

HEALTH & HUMAN SERVICES MONTHLY
ABILITY-TO-PAY FEE SCHEDULE

Annual Gross Income	Monthly Gross Income	Maximum Monthly Fee By Family Size									% monthly income family size 1
		1	2	3	4	5	6	7	8	9+	
14,580	1,215	0	0	0	0	0	0	0	0	0	
21,870	1,823	46	0	0	0	0	0	0	0	0	2.50%
24,440	2,037	54	0	0	0	0	0	0	0	0	2.66%
27,010	2,251	63	0	0	0	0	0	0	0	0	2.82%
29,580	2,465	73	46	0	0	0	0	0	0	0	2.98%
32,150	2,679	84	54	0	0	0	0	0	0	0	3.14%
34,720	2,893	95	63	0	0	0	0	0	0	0	3.30%
37,290	3,108	108	73	46	0	0	0	0	0	0	3.46%
39,860	3,322	120	84	54	0	0	0	0	0	0	3.62%
42,430	3,536	134	95	63	0	0	0	0	0	0	3.78%
45,000	3,750	148	108	73	46	0	0	0	0	0	3.94%
47,570	3,964	163	120	84	54	0	0	0	0	0	4.10%
50,140	4,178	178	134	95	63	0	0	0	0	0	4.26%
52,710	4,393	194	148	108	73	46	0	0	0	0	4.42%
55,280	4,607	211	163	120	84	54	0	0	0	0	4.58%
57,850	4,821	229	178	134	95	63	0	0	0	0	4.74%
60,420	5,035	247	194	148	108	73	46	0	0	0	4.90%
62,990	5,249	266	211	163	120	84	54	0	0	0	5.06%
65,560	5,463	285	229	178	134	95	63	0	0	0	5.22%
68,130	5,678	305	247	194	148	108	73	46	0	0	5.38%
70,700	5,892	326	266	211	163	120	84	54	0	0	5.54%
73,270	6,106	348	285	229	178	134	95	63	0	0	5.70%
75,840	6,320	370	305	247	194	148	108	73	46	0	5.86%
78,410	6,534	393	326	266	211	163	120	84	54	0	6.02%
80,980	6,748	417	348	285	229	178	134	95	63	0	6.18%
83,550	6,963	441	370	305	247	194	148	108	73	46	6.34%
86,120	7,177	466	393	326	266	211	163	120	84	54	6.50%
88,690	7,391	492	417	348	285	229	178	134	95	63	6.66%
91,260	7,605	519	441	370	305	247	194	148	108	73	6.82%
93,830	7,819	546	466	393	326	266	211	163	120	84	6.98%
96,400	8,033	574	492	417	348	285	229	178	134	95	7.14%
98,970	8,248	602	519	441	370	305	247	194	148	108	7.30%
101,540	8,462	631	546	466	393	326	266	211	163	120	7.46%
104,110	8,676	661	574	492	417	348	285	229	178	134	7.62%
106,680	8,890	692	602	519	441	370	305	247	194	148	7.78%
109,250	9,104	723	631	546	466	393	326	266	211	163	7.94%
111,820	9,318	755	661	574	492	417	348	285	229	178	8.10%
114,390	9,533	787	692	602	519	441	370	305	247	194	8.26%
116,960	9,747	821	723	631	546	466	393	326	266	211	8.42%
119,530	9,961	855	755	661	574	492	417	348	285	229	8.58%
122,100	10,175	889	787	692	602	519	441	370	305	247	8.74%
124,670	10,389	925	821	723	631	546	466	393	326	266	8.90%
127,240	10,603	961	855	755	661	574	492	417	348	285	9.06%
129,810	10,818	997	889	787	692	602	519	441	370	305	9.22%
132,380	11,032	1,035	925	821	723	631	546	466	393	326	9.38%
134,950	11,246	1,073	961	855	755	661	574	492	417	348	9.54%
137,520	11,460	1,112	997	889	787	692	602	519	441	370	9.70%
140,090	11,674	1,151	1,035	925	821	723	631	546	466	393	9.86%
142,660	11,888	1,191	1,073	961	855	755	661	574	492	417	10.02%
145,230	12,103	1,232	1,112	997	889	787	692	602	519	441	10.18%
147,800	12,317	1,274	1,151	1,035	925	821	723	631	546	466	10.34%
150,370	12,531	1,316	1,191	1,073	961	855	755	661	574	492	10.50%
152,940	12,745	1,359	1,232	1,112	997	889	787	692	602	519	10.66%
155,510	12,959	1,402	1,274	1,151	1,035	925	821	723	631	546	10.82%
158,080	13,173	1,446	1,316	1,191	1,073	961	855	755	661	574	10.98%
160,650	13,388	1,491	1,359	1,232	1,112	997	889	787	692	602	11.14%
163,220	13,602	1,537	1,402	1,274	1,151	1,035	925	821	723	631	11.30%

