

**COUNTY OF ALLEGHENY DEPARTMENT OF HUMAN SERVICES
OFFICE OF BEHAVIORAL HEALTH
BUREAU OF DRUG AND ALCOHOL SERVICES**

**DRUG AND ALCOHOL CLIENT LIABILITY
DETERMINATION MANUAL**

2008 - 2009



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PART SEVEN: LIABILITY FOR DRUG AND ALCOHOL SERVICES

7.01 GENERAL PROVISIONS

General

One of the primary goals of the publicly funded Drug & Alcohol (D&A) service system is to provide access to services and to encourage people to seek help.

Purpose

The purpose of this manual is to describe the procedures for determining and collecting liability for clients receiving D&A any specific service funded in whole or in part through the Allegheny County Single County Authority (SCA.)

Applicability

1. Part Seven applies to the SCA and/or their authorized subcontractors.
2. Part Seven applies to any specific billable D&A service and only to those clients receiving D&A services funded in whole or in part through the SCA.

Application of IRS Regulations

IRS statutes, regulations or standards in Part Seven are defined as those currently in effect, which can be located at <http://www.irs.gov>.

Delegation of Authority

The SCA Administrator delegates the functions of client liability determination and collection of fees described in this manual to contracted providers for case management services and providers of D&A treatment services. The SCA Administrator retains responsibility for compliance with state requirements.

Review and Audit by Pennsylvania Department of Health

The liability determination, billing and collection processes when applicable, and forms and documents described and or included in this manual are subject to review and audit by the Pennsylvania Department of Health (DOH.)

Missed Appointments

The client has an obligation to provide sufficient notice relative to cancellation of an appointment for treatment services. If the client fails to give 24-hour notice of cancellation for a service appointment, the service provider has the authority to bill the liable person the client fee schedule amount for the scheduled service. SCA funds can not be used for a missed appointment, either initially or as a result of a write-off.

7.02 EXEMPT SERVICES

The following D&A program services are exempt from liability requirements specified in this manual:

1. Prevention Services, as defined in DOH/Bureau of Drug and Alcohol Program's (BDAP) Prevention Manual and the Service Category Definitions contained in the SCA Agreement with BDAP.
2. Intervention Services, as defined in the Service Category Definitions contained in the SCA Agreement with BDAP.
3. Case Management Services, as defined in BDAP's Treatment Manual and the Service Category Definitions contained in the SCA Agreement with BDAP; however, liabilities for level of care determination may be assessed for:
 - a. Minors under the age of 18 who are court-ordered for assessment under Act 1997-53. In those instances, unless the court finds that the parent or legal guardian is without financial resources, the parent or legal guardian shall be responsible to pay for the assessment.
 - b. The convicted and sentenced DUI offender who is responsible to pay for the assessment under Act 23 of 2004.
4. Treatment Services as follows:
 - a. Hospital based and non-hospital inpatient detoxification services.
 - b. D&A services received in a prison-based or county jail setting.
 - c. All treatment services rendered to minors under the age of 18.
 - i. An exception is considered for minors under the age of 18 who are court-ordered for treatment under Act 1997-53. In those instances, unless the court finds that the parent or legal guardian is without financial resources, the parent or legal guardian shall be responsible to pay for the treatment.
 - ii. An exception is considered if the minor has third party insurance coverage and this coverage may be accessed in accordance with all applicable confidentiality regulations.
 - d.. Current Allegheny County SCA practice is to pay for anyone who is underinsured or uninsured. This would include the convicted and sentenced DUI offender. *As such, if the SCA is paying for treatment in whole or in part the liability requirements apply.*

5. Housing Services as defined in Attachment 1 to Appendix A Drug and Alcohol Activities Definitions in the SCA/BDAP contract under the heading of Treatment Related Level. This category is for the provision of temporary housing to a client when the inability to secure appropriate shelter or housing will have a negative impact on the client's treatment outcome and their recovery. This can include admission into a Transitional Living Facility (TLF) licensed by the Department of Health. TLFs provide a semi-protected home-like environment to assist a client in his gradual re-entry into the community. No formal treatment (e.g. counseling, psychotherapy) takes place at the facility. This is a live in/work-out situation involving short-term housing.

6. Other D&A services in support of treatment, which could include, but are not limited to, childcare, transportation and translation services.

