PURPOSE of FORM 100:
To establish guidelines and specific procedures for the assessment of consumer fees and appropriate billing to the Butler County Mental Health & Addiction Recovery Services (BCMHARS) Board for services to consumers whose adjusted monthly income and number of dependents fall within the approved fee scale. This is referred to as co-pay and is reflected as a component of the Butler County plan.

To establish guidelines and specific procedures for making exceptions to the fee scale.

To assure all consumers are given the same treatment in applying the system fee scale.

CALCULATION OF CONSUMER FEES

Determine Family Gross Monthly Income. Gross Monthly Income total must be entered on Form 100. Photocopies of income verification shall be attached to the Form 100. Assure all consumer income is assessed and calculated just as it would be for federal income tax, including items listed in section C.

Financial Party
A financial party is the person responsible to pay for the services. The financial party is the person(s) that the household size and income is used to determine the sliding fee.

Allowable Adjustments.
Co-pays may be waived for the following reasons:
1. A consumer who has been clinically determined to be a danger to self or others.
2. An extreme or disruptive family situation that creates unusual financial hardship or unusual circumstances in the household.

THIRD PARTY PAYMENTS
It is understood that any available third party payer, such as the consumer's workplace or insurance, will be billed first for services. If the consumer is eligible by income for a Board subsidy (qualifies via the sliding fee scale and fee scale worksheet) then any remaining unpaid portion of the services up to the agreed rate may be billed to the Board. The Board is payor of last resort as identified in the Contract.

See more information in the instructions tab as to how sliding fee and insurance billings work in combination of one another.
**Butler County Mental Health & Addiction Recovery Services Board**

**Individual/Family Care Subsidy Application**

### Section A.

<table>
<thead>
<tr>
<th>Does consumer have Medicaid?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does consumer have Medicare Part B insurance?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Does consumer have other health insurance?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### Name of other health insurance coverage is?  
Consumer’s first name and initial
Consumer’s Last name
Consumer’s social security No.

### Financial Party’s (who is responsible to pay for the requested services? - Use responsible party’s information to determine sliding fee)

<table>
<thead>
<tr>
<th>Financial party’s and/or consumer’s first name and initial</th>
<th>Last name</th>
<th>Financial party social security No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>If a joint or family application, spouses first name and initial</td>
<td>Last name</td>
<td>Spouse’s social security No.</td>
</tr>
</tbody>
</table>

### Home address
City, town, or post office, state, and ZIP code.

#### Financial Party's signature
Date

### Section B. Financial Party

#### Calculation of Family Size Exemptions

- Yourself, enter 1  
- Spouse, enter 1  
- Enter number of dependents reported to IRS  

#### Total Exemptions

For this application, your family size shall match your exemptions claimed on IRS form 1040 or 1040EZ tax return.

### Section C. Income of Financial Party

#### 1 Wages, salaries, tips, etc. from Form 100-1 (Income Worksheet). $  
#### 2 Taxable interest, investment earnings, dividends $  
#### 3 Alimony Received $  
#### 4 Business income $  
#### 5 Pension / retirement / VA pension / Military pay $  
#### 6 Rental real estate income $  
#### 7 Farm income $  
#### 8 Trust fund income $  
#### 9 Unemployment compensation / TANF/DA $  
#### 10 Social Security benefits / SSDI/SSI / VA disability $  
#### 11 Child support income $  
#### 12 Worker's compensation benefits $  
#### 13 Other (List ___________________________________) $  
#### 14 Exclusions from Form 100-3 (Exclusion Worksheet) $ -  

**Adjusted Gross Monthly Income Total**

Is Adjusted Gross Monthly Income zero dollars, enter zero for the answer and see below.

Zero income section. If Adjusted Gross Monthly Income totals Zero, check this box and complete Form 100-2 (Zero Income Self-Declaration Form) Also, a Medicaid denial is required

### Agency Office Use Only

- **GOSH Reporting:**  
  - **Family size**  
  - **Adjusted gross monthly income** $  
  - **Client’s sliding fee co-pay percentage** %  
  - **INSURANCE CO-PAY** $ per visit

**REMEMBER**

- **UPDATE GOSH MEMBER**

### ENROLLMENT SCREEN

- **Subsidy schedules:**
  - Sliding Fee 200%

**Income Verification Attached?**

### Additional Comments:

To the best of my knowledge, the statements on this application are accurate, true and complete.

#### Financial Party's signature
Date

To the best of my knowledge, they are accurate, true and complete.

#### Agency staff signature
Date

**Form 100 must be updated when changes occur or at least annually.**

All sections of this Form 100 must be complete and accurate. To be considered complete and accurate, this Form 100 should be able to be verified by the Board examiner using the attached supporting documentation.
**Income Worksheet**

If the documentation is already at monthly - do not complete this form.

This worksheet is provided to assist in calculating the **monthly** income that is to be entered onto Form 100 under Section C, Row 1 (Wages, salaries, tips, etc.).

