

St. Clair County Community Mental Health Authority
Fee Determination for Mental Health Services
For Monthly Payments
Specialized Group Homes/Foster Homes, or Inpatient >60 Days

Individual _____

Case # _____

Responsible Party _____

Payment Effective Date: _____

(Check as appropriate:)

DETERMINATION TYPE:

☐ Initial

☐ Annual

☐ Other _____

FOR:

☐ Inpatient

☐ Residential

☐ Other

(list) _____

DETERMINATION FOR:

☐ Individual Only

☐ Individual/Spouse

☐ Child

☐ Parents

☐ Father

☐ Mother

Protected Income:

*Individual (full year) = \$528/\$768 OR

\$ _____ X _____ months = \$ _____

Protected Assets:

Individual \$2000

Individual & Spouse \$3000

Each Additional Dependent \$250

Earned Income:

Protect the first \$65 plus ½ of earned income over \$65/month. (Refer to form #117, "Earned Income Worksheet")

1. Personal Ability to Pay -- Net Income		
a. Total Gross Annual Income (Refer to Form #119, section 1f)	\$	
b. Minus Protected Income (if using Earned Income, enter amount from "Earned Income Worksheet", form #117, line 10)	\$-	
c. Net Annual Income	1.c. \$	
2. Personal Ability to Pay -- Net Assets		
a. Total Available Assets (Refer to Worksheet #119, section 2e)	\$	
b. Minus Protected Assets	\$ -	
c. Minus Liabilities (Refer to Worksheet #119, section 3)	\$ -	
d. Net Available Assets	2.d. \$	
3. Maximum Annual Personal Liability		
a. Net Annual Income (1.c.)	\$	
b. Net Available Assets (2.d.)	\$ +	
c. Total Expenses (Refer to Worksheet #119, section 4) *	\$ -	
d. Annual Personal Liability for M.H. Services (3.a. + 3.b. - 3.c.)	=	
e. Monthly Personal Liability for Mental Health Services (3d/____ months) Enter on here and on "Summary & Signature Page", form #116. (Individuals with Medicaid Deductible, enter on "Medicaid Deductible Worksheet", form #121, line 1 and then on "Summary & Signature Page", form #116)		
	\$	

☐ Individual does not owe towards mental health services due to their full Medicaid Eligibility status from the Michigan Department of Health & Human Services.

☐ Refer to Medicaid Deductible Worksheet, Form #121.

Clinical Form: #03-0118

Reviewed Date: 9/1/2023

Policy Ref: #03-002-0025, #07-003-0030

EHR: Administrative/Financial, Fee Determination/Payment Agreements, Residential Fee Determination