

## Region 5 Systems

Network Management Procedures  
206 NAC 6-005

Effective: RGB 3/01/98  
Revised: RGB 6/01/01  
RGB 4/01/02  
RGB 1/30/01  
RGB 11/13/07  
RGB 1/28/13

### ■ Financial Eligibility Procedures

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The following procedures are established for Region 5 Systems (the Network) and its Provider Network when addressing financial eligibility.

#### **Payer of Last Resort**

- A. Region 5 Systems is the Payer of Last Resort for behavioral health services for consumers who meet:
  - 1. Financial eligibility criteria as specified in this procedure and attached Fee Schedules;
  - 2. Citizenship/lawful presence as defined by Neb. Rev. Stat. §4-108 to 4-114 and living in the state voluntarily with the intent of making Nebraska his/her home; and,
  - 3. For individuals regardless of citizenship/lawful presence status receiving emergency services or inpatient or outpatient treatment mandated by Mental Health Board or for individuals mandated into the care of DHHS by a court order.
  
- B. Region 5 Systems will not reimburse:
  - 1. For Medicaid eligible services provided to Medicaid consumers. If the consumer has accrued personal needs allowance and creates savings that disqualify him/her from a benefit such as Medicaid, the full cost of the service must be assessed to the consumer until he/she qualifies for the Medicaid benefit.
  - 2. For any portion of services required to be paid by a Medicaid recipient to meet a share of cost obligation.
  - 3. For mental health, substance abuse or gambling addiction services that are eligible for or covered under other health insurance benefits, that were denied by an insurance company due to provider error or insufficient documentation, that were not submitted to the insurance company as outlined in (See "Services Paid by Region 5 Systems" Paragraph B – below) or that were not submitted to the insurance company by request of the consumer.
  - 4. For any service in which the consumer is deemed eligible to pay the cost of the service.
  - 5. For any authorized service in which the consumer does not have documented authorization as required by the Division and its Administrative Service Organization (ASO).

## Services Paid by Region 5 Systems

- A. For persons who meet clinical eligibility and financial eligibility criteria established by the Region the provider will be:
1. Paid the rate set by the Division of Behavioral Health for services provided which are pre-authorized with the ASO or registered services that have a statewide rate established;
  2. Paid a Region-determined rate for services provided which are registered with the Administrative Services Organization (ASO); or
  3. Paid or reimbursed for allowable uncompensated expenses (expense reimbursement) for services provided which are registered with the ASO or otherwise documented as required by the Division of Behavioral Health, not to exceed the actual cost of the service less any copayment and third-party payment received for the service.
- B. The provider may bill the Region for services performed for consumers eligible for DBH funded services after the denial of insurance benefit has been received as long as the denial is not due to provider error or for failure to submit required information. The provider may also, at the risk of violating any third party or insurance company agreement, bill allowable costs incurred in the performance of services that may be covered by Region 5 Systems prior to billing any third party or insurance company. In doing this, the provider assumes all risk and penalties associated with any act that may be deemed a violation of a third-party agreement or insurance company agreement, and may not bill any penalty or subsequent loss of revenue for services to individuals ineligible for DBH services to Region 5 Systems or the Division.

Region 5 Systems and the Division reserves the right to seek reimbursement for any payment for which it would have been eligible for if the third-party agreement or insurance company agreement had not been violated.

1. Except when it may pose a danger to the consumer (See "Services Paid by Region 5 Systems" Paragraph 6.a. – below) before any cost incurred in the performance of services that may be covered by a consumer's insurance can be billed to the Region 5 Systems, all services performed must be submitted to the insurance company within 30 working days after the date of service and the date of submission documented for subsequent review and tracking.
2. After the service is billed to the Region 5 Systems, if the service is subsequently deemed to be covered by insurance and payment is remitted to the provider for the provision of the service, all funds received from the Region for the date of service being reimbursed must be reimbursed back to the Region on the next payment request to the Region.
3. If the service is deemed to be not covered by insurance or payment is denied due to the consumer's deductible not being met, a copy of the Explanation of Benefits must be placed in the consumer's file;
4. Once a consumer deductible has been met and the insurance company submits payment for services to the provider, no additional costs beyond this payment may be billed to the Region.
5. A provider may bill for services rendered to a consumer that has exhausted all insurance benefits if the person continues to meet financial eligibility criteria and it is deemed clinically eligible for treatment.

6. In the event a provider receives insurance payments after the end of the fiscal year for services paid by Region 5 Systems in the previous year, the provider must reimburse Region 5 Systems these funds on the next payment request to the Region.
  - a. In the event an agency is ceasing operation or will no longer be under contract with a Region prior to all insurance claims for Region eligible consumers being processed, prior to the end of the contract, the Region must review all documentation to determine an estimated amount of funds that may be due to the Region and this amount be subtracted from the final bill submitted by the provider to the Region for repayment to the Division. The Division also reserves the right to conduct this review if a Region fails to conduct the review.
7. A provider may waive the filing of insurance forms if doing so will pose a danger to the consumer and the waiver is documented on the eligibility worksheet provided by the Region or in the consumer's file if an alternative worksheet is utilized. Situations where this can happen include instances when domestic violence or child abuse is happening in the home.

## Terms

### A. For the purposes of financial eligibility:

1. **Taxable Income** is defined as alimony, wages, tips, or other money received for a good or service. This information can be obtained by review of, paycheck records, SSI/SSDI eligibility, Medicaid eligibility, and/or a signed statement from the client. For purposes of the Eligibility Worksheet, the taxable income of the consumer and other adult dependents should be used to determine Taxable Monthly Income. For the purposes of completing the Eligibility Worksheet, the following items are not included as taxable income: SSI, SSDI, child support or monetary assistance received from family or non-family members.

If the person receiving services is under the age of 19 and has not been designated by a court as emancipated, the custodial parent(s) alimony, wages, tips or other money received for a good or service must be used to determine financial eligibility.

2. **Liability** is defined as money owed to another person or agency to secure items such as housing or transportation, and is limited to liabilities included on the Eligibility Worksheet. The information can be obtained by review of previous monthly statements or a signed statement from the consumer.
3. **Client Fees** is defined as any Co-pay, Room and Board Fee that is required to be paid to receive the service.
  - a. **Co-pay:** Also known as copayment; fixed amount required to be paid for each appointment or unit of service. The co-pay amount may not exceed the amount designated by the DBH or the Region for the service.
  - b. **Room and board fee:** Fixed per day amount required to be paid by the consumer for meals and the use of a bed in residential facilities. The room and board fee may not be in excess of actual costs incurred for these services by the provider.
4. **Dependent:** Any person married or cohabitating with the consumer or any child under the age of 19 who depends on the consumer's income for food, shelter and care. Dependents may include parents, grandparents or adult children if the individual(s) are living with the consumer and they are dependent on the consumer's income for their food, shelter, or care.

5. **Daycare:** Refers to the funds paid to a place, program, organization or other third party for the care and well-being of one or more children under the age of 19 while parent(s) or other primary caregiver is working, in school, or in treatment.
6. **Rate** is defined as a) the rate set by the Division of Behavioral Health for services provided which are pre-authorized with the Administrative Services Organization or registered services that have a statewide rate established; b) a Region-determined rate for services provided which are registered with the Administrative Services Organization (ASO) or otherwise documented as required by the Division or Region.
7. **Cost** refers to the specific expenses incurred by an agency for providing a unit of service or the average costs of serving all customers within a given service when a Division or Region rate has not been determined for reimbursement purposes. This includes personnel, occupancy, supplies, administrative expenses, and similar types of expenditures. In determining the specific costs, a provider may include a substantiated allowance for uncollectible client fees but may not include funds in excess of actual cost (i.e., profit) per state regulations.

