



Section: General Management	Policy Name: Substance Abuse Community/Block Grant Authorized Use for Treatment Services	Policy Number: 01.07
Owner: Chief Administrative Officer	Reviewed By: Anne Wickham	Total Pages: 8
Required By: <input type="checkbox"/> BBA <input checked="" type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input type="checkbox"/> Other (please specify): _____	Final Approval By: <i>Anne Wickham</i>	Date Approved: Sep 15, 2023
Application: <input checked="" type="checkbox"/> SWMBH Staff/Ops <input type="checkbox"/> Participant CMHSPs <input checked="" type="checkbox"/> SUD Providers <input type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): _____	Line of Business: <input type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/> Healthy Michigan <input checked="" type="checkbox"/> SUD Block Grant <input type="checkbox"/> SUD Medicaid <input type="checkbox"/> MI Health Link	Effective Date: 6/30/2016

Policy: It shall be the policy of Southwest Michigan Behavioral Health (SWMBH) to assure that the use of Substance Abuse/Prevention Block Grant (SABG) funds, are within the scope of the contractual and regulatory requirements of the Michigan Department of Health and Human Services (MDHHS) contract, and U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administrations (SAMSHA) Funding Agreements.

Purpose: SWMBH will provide guidelines to Substance Use Disorder (SUD) Providers regarding the appropriate use of SABG (aka Substance Abuse and Prevention Grant) funds. These guidelines are intended to provide clarification of when SWMBH will authorize and/or provide payment for SUD services, in whole or part, with block grant dollars.

Scope: SWMBH staff and participant SUD providers.

Responsibilities: SWMBH staff and participant SUD providers.

Definitions:

- A. Ability to Pay (ATP): The ability of a person (or their responsible party as defined herein) to pay for the cost of services.
- B. Ability to Pay Determination: The financial ability to pay assessment that determines a person's (i.e. responsible party) ability to pay for the cost of services.
- C. Coinsurance: Money that an individual is required to pay for services, after a deductible has been paid.



- D. Copayment: A predetermined (flat) fee that an individual pays for health care services, in addition to what the insurance covers.
- E. Deductible: A specified amount of money that an individual must pay before an insurance company will pay a claim for service.
- F. Financial Liability: That portion of the charges not covered by insurance, not to exceed the assessed ability to pay.
- G. Insurance Benefits: Payments made in accordance with insurance coverage for the cost of health care services provided to an individual, identifying Medicaid as the payer of last resort.
- H. Insurance Coverage: Any policy, plan, program, or fund established or maintained for the purpose of providing for its participants or their dependents medical, behavioral health, surgical, or hospital benefits. Insurance coverage includes, but is not limited to, Medicaid or Medicare: policies, plans, programs, or funds maintained by nonprofit hospital service and medical care corporations, health maintenance organizations, and prudent purchaser organizations and commercial, union, association, self-funded, and administrative service policies, plans, programs, and funds.
- I. Responsible Party: A person who is financially liable for services furnished to the individual consumer of substance use disorder services. Responsible party includes the individual and, as applicable, the individual's spouse, and parent or parents of a minor.
- J. Substance Use Disorder Services: Substance Use Disorder treatment, rehabilitation, detoxification, or prevention services. Services may be provided in an outpatient setting or residential setting.

Standards and Guidelines:

Block grant funds should be directed toward four purposes: (1) to fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time; (2) to fund those priority treatment and support services not covered by Medicaid, Medicare, or private insurance for low-income individuals and that demonstrate success in improving outcomes and/or supporting recovery; (3) for SABG funds, to fund primary prevention: universal, selective, and indicated prevention activities and services for persons not identified as needing treatment; and (4) to collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services and to plan the implementation of new services. SWMBH shall assure that, for any subcontracted treatment or prevention service, each subcontractor maintains service availability throughout the fiscal year for persons who do not have the ability to pay.

