
FEE POLICIES AND PROCEDURES

I. WRIGHT COUNTY HEALTH & HUMAN SERVICES FEE POLICY

A. POLICY STATEMENT

Wright County Health & Human Services is a county-operated and State supervised organization established to provide therapeutic, educational and consultative services for persons experiencing financial, health, or social problems.

In order to support the variety of services this Agency provides to Wright County residents, the Wright County Board must supplement Federal and State funds with local tax dollars. Fees charged to service recipients by this Agency are primarily used to offset the amount of local taxes required. The collection of fees is either mandated or permitted by State Statute/Rule (Minnesota Statute 256M.60, subd. 6; Chapter 402; Chapter 393; Minnesota Statutes 252.27, Chapter 119B; 260B.331; 260C.331; 373.41; 245A.10; 245.481, 254B, 256M) or Health & Human Services Board authorization.

Fee scales are typically based upon the annual gross income and household size of the service recipient(s). Persons or families whose adjusted gross household income is below the Federal Poverty Guidelines are not charged fees, per State Statute. People who are fee-eligible are billed on a monthly basis for services provided. At no time does a charged fee exceed the total cost of the services provided.

The total cost of a service consists of two components: 1) a “purchased” cost from a vendor may be incurred by the Agency for a provided service (e.g., foster care, day care provider, home health aide/homemaker); 2) assigned Agency staff time spent in the provision of a service (e.g., a visit by a nurse, attendance at staffings, certain case management activities).

Often medical insurance will pay for a portion of the total service cost. For that reason, information regarding insurance coverage is required of service recipients. If a person(s) elects not to use their insurance coverage for whatever reason, when it would normally cover the services provided, that person(s) is expected to pay the total cost of services.

Effective July 28, 2009, the Wright County Board of Commissioners established procedures for setting a fee-for-service or amending an existing fee-for-service. (See Appendix J – Policy Statement Fees For Service.)

II. APPEAL PROCEDURES

A client may appeal to the Agency, if he/she feels that a fee should be waived or varied for special and unusual circumstances.

Appeal procedures are as follows:

1. A client who appeals must do so in writing, stating the reasons a fee should be waived.
2. An appeal must be filed within thirty (30) days of the first billing of a fee. The appeal shall be directed to a Collections Officer.
3. When a fee variance request concerns an account with a total balance less than \$250, that request will be approved/denied by the Agency Director.
4. When a fee variance is requested for an account with a balance exceeding \$250, a panel of three (3) Health & Human Services Supervisors review the request and determine if the waiver request will be recommended and for what length of time. The requestor may be asked for further information beyond what is initially submitted. The Collections Officer will notify the requestor with the date and time of the review hearing.

5. If the request for waiver or variance is denied, the results of internal appeal hearings are presented to the Health & Human Services Board for approval. The requestor will be informed if any further appeal is available (i.e., County Health & Human Services Board, or Minnesota Department of Human Services).
6. If the fee is Court Ordered, the fee payor may request the Court to modify the fee.

III. SERVICES ELIGIBLE FOR FEE

The following services (provided or purchased) are eligible for a fee/charge:

- A. Step-Parent Adoption
- B. Alternative Care (AC) Waiver Services Premiums
- C. Child Care Licensing/Renewals
- D. Chemical Dependency (CD) Assessments
- E. Corporate Foster Care Licensing Fees
- F. Day Treatment
- G. Detoxification Services
- H. Documents Copying
- I. Drug Testing
- J. Electronic Monitoring
- K. Licensure Training
- L. Mobile Home Assessments
- M. Out-of-Home Placements (including Emergency Shelters)
- N. Outpatient Mental Health
- O. Public Health Services
- P. Truancy Program
- Q. 72 Hour Hold and Pre-Commitment Costs
- R. Chemical Dependency Commitment Costs
- S. Representative Payment Program

IV. DEFINITIONS AND DESCRIPTIONS

DEFINITIONS:

Definition: Annual Gross Income includes, but is not limited to, income received from wages or salaries, net income (excluding depreciation) from self-employment, net farm income (excluding depreciation), Social Security payments, dividends, interest, rent received, royalties, pensions, annuities, Unemployment Compensation, Workmen's Compensation, alimony, child support, Veteran's pensions, or any combination of these sources of income.

Definition: Adjusted Gross Household Income shall mean total annualized cash receipts before tax deductions from all sources of income for all members of a household.

Definition: Household Size shall mean all persons who occupy a housing unit, whether they are related to each other or not.

Definition: Federal Poverty Level is the annual income level based upon household size and adjusted gross household income as defined in the annually updated poverty guidelines of the Federal Register under the authority of the Federal Health and Human Services Department.

DESCRIPTIONS:

A. STEP-PARENT ADOPTION

A \$325 fee is charged for services provided by the Agency when a step-parent has petitioned the Court for adoption of a step-child. The fees are to cover the following services: home visit (\$150), Adam Walsh background study (\$150), and the search of the Father's Adoption Registry (\$25). Minnesota Statute requires a search of the Father's Adoption Registry before an adoption petition can be granted. In the event the Court waives the home visit, the fee is \$175. If the household gross income falls below the Federal Poverty Guidelines, the fee may be waived. Please refer to Federal Poverty Guidelines below to determine if the household income falls below this level.

Minnesota Statute states the background studies are a necessary part of the step-parent adoption process. Adam Walsh background studies must be completed for all individuals in the household 13 years of age or older who are not biologically related to the child(ren) being adopted. The Adam Walsh Child and Protection Safety Act of 2006 requires fingerprinting of all individuals in the home age 18 and older.

2015 Federal Poverty Guidelines (eff. 1/22/15)

Family Size	Annual Income
1	\$11,770
2	\$15,930
3	\$20,090
4	\$24,250
5	\$28,410
6	\$32,570
7	\$36,730
8	\$40,890

For each additional family member, add **\$4,160**.

B. ALTERNATIVE CARE (AC) WAIVER SERVICES PREMIUMS

The Alternative Care (AC) Program is a State-funded program that supports certain home and community-based services for older Minnesotans, age 65 years and over, who meet a nursing home level of care standard, and have low income and assets. A person's eligibility is based on income and assets that would be inadequate to fund a nursing facility stay for more than 135 days. Depending on a person's income and assets, they may be assessed a fee based on a percentage of the cost of the services provided.

C. CHILD CARE LICENSING/RENEWALS; BACKGROUND CHECKS

1. Licensing/Renewal Applications

Applicants requesting a child care license are assessed a \$50 fee for a one-year license and \$100 for a two-year license, effective January 1, 2008. No fee will be charged for an additional licensing inspection for a change of premise.

2. Background Checks

Applicants requesting an initial child care license or renewal of license are assessed a fee of \$100 at the time of application for required criminal background checks.

D. CHEMICAL DEPENDENCY (CD) ASSESSMENTS

A client may be charged a fee for a Rule 25 Chemical Dependency Assessment based on gross income. Those persons whose income is below Consolidated Chemical Dependency Treatment Fund (CCDTF) guidelines, will not be charged a fee. (See Appendix C – CD Evaluation Fee Schedule.)

E. CORPORATE FOSTER CARE LICENSING FEES

Background

Minnesota Statute 245A.10, Subd. 2(e), indicates that a county agency may charge a fee to an adult or child Foster Care corporate applicant or corporate license holder to recover the actual cost of licensing inspections, not to exceed \$500 annually. This law was effective August 1, 2008. There will no longer be a \$100 fee for completion of background studies since, effective July 1, 2009, the Background Study Law (MN Statute, Chapter 245C) was amended to transfer authorization for conducting adult foster care background studies from county agencies to the Department of Human Services.

Policy

Effective August 1, 2008, Wright County Health & Human Services charges a fee of \$500.00 to recover the costs of the licensing inspection at the time of initial application and renewal application for each corporate foster care application.