Source: 2023 Federal Poverty Guidelines
EFFECTIVE: March 1, 2023

Service Sites

Brazos County

Administration
1504 South Texas Avenue
Bryan, Texas 77802
(979) 822-6467

Adult & Children's Mental Health Outpatient Services
804 South Texas Avenue
Bryan, Texas 77802
(979) 361-9891

MH Intake, Eligibility & Crisis
804 South Texas Avenue
Bryan, Texas 77802
(979) 361-9815

MH Adult Rehab Case Management
804 South Texas Avenue
Bryan, Texas 77802
(979) 821-9490

Mary Lake Peer Support Center
611 Mary Lake Drive—A
Bryan, Texas 77801
(979) 821-9481

Day Services
623 Mary Lake Drive—C
Bryan, Texas 77801
(979) 361-9870

Supported Housing
804 South Texas Avenue
Bryan, Texas 77802
(979) 361-9815

Assertive Community Treatment Team
804 South Texas Avenue
Bryan, Texas 77802
(979) 821-9422

Community Living Option Information Process
623 Mary Lake Drive—C
Bryan, Texas 77801
(979) 361-1266

Burleson County

103 E. Hwy 21
Caldwell, Texas 77836
(979) 567-4377

Grimes County
Post Office Box 1273
702 LaSalle
Navasota, Texas 77868
(936) 825-7969

Leon County
Post Office Box 512
203 W. Main Street
Centerville, Texas 75833
(903) 536-2180

Madison County
Post Office Box 672
3438 Highway 21 East
Madisonville, Texas 77864
(936) 348-3695

Robertson County
1212 West Brown
Hearne, Texas 77859
(979) 279-5193

Washington County
300 Lounge Road
Brenham, Texas 77833
(979) 830-0008

CLIENT FEE

SCHEDULE

MARCH 1, 2023



www.mhmrabv.org
EOE Employer

CRISIS HOTLINE
1-888-522-8262

CLIENT FEE POLICY

It is the policy of the MHMR Authority of Brazos Valley Board of Trustees to provide quality services within funding capabilities to clients of Authority-operated programs delivered on the basis of client need and without regard to race, creed, color, national origin, age, sex, physical handicap or ability to pay. Violations of this non-discrimination policy should be reported to the Client Rights Officer at (979) 821-9402.

The system of client fees for the MHMR Authority of Brazos Valley is established in compliance with the Texas Health and Safety Code, §534.067 and §534.017, and the Health Care Financing Administrations, interpretation of the Social Security Act, §1902(a)(17)(B).

The policy determining the charging of client fees is set by the local Board of Trustees of the Mental Health Mental Retardation Authority of Brazos Valley and reviewed on an annual basis.

The client fee system is designed to charge reasonable fees in order to help reduce the cost of services provided. The system utilizes a monthly cap based upon monthly income as described in the Monthly Ability-to-Pay Schedule. Each person receiving services will be evaluated upon registration/admission. At this time, a fee assessment will be completed by the responsible staff person at MHMRABV and a monthly cap will be determined upon verification of income. Income must be verified within 30 days or fees will be charged at 100%. Fees are re-assessed at least annually, or when there is a significant change in financial resources affecting ability to pay for Client Billable Services. Income is defined as all sources of monetary compensation and/or any financial support received by the client. Fees for services to persons under age 18 will be assessed including family income, unless married or living independently. Services are charged at 100% of rates up to a maximum of the monthly cap amount.

Revenues generated through the client fee system assist in supporting services provided by the MHMR Authority of Brazos Valley to residents of Brazos, Burleson, Grimes, Leon, Madison, Robertson, and Washington counties.

Client fees related to our Residential Programs are based on percent of monthly income. **FEES ARE PAYABLE AT THE TIME OF SERVICE OR IN ADVANCE OF SERVICES. All questions related to fees should be addressed to the Billing Department at (979) 822-6467.**

As a client of the MHMRABV, your rights are protected by law and are guarded by MHMRABV's Human Rights Committee. If you, your relative or representative have a complaint, question or suggestion regarding your health, safety, welfare or legal and human rights, you, your relative or representative are invited and urged to let the Committee members know. You can contact the Human Rights Committee by writing to:

Chairperson
Human Rights Committee
P. O. Box 4588
Bryan, Texas 77805

REGLAMENTO PARA EL COBRO DE UNA CUOTA AL CLIENTE

Es la práctica de MHMRABV otorgar servicios de calidad a los clientes de los programas dirigidos por la Autoridad, dentro de lo que permiten los fondos, de acuerdo a las necesidades del cliente sin tener en cuenta raza, credo, color, nacionalidad, edad, sexo, cualquier tipo de invalidez física o habilidad para pagar. Cualquier violación a esta práctica de no-discriminación deberá notificarse al Encargado de los Derechos del Cliente (Client Rights Officer) al teléfono (979) 361-9402.

El sistema de cuotas para los clientes de la MHMRABV se ha establecido de acuerdo a las indicaciones del código de Salud y Seguredad §534.067 and §534.017, la administración financiera del cuidado de salud, y la interpretación del acta de Seguro Social §1902(a)(17)(B).