7.03 DETERMINATION OF LIABILITY

Determinations

1. Providers shall determine a liability for clients receiving D&A treatment services funded in whole or in part through the SCA that are not listed as an exempt service in Section 7.02.
2. The liability shall be determined prior to client referral to or admission into applicable D&A treatment services, except for emergency referrals or placements in which the liability shall be determined within 15 days following admission.

When determining the liability, the income to be considered shall be based on the last 30 days.

Liable Person

1. If the client is 18 years of age or older, is not married and does not have a legal guardian of estate or a representative payee, the client is the liable person.
2. If the client is married and residing with their spouse, and does not have a legal guardian of estate or a representative payee, the client and the client's spouse are the liable persons. If confidentiality issues preclude the spouse's information being obtained, then only the client is the liable person.
3. If the client is married and not residing with their spouse, and does not have a legal guardian of estate or a representative payee, the client is the liable person.
4. If the client is under 18 years of age and court ordered for assessment and/or treatment under Act 1997-53, both of the client's parents or legal guardian are the liable persons.
5. If the client is under 18 years of age, is not married, is an emancipated minor and does not have a legal guardian of estate or a representative payee, the client is the liable person.
6. If the client has a legal guardian of estate or a representative payee, the legal guardian of estate or the representative payee is the liable person.

Income to be Considered for Adult Clients

1. If the client is 18 years of age or older, is not married, or married and not residing with their spouse the client's income alone shall be considered the total monthly gross income.
2. If the client is married and residing with their spouse, the client's income and the client's spouse's income shall be combined to determine the total monthly gross income. If confidentiality issues preclude the spouse's information being obtained, then only the client's income is considered.
3. If the client is under 18 years of age, is not married, and is an emancipated minor, the client's income alone shall be considered the total monthly gross income.

Income to be Considered for Minors Involuntarily Committed Under Act 1997-53

1. If the client is under 18 years of age, is not married, is not an emancipated minor, and has been court ordered for assessment and treatment under Act 1997-53, the client's income and both parents' income shall be combined to determine the total monthly gross income.
2. If the parents of an unmarried, non-emancipated client under 18 years of age are separated or divorced and have a legally binding financial agreement, the parents are individually financially responsible in accordance with the terms of that financial agreement. The client's income shall be included in the total monthly gross income of the parent who has legal custody of the client. If there is joint custody, the client's income shall be divided equally and included in the total monthly gross income of both parents.
3. If the parents of an unmarried, non-emancipated client under 18 years of age are separated or divorced and there is no legally binding financial agreement, a separate total monthly gross income shall be determined for each parent. The client's income shall be included in the total monthly gross income of the parent who has legal custody of the client. If there is joint custody, the client's income be divided equally and included in the total monthly gross income of both parents.

Types of Income

The following types of income from the previous 30-day period shall be combined to determine the total monthly gross income. It may be necessary to prorate income received on an annual basis to a monthly amount.

1. Earned Income including wages, salaries, fees, commissions, tips, bonuses, net business income and other earned income subject to Federal income taxation.
2. Interest income including, but not limited to, interest received from accounts with banks, savings and loan associations, money market funds, credit unions or bonds.
3. Dividends received from corporate stock holdings or cash dividends from life insurance policies.
4. Benefits, including but not limited to unemployment compensation, Social Security payments, Supplemental Security Income received by clients 18 years or older, public assistance, pensions, black lung benefits and railroad retirement pensions. Benefits are counted as income only if the benefit is paid on behalf of the client. Food Stamps are not counted as income.
5. Alimony received or spousal support received prior to divorce. This does not include child support.
6. Other taxable income to include all other income subject to Federal income taxation, e.g., rental income, lottery winnings, net capital gains, etc.
7. Enter all applicable forms of incomes in the appropriate boxes in Part III of the Client Liability Determination Form.

Verification

Income shall be verified by written documentation, such as income tax statements, pay stubs, written employer statements or by affidavit. An affidavit is a written statement attesting that the information provided is true and correct and is signed by the client and a witness. Affidavit language is included on the liability form under “Agreement and Understanding.” Copies of these verification documents shall be kept on file.

Failure to Provide Verification

If the liable person fails to provide written verification of income or sign the affidavit the provider shall bill the liable person for the full cost of service.

