

**MENTAL HEALTH & RECOVERY SERVICES
BOARD OF LUCAS COUNTY**

Payor of Last Resort - First Party Payor Subsidy

Effective: 9/1/15

Supersedes: 2/1/14

POLICY

The Mental Health and Recovery Services Board of Lucas County expects each Provider Agency rendering non-Medicaid services to Enrolled Clients on a purchase of service basis to provide a written statement of incurred expenses for non-Medicaid services to all such Clients. Such incurred expenses are the obligation of the Client except to the extent subject to Third Party Liability. As the Payor of Last Resort, the Board may pay the Client's obligation for incurred expenses that are not subject to Third Party Liability based upon documented limitations in the Client's ability to pay. Should the Board pay the Client's incurred expenses not subject to Third Party Liability, it will do so according to the Schedule of Subsidy attached hereto, which Schedule may be periodically modified by the Board in its sole discretion, and according to the terms of the Board's Provider Agreement with the Agency. If a client's services result in charges that exceed either 10% of his/her monthly or annual income, the Board will subsidize the charges in excess of 10% at a 100% level, providing the client's agency adequately documents the client's income.

ACCOUNTABILITY

Associate Executive Director

PROCEDURE

1. Written documentation of incurred expenses shall be reported to the Client, or the person financially responsible for the Client (hereinafter the "First Party Payor") not less than monthly based on the approved rate for the services rendered established by the then current Provider Agreement. The statements must show the date the service was rendered and the units of each service provided.
2. The Provider Agency shall collect all information necessary, current to the date of service, to determine the amount of First Party Payor incurred expense, if any, to be presented to the Board for consideration under the Schedule of Subsidy. Payments from insurance carriers that have a contractual agreement with the Agency will be considered full and total payments and these claims are not eligible for Board payment.
3. The Provider Agency shall bill the Board for the amount permitted by the Schedule of Subsidy under the procedures consistent with the current Provider Agreement language less any non-contracted insurance carrier payments.

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4. Upon receipt of Board subsidy payments, the Provider Agency shall credit the payment against the Client's account, and the Board's payment shall be disclosed to the Client and/or the First Party Payor.
5. First Party Payor revenue will be reported by the Provider Agency to the Board in a manner consistent with the current information system application in effect for claims submission. The Provider Agency may bill the Board for any uncollected First Party Payor incurred expenses that are outstanding greater than ninety days. If the Provider Agency has made a good faith effort to collect the First Party Payor incurred expenses, the Board shall reimburse the Provider Agency for the amount of the uncollected expense, subject to the POS cap.
6. Audits will be performed concurrently and retrospectively to assure policy compliance.

Approved:



Scott A. Sylak, Executive Director



Date

**MHRS Board Schedule of Eligibility by Income and Family Size
FY 2017**

FAMILY SIZE	Base Subsidy		Level A		Level B		Level C	
	MONTHLY FROM	INCOME TO						
1	\$0	\$1,881	\$1,882	\$2,079	\$2,080	\$2,277	\$2,278	\$2,475
2	\$0	\$2,537	\$2,538	\$2,804	\$2,805	\$3,071	\$3,072	\$3,338
3	\$0	\$3,192	\$3,193	\$3,528	\$3,529	\$3,864	\$3,865	\$4,200
4	\$0	\$3,848	\$3,849	\$4,253	\$4,254	\$4,658	\$4,659	\$5,063
5	\$0	\$4,503	\$4,504	\$4,977	\$4,978	\$5,451	\$5,452	\$5,925
6	\$0	\$5,159	\$5,160	\$5,702	\$5,703	\$6,245	\$6,246	\$6,788
7	\$0	\$5,816	\$5,817	\$6,428	\$6,429	\$7,040	\$7,041	\$7,652
8 or more	\$0	\$6,474	\$6,475	\$7,156	\$7,157	\$7,837	\$7,838	\$8,519

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Rider A \$10

Rider B \$15

Rider C \$20

Level A: 190 - 210% of 2016 HHS Poverty Guidelines

Level B: 210 - 230% of 2016 HHS Poverty Guidelines

Level C: 230 - 250% of 2016 HHS Poverty Guidelines

1/23/2016

**Mental Health and Recovery Services Board of Lucas County
Alcohol and Other Drug Services**

FY 2017 Schedule of Subsidies

FY 2017

	Base	Level A	Level B	Level C
100% Subsidized Services				
Methadone Administration	\$11.56	\$11.56	\$11.56	\$11.56
Partially Subsidized Services				
Ambulatory Detoxification	\$193.87	\$183.87	\$178.87	\$173.87
Assessment	\$96.24	\$86.24	\$81.24	\$76.24
Case Management	\$78.17	\$68.17	\$63.17	\$58.17
Crisis Intervention	\$129.59	\$119.59	\$114.59	\$109.59
Group Counseling*	\$38.08	\$28.08	\$23.08	\$18.08
Individual Counseling*	\$87.28	\$77.28	\$72.28	\$67.28
Intensive Outpatient	\$136.90	\$126.90	\$121.90	\$116.90
Laboratory Urinalysis	\$60.00	\$50.00	\$45.00	\$40.00
Medical/Somatic	\$176.28	\$166.28	\$161.28	\$156.28
Client Co-payment	\$0.00	\$10.00	\$15.00	\$20.00

* These services are billed in 1/4 hour units, but subsidy is reflected per one hour of service

Note: Subsidies are based on the assumption that agencies' rates are at or above the Medicaid ceiling. If an agency's rates are below the Medicaid ceiling rates appropriate adjustments will be made as necessary.

Mental Health and Recovery Services Board of Lucas County

Mental Health Services

Schedule of Subsidies

FY 2017

	Base	Level A	Level B	Level C
100% Subsidized Services				
Partial Hospitalization	\$116.81	\$116.81	\$116.81	\$116.81
Community Psych Support Tx (Individual)*	\$85.32	\$85.32	\$85.32	\$85.32
Community Psych Support Tx (Group)*	\$39.24	\$39.24	\$39.24	\$39.24
Partially Subsidized Services				
Pharmacological Management	\$210.87	\$200.87	\$195.87	\$190.87
Mental Health Assessment (non-physician)	\$129.99	\$119.99	\$114.99	\$109.99
Mental Health Assessment (physician)	\$210.87	\$200.87	\$195.87	\$190.87
BH Counseling and Therapy (Individual)*	\$90.00	\$80.00	\$75.00	\$70.00
BH Counseling and Therapy (Group)*	\$39.48	\$29.48	\$24.48	\$19.48
Crisis Intervention BH Service	\$154.35	\$144.35	\$139.35	\$134.35
Client co-payment	\$0.00	\$10.00	\$15.00	\$20.00

* These services are billed in 1/4 hour units, but subsidy is reflected per one hour of service

Note: Subsidies are based on the assumption that agencies' rates are at or above the Medicaid ceiling. If an agency's rates are below the Medicaid ceiling rates appropriate adjustments will be made as necessary.