### **Consumer Eligibility**

- A. Prior to billing the Region, the provider must determine if the consumer is financially eligible for Region 5 Systems to pay for services. Region 5 Systems may request verification of consumers' financial eligibility from any provider.
- B. To determine if a consumer meets financial eligibility criteria, on the Region 5 Systems Financial Eligibility & Fee Schedule:
  1. Complete the Eligibility Worksheet for the consumer to determine the Adjusted Monthly Income amount.
  2. Locate the adjusted monthly income amount on the schedule.
  3. Locate the total number of family members dependent on the taxable income.
    - a. Consumers who by Adjusted Monthly Income and number of family members dependent on the taxable income fall within the shaded areas on the chart are eligible for services funded by Region 5 Systems. Costs (as defined in "Terms" Paragraph A.1.7. above) associated with performance of services to eligible consumers may be billed to the Region.
    - b. Consumers who by Adjusted Monthly Income and number of family members dependent on the taxable income fall within the un-shaded area of the Region 5 Systems Financial Eligibility Schedule are not financially eligible for payment by the Region. No costs associated with performance of these services may be billed to the Region.

### **Copayment Amount**

- A. To determine the maximum copayment to be requested from a consumer, on the Region 5 Systems Financial Eligibility Schedule:
  1. Locate the Adjusted Monthly Income amount on the appropriate schedule:
    - a. **Hardship Fee Schedule:** For individuals who have met one or more of the hardship criteria;

- b. **Emergency Access Services Fee Schedule:** For individuals receiving assistance from Crisis Response Team, Emergency Community Support, Housing Related Assistance, 24-hour hotlines, or in a peer run hospital diversion program where individuals can stay less than 24 hours;
    - c. **Financial Eligibility Fee Schedule:** For all individuals eligible to receive Region funded services but who are not eligible for other approved fee schedules.
  - 2. Locate the total number of family members dependent on the taxable income.
  - 3. The box where the column and row intersect is the amount or rate that can be charged to the consumer for each appointment or unit of service.
- B. A provider may not deny service to an individual solely on the basis of inability to pay a copayment. If a consumer is determined to have the ability to pay and is charged a copay amount, as determined by applying the Adjusted Monthly Income from the Eligibility Worksheet for Region Funded Services to the appropriate Fee Schedule (See “Copayment Amount” Paragraph A – above) but refuses to pay or is in arrears for the copayment amount, the provider may decline services to the individual until they have remitted payment(s).
- C. The assessment of a consumer’s financial eligibility is an ongoing process. The consumer’s financial eligibility status must be re-assessed annually or when known changes occur such as changes in taxable income or number of dependents. The re-assessment may increase or decrease the co-pay obligations of the consumer.
- D. Consumers who refuse to provide financial information shall be charged full cost of services. The provider may not bill the Region for any service for which the consumer is responsible due to failure to provide financial information or signed statement.
- E. Any fees or copayments for Substance Abuse Education and Diversion programs are determined by the Region or other provider and are not subject to provisions of this policy.
- F. Residential levels of care will receive payment based on the Division’s established rates. In addition to room and board fees, a copayment may also be assessed. The room and board fee may not be in excess of actual costs (as defined in Section III) incurred for these services by the provider. All copayments charged must be in compliance with Region 5 Systems Financial Eligibility and Fee Schedule.
- G. For persons on whom payment of such fees would impose extreme hardship, an alternative fee schedule developed by Region 5 Systems may be used following the same method as describe in Sections IV and V. To qualify for “hardship”, individuals must meet at least one of the criteria below:
- 1. Have a diagnosis that meets the definition of a severe and persistent mental illness
  - 2. Have a diagnosis that meets the definition of a serious emotional disorder in youth 19 or under
  - 3. Have medical bills or medical debt in excess of 10% of the taxable annual income (as determined by taking (Taxable Monthly Income x 12) x 10%). A hardship may not be granted for non-medical related debt. If required, documentation of the debt may be obtained from

statements or invoices from hospitals, doctors, labs, pharmacy, or similar medical related entities. Debt that is not medical in nature may not be used to determine eligibility for hardship.

Eligibility for the alternative hardship fee must be clearly documented on the Eligibility Worksheet.

**Short Term Residential Rate:**  
**SA Residential Services \$202.84, Therapeutic Community Rate: \$150.10, Intermediate Residential Rate: \$167.68, Dual Disorder Residential Rate: \$232.59**  
**Revised July 2017**  
**RATE + CLIENT CO-PAY ASSESSED MAY NOT EXCEED 125% OF UNIT COST**

Annual Income Limits				Monthly Income Limits		Allowable Co-pay	Single	Family - 2	Family - 3	Family - 4	Family - 5	Family - 6	Family - 7	Family - 8	Family - 9	Family - 10	
Lower	Upper	hrly rate	hrly rate	Lower	Upper	(% of established rate)											
\$ -	\$ 12,140	\$ -	\$ 5.84	\$ -	\$ 1,012	0-5% of Rate	\$ 12,140										
\$ 12,141	\$ 16,460	\$ 5.84	\$ 7.91	\$ 1,012	\$ 1,372	0-10% of Rate	\$ 16,460										
\$ 16,461	\$ 20,780	\$ 7.91	\$ 9.99	\$ 1,372	\$ 1,732		\$ 20,780	\$ 20,780									
\$ 20,781	\$ 25,100	\$ 9.99	\$ 12.07	\$ 1,732	\$ 2,092	10-15% of Rate	\$ 25,100	\$ 25,100	\$ 25,100								
\$ 25,101	\$ 29,420	\$ 12.07	\$ 14.14	\$ 2,092	\$ 2,452		\$ 29,420	\$ 29,420	\$ 29,420								
\$ 29,421	\$ 33,740	\$ 14.14	\$ 16.22	\$ 2,452	\$ 2,812		\$ 33,740	\$ 33,740	\$ 33,740	\$ 33,740							
\$ 33,741	\$ 38,060	\$ 16.22	\$ 18.30	\$ 2,812	\$ 3,172	15-20% of Rate	\$ 38,060			\$ 38,060							
\$ 38,061	\$ 42,380	\$ 18.30	\$ 20.38	\$ 3,172	\$ 3,532		\$ 42,380	\$ 42,380	\$ 42,380	\$ 42,380	\$ 42,380						
\$ 42,381	\$ 46,701	\$ 20.38	\$ 22.45	\$ 3,532	\$ 3,892		\$ 46,701	\$ 46,701	\$ 46,701								
\$ 46,702	\$ 51,022	\$ 22.45	\$ 24.53	\$ 3,892	\$ 4,252			\$ 51,022	\$ 51,022	\$ 51,022				\$ 51,022		\$ 51,022	
\$ 51,023	\$ 55,344	\$ 24.53	\$ 26.61	\$ 4,252	\$ 4,612				\$ 55,344	\$ 55,344	\$ 55,344				\$ 55,344		
\$ 55,345	\$ 59,665	\$ 26.61	\$ 28.69	\$ 4,612	\$ 4,972					\$ 59,665	\$ 59,665	\$ 59,665				\$ 59,665	
\$ 59,666	\$ 63,986	\$ 28.69	\$ 30.76	\$ 4,972	\$ 5,332					\$ 63,986	\$ 63,986	\$ 63,986					
\$ 63,987	\$ 68,307	\$ 30.76	\$ 32.84	\$ 5,332	\$ 5,692						\$ 68,307	\$ 68,307	\$ 68,307				
\$ 68,308	\$ 72,628	\$ 32.84	\$ 34.92	\$ 5,692	\$ 6,052							\$ 72,628	\$ 72,628			\$ 72,628	
\$ 72,629	\$ 76,950	\$ 34.92	\$ 37.00	\$ 6,052	\$ 6,412								\$ 76,950			\$ 76,950	
\$ 76,951	\$ 81,271	\$ 37.00	\$ 39.07	\$ 6,412	\$ 6,773											\$ 81,271	
\$ 81,272	\$ 85,592	\$ 39.07	\$ 41.15	\$ 6,773	\$ 7,133												
\$ 85,593	\$ 89,913	\$ 41.15	\$ 43.23	\$ 7,133	\$ 7,493												
\$ 89,914	\$ 94,234	\$ 43.23	\$ 45.31	\$ 7,493	\$ 7,853												
\$ 94,235	\$ 98,556	\$ 45.31	\$ 47.38	\$ 7,853	\$ 8,213												
\$ 98,557	\$ 102,877	\$ 47.38	\$ 49.46	\$ 8,213	\$ 8,573												
\$ 102,878	\$ 107,198	\$ 49.46	\$ 51.54	\$ 8,573	\$ 8,933												
\$ 107,199	\$ 111,519	\$ 51.54	\$ 53.62	\$ 8,933	\$ 9,293												
\$ 111,520	\$ 115,840	\$ 53.62	\$ 55.69	\$ 9,293	\$ 9,653												
\$ 115,841	\$ 120,162	\$ 55.69	\$ 57.77	\$ 9,653	\$ 10,013												
\$ 120,163	\$ 124,483	\$ 57.77	\$ 59.85	\$ 10,014	\$ 10,374												
\$ 124,484	\$ 128,804	\$ 59.85	\$ 61.93	\$ 10,374	\$ 10,734												
\$ 128,805	\$ 133,125	\$ 61.93	\$ 64.00	\$ 10,734	\$ 11,094												
\$ 133,126	\$ 137,446	\$ 64.00	\$ 66.08	\$ 11,094	\$ 11,454												
\$ 137,447	\$ 141,768	\$ 66.08	\$ 68.16	\$ 11,454	\$ 11,814												