Procedure

1. With a signed application for an adult corporation foster care license, a payment of \$500 for licensing inspection per foster home must be received by Wright County Health & Human Services before licensing inspections will take place for new licensing or renewal.
2. All payments are to be forwarded to the Fiscal/Technology Unit. Fiscal/Technology will record and retain a list of all incoming payments. When a payment has been recorded, Fiscal/Technology will forward payment information and any attached paperwork to the appropriate staff person.
3. In no case will fees be returned for licensing inspections if the corporate foster home is not licensed.

F. DAY TREATMENT

Third party payment will be sought to cover the cost for day treatment services. The client, or the parent(s) of a child, must cooperate by providing their insurance, Medical Assistance, or MinnesotaCare information to the Agency and to the provider of the service.

Children: Day Treatment services are paid for by Wright County Health & Human Services. Any costs not covered by private insurance or Medical Assistance will be recovered from the parent(s) using the State Fee Schedule. (See Appendix B – State Fee Schedule.)

G. DETOXIFICATION SERVICES

Fees for chemical abuse detoxification services are charged to persons whose household income is above the Federal Poverty Guidelines, with the fee based on the total cost of the service. The fee is charged using the Central Minnesota Mental Health Center (CMMHC) Fee Schedule. (See Appendix D – CMMHC Fee Schedule.)

H. DOCUMENTS COPYING

When copies of Agency-held data or documents are made for clients, a fee is charged based on policy set by the County Board.

I. DRUG TESTING

All testing for drugs (**court-ordered and non court-ordered**) has a fee based on the total cost of the service. (See Appendix **D – Central Minnesota Mental Health Center Fee Schedule.**)

J. ELECTRONIC MONITORING

All persons who are sentenced through Juvenile Court to Electronic Home Monitoring are charged the full cost of the service. The minor's parents/guardians are responsible to pay for this service.

K. LICENSURE TRAINING

1. A registration charge of \$18.00 is assessed per person for “Supervision Training” and the “Frequently Asked Questions Training” provided by licensing staff.
2. A charge of \$5.00 is assessed to Adult Foster Care providers to receive the training certificate for attendance at the “Quarterly Adult Foster Care Training” provided by licensing staff.

L. MOBILE HOME ASSESSMENTS

When a County resident wishes to temporarily place a mobile home on property within the County, they are subject to the restrictions established in the County Zoning Ordinance.

The placement of a Mobile Home must be for the purpose of providing home care to frail, elderly, or disabled citizens. When an application is made, an annual fee is assessed. The fee does not exceed \$200 at the time of an initial application assessment, and \$60 for each subsequent year. (See Appendix E – Agency Sliding Fee Schedule.)

M. OUT-OF-HOME PLACEMENTS – General

1. Families with children under age 18, who are not diagnosed as developmentally disabled (DD) or severely emotionally disabled (SED), and who are placed in a relative’s home or a licensed foster care home or facility, shall be subject to a fee for services, if the household’s income is above Federal Poverty Guidelines.
2. Fees charged for these “GENERAL” out-of-home placements follow the Child Support Guidelines Fee Schedule, beginning with the first day of placement. (See Appendix A – Child Support Guidelines Fee Schedule; Appendix G – Wright County Fee Policy, Out-of-Home Placements.)

N. OUTPATIENT MENTAL HEALTH

All psychological evaluations are referred to the Central Minnesota Mental Health Center (CMMHC) for adults and children. Any client who chooses to not use the Central Minnesota Mental Health Center is responsible for payment of services through their private insurance, Medical Assistance, MinnesotaCare, or personal resources.

If the County pays any bill for psychological evaluations, reimbursement will be sought from the client, or the client’s parent(s) if the client is a minor, based on their ability to pay using the Central Minnesota Health Center fee schedule. The fee is based on the full cost of the service. (See Appendix D – CMMHC Fee Schedule.)

O. PUBLIC HEALTH SERVICES

Some Public Health Services include a flat fee assessment. Effective March 1, 2004.

* Subject to change as vaccine/**test supplies** costs are adjusted.

* Tetanus Shot	\$45.00 Tdap
* Flu Shot/Flu Mist	\$30.00/\$35.00
* Hepatitis B Shot (each)	\$45.00-public entity; \$65.00-private sector
* Mantoux Test	\$35.00
* Cholesterol Screen	\$35.00
Radon Test Kit	\$6.00 kit or \$12.00 kit-long term (eff. 10/01/10)
Car Seat Checks	\$10.00 – Wright County only
Foot Clinic	\$15.00 (eff. 7/01/09)
Car Seat Training	\$15.00 County; \$25.00 non-County
* Lead Blood Testing	\$20.00 (if uninsured) (eff. 1/01/07)
* Dental Fluoride Varnishing (children)	\$20.00 (eff. 2/01/07)
Child & Teen Checkups	See Appendix F – Supervised Visitation and Child & Teen Checkups Sliding Fee Scale

Vaccine Administration Fee	\$10.00
Family Planning Client Sliding Fee Scale (Appendix K) (eff. 7-09-13)	
* Diabetes A1C Test	\$28.00 (eff. 8/03/15)

P. TRUANCY PROGRAM

The program consists of 3 steps. Charges are assessed at Step 1 and at Step 3 in the process. Families on cash assistance such as MFIP or DWP are eligible to have the charges waived if they request and fill out a release to verify that they are on a county cash assistance program. Parents/guardians of a minor child are liable for the administrative charge.

Charge Assessments as follows:

Step 1 – Invite to the truancy mediation meeting after 3 or more absences	\$15.00
Step 3 – 7 or more unexcused absences requiring a CHIPS being filed	\$50.00

Q. 72 HOUR HOLD AND PRE-COMMITMENT COSTS

A client, or in the case of a child, the child’s parent, may be requested to pay a fee for mental health services provided under Sections 245.461 to 245.486 and 245.487 to 245.4887. The fee must be based on the person’s ability to pay according to the fee schedule adopted by the County Board. (See Appendix D – Central Minnesota Mental Health Center Fee Schedule.)

R. CHEMICAL DEPENDENCY COMMITMENT COSTS

A client not eligible for the Consolidated Chemical Dependency Treatment Fund may be requested to pay a fee for commitment costs paid on their behalf. This fee must be based on the person’s ability to pay according to the fee schedule adopted by the County Board. (See Appendix D – Central Minnesota Mental Health Center Fee Schedule.) Effective January 1, 2011.

S. REPRESENTATIVE PAYMENT PROGRAM (effective August 24, 2015)

Social Security’s Representative Payment Program (Rep Payeed) provides financial management for the Social Security (SS) and Supplemental Security Income (SSI) payment of beneficiaries, who are incapable of managing their SS or SSI payments. When friends and family are not able to serve as a payee, Social Security Administration (SSA) looks for qualified organizations to be a representative payee.

Wright County administers this program under MN Statute 524.5-502 – Compensation and Expenses. The fee charged will be the maximum allowed by SSA, unless specific criteria are met – see Administrative Memo, Social Welfare Account – Rep Payee. The charge may increase each year due to an annual Cost of Living Adjustment (COLA) and with notice to the client.

V. REVENUE RECAPTURE FOR FULL COST DEBTS

Wright County Health & Human Services (WCHHS) files revenue recapture on debts with a balance owing, according to guidelines outlined in MN Statute 270A.03. The client is notified by mail of this action within the timeline requirements of the Statute.

This policy addresses a client account that has been charged the full cost of service due to non-cooperation with the fee process, the debt has not been reduced to judgment, and all appeal rights have expired. Questions or concerns raised by a client regarding a debt that is not the result of a full cost billing are not addressed in this policy and will be handled on a case by case basis.

When money is received from a Department of Revenue intercept and the intercept pays the full balance of the client account, WCHHS will no longer calculate the debt or assign any additional fee to the client.

When money is received from a Department of Revenue intercept and the intercept pays only a portion of the client's account, the payment will be applied to the client account to reduce the balance owing. If the client requests a fee determination within fourteen (14) days of the intercept, the client must provide accurate financial verifications based on the service provided, and a fee will be determined. The client must provide their verifications within fourteen (14) days of the fee determination request.