A. Restrictions on Expenditure of Grant

1. SWMBH shall not expend Block Grant dollars on the following activities:
 - a. To provide inpatient hospital services (except as defined in 45 CFR, §96.135);
 - b. To make cash payments to intended recipients of health services;
 - c. To purchase or improve land, purchase or construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
 - d. To satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds;
 - e. To provide financial assistance to any entity other than a public or nonprofit entity;
 - f. To provide individuals with hypodermic needles or syringes so that individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a



- demonstration needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with the etiologic agent for AIDS;
- g. Authorization and Payment of services that are not medically necessary
2. SWMBH shall ensure compliance with 45CFR §96.124 in regards to the allocation and limitations of block grant funds.
 3. SWMBH shall ensure that block grant is used as “the payment of last resort”, and will make every reasonable effort to establish and maintain systems for eligibility determinations, billing and collection including:
 - a. Collect reimbursement for the costs of providing such services to persons who are entitled to insurance benefits under the Social Security Act, including:
 - i. Programs under Title XVIII and Title XIX
 - ii. State compensation programs
 - iii. Other public assistance programs for medical expenses
 - iv. Other grant programs
 - v. Private Health Insurance
 - vi. Any other benefit program
 - b. Secure from customers, payments for services in accordance with their ability to pay.

B. Approved Use of Block Grant Funds

Block Grant funds are used to ensure access to treatment and long-term recovery support services for individuals in need, and as a funding source to be used as “payer of last resort”.

1. Services that may be covered if funds allow
 - a. Assessment
 - b. Outpatient Therapy
 - c. Opiate Replacement Therapy
 - d. Intensive Outpatient
 - e. Short and Long-Term Residential
 - f. Residential room and board
 - g. Sub-Acute Detox
 - h. Transportation
 - i. Physician Services
 - j. Recovery Coach Services
 - k. Recovery Housing
 - l. Case Management
2. Priority Populations (In Order of Priority)
 - a. Pregnant women/teenagers who use drugs by injection;
 - b. Pregnant women/teenagers who use substances;
 - c. Other persons who use drugs by injection;
 - d. Substance using women and teenagers with dependent children and their families, including females who are attempting to regain custody of their children
 - e. Substance using men who are shown to be the primary caregiver for their children, whose children have been removed from the home or are in danger of being removed under child protective laws; and



- f. Other customers with a substance use disorder, regardless of gender or route of use (as funding is available)

3. Requirements for Use

- a. Providers who request and/or receive payment through block grant funds shall be responsible for the following:
 - i. Verifying all applicable insurance coverage (Medicaid, Medicare, Private, Other) at the time of the customer's start of service, and at a minimum of monthly throughout the course of treatment. Ultimately the provider is responsible for verifying the customer's applicable benefits.
 - ii. In the event that the customer does have a commercial insurance policy, the provider must ascertain what benefits are provided under that policy, applicable to the services that are provided by the provider.
 - iii. Fee for Service (FFS) providers must provide SWMBH with a copy of the customer's insurance card and/or documentation verifying any insurance coverage, including any information pertaining to services not covered or limited by the policy. Sub-capitated Community Mental Health Service Providers (CMHSP) must ensure this documentation is in their Electronic Medical Record (EMR) and be able to produce it to SWMBH upon request/review.
 - iv. FFS providers must ensure all of the customer's insurance information (including verification of a Medicaid spend down being met as applicable), is entered into the customer's record in SWMBH's Managed Care Information System (MCIS), prior to billing. Sub-capitated CMHSP providers must ensure this documentation is in their EMR and be able to produce it to SWMBH upon request/review.
 - v. Ensure that the customer completes a "Southwest Michigan Behavioral Health Financial Liability Determination & Payment Agreement" (Ability to Pay form) in its entirety as part of the initial intake for services.
 - vi. Fully inform customers at the start of service of the cost of services and make every effort to collect ATP fees from customers.
 - vii. FFS providers must enter the initial and subsequent ATP determination information into the customer's record in SMWBH's MCIS, and bill only for the contracted service fee, minus the applicable ATP amount.
 - viii. Sub-capitated CMHSP providers must ensure the initial and subsequent ATP determination information is documented in their EMR and must make it available upon SWMBH's request/review.
 - ix. Ensure an ATP is completed annually or as financial information changes.
 - x. Ensure that customers seeking block grant fund coverage also apply for Medicaid/Healthy Michigan Plan/MiChild programs unless they can show documentation of recent ineligibility (within the previous 60 days), assist the customer in doing so as needed, and document the process in the applicable record.