**Rate** is defined as a) the rate set by the Division of Behavioral Health for services provided which are pre-authorized with the Administrative Services Organization or registered services that have a statewide rate established; b) a Region-determined rate for services provided which are registered with the Administrative Services Organization (ASO) or otherwise documented as required by the Division or Region.

**Cost** refers to the specific expenses incurred by an agency for providing a unit of service or the average costs of serving all customers within a given service when a Division or Region rate has not been determined for reimbursement purposes. This includes personnel, occupancy, supplies, administrative expenses, and similar types of expenditures. In determining the specific costs, a provider may include a substantiated allowance for uncollectible client fees but may not include funds in excess of actual cost (i.e., profit) per state regulations.

Updated  
 The 2018 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

<https://aspe.hhs.gov/poverty-guidelines>  
 Effective 1/18/2018

1	\$12,140	\$1,012	\$1,012
2	\$16,460	\$1,372	\$1,372
3	\$20,780	\$1,732	\$1,732
4	\$25,100	\$2,092	\$2,092
5	\$29,420	\$2,452	\$2,452
6	\$33,740	\$2,812	\$2,812
7	\$38,060	\$3,172	\$3,172
8	\$42,380	\$3,532	\$3,532
Average increase	\$4,320	\$360	\$360

**Applicable to: 24 hour Crisis Lines, Crisis Response Teams, Emergency Community Support, Housing Related Assistance & Peer Run Hospital Diversion programs with stays less than 24 hours only**

Annual Income Limits		hrly rate		Monthly Income Limits		Single	Family -2	Family -3	Family -4	Family -5	Family -6	Family -7	Family -8	Family -9	Family -10
Lower	Upper			Lower	Upper										
\$ -	\$ 12,140	\$ -	\$ 5.84	\$ -	\$ 1,012	No copyment may be charged to consumer	\$12,140								
\$ 12,141	\$ 16,460	\$ 5.84	\$ 7.91	\$ 1,012	\$ 1,372	No copyment may be charged to consumer	\$ 16,460								
\$ 16,461	\$ 20,780	\$ 7.91	\$ 9.99	\$ 1,372	\$ 1,732	No copyment may be charged to consumer	\$ 20,780	\$ 20,780							
\$ 20,781	\$ 25,100	\$ 9.99	\$ 12.07	\$ 1,732	\$ 2,092	No copyment may be charged to consumer		\$ 25,100	\$ 25,100						
\$ 25,101	\$ 29,420	\$ 12.07	\$ 14.14	\$ 2,092	\$ 2,452	No copyment may be charged to consumer			\$ 29,420	\$ 29,420					
\$ 29,421	\$ 33,740	\$ 14.14	\$ 16.22	\$ 2,452	\$ 2,812	No copyment may be charged to consumer	\$ 33,740			\$ 33,740	\$ 33,740				
\$ 33,741	\$ 38,060	\$ 16.22	\$ 18.30	\$ 2,812	\$ 3,172	No copyment may be charged to consumer		\$ 38,060		\$ 38,060	\$ 38,060				
\$ 38,061	\$ 42,380	\$ 18.30	\$ 20.38	\$ 3,172	\$ 3,532	No copyment may be charged to consumer	\$ 42,380	\$ 42,380		\$ 42,380	\$ 42,380	\$ 42,380			
\$ 42,381	\$ 46,701	\$ 20.38	\$ 22.45	\$ 3,532	\$ 3,892			\$ 46,701	\$ 46,701		\$ 46,701			\$ 46,701	
\$ 46,702	\$ 51,022	\$ 22.45	\$ 24.53	\$ 3,892	\$ 4,252				\$ 51,022	\$ 51,022		\$ 51,022	\$ 51,022		\$ 51,022
\$ 51,023	\$ 55,344	\$ 24.53	\$ 26.61	\$ 4,252	\$ 4,612					\$ 55,344	\$ 55,344			\$ 55,344	
\$ 55,345	\$ 59,665	\$ 26.61	\$ 28.69	\$ 4,612	\$ 4,972					\$ 59,665	\$ 59,665			\$ 59,665	
\$ 59,666	\$ 63,986	\$ 28.69	\$ 30.76	\$ 4,972	\$ 5,332						\$ 63,986	\$ 63,986		\$ 63,986	
\$ 63,987	\$ 68,307	\$ 30.76	\$ 32.84	\$ 5,332	\$ 5,692						\$ 68,307	\$ 68,307		\$ 68,307	
\$ 68,308	\$ 72,628	\$ 32.84	\$ 34.92	\$ 5,692	\$ 6,052							\$ 72,628	\$ 72,628		\$ 72,628
\$ 72,629	\$ 76,950	\$ 34.92	\$ 37.00	\$ 6,052	\$ 6,412								\$ 76,950	\$ 76,950	
\$ 76,951	\$ 81,271	\$ 37.00	\$ 39.07	\$ 6,412	\$ 6,773										\$ 81,271
\$ 81,272	\$ 85,592	\$ 39.07	\$ 41.15	\$ 6,773	\$ 7,133										
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\$ 94,235	\$ 98,556	\$ 45.31	\$ 47.38	\$ 7,853	\$ 8,213										
\$ 98,557	\$102,877	\$ 47.38	\$ 49.46	\$ 8,213	\$ 8,573										
\$102,878	\$107,198	\$ 49.46	\$ 51.54	\$ 8,573	\$ 8,933										
\$107,199	\$111,519	\$ 51.54	\$ 53.62	\$ 8,933	\$ 9,293										
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\$120,163	\$124,483	\$ 57.77	\$ 59.85	\$ 10,014	\$ 10,374										
\$124,484	\$128,804	\$ 59.85	\$ 61.93	\$ 10,374	\$ 10,734										
\$128,805	\$133,125	\$ 61.93	\$ 64.00	\$ 10,734	\$ 11,094										
\$133,126	\$137,446	\$ 64.00	\$ 66.08	\$ 11,094	\$ 11,454										
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7	\$38,060	\$3,172	\$3,172
8	\$42,380	\$3,532	\$3,532
Average increase	\$4,320	\$360	\$360