The balance of the account will be handled as follows:

1. If the fee determined is less than the intercepted amount, no refund will be given to the client, but the account will be reduced to zero.
2. If the fee determined is more than the intercepted amount, the account will be reduced to only the remaining fee balance owed.

VI. CO-PAYMENTS/DEDUCTIBLES/CO-INSURANCE

Policy and procedures apply to:

Chemical Dependency Services	Out-of-Home Placement
Day Treatment	Psychological Evaluations
Family Based Services	Rule 5
Mental Health Holds/Commitments	

Wright County Health & Human Services (WCHHS) will not be financially responsible for co-payments, deductibles, or co-insurance due a provider on behalf of a client.

WCHHS remains the payor of last resort. Providers must bill for any available third party financial coverage prior to billing WCHHS for any remaining balance. Providers will be required to include an Explanation of Benefits and/or denial notice from any third party carrier when sending WCHHS billings for any balance owed.

If a client receives payment from an insurance company for services rendered, that client is responsible to turn over all payments to the provider/billing agent within seven (7) days of receipt. Failure to turn over payments may result in further collection action, which may include billing for the full cost of the service, revenue recapture, collection charge(s), garnishment, and/or legal action.

Only in a hardship situation will WCHHS consider payment of a client's co-payment/deductible/co-insurance. A hardship situation may include a provider refusing services to a client without payment of co-payment/deductible/co-insurance by WCHHS. In this event, WCHHS may agree to payment of a client's co-payment/deductible/co-insurance directly to the provider with proof of balance owed. WCHHS will then bill the responsible party. Any hardship requests will be forwarded to the Agency Fee Review Committee to make recommendation to the Agency Director.

If contract language states that WCHHS pays in advance for services, any co-payments/deductibles/co-insurance owing will be billed to the responsible party. Any provider in this situation will need to provide copies of the Explanation of Benefits and/or denial of services in order to receive payment.

VII. APPENDICES – FEE SCHEDULES*, WRIGHT COUNTY POLICY STATEMENT

- Appendix A – Support Guidelines for Children in Out-of-Home Placement
- Appendix B – State Fee Schedule – MN Statute 252.27
- Appendix C – CD Evaluation Fee Schedule
- Appendix D – Central Minnesota Mental Health Center Fee Schedule
- Appendix E – Agency Sliding Fee Schedule
- Appendix F – Child & Teen Checkups Fee Schedule, Agency Sliding Scale
- Appendix G – Out-of-Home Placement Fee Policy

Appendix H – DD & Children’s Mental Health Out-of-Home Placements
Appendix I – Collection Charge Policy
Appendix J – Wright County Policy Statement Fees For Service
Appendix K – Family Planning Client Sliding Fee Scale

* All fee schedules are effective as of the date shown on the schedule.

(JGS, CS, MM, KJ, CP)

SUPPORT GUIDELINES FOR CHILDREN IN OUT-OF-HOME PLACEMENT

Net Income/Month	Number of Children						
	1	2	3	4	5	6	7 or more
\$551 – 600	16%	19%	22%	25%	28%	30%	32%
\$601 – 650	17%	21%	24%	27%	29%	32%	34%
\$651 – 700	18%	22%	25%	28%	31%	34%	36%
\$701 – 750	19%	23%	27%	30%	33%	36%	38%
\$751 – 800	20%	24%	28%	31%	35%	38%	40%
\$801 – 850	21%	25%	29%	33%	36%	40%	42%
\$851 – 900	22%	27%	31%	34%	38%	41%	44%
\$901 – 950	23%	28%	32%	36%	40%	43%	46%
\$951 – 1000	24%	29%	34%	38%	41%	45%	48%
\$1001 & over	25%	30%	35%	39%	43%	47%	50%

Net income defined as:

Total monthly income less

- * 1) Federal Withholding Tax
- * 2) State Income Tax
- 3) Social Security Deductions
- 4) Reasonable Pension Deductions
- 5) Union Dues
- 6) Cost of Dependent Insurance Coverage
- 7) Cost of Individual or Group Health/Hospitalization Coverage or an Amount for Actual Medical Expenses
- 8) A Child Support or Maintenance Order that is Currently Being Paid

* Standard deductions apply – use of tax tables recommended

1. In determining average monthly net income, the income of all legally responsible parents in the household shall be included.
2. To determine deduction from net income for persons remaining in the home, one allowance will be made for the second legally responsible parent in the home in addition to an allowance for any natural children of the legally responsible parent(s) remaining in the home. No allowance will be given for a stepparent living in the home.
3. Stepchildren of a legally responsible parent will not be considered when determining allowances for children remaining in the home.
4. Income of stepparents will not be considered when determining net income.

Name: _____ RE: _____ Case # _____

Date: _____ By: _____

OUT-OF-HOME PLACEMENT FEE FORMULA SHEET

_____ Net income per: week / 2 weeks / month / other

_____ X pay periods per year: 52 / 26 / 12 / other

_____ Divided by 12 months per year

_____ **AVERAGE NET MONTHLY INCOME***

DEDUCTIONS FOR ELIGIBLE PERSONS IN THE HOME

_____ Spouse _____ Natural Child(ren)

_____ **TOTAL DEDUCTIONS**

_____ Average Net Monthly Income

_____ X percent for _____ Deductions

_____ **REDUCTION OF NET MONTHLY INCOME****

OBLIGATION FOR CHILD(REN) IN CARE

_____ Adjusted net monthly income*

_____ Less: Reduction for person(s) remaining in home**

_____ **ADJUSTED NET MONTHLY INCOME**

_____ X percent for _____ child(ren) in care

_____ **MONTHLY OBLIGATION**

¼ = \$ _____

STATE FEE SCHEDULE – MN Statute 252.27

You Can Estimate Your Fee

This worksheet is for fiscal year **2016** (July 1, **2015** – June 30, **2016**)

Retain this form for your records.

You can also estimate your fee online at <http://pfestimator.dhs.mn.gov/>

This worksheet may be used to estimate your monthly parental fee, and is for your information only. It is not necessary to return this worksheet to DHS. After DHS receives your tax information, your parental fee will be calculated and a notice will be sent to you telling you the amount of your parental fee. You will need a calculator to complete this worksheet.

STEP 1. Calculate the income that we will use to determine your parental fee.

- _____ 1. Enter your adjusted gross income (AGI) from your **2014** Federal taxes.
(Line 37 of Form 1040 or line 21 from Form 1040A.)
- _____ 2. Enter \$2,400 if the child on Medical Assistance (MA) lives with you.
- _____ 3. Subtract the amount on line 2 from the amount on line 1.
- _____ 4. Enter the amount of court-ordered child support that you pay PER YEAR for the child on MA.
- _____ 5. Subtract the amount on line 4 from the amount on line 3.
- _____ 6. Divide line 5 by 12 and round to two decimal places.
This is the monthly income that we will use to determine your parental fee.

STEP 2. Determine the percent of Federal Poverty Guideline (FPG) for your monthly income.

- _____ 7. Enter the income from line 6 above.
- _____ 8. Using the table below, enter the “monthly poverty guideline” for your family size.

Family Size	Monthly Poverty Guideline
2	\$1,328
3	\$1,674
4	\$2,021
5	\$2,368
6	\$2,714
7	\$3,061
8	\$3,408

- _____ 9. Divide the amount on line 7 by the amount on line 8.
- _____ 10. Round the number on line 9 to two decimal places and multiple the result by 100. This is the percent of FPG that we will use to calculate your parental fee.

STEP 3. Calculate Your Monthly Parental Fee.