El reglamento que autoriza la cuota que ha de cobrarse al cliente lo establece la Junta Directiva local de la Autoridad de Salud Mental y Retardo Mental del Valle de Brazos (MHMRABV) y está sujeto a revisión anualmente.

El sistema de cobrar al cliente una cuota razonable se ha creado con el fin de ayudar a disminuir los costos de los servicios que se ofrecen. El sistema utiliza una cantidad máxima de pago mensual (monthly cap) basado en el ingreso mensual familiar descrito en el Itinerario de Abilidad de Pago Mensual. El estado financiero de toda persona recibiendo los servicios de la Autoridad de Salud Mental y Retardo Mental, será evaluado para determinar la cantidad de dinero que necesita pagar. Los costos son revisados anualmente o si hay cambios significativos en los recursos financieros que afecten la habilidad de pagar los servicios que se puedan cobrar al cliente. Los servicios son cobrados desde un 100% del precio del servicio hasta la cantidad máxima otorgada al cliente de acuerdo al itinerario de pago.

Las entradas que resulten de este sistema de cobra de cuotas all cliente ayudarán a mantener los servicios que otorga MHMRABV a los residentes do los condados de Brazos, Burleson, Grimes, Leon, Madison, Robertson y Washington.

Los cargos relacionados a nuestro Programas Residenciales, están basado en un porciento fijo mensual de gastos. Estas cuotas se pagarán inmediatamente después de recibido el servicio. Cualquier pregunta relacionada a pagos deberá dirigirse al encargado de seguros (Insurance Clerk) al teléfono (979) 822-6467.

Como cliente de MHMRABV sus derechos son protegidos por ley y son custodiados por el Comité de Derechos Legales o humanos de MHMRABV. Si usted, su tutor o representante tiene una queja, pregunta, o sugerencia relacionada con su salud, seguridad, bienestar o derechos legales o humanos, deben comunicarse con los miembros del comité. Puede escribir al Comité de Derechos Legales o humanos a la siguiente dirección:

Chairperson
Human Rights Committee
P O Box 4588
Bryan, Texas 77805

CLIENT FEE SCHEDULE March 1, 2023

Billings are based on the appropriate sliding fee scale.

MENTAL HEALTH OUTPATIENT SERVICES

1. Psychiatric Diagnostic Evaluation..... 168.00 max
2. Evaluation & Management50.00-189.00
(time based)
3. Rehabilitative Services (unit=15 minutes continuous service)
 - A. Crisis Intervention.....38.73 per unit
 - B. Individual Services
Medication Training & Support14.21 per unit
Psychosocial.....28.28 per unit
Skills Training & Development26.27 per unit
 - C. Group Services
Medication Training & Support (Adult)2.85 per unit
Medication Training & Support (Child/
Adolescent)3.55 per unit
Psychosocial5.66 per unit
Skills Training (Adult)5.25 per unit
Skills Training (Child)6.57 per unit
5. Counseling

Individual Counseling by LPHA90.00-110.00 per hour
6. Case Management (Service Coordination)
Unit=15 minutes continuous service

Adult.....20.82 per unit
Child/Adolescent.....25.27 per unit
Intensive33.27 per unit
7. Lab Tests100% Costs
8. Medication100% Costs

Co-pays are due for each office visit as indicated on the insured's plan card.

Co-pays are collected on medications that have applicable co-pays based on pharmacy benefits.

DEVELOPMENTAL SERVICES (NON-RESIDENTIAL)

1. Service Coordination.....1st visit 92.80; 30.00 subsequent
2. Day Habilitation/ISS.....400.00 per month
3. Psychological Evaluation..... Maximum of 160.00
4. Respite– Hourly16.99 per hour
(in-home or out of home up to 10 consecutive hours)
5. Respite– Daily.....166.59 per day
(in-home or out of home more than 10 consecutive hours)

DEVELOPMENTAL SERVICES (RESIDENTIAL)

- a. HCS Medicaid WaiverHCS established rate
of monthly applied income
\$300 minimum
- b. Family Tree Medicaid eligible ICF/MR established
rate
- c. Non HCS/ICF-MR eligibleHCS established rate

NOTES:

1. Charges for outpatient services are billed in increments as noted.
2. For Medicare and other third-party payers, co-payment (up to the maximum monthly fee) will be required if the third-party payment is less than the standard charge for the service.
3. No co-payment required for Medicaid clients.
4. Billing for third-party is done after services are rendered and the client is billed based on insurance payment amount, co-pay, deductible, co-insurance, and monthly cap.
5. Clients, family members, and others are not prohibited from voluntarily paying more than the maximum monthly fee, co-pay, deductible, and co-insurance.
6. MHMR always welcomes donations.

Monthly Ability-to-Pay Schedule does not apply to:

- Residential fees (percentage of monthly income)
- Specialized services for non-Medicaid eligible OBRA-mandated persons
- Partnerships for managed care
- Non-priority population clients