People typically are paid once a week, once every two weeks, or twice a month.
Select the appropriate option to calculate the Financial Party's gross pay and fill in the boxes.
(Only one calculation is needed per paystub).

Provide this **monthly** income calculation for every paystub of every working member of the Financial Party's family.
Use additional copies of this form if necessary.

<table>
<thead>
<tr>
<th>Name on paystub:</th>
<th>Date of paystub:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Weekly</strong> Gross Pay</td>
<td>weekly pay box</td>
</tr>
<tr>
<td>multiplied by 52, divided by 12 =</td>
<td></td>
</tr>
<tr>
<td><strong>Every 2 Weeks</strong> Gross Pay</td>
<td>every 2 weeks</td>
</tr>
<tr>
<td>multiplied by 26, divided by 12 =</td>
<td>$</td>
</tr>
<tr>
<td><strong>Twice a Month</strong> Gross Pay</td>
<td>twice a month</td>
</tr>
<tr>
<td>multiplied by 24, divided by 12 =</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name on paystub:</th>
<th>Date of paystub:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Weekly</strong> Pay</td>
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</tr>
<tr>
<td>multiplied by 52, divided by 12 =</td>
<td>$</td>
</tr>
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</tr>
<tr>
<td>multiplied by 26, divided by 12 =</td>
<td></td>
</tr>
<tr>
<td><strong>Twice a Month</strong> Gross Pay</td>
<td>twice a month</td>
</tr>
<tr>
<td>multiplied by 24, divided by 12 =</td>
<td>$</td>
</tr>
</tbody>
</table>

After you have entered the paystub information into the boxes above, add the amounts in the above boxes into the Total Monthly Income Box below.

Enter this total on Form 100, Section C, Row 1 (Wages, salaries, tips, etc.) $ -
**ZERO INCOME SELF-DECLARATION FORM**

Please complete and sign this form if you have claimed zero or no income on the attached application, Form 100.
Leaving this form blank or writing N/A or dashes (---) is not acceptable.

<table>
<thead>
<tr>
<th>Please Print</th>
<th>First Name</th>
<th>M.I.</th>
<th>Last Name</th>
<th>UCI Number (when known)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Address</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
<td>State</td>
<td>Zip Code</td>
<td>Daytime Telephone Number including Area Code</td>
</tr>
</tbody>
</table>

List your monthly bills.

<table>
<thead>
<tr>
<th>Bill</th>
<th>Monthly Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent/Mortgage</td>
<td>$</td>
</tr>
<tr>
<td>Food</td>
<td>$</td>
</tr>
<tr>
<td>Gas/heat fuel</td>
<td>$</td>
</tr>
<tr>
<td>Electric</td>
<td>$</td>
</tr>
<tr>
<td>Phone/Cell</td>
<td>$</td>
</tr>
<tr>
<td>Car Payment/Insurance</td>
<td>$</td>
</tr>
<tr>
<td>Cable/Internet</td>
<td>$</td>
</tr>
<tr>
<td>Personal Expenses</td>
<td>$</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>$</td>
</tr>
</tbody>
</table>

Tell us how you have been paying your monthly bills and any other comments you may want to share.

*Outcome of Medicaid Application.*

A. (Rejection letter is attached)

I agree to report any changes in my finances immediately to the Agency where I am receiving mental health / AOD services.

I understand that by signing this form, I authorize the BCMHARS Board or its designated representatives to have access to public assistance, social security, employment or other records needed to verify any statements I have made.

X Signature _____________________________ Date ________________

This form is required to be updated six months after signature or when circumstances change.
INSTRUCTIONS

Form 100

Section A.

"Consumer" is the individual who is to be enrolled in GOSH.

"Financial Party" is the individual responsible for paying the bill for services. It is possible for the Consumer not to be the Financial Party. If this is the case, provide answers to the Medicaid/Insurance questions for the Financial Party if the insurance also covers the consumer.

NEW IN 2017

Proof of County of Residence must accompany Form 100. This could be any third party document that shows the consumer and financial party as being a Butler County Resident.

Also:

Subsidy is not to be billed until after insurance is billed. The Federal Law requires all citizens to have health insurance. The subsidy addresses uninsured services or balances after the insurance has paid. Per Contract between Board and Provider the Board is payor of last resort

Health Insurance:

Two types exist, co-pay per visit and deductibles.

If the insurance card states the co-pay amount, then the agency is to collect the co-pay, bill insurance and then bill the Board up to the agreed amount, showing the collection of co-pay & insurance deducted if a service is not eligible for insurance, the pay amount is determined by using the sliding fee process. Deductible: Agency is to bill insurance and if the amount has been charged to client’s deductible, the client qualifies to pay the amount determined on the sliding fee process.

Section B. Financial Party

"Financial Party" is the individual paying the bill for services. It is possible for the Consumer not to be the Financial Party. In the case of services being provided to a client under the age of 18, typically their parent or guardian is responsible for payment.