Calculation if the number on line 10 is less than 275

11. Your parental fee is zero.

Calculation if the number on line 10 is equal to or greater than 275 and equal to or less than 545

- _____ 12. Multiple the number on line 9 by 100 and enter here.
- _____ 13. Subtract 275 from the amount on line 12.
- _____ 14. Multiple the amount on line 13 by **.0385** and divide the result by 270.
- _____ 15. Add **0.0223** to the amount on line 14.
- _____ 16. Enter the number from line 6.
- _____ 17. Multiple the amount on line 15 by the amount on line 16.
This is your estimated monthly fee.

Calculation if the number on line 10 is greater than 545 and less than 675

- _____ 18. Enter the number from line 6.
- _____ 19. Multiply the amount on line 18 by **.0608 (6.08%)**.
This is your estimated monthly fee.

Calculation if the number on line 10 is equal to or greater than 675 and less than 975

- _____ 20. Multiple the number on line 9 by 100 and enter here.
- _____ 21. Subtract 675 from the amount on line 20.
- _____ 22. Multiple the amount on line 21 by **.0202** and divide the result by 300.
- _____ 23. Add **.0608** to the amount on line 22.
- _____ 24. Enter the number from line 6.
- _____ 25. Multiple the amount on line 23 by the amount on line 24.
This is your estimated monthly fee.

Calculation if the number on line 10 is equal to or greater than 975

- _____ 26. Enter the number from line 6.
- _____ 27. Multiple the amount on line 26 by **.1013 (10.13%)**.
This is your estimated monthly fee.

**WRIGHT COUNTY HEALTH & HUMAN SERVICES
AGENCY SLIDING SCALE
CD EVALUATIONS
7-01-14**

ANNUAL GROSS INCOME	HOUSEHOLD SIZE									
	1	2	3	4	5	6	7	8	9	10
\$0-\$15,521	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$15,522-\$20,920	\$62.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$20,921-\$26,320	\$125.00	\$62.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$26,321-\$31,720	\$187.50	\$125.00	\$62.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$31,721-\$37,120	\$250.00	\$187.50	\$125.00	\$62.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$37,121-\$42,520	\$250.00	\$250.00	\$187.50	\$125.00	\$62.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$42,521-\$47,919	\$250.00	\$250.00	\$250.00	\$187.50	\$125.00	\$62.50	\$0.00	\$0.00	\$0.00	\$0.00
\$47,920-\$53,319	\$250.00	\$250.00	\$250.00	\$250.00	\$187.50	\$125.00	\$62.50	\$0.00	\$0.00	\$0.00
\$53,320-\$58,718	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$187.50	\$125.00	\$62.50	\$0.00	\$0.00
\$58,719-\$64,117	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$187.50	\$125.00	\$62.50	\$0.00
\$64,118-\$69,516	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$187.50	\$125.00	\$62.50
\$69,517-\$74,915	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$187.50	\$125.00
\$74,916-\$80,314	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$187.50
\$80,315-\$85,713	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00

Add **\$5,399** for each family member

CENTRAL MINNESOTA MENTAL HEALTH CENTER FEE SCHEDULE

County Social Services Sliding Fee Scale – Mental Health Services
Based on 2014 Department of Health & Human Services Poverty Guidelines
Effective **2-01-2015**

INCOME	FAMILY SIZE									
	1	2	3	4	5	6	7	8	9	10
\$0-\$11,770	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
\$11,771-\$15,930	20%	0%	0%	0%	0%	0%	0%	0%	0%	0%
\$15,931-\$20,090	20%	20%	0%	0%	0%	0%	0%	0%	0%	0%
\$20,091-\$24,250	40%	20%	20%	0%	0%	0%	0%	0%	0%	0%
\$24,251-\$26,410	40%	40%	20%	20%	0%	0%	0%	0%	0%	0%
\$26,411-\$32,570	60%	40%	40%	20%	20%	0%	0%	0%	0%	0%
\$32,571-\$36,730	60%	60%	40%	40%	20%	20%	0%	0%	0%	0%
\$36,731-\$40,890	80%	60%	60%	40%	40%	20%	20%	0%	0%	0%
\$40,891-\$45,050	80%	80%	60%	60%	40%	40%	20%	20%	0%	0%
\$45,051-\$49,210	100%	80%	80%	60%	60%	40%	40%	20%	20%	0%
\$49,211-\$53,370	100%	100%	80%	80%	60%	60%	40%	40%	20%	20%
\$53,371-\$57,530	100%	100%	100%	80%	80%	60%	60%	40%	40%	20%
\$57,531-\$61,690	100%	100%	100%	100%	80%	80%	60%	60%	40%	40%
\$61,691-\$65,850	100%	100%	100%	100%	100%	80%	80%	60%	60%	40%
\$65,851-\$70,010	100%	100%	100%	100%	100%	100%	80%	80%	60%	60%
\$70,011-\$74,170	100%	100%	100%	100%	100%	100%	100%	80%	80%	60%
\$74,171-\$78,330	100%	100%	100%	100%	100%	100%	100%	100%	80%	80%
\$78,331-\$82,490	100%	100%	100%	100%	100%	100%	100%	100%	100%	80%
\$82,491 & Over	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

For family units with more than 10 members, add **\$4,160** for each family member.

Percentages are based on 100% of federal poverty guidelines.

Percentages above reflect the client's responsibility for the cost of services.

Central Minnesota Mental Health Center
FY 2015 Service Rates (Effective 1-01-15)

SERVICE	2014 Rates	2015 Rates	Notes
Psychotherapy 90832 16-37 min.	\$100.00	\$100.00	
Psychotherapy 90834 38-52 min.	\$150.00	\$150.00	
Psychotherapy 90837 53+ min.	\$200.00	\$200.00	
Psychotherapy for Crisis	\$150.00	\$150.00	
Psychotherapy for Crisis Add on +30 min.	\$75.00	\$75.00	
Family Therapy with client	\$225.00/hr	\$225.00	
Family Therapy without client	\$225.00	\$225.00	
Group Therapy	\$100.00 ea	\$100.00	
Group Therapy – Multiple Family	\$100.00	\$100.00	
EAP Services	\$137.00/hr	\$137.00	
Diagnostic Assessment-Standard	\$300.00 ea	\$300.00	
Diagnostic Assessment-Brief	\$300.00	\$300.00	
Diagnostic Assessment-Update	\$300.00	\$300.00	
Diagnostic Assessment-Extended	\$450.00	\$450.00	
Interactive Complexity	\$10.00	\$10.00	
ARHMS-Group	\$6.29	\$6.29	
ARHMS-Individual	\$14.31	\$14.31	
Community Ed & Prevention	\$100.00	\$100.00	
Community Intervention	\$57.24	\$57.24	
Intervention to Comm. Living	\$57.24	\$57.24	
RW Basic Living Skills Individual	\$10.73	\$10.73	
Travel	\$1.50	\$1.50	
Interpreter Services	\$12.50	\$12.50	
Day Treatment-Adult	\$100.00 ea	\$100.00	
Day Treatment-Adolescent	\$100.00 ea	\$100.00	
Evaluation & Management-Established Minimal	\$100.00	\$100.00	
Evaluation & Management-Established Minor	\$100.00	\$100.00	
Evaluation & Management-Established Moderate	\$100.00	\$100.00	
Evaluation & Management-Established Mod-High	\$100.00	\$100.00	
Evaluation & Management-Established High	\$100.00	\$100.00	
Evaluation & Management-New Minor	\$300.00	\$300.00	
Evaluation & Management-New Low	\$300.00	\$300.00	
Evaluation & Management-New Moderate	\$300.00	\$300.00	
Evaluation & Management-New Mod-High	\$300.00	\$300.00	
Evaluation & Management-New High	\$300.00	\$300.00	
Psychological Testing	\$190.00/hr	\$190.00	
Sex Offender Evaluation	\$820.00 ea	\$820.00	
Sex Offender Orientation	\$50.00	\$50.00	
Sex Offender Group Therapy	\$55.00	\$55.00	
Sex Offender 15 minute	\$50.00	\$50.00	
CD Evaluation-Adults	\$175.00 ea	\$175.00	
CD Evaluation-Adolescents	\$175.00 ea	\$175.00	
CD Group	\$60.00	\$60.00	
CD Individual	\$150.00	\$150.00	
CD MH/CD Individual Therapy	\$150.00	\$150.00	
CD MH/CD Group	\$60.00	\$60.00	
Focus XII SA Halfway House – DHS Rate; R&B	\$54.09	\$54.09	
Low Intensity	116.09/hr.	116.09	
Medium Intensity	\$183.09/day	\$183.09	
Detox	\$325.00/day	\$330.00	Special Co. Rate
Detox Out of Network	\$420.00	\$430.00	
Detox Short Stay	\$160.00	\$165.00	
Detox Short Stay Out-of-Network	\$210.00	\$215.00	
Mobile Crisis	\$150.00	\$150.00	
FTF Crisis Assistance	\$250.00	\$250.00	
CCSS Crisis Assistance	\$15.50	\$15.50	
Mobile Consultation	\$22.50	\$22.50	
Residential Crisis Stabilization Beds	\$866.67	TBD	
St. Cloud ACT Team	\$215.09	TBD	
Monticello ACT Team	\$221.70	TBD	
Northway Intensive Residential Treatment	\$422.70	TBD	
Annandale Intensive Residential Treatment	\$372.06	TBD	

