

Title or Headline: Massachusetts Department of Public Health (DPH) Bureau of Substance Abuse Services (BSAS) <u>Payer of Last Resort Policy Attachment C-1 Adolescent Residential Treatment Cost Share Policy</u>	Supersedes:
Name/Title of person or unit responsible: Bureau of Substance Abuse Services, Office of Youth and Young Adults	Effective Date: January 1, 2010
Purpose or Rationale: The Bureau of Substance Abuse Services BSAS offers comprehensive residential treatment services for youth that focus on substance use disorders. These programs are funded by the Department of Public Health and in part through a client cost share sliding fee policy.	
Policy statement: As required by state policy (,Massachusetts Department of Public Health (DPH) Bureau of Substance Abuse Services (BSAS) <u>Payer of Last Resort Policy</u>) the BSAS Office of Youth and Young Adult Services, has developed a cost share policy that requires parents/guardians to share costs associated with providing treatment when appropriate. The amount of financial obligation will be determined based on an established and consistent sliding scale fee that can be reasonably provided by clients and their parents/guardians.	
Applicability: BSAS funded adolescent residential treatment providers, Central Intake and Care Coordination (Institute for Health Recovery) and Parents/guardians are expected to cooperate in assessing and securing fee payment, by providing documentation, authorizations, releases, and other paperwork that will allow the program to set, charge, and collect a reasonable self-pay fee as required by the Bureau.	
Definitions: <i>any appropriate terminology needing clarification</i>	
Procedures: Central Intake and Care Coordination (CICC), currently operated by the Institute for Health and Recovery, coordinates all referrals to adolescent substance abuse residential treatment. As part of the referral process, CICC will inform parents/guardians of the cost share policy and communicate the purpose of the policy. This will include disclosure of the waiver process available at the program and the Bureau. CICC responsibilities: <ul style="list-style-type: none"> • Include cost share policy and sliding fee schedule in the admission package to parent/guardian prior to admission, so that prospective residents and parents can read and understand the policy and related documents and releases while they are making their decision on admission to the program. • Advise parents/guardians that policy and fee schedule will be applied at the program during admission. • Parents/guardians should be prepared at time of admission to verify income through pay stubs, tax returns, and/or Social Security. • Admission to the program is dependent on income verification. Exemption Youth under the care and protection, partial or full custody of another State agency are exempt from this policy.	

Procedure for determination of daily rate:

Program responsibilities:

- At time of admission, a representative from the program will meet with the parents/guardians to complete the *"Worksheet to Determine Family Size and Income,"* which will assess the ability of the parents/guardians to assist in payment of treatment. *A copy of the worksheets used in determining the cost share responsibilities is provided in the admission package sent out by CICC.*
- Parents/guardians must bring either a copy of the last calendar year's federal tax filing or copies of the two most recent earnings statements.
- At the time the daily rate is negotiated, parents/guardians will be asked to sign a copy of the worksheet and will be provided a copy for future reference.
- Using the "Fee Scale," a daily billing rate will be determined based on family size and income.
- The "Fee Scale" is calculated on a daily rate and applied to a monthly cost for services, which will be collected at the end of each calendar month.

Collection of Fees

- Requiring client pre payment of fees prior to enrollment/eligibility processing or emergency admission is not permissible. Parents/guardians may choose to pay up front cost for services when appropriate.
- From this point the daily charge will accrue for each day the client is enrolled in the program.
- Parents/guardians will be provided with a written statement at the end of each billing period indicating the dates of service and amount due.
- The program will mail billing statements to parents/guardians. The program staff may make reasonable efforts, including phone calls during normal business hours, to secure payment.
- If the financial status of the parents/guardians changes, a recalculation of cost share responsibilities will be made upon parents/guardians request.
- The youth of parents/guardians with outstanding bills may not be considered for re-admission to this service until outstanding debt has been resolved OR re-negotiated based on changes in family financial status.

Waiver Process

Parents/guardians have the right to apply for a waiver. A waiver request will first be submitted to the program and will be handled under the program's internal policy on parent/client complaints that is shared with parents/guardians at admission.

If parents/guardians are not satisfied with the result of the waiver request at the program level, they may bring their request to the Bureau of Substance Abuse Services, where it will be reviewed by the Bureau's Office of Youth and Young Adults. The Bureau may approve or deny the waiver based on the waiver request, documents, and other written materials that the parents/guardians provide.

Extenuating circumstances that may be considered include in part to the following:

- Recent loss of employment/income, change in families estimated or projected income.
- Family is more than 30 days in arrears in rent or mortgage payments.
- The death or illness of a spouse, family member, or partner with primary responsibility for child care where that spouse, family member, or partner had shared household expenses.
- The sudden responsibility for providing full care for an aging parent or other family member, including a

major, extended illness of a child that requires a working parent to hire a full-time caretaker for the child.

- A fire, flood, natural disaster, or other unexpected natural or human-caused event causing substantial household or personal damage for the individual filing the appeal.
- Other contributing factors that lead to a change in financial status.

By following this policy, the program can assure the Department of Public Health that program services are funded in accordance with the Bureau's Payer of Last Resort policy dated 11/13/09. This policy requires the program to make reasonable efforts to secure payments from clients and their parents/guardians to share in the burden of paying for the cost of services offered at the program.

Client name: _____

My signature below indicates that this policy has been explained to me and or that I have read and understood this policy.

Print name of Parent of Legal Guardian

Date

Signature of Parent of Legal Guardian

Date

Worksheet to Determine Family Size & Income
(For use in assessing daily fee)

Client Name _____ Admission Date _____

Parent/Guardian Name _____

Parent/Guardian Address _____

List the name of each parent or guardian, and indicate their annual income, salary, and wages from all sources. Also indicate the type of document(s) presented that support the income- pay stub, tax return, w-2, etc. Also provide for the resident, similar income information and documentation. Please note that the program does not take into account the incomes of siblings or of step-parents even though they live with the resident. The program requires income information and verification for the resident and for his parent(s) or guardian only.

Name	Salary & Wages	Documents	Staff Initials
#1 _____	\$ _____	_____	_____
#2 _____	\$ _____	_____	_____
#3 _____	\$ _____	_____	_____

Total Annual Family Income \$ _____

Indicate the size of the resident's family, to include the resident, parents or guardians (as listed above), and siblings living with the resident.

of parents or guardian= _____

of siblings living with resident= _____

Add "1" for the resident himself= _____

Total Family Size= _____

Documents provided _____ Staff Initials _____
(payroll withholding, w-4 or s-4; or, tax return 1040 or s-I or the like)

Attestation/Signatures

I attest that the information and documents I have provided about family size and income are a true representation of my child's (ward's) current living situation and support. I also understand that the Department of Public Health is the payer of last resort for the stay at the program. I have read and understood the policy on Self-pay Fees.

Parent/Guardian Signature _____ Date _____

Staff Signature _____ Date _____