**HALFWAY HOUSE Rate: \$117.59 RATE + CLIENT CO-PAY ASSESSED MAY NOT EXCEED 125% OF UNIT COST**

Annual Income Limits		hrly rate		Monthly Income Limits		Single	Family -2	Family -3	Family -4	Family -5	Family -6	Family -7	Family -8	Family -9	Family -10
Lower	Upper			Lower	Upper										
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\$ 12,141	\$ 16,460	\$ 5.84	\$ 7.91	\$ 1,012	\$ 1,372	No copayment may be charged to consumer	\$16,460								
\$ 16,461	\$ 20,780	\$ 7.91	\$ 9.99	\$ 1,372	\$ 1,732	No copayment may be charged to consumer	\$20,780	\$ 20,780							
\$ 20,781	\$ 25,100	\$ 9.99	\$ 12.07	\$ 1,732	\$ 2,092	No copayment may be charged to consumer	\$25,100	\$ 25,100	\$ 25,100						
\$ 25,101	\$ 29,420	\$ 12.07	\$ 14.14	\$ 2,092	\$ 2,452	No copayment may be charged to consumer	\$33,740	\$ 29,420	\$ 29,420	\$ 29,420					
\$ 29,421	\$ 33,740	\$ 14.14	\$ 16.22	\$ 2,452	\$ 2,812	No copayment may be charged to consumer	\$33,740	\$ 33,740	\$ 33,740	\$ 33,740					
\$ 33,741	\$ 38,060	\$ 16.22	\$ 18.30	\$ 2,812	\$ 3,172	No copayment may be charged to consumer	\$42,380	\$ 38,060	\$ 38,060	\$ 38,060	\$ 38,060				
\$ 38,061	\$ 42,380	\$ 18.30	\$ 20.38	\$ 3,172	\$ 3,532	No copayment may be charged to consumer	\$42,380	\$ 42,380	\$ 42,380	\$ 42,380	\$ 42,380	\$ 42,380			
\$ 42,381	\$ 46,701	\$ 20.38	\$ 22.45	\$ 3,532	\$ 3,892		\$46,701	\$ 46,701	\$ 46,701	\$ 46,701	\$ 46,701	\$ 46,701	\$ 46,701		
\$ 46,702	\$ 51,022	\$ 22.45	\$ 24.53	\$ 3,892	\$ 4,252		\$51,022	\$ 51,022	\$ 51,022	\$ 51,022	\$ 51,022	\$ 51,022	\$ 51,022	\$ 51,022	
\$ 51,023	\$ 55,344	\$ 24.53	\$ 26.61	\$ 4,252	\$ 4,612		\$55,344	\$ 55,344	\$ 55,344	\$ 55,344	\$ 55,344	\$ 55,344	\$ 55,344	\$ 55,344	
\$ 55,345	\$ 59,665	\$ 26.61	\$ 28.69	\$ 4,612	\$ 4,972		\$59,665	\$ 59,665	\$ 59,665	\$ 59,665	\$ 59,665	\$ 59,665	\$ 59,665	\$ 59,665	
\$ 59,666	\$ 63,986	\$ 28.69	\$ 30.76	\$ 4,972	\$ 5,332		\$63,986	\$ 63,986	\$ 63,986	\$ 63,986	\$ 63,986	\$ 63,986	\$ 63,986	\$ 63,986	
\$ 63,987	\$ 68,307	\$ 30.76	\$ 32.84	\$ 5,332	\$ 5,692		\$68,307	\$ 68,307	\$ 68,307	\$ 68,307	\$ 68,307	\$ 68,307	\$ 68,307	\$ 68,307	
\$ 68,308	\$ 72,628	\$ 32.84	\$ 34.92	\$ 5,692	\$ 6,052		\$72,628	\$ 72,628	\$ 72,628	\$ 72,628	\$ 72,628	\$ 72,628	\$ 72,628	\$ 72,628	
\$ 72,629	\$ 76,950	\$ 34.92	\$ 37.00	\$ 6,052	\$ 6,412		\$76,950	\$ 76,950	\$ 76,950	\$ 76,950	\$ 76,950	\$ 76,950	\$ 76,950	\$ 76,950	
\$ 76,951	\$ 81,271	\$ 37.00	\$ 39.07	\$ 6,412	\$ 6,773		\$81,271	\$ 81,271	\$ 81,271	\$ 81,271	\$ 81,271	\$ 81,271	\$ 81,271	\$ 81,271	
\$ 81,272	\$ 85,592	\$ 39.07	\$ 41.15	\$ 6,773	\$ 7,133		\$85,592	\$ 85,592	\$ 85,592	\$ 85,592	\$ 85,592	\$ 85,592	\$ 85,592	\$ 85,592	
\$ 85,593	\$ 89,913	\$ 41.15	\$ 43.23	\$ 7,133	\$ 7,493		\$89,913	\$ 89,913	\$ 89,913	\$ 89,913	\$ 89,913	\$ 89,913	\$ 89,913	\$ 89,913	
\$ 89,914	\$ 94,234	\$ 43.23	\$ 45.31	\$ 7,493	\$ 7,853		\$94,234	\$ 94,234	\$ 94,234	\$ 94,234	\$ 94,234	\$ 94,234	\$ 94,234	\$ 94,234	
\$ 94,235	\$ 98,556	\$ 45.31	\$ 47.38	\$ 7,853	\$ 8,213		\$98,556	\$ 98,556	\$ 98,556	\$ 98,556	\$ 98,556	\$ 98,556	\$ 98,556	\$ 98,556	
\$ 98,557	\$ 102,877	\$ 47.38	\$ 49.46	\$ 8,213	\$ 8,573		\$102,877	\$ 102,877	\$ 102,877	\$ 102,877	\$ 102,877	\$ 102,877	\$ 102,877	\$ 102,877	
\$ 102,878	\$ 107,198	\$ 49.46	\$ 51.54	\$ 8,573	\$ 8,933		\$107,198	\$ 107,198	\$ 107,198	\$ 107,198	\$ 107,198	\$ 107,198	\$ 107,198	\$ 107,198	
\$ 107,199	\$ 111,519	\$ 51.54	\$ 53.62	\$ 8,933	\$ 9,293		\$111,519	\$ 111,519	\$ 111,519	\$ 111,519	\$ 111,519	\$ 111,519	\$ 111,519	\$ 111,519	
\$ 111,520	\$ 115,840	\$ 53.62	\$ 55.69	\$ 9,293	\$ 9,653		\$115,840	\$ 115,840	\$ 115,840	\$ 115,840	\$ 115,840	\$ 115,840	\$ 115,840	\$ 115,840	
\$ 115,841	\$ 120,162	\$ 55.69	\$ 57.77	\$ 9,653	\$ 10,013		\$120,162	\$ 120,162	\$ 120,162	\$ 120,162	\$ 120,162	\$ 120,162	\$ 120,162	\$ 120,162	
\$ 120,163	\$ 124,483	\$ 57.77	\$ 59.85	\$ 10,013	\$ 10,374		\$124,483	\$ 124,483	\$ 124,483	\$ 124,483	\$ 124,483	\$ 124,483	\$ 124,483	\$ 124,483	
\$ 124,484	\$ 128,804	\$ 59.85	\$ 61.93	\$ 10,374	\$ 10,734		\$128,804	\$ 128,804	\$ 128,804	\$ 128,804	\$ 128,804	\$ 128,804	\$ 128,804	\$ 128,804	
\$ 128,805	\$ 133,125	\$ 61.93	\$ 64.00	\$ 10,734	\$ 11,094		\$133,125	\$ 133,125	\$ 133,125	\$ 133,125	\$ 133,125	\$ 133,125	\$ 133,125	\$ 133,125	
\$ 133,126	\$ 137,446	\$ 64.00	\$ 66.08	\$ 11,094	\$ 11,454		\$137,446	\$ 137,446	\$ 137,446	\$ 137,446	\$ 137,446	\$ 137,446	\$ 137,446	\$ 137,446	
\$ 137,447	\$ 141,768	\$ 66.08	\$ 68.16	\$ 11,454	\$ 11,814		\$141,768	\$ 141,768	\$ 141,768	\$ 141,768	\$ 141,768	\$ 141,768	\$ 141,768	\$ 141,768	