"Family Size" is equal to the Financial Party’s IRS 1040 tax exemptions.

Section C. Income of Financial Party

This section is completed by combining all applicable incomes of the members listed in the box titled "Total Exemptions" (your family). Your family should mirror your tax return.

There is a 90 day grace period allotted to obtain documentation to verify all income items listed in this section. All income listed in this section must be verified by acceptable documentation such as paycheck stub, employer payroll record, IRS 1040 form, bank statement, court record or bona fide documents that can be used to validate income.

ATTN: If you are relying on the 90 day grace period to obtain verification then there will need to be a note written on the bottom of FORM 100 stating that the agency is waiting on documentation.

For example: On mm/dd/yyyy, Income verification request submitted to the Social Security Admin.

Another example: On mm/dd/yyyy, Agency requested for a second time from client a copy of current paystub.

To calculate Section C, Row 1 (Wages, salaries, tips, etc.), use Form 100-1, Income Worksheet.

Agency Office Use Only section

Form 100 is not complete until GOSH Member screens are complete. In this section, the provider shall write on this form the entries made to the GOSH billing system.

Section D

There is a space provided for the Financial Party and Agency Staff to sign and date the form. Both signatures are required. Form 100 must be updated when changes occur or at least annually.

Form 100-1 Income Worksheet

This worksheet is required for converting paystub information into a monthly income to be entered in Form 100, Section C, Row 1 (Wages, salaries, tips, etc.). An examiner from the Board must be able to verify the documentation and come up with the same result for monthly income as it appears on this application, Form 100.

Form 100-2 Zero Income Self-Delcaration

This document is required if the Consumer/Financial Party is claiming zero income. This Zero Income Self-Declaration form must be completed in its entirety and updated six months after signature or when the Consumer’s/Financial Party’s circumstances change.

Form 100-3 Exclusions Worksheet

This worksheet is required when calculating expenses that may be excluded from the gross monthly income amount to arrive at an Adjusted Gross Monthly Income total on Form 100, Section C. Annual amounts are collected for each eligible Exclusion and totaled in Box A. Divide the Annual Amount in Box A by 12 to get a Total Monthly Exclusions Amount in Box B.
Exclusions Worksheet

This worksheet is provided to calculate expenses that may be excluded from the gross monthly income amount to arrive at an Adjusted Gross Monthly Income total on Form 100, Section C.

All expenses listed in this section must be verified by acceptable documentation such as original receipts, checking or credit card statements, court records or other bona fide documents that can be used to validate qualifying expenses.

### Medical / Dental expenses greater than 10% of gross monthly income

This allowance can be used in cases where the individual or family is incurring healthcare expenses that are not covered by insurance or government entitlements. In order to qualify, the applicant must produce bona fide receipts of expenses paid. Receipts must be attached to this form.

**Enter Annual Amount**

### Child and dependent care expenses

This allowance may be taken at 100% of actual expenses. In order to qualify the applicant must produce bona fide receipts of expenses paid.

These receipts would exclude any payments made on your behalf by another agency or government entitlement program.

**Enter Annual Amount**

### Alimony and child support payments

This allowance may be taken at 50% of actual expenses. In order to qualify, the applicant must produce bona fide receipts of expenses paid.

**Enter Annual Amount**

### College tuition, books, room & board expenses above $425 per month

This allowance may be taken for any expenses greater than $425 per month. In order to qualify, the applicant must produce evidence that they or a dependent that they claim as a deduction on their federal income tax return (Form 1040, etc.) is enrolled in an accredited institution of higher education in addition to producing bona fide receipts of such expenses paid minus any grants and scholarships.

This allowance may be calculated by averaging expenses over twelve months to arrive at an annual expense after grants and scholarships.

**Enter Annual Amount**

### Long-term care expense above $425 per month

This allowance may be taken for any expenses greater than $425 per month. In order to qualify, the applicant must produce bona fide receipts of expenses paid.

**Enter Annual Amount**

**TOTAL ANNUAL EXCLUSIONS AMOUNT**

Divide amount in Box A. by 12 to get **TOTAL MONTHLY EXCLUSIONS AMOUNT**

**Box A.**

**Box B.**

Enter the amount from Box B. as a negative amount on Form 100, row 14.
## FISCAL YEAR 2019
### SCHEDULE OF PARTIAL PAYMENTS FOR MENTAL HEALTH AND ADDICTION SERVICES

**PERCENT OF COST TO BE PAID BY THE FAMILY**

**TABLE FOR FEE ASSESSMENT BASED ON 200% OF THE STATE MINIMUM STANDARD OF NEED**

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<td>25,000</td>
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<td>5,800</td>
<td>7,073</td>
<td>7,250</td>
<td>8,363</td>
<td>8,580</td>
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</tbody>
</table>

Revision Date 1/13/2018