C. Authorization and Payment of Treatment Services



Authorization and Payment for services covered under block grant funding, may be used for substance abuse treatment for customers residing in the SWMBH Prepaid Inpatient Health Plan (PIHP) region, under the following circumstances.

1. Uninsured Customers

- a. Customers that contact SWMBH's call center, requesting assistance with payment of SUD services at a Fee for Service provider, and indicate they have no insurance coverage, will be screened prior to referral to a provider for treatment.
- b. Customers with no insurance may be funded with block grant funds under the following circumstances:
 - i. Medical necessity criteria are met for the service(s);
 - ii. Maintains residency within the SWMBH PIHP region;
 - iii. Completion of the "Southwest Michigan Behavioral Health Financial Liability Determination & Payment Agreement" has occurred within the past year and is accurately reflective of the customer's ability to pay; and
 - iv. Has applied for Medicaid/Healthy Michigan Plan/MI Child Programs or can show documentation of recent ineligibility (within the previous 60 days).

2. Medicaid Spend Down

- a. Customers that contact SWMBH's call center, requesting assistance for payment of SUD services at a Fee for Service provider, and indicate they have a Medicaid Spend Down, will be screened prior to referral to a provider for treatment.
- b. Customers with a Medicaid Spend down may be funded with block grant funds under the following circumstances:
 - i. Medical necessity criteria is met for the service(s);
 - ii. Residency is maintained within the SWMBH PIHP region;
 - iii. Completion of the "Southwest Michigan Behavioral Health Financial Liability Determination & Payment Agreement" has occurred within the past year and is accurately reflective of the customer's ability to pay;
 - iv. The Spend-down amount, for the month in which the financial assistance for service(s) is being requested, has been met
- c. Customers with a Medicaid Spend-down must have an updated ASAM every three months, prior to continued authorizations being requested by a provider.
- d. Providers can submit claims for block grant, for the time period in which the spend-down was not met.

3. Third Party Payer

- a. Customers that contact SWMBH's call center, requesting assistance in the payment of SUD services at a Fee For Service provider, and indicate they have coverage under a third party (Commercial, Medicare, Auto Insurance), will not be screened prior to referral to a provider for treatment unless there is documentation/confirmation that the service that is being requested is not a covered service by the third party.
- b. Customers with insurance coverage through a third-party payer, may be funded with block grant funds under the following circumstances:
 - i. If medical necessity is met for the service(s);