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1	\$12,140	\$1,012	\$1,012
2	\$16,460	\$1,372	\$1,372
3	\$20,780	\$1,732	\$1,732
4	\$25,100	\$2,092	\$2,092
5	\$29,420	\$2,452	\$2,452
6	\$33,740	\$2,812	\$2,812
7	\$38,060	\$3,172	\$3,172
8	\$42,380	\$3,532	\$3,532
Average increase	\$4,320	\$360	\$360

**NFFS FEE SCHEDULE FY18**

Annual Income Limits		hrly rate		Monthly Income Limits		Allowable Co-pay	Single	Family -2	Family -3	Family -4	Family -5	Family -6	Family -7	Family -8	Family -9	Family -10	
Lower	Upper			Lower	Upper	(% of established rate)											
\$ -	\$ 12,140	\$ -	\$ 5.84	\$ -	\$ 1,012	0-5% of Rate	\$12,140										
\$ 12,141	\$ 16,460	\$ 5.84	\$ 7.91	\$ 1,012	\$ 1,372			\$16,460									
\$ 16,461	\$ 20,780	\$ 7.91	\$ 9.99	\$ 1,372	\$ 1,732	0-10% of Rate	\$20,780	\$20,780									
\$ 20,781	\$ 25,100	\$ 9.99	\$ 12.07	\$ 1,732	\$ 2,092			\$25,100	\$25,100								
\$ 25,101	\$ 29,420	\$ 12.07	\$ 14.14	\$ 2,092	\$ 2,452	10-15% of Rate	\$33,740	\$29,420	\$29,420	\$29,420							
\$ 29,421	\$ 33,740	\$ 14.14	\$ 16.22	\$ 2,452	\$ 2,812			\$33,740	\$33,740	\$33,740							
\$ 33,741	\$ 38,060	\$ 16.22	\$ 18.30	\$ 2,812	\$ 3,172	15-20% of Rate	\$42,380	\$38,060	\$38,060	\$38,060	\$38,060						
\$ 38,061	\$ 42,380	\$ 18.30	\$ 20.38	\$ 3,172	\$ 3,532			\$42,380	\$42,380	\$42,380	\$42,380	\$42,380					
\$ 42,381	\$ 46,701	\$ 20.38	\$ 22.45	\$ 3,532	\$ 3,892			\$46,701	\$46,701	\$46,701	\$46,701	\$46,701	\$46,701				
\$ 46,702	\$ 51,022	\$ 22.45	\$ 24.53	\$ 3,892	\$ 4,252			\$51,022	\$51,022	\$51,022	\$51,022	\$51,022	\$51,022	\$51,022			
\$ 51,023	\$ 55,344	\$ 24.53	\$ 26.61	\$ 4,252	\$ 4,612			\$55,344	\$55,344	\$55,344	\$55,344	\$55,344	\$55,344	\$55,344	\$55,344		
\$ 55,345	\$ 59,665	\$ 26.61	\$ 28.69	\$ 4,612	\$ 4,972			\$59,665	\$59,665	\$59,665	\$59,665	\$59,665	\$59,665	\$59,665	\$59,665	\$59,665	
\$ 59,666	\$ 63,986	\$ 28.69	\$ 30.76	\$ 4,972	\$ 5,332			\$63,986	\$63,986	\$63,986	\$63,986	\$63,986	\$63,986	\$63,986	\$63,986	\$63,986	
\$ 63,987	\$ 68,307	\$ 30.76	\$ 32.84	\$ 5,332	\$ 5,692			\$68,307	\$68,307	\$68,307	\$68,307	\$68,307	\$68,307	\$68,307	\$68,307	\$68,307	
\$ 68,308	\$ 72,628	\$ 32.84	\$ 34.92	\$ 5,692	\$ 6,052			\$72,628	\$72,628	\$72,628	\$72,628	\$72,628	\$72,628	\$72,628	\$72,628	\$72,628	
\$ 72,629	\$ 76,950	\$ 34.92	\$ 37.00	\$ 6,052	\$ 6,412			\$76,950	\$76,950	\$76,950	\$76,950	\$76,950	\$76,950	\$76,950	\$76,950	\$76,950	
\$ 76,951	\$ 81,271	\$ 37.00	\$ 39.07	\$ 6,412	\$ 6,773			\$81,271	\$81,271	\$81,271	\$81,271	\$81,271	\$81,271	\$81,271	\$81,271	\$81,271	
\$ 81,272	\$ 85,592	\$ 39.07	\$ 41.15	\$ 6,773	\$ 7,133			UNSHADED AREA—NOT ELIGIBLE FOR REGION FUNDING									
\$ 85,593	\$ 89,913	\$ 41.15	\$ 43.23	\$ 7,133	\$ 7,493												
\$ 89,914	\$ 94,234	\$ 43.23	\$ 45.31	\$ 7,493	\$ 7,853												
\$ 94,235	\$ 98,556	\$ 45.31	\$ 47.38	\$ 7,853	\$ 8,213												
\$ 98,557	\$ 102,877	\$ 47.38	\$ 49.46	\$ 8,213	\$ 8,573												
\$ 102,878	\$ 107,198	\$ 49.46	\$ 51.54	\$ 8,573	\$ 8,933												
\$ 107,199	\$ 111,519	\$ 51.54	\$ 53.62	\$ 8,933	\$ 9,293												
\$ 111,520	\$ 115,840	\$ 53.62	\$ 55.69	\$ 9,293	\$ 9,653												
\$ 115,841	\$ 120,162	\$ 55.69	\$ 57.77	\$ 9,653	\$ 10,013												
\$ 120,163	\$ 124,483	\$ 57.77	\$ 59.85	\$ 10,013	\$ 10,374												
\$ 124,484	\$ 128,804	\$ 59.85	\$ 61.93	\$ 10,374	\$ 10,734												
\$ 128,805	\$ 133,125	\$ 61.93	\$ 64.00	\$ 10,734	\$ 11,094												
\$ 133,126	\$ 137,446	\$ 64.00	\$ 66.08	\$ 11,094	\$ 11,454												
\$ 137,447	\$ 141,768	\$ 66.08	\$ 68.16	\$ 11,454	\$ 11,814												

