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Owner: *Darlene Owens: Director, Substance Use Disorders, Initiatives*
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SUD Ability To Pay

POLICY

It is the policy of Detroit Wayne Integrated Health Network (DWIHN) that all DWIHN treatment providers monitor a client's ability to pay for treatment. Each provider must complete a client Determination of Eligibility Worksheet on each DWIHN client from all funding sources.

DWIHN shall assure that 12 month availability of services, for any subcontracted Substance Use Disorder (SUD) treatment or prevention service, each subcontractor maintains service availability throughout the fiscal year for persons who do not have the ability to pay.

PURPOSE

DWIHN's SUD and Utilization Management (UM) Departments are required to manage SUD authorizations for services and its expenditures in light of known available resources in such a manner as to avoid the need for imposing arbitrary caps on authorizations or spending. "Arbitrary caps" are those that are not adjusted according to individualized determinations of the needs of clients. This requirement is consistent with Medical Necessity Criterion.

APPLICATION

This policy applies to all SUD consumers and providers. SUD providers must check consumer's ability to pay no matter the funding source. This information must be kept in the provider's case record at all times.

KEY WORDS

STANDARDS

1. Financial information to determine ability to pay must be reviewed at least every six months, or at a change in an individual's financial status.
2. Third party insurance must be utilized to its full extent.
 - a. Once insurance benefits are exhausted, if medically necessary services are not fully covered by the third party insurance, or if the co-pay or deductible amount is greater than the person's ability to pay, Block Grant funds may be applied.
 - b. MDHHS - administered funds must be applied after exhausting all 1st and 3rd party payments.

3. No DWIHN client will be denied treatment services because of inability to pay or meet his/her co-pay. The SUD Department will review situations where a client reports an inability to pay his/her co-pay, and make determinations on a case-by-case basis. See DWIHN's Client Co-Pay Policy.
4. All treatment providers will use the attached **Determination of Eligibility Worksheet** and a copy will remain in the client's case record.
5. It is the provider's responsibility to notify the UM Dept. if there has been a significant change in the client's financial status.

QUALITY ASSURANCE/IMPROVEMENT

The DWIHN shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

This contractual obligation will be monitored on annual site visits conducted by DWIHN staff or its designee.

The quality improvement programs of MCPNs, their subcontractors and direct contractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWIHN staff, MCPNs, contractors and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY

Michigan Department of Health and Human Services

Michigan Office of Recovery Oriented Systems of Care

RELATED POLICIES

1. Client Co-Pay

RELATED DEPARTMENTS

1. Compliance
2. Customer Service
3. Integrated Health Care
4. Legal
5. Managed Care Operations
6. Management & Budget
7. Quality Improvement
8. Recipient Rights

Approver

Date

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