TCM Assessment	\$300.00	\$300.00
TCM-Targeted Case Management-Low	\$750.00	\$750.00
TCM-Targeted Case Management-Intermediate	\$750.00	\$750.00
TCM-Targeted Case Management-Complex	\$1,125.00	\$1,125.00
ICB-High	\$1,375.00	\$1,375.00
ICBS-Moderate	\$1,050.00	\$1,050.00
ICBS-Low	\$550.00	\$550.00
ICBS Outpatient Hospital Consult	\$200.00	\$200.00
ICBS Post Hospital Discharge	\$150.00	\$150.00
ICBS Group	\$14.31	\$14.31
ICBS Individual	\$10.73	\$10.73
Medication Education	\$14.15	\$14.15
Court Subpoena-MD	\$350.00/hr	\$400.00
Court Subpoena-Clinical	\$200.00	\$200.00
Court Subpoena-Medical Records	\$100.00/hr	\$100.00
Police Evaluations	\$400.00 ea	\$400.00
Custody Evaluations	\$400.00 ea	\$400.00
Jail Assessments/Evaluations	\$250.00 ea	\$250.00
Urine Analysis Testing	\$30.00/test	\$30.00
Rule 20 (Competency to stand trial)	\$250.00/hr	\$250.00
CSP-Support Group/Social Recreation	\$30.00/hr	\$30.00
AILS-Community Support Services	\$50.00/hr	\$50.00
Emergency After Hours Assessment	\$250.00/hr	\$250.00
Clinical Supervision/Consulting	\$125.00/hr	\$125.00
Screening Assessment	\$200.00 ea	\$200.00
GRH	\$28.80	\$28.80 Changes on 7/1/XX

Note:

- 1 Urine Analysis Test included in Adult CD Programs
- 3 Urine Analysis Tests included in Adolescent CD program
- Additional UA testing needed is responsibility of client

2013 AGENCY SLIDING FEE SCHEDULE
Effective 4/01/13

FAMILY OF 1

ANNUAL INCOME		ASSETS											
		0-3000		3001-4000		4001-5000		5001-6000		6001-7000		7001+	
		*	**	*	**	*	**	*	**	*	**	*	**
0	11490	0%		0%		0%		0%		0%		0%	
11491	12334	5%	4%	25%	4%	45%	5%	65%	5%	85%	6%	100%	10%
12335	13178	10%	4%	30%	4%	50%	5%	70%	5%	90%	6%	100%	10%
13179	14022	15%	4%	35%	4%	55%	5%	75%	6%	95%	6%	100%	10%
14023	14866	20%	4%	40%	5%	60%	5%	80%	6%	100%	10%	100%	10%
14867	15710	25%	4%	45%	5%	65%	5%	85%	6%	100%	10%	100%	10%
15711	16554	30%	4%	50%	5%	70%	5%	90%	6%	100%	10%	100%	10%
16555	17398	35%	4%	55%	5%	75%	6%	95%	6%	100%	10%	100%	10%
17399	18242	40%	5%	60%	5%	80%	6%	100%	10%	100%	10%	100%	10%
18243	19086	45%	5%	65%	5%	85%	6%	100%	10%	100%	10%	100%	10%
19087	19930	50%	5%	70%	5%	90%	6%	100%	10%	100%	10%	100%	10%
19931	20774	55%	5%	75%	6%	95%	6%	100%	10%	100%	10%	100%	10%
20775	21618	60%	5%	80%	6%	100%	10%	100%	10%	100%	10%	100%	10%
21619	22462	65%	5%	85%	6%	100%	10%	100%	10%	100%	10%	100%	10%
22463	23306	70%	5%	90%	6%	100%	10%	100%	10%	100%	10%	100%	10%
23307	24150	75%	6%	95%	6%	100%	10%	100%	10%	100%	10%	100%	10%
24151	24994	80%	6%	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%
24995	25838	85%	6%	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%
25839	26682	90%	6%	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%
26683	27526	95%	6%	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%
27527	50000	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%
50001	OVER	100%	15%	100%	15%	100%	15%	100%	15%	100%	15%	100%	15%

* Percentage of the cost of services

** Annual maximum/percentage of income plus assets

2013 AGENCY SLIDING FEE SCHEDULE
Effective **4-01-13**

FAMILY OF 2

ANNUAL INCOME		ASSETS											
		0-6000		6001-7000		7001-8000		8001-9000		9001-10000		10001+	
		*	**	*^	**	*	**	*	**	*	**	*	**
0	15510	0%		0%		0%		0%		0%		0%	
15511	16626	5%	4%	25%	4%	45%	5%	65%	5%	85%	6%	100%	10%
16627	17742	10%	4%	30%	4%	50%	5%	70%	5%	90%	6%	100%	10%
17743	18858	15%	4%	35%	4%	55%	5%	75%	6%	95%	6%	100%	10%
18859	19974	20%	4%	40%	5%	60%	5%	80%	6%	100%	10%	100%	10%
19975	21090	25%	4%	45%	5%	65%	5%	85%	6%	100%	10%	100%	10%
21091	22206	30%	4%	50%	5%	70%	5%	90%	6%	100%	10%	100%	10%
22207	23322	35%	4%	55%	5%	75%	6%	95%	6%	100%	10%	100%	10%
23323	24438	40%	5%	60%	5%	80%	6%	100%	10%	100%	10%	100%	10%
24439	25554	45%	5%	65%	5%	85%	6%	100%	10%	100%	10%	100%	10%
25555	26670	50%	5%	70%	5%	90%	6%	100%	10%	100%	10%	100%	10%
26671	27786	55%	5%	75%	6%	95%	6%	100%	10%	100%	10%	100%	10%
27787	28902	60%	5%	80%	6%	100%	10%	100%	10%	100%	10%	100%	10%
28903	30018	65%	5%	85%	6%	100%	10%	100%	10%	100%	10%	100%	10%
30019	31134	70%	5%	90%	6%	100%	10%	100%	10%	100%	10%	100%	10%
31135	32250	75%	6%	95%	6%	100%	10%	100%	10%	100%	10%	100%	10%
32251	33366	80%	6%	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%
33367	34482	85%	6%	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%
34483	35598	90%	6%	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%
35599	36714	95%	6%	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%
36715	62500	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%
62501	OVER	100%	15%	100%	15%	100%	15%	100%	15%	100%	15%	100%	15%