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6	\$33,740	\$2,812	\$2,812
7	\$38,060	\$3,172	\$3,172
8	\$42,380	\$3,532	\$3,532
Average increase	\$4,320	\$360	\$360

**Non-Residential Treatment Services**

**SA Assessment Rate: \$207.69, Outpatient-MH & SA Individual Rate: \$94.35 & Group Rate: \$33.86**

**Intensive Outpatient Rate: \$29.75, Medication Management Rate: \$70.57, Children's Assessments: \$88.04, Children's IOP: \$94.35**

**RATE + CLIENT CO-PAY ASSESSED MAY NOT EXCEED 125% OF UNIT COST**

Annual Income Limits		hrly rate		Monthly Income Limits		Allowable Co-pay	Single	Family -2	Family -3	Family -4	Family -5	Family -6	Family -7	Family -8	Family -9	Family -10
Lower	Upper			Lower	Upper	(% of established rate)										
\$ -	\$12,140	\$ -	\$ 5.84	\$ -	\$ 1,012	5-15% of Rate	\$ 12,140									
\$ 12,141	\$16,460	\$ 5.84	\$ 7.91	\$ 1,012	\$ 1,372	15-25% of Rate	\$ 16,460									
\$ 16,461	\$20,780	\$ 7.91	\$ 9.99	\$ 1,372	\$ 1,732		\$ 20,780	\$ 20,780								
\$ 20,781	\$25,100	\$ 9.99	\$ 12.07	\$ 1,732	\$ 2,092	25-35% of Rate	\$ 25,100		\$ 25,100							
\$ 25,101	\$29,420	\$ 12.07	\$ 14.14	\$ 2,092	\$ 2,452			\$ 29,420	\$ 29,420							
\$ 29,421	\$33,740	\$ 14.14	\$ 16.22	\$ 2,452	\$ 2,812		\$ 33,740		\$ 33,740	\$ 33,740						
\$ 33,741	\$38,060	\$ 16.22	\$ 18.30	\$ 2,812	\$ 3,172	35-45% of Rate	\$ 38,060		\$ 38,060	\$ 38,060		\$ 38,060				
\$ 38,061	\$42,380	\$ 18.30	\$ 20.38	\$ 3,172	\$ 3,532		\$ 42,380	\$ 42,380		\$ 42,380	\$ 42,380		\$ 42,380			
\$ 42,381	\$ 46,701	\$ 20.38	\$ 22.45	\$ 3,532	\$ 3,892		\$ 46,701	\$ 46,701		\$ 46,701		\$ 46,701	\$ 46,701			
\$ 46,702	\$ 51,022	\$ 22.45	\$ 24.53	\$ 3,892	\$ 4,252			\$ 51,022	\$ 51,022		\$ 51,022		\$ 51,022	\$ 51,022		\$ 51,022
\$ 51,024	\$ 55,344	\$ 24.53	\$ 26.61	\$ 4,252	\$ 4,612				\$ 55,344	\$ 55,344					\$ 55,344	
\$ 55,345	\$ 59,665	\$ 26.61	\$ 28.69	\$ 4,612	\$ 4,972				\$ 59,665	\$ 59,665		\$ 59,665			\$ 59,665	
\$ 59,666	\$ 63,986	\$ 28.69	\$ 30.76	\$ 4,972	\$ 5,332				\$ 63,986		\$ 63,986		\$ 63,986			
\$ 63,987	\$ 68,307	\$ 30.76	\$ 32.84	\$ 5,332	\$ 5,692						\$ 68,307		\$ 68,307			
\$ 68,308	\$ 72,628	\$ 32.84	\$ 34.92	\$ 5,692	\$ 6,052							\$ 72,628		\$ 72,628		
\$ 72,630	\$ 76,950	\$ 34.92	\$ 37.00	\$ 6,052	\$ 6,412									\$ 76,950		
\$ 76,951	\$ 81,271	\$ 37.00	\$ 39.07	\$ 6,412	\$ 6,773											\$ 81,271
\$ 81,272	\$ 85,592	\$ 39.07	\$ 41.15	\$ 6,773	\$ 7,133											
\$ 85,593	\$ 89,913	\$ 41.15	\$ 43.23	\$ 7,133	\$ 7,493											
\$ 89,914	\$ 94,234	\$ 43.23	\$ 45.31	\$ 7,493	\$ 7,853											
\$ 94,236	\$ 98,556	\$ 45.31	\$ 47.38	\$ 7,853	\$ 8,213											
\$ 98,557	\$102,877	\$ 47.38	\$ 49.46	\$ 8,213	\$ 8,573											
\$102,878	\$107,198	\$ 49.46	\$ 51.54	\$ 8,573	\$ 8,933											
\$107,199	\$111,519	\$ 51.54	\$ 53.62	\$ 8,933	\$ 9,293											
\$111,520	\$115,840	\$ 53.62	\$ 55.69	\$ 9,293	\$ 9,653											
\$115,842	\$120,162	\$ 55.69	\$ 57.77	\$ 9,653	\$10,013											
\$120,163	\$124,483	\$ 57.77	\$ 59.85	\$10,014	\$10,374											
\$124,484	\$128,804	\$ 59.85	\$ 61.93	\$10,374	\$10,734											
\$128,805	\$133,125	\$ 61.93	\$ 64.00	\$10,734	\$11,094											
\$133,126	\$137,446	\$ 64.00	\$ 66.08	\$11,094	\$11,454											
\$137,448	\$141,768	\$ 66.08	\$ 68.16	\$11,454	\$11,814											

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6	\$33,740	\$2,812	\$2,812
7	\$38,060	\$3,172	\$3,172
8	\$42,380	\$3,532	\$3,532
Average increase	\$4,320	\$360	\$360

Community Support-MH Rate: \$308.31, Community Support-SA Rate: \$252.88, Day Rehab Rate: \$59.50,  
Psych Res Rehabilitation Rate: \$121.70