- ii. Residency is maintained within the SWMBH PIHP region;
 - iii. Completion of the "Southwest Michigan Behavioral Health Financial Liability Determination & Payment Agreement" has occurred within the past year and is accurately reflective of the customer's ability to pay;
 - iv. The service requested is not covered by the third-party insurer due to being an excluded benefit, or the benefit has been exhausted; and
 - v. As funding allows.
- c. Under no circumstances will block grant be used to cover service(s) that have been denied by their third party insurance provider due to, but not limited to: lack of medical necessity, failure to follow billing rules of primary insurer, using an out of network provider.
- d. Block grant dollars will not be used to supplement co-pays or high deductibles, except as outlined under "Special Circumstances".
4. Special Circumstances
- a. Customers who are pregnant with a substance use disorder, and have a third party insurance with a copay, coinsurance, or deductible for which they request financial assistance, may be authorized block grant funds upon:
 - i. Completion of all ATP forms
 - ii. Documentation of coverage provided by third party payer for service(s)
 - iii. Applying for Medicaid
 - b. Customers with a copay, coinsurance and/or high deductible, in which the amount is deemed greater than the customer's ability to pay, will be reviewed on a case by case basis. Fee for Service providers must submit the completed "Substance Abuse Disorder Request for Assistance with Copayment, Coinsurance & Deductibles" form to SWMBH for review and determination. The determination will be made using SWMBH's "Allowance of Block Grant for Copays, Coinsurance and Deductibles Criteria".
 - c. Customers with a determined ability to pay amount, who indicate they are unable to pay the determined dollar amount, will be reviewed on a case by case basis. Fee for Service providers must submit the completed "Substance Abuse Disorders Request to Reduce or Waive ATP Fee" form to SWMBH for review and determination. The determination will be made using SWMBH's "ATP Reduction or Waiver Criteria".
 - d. Sub-capitated CMHSP's may review and determine the request for waivers and reductions of the determined ability to pay, as well as requests for assistance with copayments, coinsurance, and deductibles, utilizing the SWMBH request forms and determination criteria. SWMBH must be notified of these decisions at the time they are made and be provided documentation of the reasons for the determination.
5. Ability to Pay Determinations
- a. Any payment of block grant dollars will only be made after a responsible party's completion of all appropriate documentation to determine their 'Ability to Pay' for services provided (i.e. SWMBH Financial Liability Determination and Payment Agreement, State Taxable Income Worksheet, etc.).



- b. As applicable, customers may request a new ATP determination, reduction or waiver of their ATP, and/or assistance with their copayment, coinsurance, or deductible, as outlined in SWMBH Policy 09.12: Financial Liability Determination/Ability to Pay.

Procedures: None

Effectiveness Criteria: None

References: Code of Federal Regulations

Attachments:

- A. 01.07A SUD Request for Assistance with Copayments, Coinsurance & Deductibles Form
- B. 01.07B SUD Request to Reduce or Waive ATP Fee
- C. 01.07C SUD Financial Liability Determination and Payment Agreement (ATP Form)






01.07 Substance Abuse Community-Block Grant Authorized Use for Treatment Services

Final Audit Report

2023-09-15

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Substance Use Disorder Request for Assistance with Copayments, Coinsurance & Deductibles Form

The following information is needed for review of your request for assistance from Southwest Michigan Behavioral Health (SWMBH) with your insurance copayments, coinsurance or deductible for substance abuse disorder treatment services. **Completion of this form initiates the review process and does not assure SWMBH copayment, coinsurance or deductible funding assistance.**

SWMBH will be able to proceed with the review of your request when all of the below information has been received.

Customer Name (last, first, middle)		Smartcare ID#	Birth date	
Responsible Party's Name (last, first, middle)		Relationship to Customer		
Address	City	County	Zip	Telephone
Employer			How long?	

Please indicate amount your insurance has deemed you are responsible for:

	Dollar Amount	Per Visit	Per Month	Per Year
Copayment	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coinsurance	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deductible	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rationale for request for financial assistance with your insurance copayment, coinsurance, or deductible (include estimated time frame of need):

I hereby certify that the above information is true to the best of my knowledge

Consumer/Responsible Party's Signature Date

Preparer's Signature Date



Note: Please fax this completed form, with a copy of the current completed SWMBH Financial Liability Determination/Payment Agreement, and signed release for SWMBH to communicate with your insurance company if needed, to SWMBH at (269) 441-1234, Attention: Operations Department

(To be completed by designated SWMBH Administrator)

It has been determined that the following amount will be covered by Block Grant Funding

- Copayment \$ _____
- Coinsurance \$ _____
- Deductible \$ _____

SWMBH Administrator

Title

Date



Substance Use Disorder

Financial Liability Determination and Payment Agreement (ATP Form)

In order to determine your ability to pay, please complete this form. If you have insurance benefits, these sources must be billed in order to pay for part of the total cost of the services you receive.

COMPLETION OF THIS FORM IS VOLUNTARY; However, if you choose to withhold the information requested, you will be responsible for paying the standard charge(s) for the services(s) you receive.

