

CBHS Policies and Procedures



City and County of San Francisco
Department of Public Health
Community Programs
COMMUNITY BEHAVIORAL HEALTH SERVICES

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POLICY/PROCEDURE REGARDING: **Fee Policy for Substance Abuse Treatment**

Issued By: Jo Robinson, MFT
Director of Community Behavioral Health Services

A handwritten signature in black ink, appearing to read "Jo Robinson", written over the printed name.

Manual Number: 2.03-10
References: 45 CFR, Part 96;
CA HSC 11841

Date: December 13, 2011

Technical Revision. Replaces 2.03-10 of 12-1-2009

Purpose:

To comply with California Health & Safety Code 11841: "Each program funded... which provides alcohol and other drug services...shall assess fees to participants in the programs".

To comply with Title 45, Code of Federal Regulations, Part 96 (45CFR96) SAPT Block Grant Regulations requirement that such public funds are the resource of last resort.

To reconcile procedures with the fee policies of the newly created Healthy San Francisco.

Scope:

This policy applies to all CBHS substance abuse treatment providers.

Background:

Previously each agency was required to establish a fee assessment schedule or sliding scale to comply with state regulations. In September 2007, San Francisco established Healthy San Francisco to provide a basic level of primary health care accessible to all residents and employees in San Francisco. Healthy San Francisco includes outpatient substance abuse treatment and access to outpatient substance abuse treatment programs funded by Community Behavioral Health Services (CBHS). To assure equitable and easy to understand entrance requirements for Healthy San Francisco, it is necessary to establish a single, city-wide fee schedule, adjusted to each individual's or family's ability to pay.

Policy:

1. All substance abuse treatment programs shall inquire of clients whether they have insurance which may be applied to the cost of treatment. The treatment agency shall invoice any identified insurer for treatment provided. Clients shall not be denied care based on any refusal of insurance coverage.
2. All ADULT substance abuse treatment programs shall assess and collect participant fees. Clients shall not be denied care if, after completed the assessment process, it is determined they are unable to pay for services.

3. All ADULT outpatient substance abuse treatment programs and narcotic treatment programs shall use the Sliding Fee Schedule published by Community Behavior Health Services.
See attachment A – “CBHS Outpatient Fee Schedule-Non Medi-Cal Patients-Annual Fees”
4. Prevention and Early Intervention programs are not required to assess participant fees.
5. There is no client fee for a service provided through Drug Medi-Cal funds.
6. All fees collected must be used to maintain, expand, or improve the substance abuse program from which it was collected.

Procedures:

As each treatment participant is assessed at entrance, the treatment agency shall record the assessment in the client chart. As fees are collected they shall also be recorded. Clients shall receive a receipt for all payments using a numbered receipt system. The treatment agency shall include an auditable record of all fee and insurance payments in the annual cost report to CBHS.

Contact Person:

County Alcohol & Drug Program Administrator (415) 255-3722

Distribution:

CBHS Policies and Procedures are distributed by the Office of Quality Management for Community Programs

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CBHS Substance Abuse Programs
CBHS Programs
SOC Managers
BOCC Program Managers
CDTA Program Managers

Attachment A

**CBHS OUTPATIENT FEE SCHEDULE
Non-Medical Patients
Annual Fees**

Monthly Adjusted Gross Income*	Persons Dependent on Income Annual Deductibles				
	1	2	3	4	5 or more
0-569					
570-599					
600-649					
650-699	50				
700-749	58				
750-799	63				
800-849	71	64			
850-899	79	71			
900-949	89	80			
950-1000	99	90	80		
1000-1049	111	100	90		
1050-1099	125	112	101		
1100-1149	140	126	113		
1150-1199	156	140	126	113	
1200-1249	177	159	143	129	
1250-1299	200	180	162	146	
1300-1349	226	203	183	165	149
1350-1399	255	230	207	186	167
1400-1449	288	259	233	210	189
1450-1499	326	293	264	236	214
1500-1549	368	331	298	268	241
1550-1599	416	374	337	303	273
1600-1649	470	423	381	343	309
1650-1699	531	478	430	387	348
1700-1749	600	540	486	437	393
1750-1799	678	610	549	494	446
1800-1849	752	677	609	548	493
1850-1899	835	752	677	609	548
1900-1949	927	834	751	676	608

Monthly Adjusted Gross Income*	Persons Dependent on Income Annual Deductibles			
	1	2	3	4
1950-1999	1029	926	833	750
2000-2049	1142	1028	925	83
2050-2099	1268	1141	1027	924
2100-2149	1407	1255	1139	1025
2150-2199	1562	1406	1265	1139
2200-2249	1734	1561	1405	1265
2250-2299	1925	1733	1560	1404
2300-2349	2136	1922	1730	1557
2350-2399	2371	2134	1921	1739
2400-2449	2632	2369	2132	1919
2450-2499	2922	2630	2367	2130
2500-2599	3275	2948	2653	2388
2600-2699	3482	3134	2821	2359
2700-2799	3695	3326	2993	2694
2800-2899	3915	3524	3172	2855
2900-2999	4139	3725	3353	3018
3000-3099	4370	3933	3450	3186
3100-3199	4607	4146	3731	3358
3200-3299	4850	4365	3929	3536
3300-3399	5099	4589	4130	3717
3400-3499	5458	4912	4421	3979
3500-3599	5830	5247	4722	4250
3600-3699	6214	5593	5036	4532
3700-3799	6610	5949	5354	4819
3800-3899	7018	6313	5684	5116
3900-3999	7438	6694	6025	5423
4000-4099	7870	7083	6375	5738
4100-4199	8314	7483	6735	6062

Above \$4200 add \$400 for each \$100 additional income.

* Monthly Gross Income after adjustment for allowable expenses and asset determination from computation made

Prepared and published by the California Department of Mental Health in accordance with Sections 5717 and 5718 of the Welfare and Institution code.