REHABILITATION SERVICES

RATE + CLIENT CO-PAY ASSESSED MAY NOT EXCEED 125% OF UNIT COST

Annual Income Limits		hrly rate		Monthly Income Limits		Allowable Co-pay	Single	Family -2	Family -3	Family -4	Family -5	Family -6	Family -7	Family -8	Family -9	Family -10
Lower	Upper			Lower	Upper	(% of established rate)										
\$ -	\$ 12,140	\$ -	\$ 5.84	\$ -	\$ 1,012	No Copayment may be charged to consumer	\$12,140									
\$ 12,141	\$ 16,460	\$ 5.84	\$ 7.91	\$ 1,012	\$ 1,372	be charged to consumer	\$16,460	\$ 16,460								
\$ 16,461	\$ 20,780	\$ 7.91	\$ 9.99	\$ 1,372	\$ 1,732		\$20,780	\$ 20,780								
\$ 20,781	\$ 25,100	\$ 9.99	\$ 12.07	\$ 1,732	\$ 2,092	0-10% of Rate	\$25,100	\$ 25,100	\$ 25,100							
\$ 25,101	\$ 29,420	\$ 12.07	\$ 14.14	\$ 2,092	\$ 2,452		\$29,420	\$ 29,420	\$ 29,420	\$ 29,420						
\$ 29,421	\$ 33,740	\$ 14.14	\$ 16.22	\$ 2,452	\$ 2,812		\$33,740	\$ 33,740	\$ 33,740	\$ 33,740						
\$ 33,741	\$ 38,060	\$ 16.22	\$ 18.30	\$ 2,812	\$ 3,172	0-10% of Rate	\$38,060	\$ 38,060	\$ 38,060	\$ 38,060	\$ 38,060					
\$ 38,061	\$ 42,380	\$ 18.30	\$ 20.38	\$ 3,172	\$ 3,532		\$42,380	\$ 42,380	\$ 42,380	\$ 42,380	\$ 42,380	\$ 42,380				
\$ 42,381	\$ 46,701	\$ 20.38	\$ 22.45	\$ 3,532	\$ 3,892		\$46,701	\$ 46,701	\$ 46,701	\$ 46,701	\$ 46,701	\$ 46,701	\$ 46,701			
\$ 46,702	\$ 51,022	\$ 22.45	\$ 24.53	\$ 3,892	\$ 4,252		\$51,022	\$ 51,022	\$ 51,022	\$ 51,022	\$ 51,022	\$ 51,022	\$ 51,022	\$ 51,022		
\$ 51,024	\$ 55,344	\$ 24.53	\$ 26.61	\$ 4,252	\$ 4,612		\$55,344	\$ 55,344	\$ 55,344	\$ 55,344	\$ 55,344	\$ 55,344	\$ 55,344	\$ 55,344	\$ 55,344	
\$ 55,345	\$ 59,665	\$ 26.61	\$ 28.69	\$ 4,612	\$ 4,972		\$59,665	\$ 59,665	\$ 59,665	\$ 59,665	\$ 59,665	\$ 59,665	\$ 59,665	\$ 59,665	\$ 59,665	
\$ 59,666	\$ 63,986	\$ 28.69	\$ 30.76	\$ 4,972	\$ 5,332		\$63,986	\$ 63,986	\$ 63,986	\$ 63,986	\$ 63,986	\$ 63,986	\$ 63,986	\$ 63,986	\$ 63,986	
\$ 63,987	\$ 68,307	\$ 30.76	\$ 32.84	\$ 5,332	\$ 5,692		\$68,307	\$ 68,307	\$ 68,307	\$ 68,307	\$ 68,307	\$ 68,307	\$ 68,307	\$ 68,307	\$ 68,307	
\$ 68,308	\$ 72,628	\$ 32.84	\$ 34.92	\$ 5,692	\$ 6,052		\$72,628	\$ 72,628	\$ 72,628	\$ 72,628	\$ 72,628	\$ 72,628	\$ 72,628	\$ 72,628	\$ 72,628	
\$ 72,630	\$ 76,950	\$ 34.92	\$ 37.00	\$ 6,052	\$ 6,412		\$76,950	\$ 76,950	\$ 76,950	\$ 76,950	\$ 76,950	\$ 76,950	\$ 76,950	\$ 76,950	\$ 76,950	
\$ 76,951	\$ 81,271	\$ 37.00	\$ 39.07	\$ 6,412	\$ 6,773		\$81,271	\$ 81,271	\$ 81,271	\$ 81,271	\$ 81,271	\$ 81,271	\$ 81,271	\$ 81,271	\$ 81,271	
\$ 81,272	\$ 85,592	\$ 39.07	\$ 41.15	\$ 6,773	\$ 7,133		\$85,592	\$ 85,592	\$ 85,592	\$ 85,592	\$ 85,592	\$ 85,592	\$ 85,592	\$ 85,592	\$ 85,592	
\$ 85,593	\$ 89,913	\$ 41.15	\$ 43.23	\$ 7,133	\$ 7,493		\$89,913	\$ 89,913	\$ 89,913	\$ 89,913	\$ 89,913	\$ 89,913	\$ 89,913	\$ 89,913	\$ 89,913	
\$ 89,914	\$ 94,234	\$ 43.23	\$ 45.31	\$ 7,493	\$ 7,853		\$94,234	\$ 94,234	\$ 94,234	\$ 94,234	\$ 94,234	\$ 94,234	\$ 94,234	\$ 94,234	\$ 94,234	
\$ 94,236	\$ 98,556	\$ 45.31	\$ 47.38	\$ 7,853	\$ 8,213		\$98,556	\$ 98,556	\$ 98,556	\$ 98,556	\$ 98,556	\$ 98,556	\$ 98,556	\$ 98,556	\$ 98,556	
\$ 98,557	\$ 102,877	\$ 47.38	\$ 49.46	\$ 8,213	\$ 8,573		\$102,877	\$ 102,877	\$ 102,877	\$ 102,877	\$ 102,877	\$ 102,877	\$ 102,877	\$ 102,877	\$ 102,877	
\$ 102,878	\$ 107,198	\$ 49.46	\$ 51.54	\$ 8,573	\$ 8,933		\$107,198	\$ 107,198	\$ 107,198	\$ 107,198	\$ 107,198	\$ 107,198	\$ 107,198	\$ 107,198	\$ 107,198	
\$ 107,199	\$ 111,519	\$ 51.54	\$ 53.62	\$ 8,933	\$ 9,293		\$111,519	\$ 111,519	\$ 111,519	\$ 111,519	\$ 111,519	\$ 111,519	\$ 111,519	\$ 111,519	\$ 111,519	
\$ 111,520	\$ 115,840	\$ 53.62	\$ 55.69	\$ 9,293	\$ 9,653		\$115,840	\$ 115,840	\$ 115,840	\$ 115,840	\$ 115,840	\$ 115,840	\$ 115,840	\$ 115,840	\$ 115,840	
\$ 115,842	\$ 120,162	\$ 55.69	\$ 57.77	\$ 9,653	\$ 10,013		\$120,162	\$ 120,162	\$ 120,162	\$ 120,162	\$ 120,162	\$ 120,162	\$ 120,162	\$ 120,162	\$ 120,162	
\$ 120,163	\$ 124,483	\$ 57.77	\$ 59.85	\$ 10,013	\$ 10,374		\$124,483	\$ 124,483	\$ 124,483	\$ 124,483	\$ 124,483	\$ 124,483	\$ 124,483	\$ 124,483	\$ 124,483	
\$ 124,484	\$ 128,804	\$ 59.85	\$ 61.93	\$ 10,374	\$ 10,734		\$128,804	\$ 128,804	\$ 128,804	\$ 128,804	\$ 128,804	\$ 128,804	\$ 128,804	\$ 128,804	\$ 128,804	
\$ 128,805	\$ 133,125	\$ 61.93	\$ 64.00	\$ 10,734	\$ 11,094		\$133,125	\$ 133,125	\$ 133,125	\$ 133,125	\$ 133,125	\$ 133,125	\$ 133,125	\$ 133,125	\$ 133,125	
\$ 133,126	\$ 137,446	\$ 64.00	\$ 66.08	\$ 11,094	\$ 11,454		\$137,446	\$ 137,446	\$ 137,446	\$ 137,446	\$ 137,446	\$ 137,446	\$ 137,446	\$ 137,446	\$ 137,446	
\$ 137,448	\$ 141,768	\$ 66.08	\$ 68.16	\$ 11,454	\$ 11,814		\$141,768	\$ 141,768	\$ 141,768	\$ 141,768	\$ 141,768	\$ 141,768	\$ 141,768	\$ 141,768	\$ 141,768	

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8	\$42,380	\$3,532	\$3,532
Average increase	\$4,320	\$360	\$360

**MAY BE APPLIED TO ANY SERVICE IF PERSON SERVED HAS A DX OF SPMI OR SED OR MEETS THE CRITERIA  
FOR MEDICAL DEBTS IN EXCESS OF 10% OF TAXABLE ANNUAL INCOME  
RATE + CLIENT CO-PAY ASSESSED MAY NOT EXCEED 125% OF UNIT COST**