* Percentage of the cost of services

** Annual maximum/percentage of income plus assets

2013 AGENCY SLIDING FEE SCHEDULE
Effective 4-01-13

FAMILY OF 3

ANNUAL INCOME		ASSETS											
		0-6200		6201-7200		7201-8200		8201-9200		9201-10200		10201+	
		*	**	*^	**	*	**	*	**	*	**	*	**
0	19530	0%		0%		0%		0%		0%		0%	
19531	20915	5%	4%	25%	4%	45%	5%	65%	5%	85%	6%	100%	10%
20916	22300	10%	4%	30%	4%	50%	5%	70%	5%	90%	6%	100%	10%
22301	23685	15%	4%	35%	4%	55%	5%	75%	6%	95%	6%	100%	10%
23686	25070	20%	4%	40%	5%	60%	5%	80%	6%	100%	10%	100%	10%
25071	26455	25%	4%	45%	5%	65%	5%	85%	6%	100%	10%	100%	10%
26456	27840	30%	4%	50%	5%	70%	5%	90%	6%	100%	10%	100%	10%
27841	29225	35%	4%	55%	5%	75%	6%	95%	6%	100%	10%	100%	10%
29226	30610	40%	5%	60%	5%	80%	6%	100%	10%	100%	10%	100%	10%
30611	31995	45%	5%	65%	5%	85%	6%	100%	10%	100%	10%	100%	10%
31996	33380	50%	5%	70%	5%	90%	6%	100%	10%	100%	10%	100%	10%
33381	34765	55%	5%	75%	6%	95%	6%	100%	10%	100%	10%	100%	10%
34766	36150	60%	5%	80%	6%	100%	10%	100%	10%	100%	10%	100%	10%
36151	37535	65%	5%	85%	6%	100%	10%	100%	10%	100%	10%	100%	10%
37536	38920	70%	5%	90%	6%	100%	10%	100%	10%	100%	10%	100%	10%
38921	40305	75%	6%	95%	6%	100%	10%	100%	10%	100%	10%	100%	10%
40306	41690	80%	6%	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%
41691	43075	85%	6%	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%
43076	44460	90%	6%	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%
44461	45845	95%	6%	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%
45846	75000	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%
75001	OVER	100%	15%	100%	15%	100%	15%	100%	15%	100%	15%	100%	15%

* Percentage of the cost of services

** Annual maximum/percentage of income plus assets

2013 AGENCY SLIDING FEE SCHEDULE
Effective 4-01-13

FAMILY OF 4

ANNUAL INCOME		ASSETS											
		0-6400		6401-7400		7401-8400		8401-9400		9401-10400		10401+	
		*	**	*^	**	*	**	*	**	*	**	*	**
0	23550	0%		0%		0%		0%		0%		0%	
23551	25074	5%	4%	25%	4%	45%	5%	65%	5%	85%	6%	100%	10%
25075	26598	10%	4%	30%	4%	50%	5%	70%	5%	90%	6%	100%	10%
26599	28122	15%	4%	35%	4%	55%	5%	75%	6%	95%	6%	100%	10%
28123	29646	20%	4%	40%	5%	60%	5%	80%	6%	100%	10%	100%	10%
29647	31170	25%	4%	45%	5%	65%	5%	85%	6%	100%	10%	100%	10%
31171	32694	30%	4%	50%	5%	70%	5%	90%	6%	100%	10%	100%	10%
32695	34218	35%	4%	55%	5%	75%	6%	95%	6%	100%	10%	100%	10%
34219	35742	40%	5%	60%	5%	80%	6%	100%	10%	100%	10%	100%	10%
35743	37266	45%	5%	65%	5%	85%	6%	100%	10%	100%	10%	100%	10%
37267	38790	50%	5%	70%	5%	90%	6%	100%	10%	100%	10%	100%	10%
38791	40314	55%	5%	75%	6%	95%	6%	100%	10%	100%	10%	100%	10%
40315	41838	60%	5%	80%	6%	100%	10%	100%	10%	100%	10%	100%	10%
41839	43362	65%	5%	85%	6%	100%	10%	100%	10%	100%	10%	100%	10%
43363	44886	70%	5%	90%	6%	100%	10%	100%	10%	100%	10%	100%	10%
44887	46410	75%	6%	95%	6%	100%	10%	100%	10%	100%	10%	100%	10%
46411	47934	80%	6%	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%
47935	49458	85%	6%	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%
49459	50982	90%	6%	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%
50983	52506	95%	6%	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%
52507	87500	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%
87501	OVER	100%	15%	100%	15%	100%	15%	100%	15%	100%	15%	100%	15%

* Percentage of the cost of services

** Annual maximum/percentage of income plus assets

2013 AGENCY SLIDING FEE SCHEDULE
Effective **4-01-13**

FAMILY OF 5

ANNUAL INCOME		ASSETS											
		0-6600		6601-7600		7601-8600		8601-9600		9601-10600		10601+	
		*	**	*	**	*	**	*	**	*	**	*	**
0	27570	0%		0%		0%		0%		0%		0%	
27571	29358	5%	4%	25%	4%	45%	5%	65%	5%	85%	6%	100%	10%
29359	31146	10%	4%	30%	4%	50%	5%	70%	5%	90%	6%	100%	10%
31147	32934	15%	4%	35%	4%	55%	5%	75%	6%	95%	6%	100%	10%
32935	34722	20%	4%	40%	5%	60%	5%	80%	6%	100%	10%	100%	10%
34723	36510	25%	4%	45%	5%	65%	5%	85%	6%	100%	10%	100%	10%
36511	38298	30%	4%	50%	5%	70%	5%	90%	6%	100%	10%	100%	10%
38299	40086	35%	4%	55%	5%	75%	6%	95%	6%	100%	10%	100%	10%
40087	41874	40%	5%	60%	5%	80%	6%	100%	10%	100%	10%	100%	10%
41875	43662	45%	5%	65%	5%	85%	6%	100%	10%	100%	10%	100%	10%
43663	45450	50%	5%	70%	5%	90%	6%	100%	10%	100%	10%	100%	10%
45451	47238	55%	5%	75%	6%	95%	6%	100%	10%	100%	10%	100%	10%
47239	49026	60%	5%	80%	6%	100%	10%	100%	10%	100%	10%	100%	10%
49027	50814	65%	5%	85%	6%	100%	10%	100%	10%	100%	10%	100%	10%
50815	52602	70%	5%	90%	6%	100%	10%	100%	10%	100%	10%	100%	10%
52603	54390	75%	6%	95%	6%	100%	10%	100%	10%	100%	10%	100%	10%
54391	56178	80%	6%	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%
56179	57966	85%	6%	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%
57967	59754	90%	6%	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%
59755	61542	95%	6%	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%
61543	100000	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%
100001	OVER	100%	15%	100%	15%	100%	15%	100%	15%	100%	15%	100%	15%

* Percentage of the cost of services
 ** Annual maximum/percentage of income plus assets

2013 AGENCY SLIDING FEE SCHEDULE
Effective **4-01-13**

FAMILY OF 6

ANNUAL INCOME		ASSETS											
		0-6600		6601-7600		7601-8600		8601-9600		9601-10600		10601+	
		*	**	*	**	*	**	*	**	*	**	*	**
0	31590	0%		0%		0%		0%		0%		0%	
31591	33641	5%	4%	25%	4%	45%	5%	65%	5%	85%	6%	100%	10%
33642	35692	10%	4%	30%	4%	50%	5%	70%	5%	90%	6%	100%	10%
35693	37743	15%	4%	35%	4%	55%	5%	75%	6%	95%	6%	100%	10%
37744	39794	20%	4%	40%	5%	60%	5%	80%	6%	100%	10%	100%	10%
39795	41845	25%	4%	45%	5%	65%	5%	85%	6%	100%	10%	100%	10%
41846	43896	30%	4%	50%	5%	70%	5%	90%	6%	100%	10%	100%	10%
43897	45947	35%	4%	55%	5%	75%	6%	95%	6%	100%	10%	100%	10%
45948	47998	40%	5%	60%	5%	80%	6%	100%	10%	100%	10%	100%	10%
47999	50049	45%	5%	65%	5%	85%	6%	100%	10%	100%	10%	100%	10%
50050	52100	50%	5%	70%	5%	90%	6%	100%	10%	100%	10%	100%	10%
52101	54151	55%	5%	75%	6%	95%	6%	100%	10%	100%	10%	100%	10%
54152	56202	60%	5%	80%	6%	100%	10%	100%	10%	100%	10%	100%	10%
56203	58253	65%	5%	85%	6%	100%	10%	100%	10%	100%	10%	100%	10%
58254	60304	70%	5%	90%	6%	100%	10%	100%	10%	100%	10%	100%	10%
60305	62355	75%	6%	95%	6%	100%	10%	100%	10%	100%	10%	100%	10%
62356	64406	80%	6%	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%
64407	66457	85%	6%	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%
66458	68508	90%	6%	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%
68509	70559	95%	6%	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%
70560	112500	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%	100%	10%
112501	OVER	100%	15%	100%	15%	100%	15%	100%	15%	100%	15%	100%	15%