Re-determinations

1. The provider shall inform the liable person in writing that any significant changes in monthly gross income and/or family size are to be reported by the liable person within 30 days of the change. Notification language is included on the liability form under “Agreement and Understanding.” The provider will then determine a new liability.
2. The provider shall complete a re-determination of the liability for a client at least once every 12 months.
3. The effective date of the re-determination shall be the first day of the following calendar month.

Liability

1. The liability shall be calculated based on the monthly gross income utilizing the tables as found in Section 7.08 and the Client Liability Determination Form as found in Section 7.09. The automated form as described in Section 7.07 performs this function.
2. The liability for an SCA-funded client may not exceed the SCA established rate for the service provided.

Notice of Liability

At the time the liability is determined or re-determined, a copy of the liability form shall be offered by the provider to the liable person.

7.04 REDUCTION OR ELIMINATION OF LIABILITY

Request For Reduction or Elimination of Liability

1. The liable person has the right to request reduction or elimination of liability.
2. Requests for reduction or elimination of liability shall be made within 30 calendar days of the time that conditions warranting the adjustment occur.
3. Requests for reduction or elimination of liability shall be made by the liable person, the client, or a drug and alcohol professional assigned to the client.
4. Requests for reduction or elimination of liability shall be submitted to the SCA Administrator:

Mr. James C. Allen
County of Allegheny Department of Human Services
Office of Behavioral Health
One Smithfield Street
Pittsburgh, PA 15222

Reasons For Reduction or Elimination of Liability

1. Substantial Financial Hardship

The SCA Administrator shall have the authority to reduce or eliminate the liability if the payment of the liability would cause substantial financial hardship on the client or liable person, or would result in greater financial burden upon the Commonwealth.

2. Clinical Reasons

The SCA Administrator shall have the authority to reduce or eliminate the liability if the imposition of the liability would nullify the results of care, treatment, service or other benefits.

Documentation Required

Requests for reduction or elimination of liability shall be completed by a drug and alcohol professional, justifying the clinical or financial reasons for the request. All requests must be submitted utilizing the "Request for Liability Reduction or Elimination" form as found in Section 7.09.

Decision and Notification For Reduction or Elimination of Liability

The SCA Administrator shall make a decision and notify either the provider or the liable person, as applicable, of the decision within 10 business days of receipt of the request.

7.05 COLLECTION AND WRITE-OFF OF PAST DUE ACCOUNTS

Expenditures by the SCA and its providers on behalf of a client are eligible for reimbursement by DOH less any assessed liability amount. If any funding covered under the Department of Health Grant Agreement with the SCA is utilized to reimburse any uncollected client liability, the SCA or its providers must have complied with their policy of collection of past due accounts prior to use of this funding. The provider of the service completes the client liability, bills the appropriate payer on a monthly or more frequent basis, collects the fees and in some cases requests to write-off the bad debt.

- **Payment Plans** – Providers can develop payment plans for those liable persons who cannot discharge their debt upon receiving the bill. The person remains liable for any unpaid balance even if they leave or are discharged from service. Writing off a bad debt does not release the person from payment of the charges, and the amount remains delinquent.

- **Identification of Past Due Account** – An account is considered delinquent if:

1. The liable person has been charged
2. Adequate payment has not been received within 90 calendar days after the client has been billed
3. There are no unresolved or modification of liability issues or appeals in progress
4. No agreed upon payment plan exists
5. An agreed upon payment plan is not being followed.

- **Collection Process** – Actions must be taken immediately after an account has been declared delinquent:

1. Step 1 – Attempt collection by mailing three dunning statements at 10 day intervals (90 days overdue, 100 days overdue and 110 days overdue) to notify the liable person that the account is delinquent and request payment. This process is not to exceed 45 days from mailing the first dunning statement to the last.
 - a) During this period, an attempt to make personal contact (by telephone or in person) must be made to notify the client of his delinquent account. Document this in the client's financial record.
 - b) Copies of the dunning statements must be maintained with the client's financial records. This may be in the client record or in another location.
2. Step 2 – No action will be taken to turn collection of a delinquent account over to any third party.

- **Write-Off Condition** – The past due account can be considered for write-off if the following conditions are met:

1. The Collection Process specified in this section has been completed.
2. An account balance continues to exist.
3. No payment plan has been agreed to by the liable person(s).
4. An agreed upon payment plan is not being followed.

