# PROCEDURE

## Application

This procedure shall apply to Ionia County Community Mental Health Authority (ICCMHA).

1. **Intent**

Institute and maintain a process that fairly establishes the financial liability of the responsible party for services received.

1. **Request for Information**
   1. Every individual seeking behavioral health services shall be requested to provide financial information for the determination of their financial liability as indicated in the Mental Health Code. Information requested shall include any or all of the following:

* Most recent state income tax form filed
* Recent paycheck stub
* Divorce decree section on child health care responsibility
* Insurance coverage/benefits
  1. Consumers will be interviewed by the Ability-to-Pay Specialist for the gathering of financial and insurance information.
  2. If necessary financial and insurance information is available at time of interview, the consumer will be informed at that time of their ability to pay determination.
  3. Consumers will be given 30 days to provide financial information otherwise they will be liable for full cost of services until such time that they provide the required information.

1. **Request for Redetermination**
   1. If a consumer believes the ability to pay determination would cause financial hardship for them, they may request, within 30 days of the determination, a redetermination based upon full financial disclosure.
   2. The consumer may be granted a new ability to pay based upon a redetermination. The redetermination may be equal to or less than the original determination. A consumer will not be assessed the higher amount if the redetermination is higher than the original one.
2. **Annual determination**
   1. Anyone receiving services will have their ability to pay reviewed annually based upon current financial information.

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| Robert S. Lathers, Chief Executive Officer | Date | | |