Annual Income Limits		hrly rate		Monthly Income Limits		Allowable Co-pay (% of established rate) No copayment may be charged to consumer	Single	Family -2	Family -3	Family -4	Family -5	Family -6	Family -7	Family -8	Family -9	Family -10	
Lower	Upper			Lower	Upper												
\$ -	\$ 12,140	\$ -	\$ 5.84	\$ -	\$ 1,012		\$ 12,140										
\$ 12,141	\$ 16,460	\$ 5.84	\$ 7.91	\$ 1,012	\$ 1,372	No copayment may be charged to consumer	\$ 16,460										
\$ 16,461	\$ 20,780	\$ 7.91	\$ 9.99	\$ 1,372	\$ 1,732	No copayment may be charged to consumer	\$ 20,780	\$ 20,780									
\$ 20,781	\$ 25,100	\$ 9.99	\$ 12.07	\$ 1,732	\$ 2,092	0-10% of Rate	\$ 25,100	\$ 25,100	\$ 25,100								
\$ 25,101	\$ 29,420	\$ 12.07	\$ 14.14	\$ 2,092	\$ 2,452		\$ 29,420	\$ 29,420	\$ 29,420								
\$ 29,421	\$ 33,740	\$ 14.14	\$ 16.22	\$ 2,452	\$ 2,812	0-10% of Rate	\$ 33,740		\$ 33,740	\$ 33,740	\$ 33,740						
\$ 33,741	\$ 38,060	\$ 16.22	\$ 18.30	\$ 2,812	\$ 3,172		\$ 38,060	\$ 38,060	\$ 38,060	\$ 38,060	\$ 38,060						
\$ 38,061	\$ 42,380	\$ 18.30	\$ 20.38	\$ 3,172	\$ 3,532		\$ 42,380	\$ 42,380	\$ 42,380	\$ 42,380	\$ 42,380	\$ 42,380	\$ 42,380	\$ 42,380			
\$ 42,381	\$ 46,701	\$ 20.38	\$ 22.45	\$ 3,532	\$ 3,892		\$ 46,701	\$ 46,701	\$ 46,701	\$ 46,701	\$ 46,701	\$ 46,701	\$ 46,701	\$ 46,701	\$ 46,701		
\$ 46,702	\$ 51,022	\$ 22.45	\$ 24.53	\$ 3,892	\$ 4,252			\$ 51,022	\$ 51,022	\$ 51,022	\$ 51,022	\$ 51,022	\$ 51,022	\$ 51,022	\$ 51,022	\$ 51,022	\$ 51,022
\$ 51,024	\$ 55,344	\$ 24.53	\$ 26.61	\$ 4,252	\$ 4,612			\$ 55,344	\$ 55,344	\$ 55,344	\$ 55,344	\$ 55,344	\$ 55,344	\$ 55,344	\$ 55,344	\$ 55,344	\$ 55,344
\$ 55,345	\$ 59,665	\$ 26.61	\$ 28.69	\$ 4,612	\$ 4,972				\$ 59,665	\$ 59,665	\$ 59,665	\$ 59,665	\$ 59,665	\$ 59,665	\$ 59,665	\$ 59,665	\$ 59,665
\$ 59,666	\$ 63,986	\$ 28.69	\$ 30.76	\$ 4,972	\$ 5,332				\$ 63,986	\$ 63,986	\$ 63,986	\$ 63,986	\$ 63,986	\$ 63,986	\$ 63,986	\$ 63,986	\$ 63,986
\$ 63,987	\$ 68,307	\$ 30.76	\$ 32.84	\$ 5,332	\$ 5,692					\$ 68,307	\$ 68,307	\$ 68,307	\$ 68,307	\$ 68,307	\$ 68,307	\$ 68,307	\$ 68,307
\$ 68,308	\$ 72,628	\$ 32.84	\$ 34.92	\$ 5,692	\$ 6,052						\$ 72,628	\$ 72,628	\$ 72,628	\$ 72,628	\$ 72,628	\$ 72,628	\$ 72,628
\$ 72,630	\$ 76,950	\$ 34.92	\$ 37.00	\$ 6,052	\$ 6,412									\$ 76,950	\$ 76,950	\$ 76,950	\$ 76,950
\$ 76,951	\$ 81,271	\$ 37.00	\$ 39.07	\$ 6,412	\$ 6,773											\$ 81,271	\$ 81,271
\$ 81,272	\$ 85,592	\$ 39.07	\$ 41.15	\$ 6,773	\$ 7,133												
\$ 85,593	\$ 89,913	\$ 41.15	\$ 43.23	\$ 7,133	\$ 7,493												
\$ 89,914	\$ 94,234	\$ 43.23	\$ 45.31	\$ 7,493	\$ 7,853												
\$ 94,236	\$ 98,556	\$ 45.31	\$ 47.38	\$ 7,853	\$ 8,213												
\$ 98,557	\$ 102,877	\$ 47.38	\$ 49.46	\$ 8,213	\$ 8,573												
\$ 102,878	\$ 107,198	\$ 49.46	\$ 51.54	\$ 8,573	\$ 8,933												
\$ 107,199	\$ 111,519	\$ 51.54	\$ 53.62	\$ 8,933	\$ 9,293												
\$ 111,520	\$ 115,840	\$ 53.62	\$ 55.69	\$ 9,293	\$ 9,653												
\$ 115,842	\$ 120,162	\$ 55.69	\$ 57.77	\$ 9,653	\$ 10,013												
\$ 120,163	\$ 124,483	\$ 57.77	\$ 59.85	\$ 10,014	\$ 10,374												
\$ 124,484	\$ 128,804	\$ 59.85	\$ 61.93	\$ 10,374	\$ 10,734												
\$ 128,805	\$ 133,125	\$ 61.93	\$ 64.00	\$ 10,734	\$ 11,094												
\$ 133,126	\$ 137,446	\$ 64.00	\$ 66.08	\$ 11,094	\$ 11,454												
\$ 137,448	\$ 141,768	\$ 66.08	\$ 68.16	\$ 11,454	\$ 11,814												

UNSHADED AREA - NOT ELIGIBLE FOR REGION FUNDING

\* Total copayment charged per month may not exceed 20% of the Adjusted Monthly Income used to determine eligibility for NBHS funded services.

**Rate** is defined as a) the rate set by the Division of Behavioral Health for services provided which are pre-authorized with the Administrative Services Organization or registered services that have a statewide rate established; b) a Region-determined rate for services provided which are registered with the Administrative Services Organization (ASO) or otherwise documented as required by the Division or Region.

**Cost** refers to the specific expenses incurred by an agency for providing a unit of service or the average costs of serving all customers within a given service when a Division or Region rate has not been determined for reimbursement purposes. This includes personnel, occupancy, supplies, administrative expenses, and similar types of expenditures. In determining the specific costs, a provider may include a substantiated allowance for uncollectible client fees but may not include funds in excess of actual cost (i.e., profit) per state regulations.

The 2017 Poverty Guidelines for 48 Contiguous States and the District of Columbia		Effective 1/26/2017	
1	\$12,140	\$1,012	\$1,012
2	\$16,460	\$1,372	\$1,372
3	\$20,780	\$1,732	\$1,732
4	\$25,100	\$2,092	\$2,092
5	\$29,420	\$2,452	\$2,452
6	\$33,740	\$2,812	\$2,812
7	\$38,060	\$3,172	\$3,172
8	\$42,380	\$3,532	\$3,532
Average increase	\$4,320	\$360	\$360