The write-off of a past due account should be justified by at least one of the following:

1. Doubt as to liability – when a bona fide dispute exists either as to a question of fact of law which may be the result of:
 - a) Adverse court decisions
 - b) Adverse legal opinions by the County Solicitor.
2. Doubt as to collectability –
 - a) Inability to locate the liable person
 - b) Death of the liable person and no estate exists or the estate is so small that expenses would deplete the assets of the estate.
 - c) Bankruptcy of the liable person
 - d) Judgments against the liable person having priority over Allegheny County's claim.
3. Excessive cost collection – to be used as justification for accounts under \$150.00 only.

• **Write-Off Approval Process** – The County SCA Administrator is responsible for approving all write-offs submitted on a quarterly basis (not cumulative) segregated by amounts over and under \$150.00. For delinquent accounts over \$150.00 the following documentation must be provided:

- a. Case number
- b. Service rendered dates: from _____ to _____
- c. Dates of last three billing statements
- d. Dates of three dunning statements
- e. Date of the reasonable effort(s) to establish telephone or personal contact covering the account
- f. Balance due
- g. Justification of the write-off
- h. Certification statement signed by the provider agency's Executive Director that the processes outlined in this chapter have been complied with.

For accounting purposes the write-off of a past due account does not absolve the liable person from payment of a past due account. Any liabilities collected from a client after a write-off adjustment has been made shall be returned to the SCA. The SCA shall record receipt of such funds as miscellaneous income in the year received. The SCA shall retain an annual summary of reimbursed write-offs of liability for review and audit by DOH.

7.06 DRUG AND ALCOHOL FEE SCHEDULES

Applicability

The requirements relating to content of the drug and alcohol client fee schedule and audit of such fee schedule are applicable only for clients receiving D&A services utilizing Commonwealth funds.

Content of the D&A Client Fee Schedule

1. A provider of treatment services shall establish a fee schedule of charges known as the “client fee schedule”. The cost of providing service is expected to vary from provider to provider depending on the nature of the services provided, the combination of personnel who provide these services and the client target group being served.
2. The fee schedule applied to publicly funded clients may not be higher than the fee schedule applied to private pay clients.
3. The client fee schedule rate may exceed the county program rate of reimbursement. The Allegheny County SCA rates are built into the Allegheny County Department of Human Services, Office of Behavioral Health ~ Bureau of Drug and Alcohol Services Client Liability Determination Form (See Sections 7.07 for instructions and Section 7.09 for a paper copy of the form.)

Audit of the D&A Client Fee Schedule

Cost of service and SCA rates are subject to audit by DOH.

7.07 USE OF LIABILITY TABLES

The liability tables reflect the percentage of the unit cost or actual dollar figure that is the client's responsibility. Located in Section 7.08 are three tables for Allegheny County. Providers will use these tables when calculating client liability. The three tables are as follows:

Outpatient Drug-Free
Intensive Outpatient/Partial Hospitalization
Inpatient Hospital/Non-Hospital Residential Treatment

Follow these steps in order to complete Part IV of the Client Liability Determination Form and establish the client liability and the amount due from the Allegheny County SCA:

A working copy of the .xls form that will automatically perform as described below should be downloaded from <http://www.alleghenycounty.us/dhs/providerforms.aspx#obh>

- Enter the total number of dependants in Part II of the Client Liability Determination Form.
- Enter the client's Total Monthly Gross Income (having followed the instructions in Section 7.03 of this manual for completion of Part III) in Part III.
- Crosswalk the "Total Monthly Gross Income" and "Total Number of Dependents" ("Client Liability Form" Part IV) to each of the appropriate table's "Monthly Income" column that is equal to or less than the client's monthly income. This is the column that is used to determine the client's liability. The liability may be a percentage or dollar amount based on the type of service.
- Enter the percentages in the appropriate shaded boxes on line three of the Client Liability Determination Form Part IV. The per unit client liability will be calculated by formulas embedded in the spreadsheet and will appear automatically.
- Upon determination of the liability (outlined above):
 - Enter the dollar amount if the service is Inpatient Hospital/Non-Hospital Residential Treatment in the appropriate service/unit block on the "Client Liability Form" Part IV.
- Enter the total number of units or days in the appropriate "# of Units Provided" box
- This will automatically calculate the amount of "Client Liability Due" to bill the client.

Billing procedures are described in the *DHS Payments Provisions Manual* located at: <http://www.alleghenycounty.us/dhs/providermanuals.aspx>

- If the established liability is not an even dollar amount the liability amount must be rounded down to the nearest dollar for amounts below fifty cents and up to the nearest dollar for amounts fifty cents or greater.

