payment of charges and will be accumulated and held for the patient to spend for his personal needs. (3-20-20)T

02. State Hospital South (SHS). (3-20-20)T

a. Set Aside Amount -- Nursing Facility. Excluded and set aside from all income or benefits for each patient on the Nursing Facility will be the amount of forty dollars ($40) per month as a personal needs allowance. (3-20-20)T

b. Set Aside Amount -- Treatment Units. Excluded and set aside from all income or benefits for patients will be a personal needs allowance established by the hospital or as required by the benefit source. (3-20-20)T

c. Use of Monies. These monies will not be applied toward payment of charges and will be accumulated and held for the patient to spend for his personal needs. (3-20-20)T

091. -- 999. (RESERVED)

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