Program Name: _____

Customer's Name	Smartcare ID#	DOB:
Responsible Party's Name	Soc Security #	Relationship to Customer
Address	DOB:	Telephone/Home
City/State/Zip		
Responsible Party's Employer	Telephone/Work	
Address		
Name and age of dependents per Michigan Income Tax Return		

Insurance Information			
We cannot bill your insurance company unless you provide SWMBH with your insurance information. (Please attach a copy of your insurance card(s) front and back to this agreement). All insurance benefits must be identified and used prior to using Medicaid benefits, as payer of last resort.			
Primary Insurance:		Policy/Contract Number:	
Name & DOB of Subscriber		Group Number:	
Primary Insurance:		Policy/Contract Number	
Name & DOB of Subscriber		Group Number:	
Tertiary Insurance:		Policy/Contract Number:	
Name & DOB of Subscriber		Group Number:	



I certify that the above information is accurate, and I agree to notify my provider of any changes in this information during the course of my treatment.

I authorize my provider to request authorization and payment for any insurance benefits to which I am entitled and authorize the release of information needed to process insurance claims.

I agree to endorse over to my provider, within 10 business days, any insurance reimbursement checks that may be sent directly to me (subscriber). Failure to do so may result in me being charged the full cost of service.

Copies of all insurance cards have been obtained and are attached: Yes No

If not Medicaid eligible, proof of application and/or denial dated within the past 60 days has been provided: Yes No Comments: _____

Customers with current Medicaid, Healthy Michigan Plan, or MI Child benefits will be assessed no fee for Substance Use Disorder services (Not to include Medicaid Spend Down, State Medical Program or Children's Special Health Care Services).

**Omit this box if customer has already provided the necessary documents and proceed to the next section*

I do not have the needed documents to accurately assess my fee today. Failure to return the necessary documents needed to complete the fee assessment will result in monthly fee equal to full cost of all services provided. I will provide information within 14 days from the signed date below:

Signature

Date

Income (Michigan State Income Tax Return)

Copy of Michigan State Income Tax Return, W-2, or check stub(s), as well as unemployment verification when applicable has been provided and is attached: Yes No

If no, reason:

A) Customer \$ _____ Year: _____
B) Spouse \$ _____ Year: _____
C) Responsible Party \$ _____ Year: _____



SWMBH SUD Fee Schedule

State Taxable Income			Monthly	Annually
\$0	to	\$9,999.99	\$0.00	\$0.00
\$10,000	to	\$11,000.00	\$11.00	\$132.00
\$11,001	to	\$12,000.00	\$14.00	\$168.00
\$12,001	to	\$13,000.00	\$18.00	\$216.00
\$13,001	to	\$14,000.00	\$22.00	\$264.00
\$14,001	to	\$15,000.00	\$27.00	\$324.00
\$15,001	to	\$16,000.00	\$32.00	\$384.00
\$16,001	to	\$17,000.00	\$38.00	\$456.00
\$17,001	to	\$18,000.00	\$45.00	\$540.00
\$18,001	to	\$19,000.00	\$53.00	\$636.00
\$19,001	to	\$20,000.00	\$62.00	\$744.00
\$20,001	to	\$21,000.00	\$72.00	\$864.00
\$21,001	to	\$22,000.00	\$83.00	\$996.00
\$22,001	to	\$23,000.00	\$95.00	\$1,140.00
\$23,001	to	\$24,000.00	\$108.00	\$1,269.00
\$24,001	to	\$25,000.00	\$122.00	\$1,464.00
\$25,001	to	\$26,000.00	\$137.00	\$1,644.00
\$26,001	to	\$27,000.00	\$153.00	\$1,836.00
\$27,001	to	\$28,000.00	\$170.00	\$2,040.00
\$28,001	to	\$29,000.00	\$188.00	\$2,256.00
\$29,001	to	\$30,000.00	\$206.00	\$2,472.00
\$30,001	to	\$31,000.00	\$225.00	\$2,700.00
\$31,001	to	\$32,000.00	\$244.00	\$2,928.00
\$32,001	to	\$33,000.00	\$264.00	\$3,168.00
\$33,001	to	\$34,000.00	\$284.00	\$3,408.00
\$34,001	to	\$35,000.00	\$304.00	\$3,648.00
\$35,001	to	\$36,000.00	\$324.00	\$3,888.00
\$36,001	to	\$37,000.00	\$344.00	\$4,128.00
\$37,001	to	\$38,000.00	\$364.00	\$4,368.00
\$38,001	to	\$39,000.00	\$384.00	\$4,608.00
\$39,001	to	\$40,000.00	\$405.00	\$4,860.00
\$40,001	to	\$41,000.00	\$426.00	\$5,112.00
\$41,001	to	\$42,000.00	\$447.00	\$5,364.00
\$42,001	to	\$43,000.00	\$468.00	\$5,616.00
\$43,001	to	\$44,000.00	\$489.00	\$5,868.00
\$44,001	to	\$45,000.00	\$510.00	\$6,120.00
\$45,001	to	\$46,000.00	\$531.00	\$6,372.00
\$46,001	to	\$47,000.00	\$552.00	\$6,624.00
\$47,001	to	\$48,000.00	\$573.00	\$6,876.00
\$48,001	to	\$49,000.00	\$594.00	\$7,128.00
\$49,001	to	\$50,000.00	\$615.00	\$7,380.00