- The liability must be determined for the SCA-funded service being rendered to the client.
- The Allegheny County SCA has not established minimum co-pays.

7.08 Allegheny County Client Liability Tables

Inpatient Hospital/Non-Hospital Residential Treatment

	Monthly Income																
Family Size	= or <	>															
1	\$1,491	\$1,640	\$1,789	\$1,938	\$2,087	\$2,236	\$2,385	\$2,534	\$2,683	\$2,832	\$2,981	\$3,130	\$3,279	\$3,429	\$3,578	\$3,727	\$3,727
2	\$2,007	\$2,207	\$2,408	\$2,609	\$2,809	\$3,010	\$3,211	\$3,411	\$3,612	\$3,813	\$4,013	\$4,214	\$4,415	\$4,615	\$4,816	\$5,017	\$5,017
3	\$2,523	\$2,775	\$3,027	\$3,279	\$3,532	\$3,784	\$4,036	\$4,289	\$4,541	\$4,793	\$5,045	\$5,298	\$5,550	\$5,802	\$6,054	\$6,307	\$6,307
4	\$3,039	\$3,343	\$3,646	\$3,950	\$4,254	\$4,558	\$4,862	\$5,166	\$5,470	\$5,773	\$6,077	\$6,381	\$6,685	\$6,989	\$7,293	\$7,597	\$7,597
5	\$3,555	\$3,910	\$4,266	\$4,621	\$4,977	\$5,332	\$5,687	\$6,043	\$6,398	\$6,754	\$7,109	\$7,465	\$7,820	\$8,176	\$8,531	\$8,887	\$8,887
6	\$4,071	\$4,448	\$4,885	\$5,292	\$5,699	\$6,106	\$6,513	\$6,920	\$7,327	\$7,734	\$8,141	\$8,548	\$8,955	\$9,363	\$9,770	\$10,177	\$10,177
7	\$4,587	\$5,045	\$5,504	\$5,963	\$6,421	\$6,880	\$7,339	\$7,797	\$8,256	\$8,715	\$9,173	\$9,632	\$10,091	\$10,549	\$11,008	\$11,467	\$11,467
8	\$5,103	\$5,613	\$6,123	\$6,633	\$7,144	\$7,654	\$8,164	\$8,675	\$9,185	\$9,695	\$10,205	\$10,716	\$11,226	\$11,736	\$12,246	\$12,757	\$12,757
9	\$5,619	\$6,181	\$6,742	\$7,304	\$7,866	\$8,428	\$8,990	\$9,552	\$10,114	\$10,675	\$11,237	\$11,799	\$12,361	\$12,923	\$13,485	\$14,047	\$14,047
10	\$6,135	\$6,748	\$7,362	\$7,975	\$8,589	\$9,202	\$9,815	\$10,429	\$11,042	\$11,656	\$12,269	\$12,883	\$13,496	\$14,110	\$14,723	\$15,337	\$15,337
Client Liability	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40	\$45	\$50	\$55	\$60	\$65	\$70	\$75	\$100

Note: Liability assessed as set dollar amount per day

Outpatient Drug Free

	Monthly Income											
Family Size	= or <	>										
1	\$1,491	\$1,640	\$1,789	\$1,938	\$2,087	\$2,236	\$2,385	\$2,534	\$2,683	\$2,832	\$2,832	
2	\$2,007	\$2,207	\$2,408	\$2,609	\$2,809	\$3,010	\$3,211	\$3,411	\$3,612	\$3,813	\$3,813	
3	\$2,523	\$2,775	\$3,027	\$3,279	\$3,532	\$3,784	\$4,036	\$4,289	\$4,541	\$4,793	\$4,793	
4	\$3,039	\$3,343	\$3,646	\$3,950	\$4,254	\$4,558	\$4,862	\$5,166	\$5,470	\$5,773	\$5,773	
5	\$3,555	\$3,910	\$4,266	\$4,621	\$4,977	\$5,332	\$5,687	\$6,043	\$6,398	\$6,754	\$6,754	
6	\$4,071	\$4,478	\$4,885	\$5,292	\$5,699	\$6,106	\$6,513	\$6,920	\$7,327	\$7,734	\$7,734	
7	\$4,587	\$5,045	\$5,504	\$5,963	\$6,421	\$6,880	\$7,339	\$7,797	\$8,256	\$8,715	\$8,715	
8	\$5,103	\$5,613	\$6,123	\$6,633	\$7,144	\$7,654	\$8,164	\$8,675	\$9,185	\$9,695	\$9,695	
9	\$5,619	\$6,181	\$6,742	\$7,304	\$7,866	\$8,428	\$8,990	\$9,552	\$10,114	\$10,675	\$10,675	
10	\$6,135	\$6,748	\$7,362	\$7,975	\$8,589	\$9,202	\$9,815	\$10,429	\$11,042	\$11,656	\$11,656	
Client Liability:	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%	