* Percentage of the cost of services

** Annual maximum/percentage of income plus assets

WRIGHT COUNTY FEE POLICY
Out-of-Home Placements
Effective 7/01/99 (Rev. 3/09/15)

A. CHILD INCOME POLICY

1. Pursuant to MN Statutes 252.27, 393.12, 256E.08, 260B.331, 260C.331 and 256B, the full amount of the child(ren)'s income and resources attributable to the child(ren) for the time Wright County Health & Human Services is paying for the cost of care, examination, or treatment of the child(ren), will be turned over to Wright County Health & Human Services to be applied to the cost of care. Income and resources include, but are not limited to, Social Security benefits, Supplemental Security Income (SSI), veteran's benefits, railroad retirement benefits, child support, and adoption subsidy.
2. Child support being paid for the child(ren) in placement by the non-custodial parent shall be assigned to Wright County. If child support is not currently being paid, the custodial parent shall apply for NPA (non-public assistance) child support services through the appropriate county's child support unit. If child support is being paid directly to the custodial parent, the correct portion shall be turned over to Wright County within three (3) days of receipt of the payment.
3. If a child(ren) is/are in a non-family facility and his/her income is being redirected to our Agency, Wright County shall be required to pay the child(ren) the Personal Needs Allowance as established in MN Statute 256B.35.
4. The amount of the child(ren)'s income collected by Wright County Health & Human Services cannot exceed the cost of service.

B. PARENT FEE POLICY

Definition: Federal Poverty Level

The annual income level based upon household size and adjusted gross household income, as defined in the poverty guidelines updated annually in the Federal Register by DHS under authority of Section 673 (2) of the Omnibus Budget Reconciliation Act of 1981.

Definition: Adjusted Gross Household Income

Total annualized cash receipts before taxes from all sources for all members of the household.

Definition: Household

All persons who occupy a housing unit, whether they are related to each other or not. (The child(ren) in out-of-home placement is/are not considered a member of the household.)

1. The parental fee is in addition to any child(ren) income. No fee will be charged to persons or families whose adjusted gross household income is below the Federal poverty level.
2. Parent(s) receiving MFIP or DWP (Diversionary Work Program)-cash assistance, GA, or MSA **will not** be charged a fee. Those receiving MFIP-food portion, food stamps or Medical Assistance **will** be charged a fee.
3. The Minnesota Child Support Guidelines, MN Statute 518.551, Subd. 5, are to be applied in determining the parental reimbursement obligation.
4. If there is not a current child support order, both the custodial and non-custodial parent shall be required to have their fee determined separately under the Child Support Guidelines.
5. Once the parental fee has been calculated, the parent(s) has/have the option of extending the monthly payments by paying a minimum of twenty-five (25) percent of the assessed monthly fee, if the full

amount creates a financial hardship on the family. However, if the placement is anticipated to exceed six (6) months, the County has the option of refusing the extended payments.

6. The assessed monthly fee will remain in effect for each month the child(ren) is/are in a facility that is being funded by the County; for placement during partial months either the full fee or the cost of services will be charged, whichever is less.
7. The parent(s) is/are responsible for medical and dental insurance. Failure to provide the County with insurance billing information, shall result in the parent(s) being liable for any medical or dental bills incurred by the County for the child(ren) in placement.
8. The parent(s) apply for Medical Assistance (MA) for the child(ren) in placement to cover any medical or dental bills not covered by private insurance.
9. In addition to the parental fee, the parent(s) is/are responsible for necessary clothing; transportation costs; any medical costs that are not reimbursed through insurance or Medical Assistance (MA), **cost to procure a birth certificate if needed and the cost of child care services.**
10. Insurance payments will be used to reimburse the County for the cost of the placement when applicable. The insurance payments combined with the parental fee and any child income cannot exceed the cost incurred by the County.
11. The parent(s) is/are responsible for notifying the Wright County Health & Human Services Collections Officer of any changes in income or address within ten (10) days of the changes.
12. The parent(s) is/are responsible for submitting a copy of their latest Federal Income Tax return, along with verification of all earned/unearned household income, to the Collections Officer on an annual basis, while the child(ren) remain in out-of-home placement.
13. The parental fee combined with Wright County Health & Human Services' portion of the child(ren)'s income cannot exceed the cost of the services.
14. If a responsible parent does not provide sufficient information to determine household size and adjusted gross household income, it will be presumed that the adjusted gross household income is above the Federal poverty level.
15. Wright County may use Revenue Recapture to collect amounts owed pursuant to MN Statute 270A.03.
16. Wright County may add a collection charge of \$85 on any balance that is ninety (90) days overdue pursuant to MN Statute 373.41.

C. APPEAL PROCEDURES

A client may appeal to the Wright County Health & Human Services if he/she feels that the fee should be waived for special and unusual circumstances.

1. The appeal must be made in writing, stating the reasons the waiver should be granted and the desire for a review hearing.
2. Appeals must be filed with thirty (30) days of the first billing for the fees. The appeal shall be directed to the Collections Officer.
3. The Collections Officer will notify the parent(s) with the date and time of the review hearing. The parent(s) has/have the option of attending the review hearing. A panel of three (3) Wright County Health & Human Services supervisors will review the request. A recommendation will be presented to the Health & Human Services Board for final approval. If the appeal is denied, the parent(s) may appeal to the Wright County Health & Human Services Board, and/or the Minnesota Department of Human Services, if permitted by Statute or DHS Rule.
4. If the placement is court ordered, the parent(s) may request the Court to modify the fee.

WRIGHT COUNTY FEE POLICY
DD & Children’s Mental Health Out-of-Home Placements

This fee schedule governs the assessment and collection of parental fees by Wright County from parents of children age infant-18 in 24-hour out-of-home care as defined in Statute 252.27, Subd. 1 and Subd. 1a, and who:

- A. have mental retardation or a related condition
- B. have an emotional disturbance
- C. have a physical disability

Any children who do not meet this criteria shall fall under Wright County Health & Human Services fee policy for Out-of-Home Placements.

A. Child Fee Policy

1. The child’s fee is the full amount of his/her unearned income, such as Social Security, SSI, child support, trusts, investments, or other income determined to be unearned.
2. If child support is being paid for the child by a non-custodial parent, the child support shall be assigned to Wright County. If the non-custodial parent is not current in paying the court-ordered support, the custodial parent shall apply for NPA (non-public assistance) child support services. If no order exists, Wright County shall also apply the State Fee Schedule to the non-custodial parent’s income. If child support is paid directly to the custodial parent, the custodial parent is responsible to turn over the child’s benefit to Wright County, within three (3) days of receipt of the payment.
3. If the child has earned income in excess of a Clothing and Personal Needs Allowance, the child may be required to contribute all or part of the earned income over the Personal Needs Allowance, in addition to any unearned income.
4. The child fee cannot exceed the cost of the service. The parent fee and the child fee combined cannot exceed the cost of services.