For state taxable income over \$50,000 ability to pay shall be 15% of that calculated amount

Your ability to pay has been determined in the amount of \$ _____, per _____ Effective _____.



Check as item is explained:

Payment may be expected at the time of service. Failure to pay fees within 60 days from the date of service may result in the use of a collection agency/credit bureau or even result in the termination of services.

You may be charged a processing fee for non-sufficient funds check returned by the bank.

If a customer/responsible party willfully fails to provide relevant insurance coverage information to the Substance Use Disorder services program, or if a responsible party willfully fails to apply to have insurance benefits that cover the cost of services provided to the individual paid to the provider, the responsible party's ability to pay shall be determined to include the amount of insurance benefits that would be available. If the amount of the insurance benefit is not known, the responsible party's ability to pay shall be determined to be the full cost of services.

If you do not agree with your assessed ability to pay you may:

1. Request a new rate determination of ability to pay, if the income amount utilized in assessing your ability to pay is not appropriate to your current income status. The new rate determination will be completed based upon your current annualized Michigan taxable income; or;
2. Request a new rate determination of ability to pay, if the income amount utilized in assessing your ability to pay is not reflective of your ability to pay. The new rate determination will be based on your total financial situation; and/or;
3. Request a reduction or waiver of the assessed fee by Southwest Michigan Behavioral Health services. This waiver or reduction should be based on documented clinical or other rationale; and/or;
4. Appeal your assessed ability to pay through an Administrative Hearing at which time a redetermination of your ability to pay shall be completed (MCL 330.1834);

Or write to: **Southwest Michigan Behavioral Health PIHP**
Attn: Operations Department
5250 Lovers Lane, Suite 200
Portage, MI 49002

5. If not resolved, you may appeal an ability to pay redetermination to your local Probate Court.



My signature indicates that I have read and accept the assessed fee as noted on this binding agreement:

Customer/Responsible Party's Signature *Date*

Preparer's Signature *Date*

If you are not in agreement with the above assessed fee, you may request a "New Determination" (Full Financial Review). To do so, please notify your fee assessor that you would like to request a New Determination and complete the "New Determination Request" form. Upon completing the new Determination Request form, you will be asked to submit proof of your assets and expense within 30 days. If you fail to provide the necessary information within 30 days, you will be financially responsible for the assessed fee.

My signature below indicates that I am requesting a new determination of my assessed fee. I understand that my failure to provide the information necessary to complete the full financial review within 30 days will result in my financial responsibility of the above fee.

Customer/Responsible Party's Signature *Date*