Note: Liability assessed as percentage of unit rate

7.08 Allegheny County Client Liability Tables

Intensive Outpatient/Partial Hospitalization							
Family Size	Monthly Income = or <	Monthly Income >					
1	\$1,491	\$1,938	\$2,385	\$2,832	\$3,279	\$3,727	\$3,727
2	\$2,007	\$2,609	\$3,211	\$3,813	\$4,415	\$5,017	\$5,017
3	\$2,523	\$3,279	\$4,036	\$4,793	\$5,550	\$6,307	\$6,307
4	\$3,039	\$3,950	\$4,862	\$5,773	\$6,685	\$7,597	\$7,597
5	\$3,555	\$4,621	\$5,687	\$6,754	\$7,820	\$8,887	\$8,887
6	\$4,071	\$5,292	\$6,513	\$7,734	\$8,955	\$10,177	\$10,177
7	\$4,587	\$5,963	\$7,339	\$8,715	\$10,091	\$11,467	\$11,467
8	\$5,103	\$6,633	\$8,164	\$9,695	\$11,226	\$12,757	\$12,757
9	\$5,619	\$7,304	\$8,990	\$10,675	\$12,361	\$14,047	\$14,047
10	\$6,135	\$7,975	\$9,815	\$11,656	\$13,496	\$15,337	\$15,337
Client Liability:	0%	10%	20%	30%	40%	50%	100%

Note: Liability assessed as percentage of unit rate

7.09 LIABILITY FORMS

Client Liability Determination Form

Request for Liability Reduction or Elimination



Provider Name: _____

Date: _____

Client Name	County of Residence	Client ID#

- Initial
 Re-Determination

PART I: INSURANCE

Does the Client have Insurance (private and/or public) coverage? YES NO

If insurance has been denied, indicate the reason for denial	DENIED:
--	----------------

Insurance Company	Name of Insured	Group #	ID #



~ If the SCA will not be reimbursing for the cost of any services, Sign and date the form ~



PART II: FAMILY (As determined by Federal Law/Federal Tax Return)

Name of Dependents	Relationship	Name of Dependents	Relationship
	SELF		

Total # of Dependents (including Self):

PART III: MONTHLY GROSS INCOME

List all income from FT/PT employment including other types of income, as applicable, for Self, Spouse and Parents (See Section 7.03 of the BDAP Fiscal Manual for income to be included). See types of income below:

Family Member	Employers
Self	
Spouse	
Parent I (if applicable)	
Parent II (if applicable)	

Types of Income	Self	Spouse	Parent I	Parent II	Totals
Earned Income					\$ -
Interest Income					\$ -
Dividends					\$ -
Benefits					\$ -
Alimony					\$ -
Other Taxable Income					\$ -
Total income	\$ -	\$ -	\$ -	\$ -	\$ -

DESCRIPTION OF TYPES OF INCOME

- Earned Income: Wages, Salaries, Fees, Commissions, Tips, Bonuses, Net Business Income and Other Earned Income subject to Federal Income Taxations
- Interest Income: Interest income including, but not limited to, interest received from accounts with banks, savings and loan associations, money market funds, credit unions or bonds
- Dividends: Dividends received from corporate stocks or cash dividends from life insurance policies. All benefits not limited to unemployment compensation, Social Security payments,
- Benefits: Supplemental Security Income by clients 18 years or older, Public Assistance, Pensions, Black lung Benefits and Railroad Retirement Pensions. Benefits are counted as income only if paid on behalf of the client. Food stamps are not counted as income.
- Alimony: Includes alimony received or spousal support received prior to divorce. Does not include child support.
- Other taxable income: Includes all other income subject to Federal income taxation, e.g., rental income, lottery winnings, net capital gains, etc.