B. Parent Fee Policy

1. MN Statute 252.27 is to be applied in determining the reimbursement obligation.
2. The Financial Information Form will be sent to the parents as soon as possible after a child is placed. The form will be reviewed during an interview with the parents and a Collections Officer.
3. A Collections Officer shall calculate the amount of reimbursement pursuant to MN Statute 252.27 based on the adjusted gross income and household size. Refer to Appendix B, State Fee Schedule.
4. The assessed monthly fee is for only the months that the child is placed out of the home. For placement during partial months, either the full monthly fee or the cost of the services will be charged, whichever is less.
5. The parent fee is in addition to any child fee.
6. The parent fee cannot exceed the cost of the service. Likewise, the parent fee and the child fee combined cannot exceed the cost of care.
7. Fees are in addition to insurance collections. If insurance coverage is applied to the out-of-home cost, then the balance of the uncovered cost is subject to the parent fee, not to exceed the actual out-of-home cost.
8. If it is determined that a client has insurance or other coverage which will pay the out-of-home placement costs, but declines to allow billings to be made to that policy or coverage, the parent fee will be the full costs of the service. An “Assignment of Benefits for Health Coverage Form” will be provided to the parents.
9. In addition to the parent fee, the parent(s) is/are responsible for needed clothing; transportation costs; any medical costs that are not reimbursed through insurance or Medical Assistance (MA), **cost to procure a birth certificate if needed and the cost of child care services.**
10. In addition to the parent fee, medical and dental insurance are the responsibility of the parent, if they are not MA eligible. If the parents have an option of health insurance coverage through their employer, at a cost to them of less than 5% of their adjusted gross income for the child in out-of-home placement, and they do not exercise that option, the parents shall be assessed an additional fee of 5% of their adjusted gross income.
11. There shall not be an additional fee for any child(ren) receiving or eligible for Medical Assistance coverage.

12. The parents are responsible for notifying Wright County Health & Human Services of any changes in their income or address. The parents are responsible for submitting a copy of their Federal Income Tax Return to the Health & Human Services Collections Officer during any calendar year that the child(ren) is placed out of the home.
13. Wright County may use Revenue Recapture to collect amounts owed pursuant to MN Statute 270A.03.
14. Wright County may add a collection charge of \$85 on any balance that is ninety (90) days overdue pursuant to MN Statute 373.41.

Appeal Procedures

A client may appeal to the Agency if he/she feels that the fee should be waived or varied due to special and unusual circumstances.

Procedures are as follows:

1. The client who appeals must do so in writing, stating the grievance, the reasons the variance or waiver should be granted and the desire for a review hearing.
2. Appeals must be filed within thirty (30) days of the first billing for fees. The appeal shall be directed to the Collections Officer.
3. The Collections Officer will notify the parent(s) with the date and time of the review hearing. The parent(s) has/have the option of attending the review hearing. A panel of three (3) Wright County Health & Human Services supervisors will review the request. A recommendation will be presented to the Health & Human Services Board for final approval. If the placement is voluntary and the appeal is denied, the parent(s) may appeal to the Department of Human Services.
4. If the placement is court-ordered, the parent(s) may request the County to modify the fee.

COLLECTION CHARGE POLICY

Effective May 1, 2004 (Rev. 10/06/08)

AUTHORITY: Minnesota Statute 373.41

“A county may also impose a fee or an interest charge on payments of money to the county that are more than ninety (90) days overdue...”

PROCEDURE:

A one-time collection charge of \$85.00 will be applied to each debt that has a balance owing to the County that is more than ninety (90) days overdue. Any debt already reduced to judgment is excluded from the collection charge, since interest is already accruing.

Eligible debts include, but are not limited to:

Chemical dependency (CD evaluations and detox debts), out-of-home placement fees, custody study fees, background checks, electronic home monitoring fees, truancy charges, child care debts, day treatment fees, co-payments/deductibles/co-insurance, Income Maintenance overpayments, Auto Readiness (after the grace period has expired), Public Health fees, Public Health charges, Outpatient Mental Health fees, and 72 Hour Hold/Pre-commitment costs.

1. The client will receive written notice that their debt meets the criteria for the collection charge prior to it being added, unless policy and/or a payment agreement allows for adding the charge, without further notice to the client.
2. To avoid the collection charge, the client has the following options:
 - a. Pay the debt in full within fourteen (14) days of the date of the notice.
 - b. Enter into a signed, acceptable written payment agreement.
 - c. Provide written verification that their household income is under the Federal Poverty Guidelines.
 - d. Advise the Collections Officer that they are a current recipient of cash assistance. The Collections Officer will verify this fact by checking MAXIS.

APPEALS PROCESS:

The client may appeal the collection charge in writing to the Collections Officer stating their reason for disputing the charge. The Collections Officer will forward the written request, along with any applicable documentation from the collections file, to their supervisor. An internal panel will review the request and make a determination. The Collections Officer will send written notice to the client with the decision.

This collection charge does not bar any other collection method.

POLICY STATEMENT

FEES FOR SERVICE

I. POLICY STATEMENT

The Wright County Board of Commissioners hereby approves implementation of the following procedures to be used when setting a fee-for-service or amending an existing fee-for-service.

- A. The Department Head shall place on the Board Agenda the proposed fee-for-service. If there is an existing fee for the service, the Department Head shall list the current fee and the proposed fee.
- B. The Department Head shall provide to the Board the amount of additional revenue that the new fee will generate.
- C. The Department Head shall place on the Board Agenda any proposed language change to an existing fees-for-service schedule.
- D. The Department Head shall list the authorization to make any change to their fees-for-service schedule; i.e., statute, rule, court order, public hearing, etc.
- E. The Department Head shall present their justification for the fee amount they are proposing.

II. PUBLIC HEARINGS

- A. Proposed fees-for-service that require a Public Hearing shall be published in the Official Newspaper prior to the Hearing.
- B. One Public Hearing during the calendar year will be held in order to establish fees-for-service. The Public Hearing will be held in November with the fee changes being effective January 1st.

III. This Policy shall be effective as of July 28, 2009.

Pat Sawatzke, Board Chair

Richard Norman, County Coordinator

Note: The Wright County Human Services Board will be informed of all additions/changes to the Human Services Department's Fee Policies and Procedures, Administrative Memo #04-4.

**WRIGHT COUNTY HEALTH & HUMAN SERVICES
FAMILY PLANNING CLIENT SLIDING FEE SCALE
Approved at W.C. Board Meeting of 7-09-13**

Family Size	Income Range						
	100%	125%	150%	175%	200%	250%	300%
1	\$11,490	\$14,363	\$17,235	\$20,108	\$22,980	\$28,729	\$34,470
2	\$15,510	\$19,388	\$23,265	\$27,143	\$31,020	\$38,775	\$46,530
3	\$19,530	\$24,413	\$29,295	\$34,178	\$39,060	\$48,825	\$48,590
4	\$23,550	\$29,438	\$35,325	\$41,212	\$47,100	\$58,877	\$70,650
5	\$27,570	\$34,463	\$41,355	\$48,248	\$55,140	\$68,925	\$82,710
6	\$31,590	\$39,488	\$47,385	\$55,283	\$63,180	\$78,975	\$94,770
7	\$35,610	\$44,513	\$53,415	\$62,318	\$71,220	\$89,025	\$106,830
8	\$39,630	\$49,538	\$59,445	\$69,353	\$79,260	\$99,075	\$118,890

Based on 2013 Poverty Guidelines

Client Cost Share							
Yearly Clinic Visit (Per Year)	\$40	\$40	\$40	\$40	\$40	\$40	\$40
Oral Contraceptives, Ortho Evra Patch, Nuvaring, Depo Provera (Per Month)	\$10	\$10	\$10	\$10	\$10	\$10	\$10
IUD, Implant, Sterilization (One Time Payment)	\$100	\$100	\$100	\$100	\$100	\$100	\$100

No one denied due to inability to pay.

Note: Families earning more than 250% of the Federal Poverty Income Guidelines will be served only if they are uninsured or underinsured. Payment will be made at the time the appointment is made.