PART IV: CLIENT LIABILITY

Total # of dependents (Part II) Total Monthly Gross Income (Part III)

Enter CL % From Table OP PH/IOP

Outpatient	H0001	H0001 UB	H0001 SC	90853 HF	90853 TR	90847 HF	90847 TR	90801 HF
	\$ 2.00	\$ 3.00	\$ 10.00	\$ 8.90	\$ 8.90	\$ 17.00	\$ 17.00	\$ 150.00
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Per Unit Client Liability								
# of units provided								
Client Liability Due	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Outpatient	99204 UB	90804 HF	90806 HF	90808 HF	90804 TR	90806 TR	90808 TR	90806 U7
	\$ 60.00	\$ 32.00	\$ 68.00	\$ 96.00	\$ 32.00	\$ 68.00	\$ 96.00	\$ 90.00
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Per Unit Client Liability								
# of units provided								
Client Liability Due	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Outpatient	90862 HP					TOTAL		
	\$ 70.00							
	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	
Per Unit Client Liability								
# of units provided								
Client Liability Due	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Partial and IOP	H0001	H0001 UB	H0001 SC	H2035	H2035 TF	90801 HF	99204 UB	H0015
	\$ 2.00	\$ 3.00	\$ 10.00	\$ 15.00	\$ 30.00	\$ 150.00	\$ 60.00	\$ 8.90
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Per Unit Client Liability								
# of units provided								
Client Liability Due	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Partial and IOP	90806 U7	90862 HP				TOTAL		
	\$ 90.00	\$ 70.00						
	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	
Per Unit Client Liability								
# of units provided								
Client Liability Due	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Residential	H2036 HH	T2048	H2034					TOTAL
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Per Day Client Liability								
# of units provided								
Client Liability Due	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

AGREEMENT AND UNDERSTANDING: **TOTAL CLIENT LIABILITY DUE \$ -**

I certify that the information concerning my dependents, insurance and income is true and complete to the best of my knowledge. I understand that I am responsible for paying the above fees on the same day of service. I understand that I am to notify this agency if there are any significant changes in my monthly income or family size within 30 days of such change. I understand that if these fees represent a financial burden, a staff person and I may fill out a REQUEST FOR LIABILITY REDUCTION OR ELIMINATION form.

A copy of this form has been offered to me and I have _____ accepted _____ rejected it.

Client Signature

Date

Staff Signature/Witness

Date

SCA Signature (as applicable)

Date

NOTE: Client Liability determined on this day shall be valid for a period of no more than 12 months, with a re-determination to occur at the end of the 12-month period



REQUEST FOR LIABILITY REDUCTION OR ELIMINATION

Provider Name: _____

- Date: _____

County of Residence			
Client's Last Name	Client's First Name	Client's SS #	Client's MA #
-	-	0	0
Client's Address:	Client's Sex	Client's CCBHO/ALDA#	Client's Case #
-	Male <input type="checkbox"/> Female <input type="checkbox"/>	0	0
-	Client's DOB		
-	0-Jan-00		

I am requesting an adjustment to my liability for the following reason(s):

Client Signature

Date

Provider should fill the following information and send to SCA Administrator or the Designee:

I hereby request a review by the SCA Administrator (or Designee) of this client's assessed Liability. I request that the liability be (Check one from each column):

- | | |
|---|---|
| <input type="checkbox"/> Abated in FULL | <input type="checkbox"/> For the Period from _____ to _____ |
| <input type="checkbox"/> Modified to <input type="text"/> | <input type="checkbox"/> Ongoing |

This abatement is being requested due to:

- | | |
|---|---|
| <input type="checkbox"/> Clinical Reasons | <input type="checkbox"/> Substantial Financial Hardship |
|---|---|

Description of Reason (Be Specific):

- I certify that to the best of my knowledge and belief, the imposition of the assessed liability would be likely to negate the effectiveness of treatment, or prohibit the client's access to, or continuation of, treatment and that failure to provide such treatment would result in serious harm to the client's welfare or in greater cost to the Commonwealth due to deterioration in the client's condition.
- I do not support the request for reduction or elimination of liability at this time.

Staff Signature, Title

Date



REQUEST FOR LIABILITY REDUCTION OR ELIMINATION

SCA's Decision:

Approved

Denied

Partial Approval as Follows:

SCA Administrator

Effective Date