Charges for Community Mental Health Services

How LifePath Systems Charges for Services:
LifePath Systems will not deny services to you just because you cannot pay for them. The amount that is charged for services is based on your ability to pay. The way we decide your ability-to-pay is fair and is the same for everyone. We will show you the way we did it and answer your questions.

What We Need From You:
To decide if you are able to pay for services, LifePath Systems staff will ask you for the following information:
- To Provide Proof of Your Household Income
- To Provide Proof of Any Extraordinary Expenses
- The Number of People In Your Household

What You Will Pay:
Your income (minus any extraordinary expenses) and the number of people in your family will be applied to a fee schedule to get your maximum monthly fee. LifePath Systems staff will tell you the amount of your maximum monthly fee and give you the fee schedule we used. LifePath Systems staff will give you the form used to decide your maximum monthly fee. If your maximum monthly fee is more than zero, then you will receive a bill for services. You may pay more than your maximum monthly fee if you want.

Note: Parents are not responsible for adults children’s maximum monthly fee. Children are not responsible for parent’s maximum monthly fee. If more than one family member receives services, the maximum monthly fee is for the family.

If You Have Medicare or Medicaid Benefits:
Medicaid-covered services will be billed directly to Medicaid. You will not receive a bill for any services paid by Medicaid. If you have Medicare you are responsible for co-insurance and/or deductibles, up to your maximum monthly fee. If your services are not covered by Medicaid or Medicare, then you may be charged up to your maximum monthly fee.

If you are eligible for benefits and refuse to apply for benefits, you may be charged the full standard fee for services.

If You Have Private Health Insurance:
If you have private health insurance and complete an assignment of benefits, LifePath Systems will bill your insurance company directly for covered services. You are responsible for charges that your insurance company does not pay for. If you have insurance and do not complete an assignment of benefits, we may charge you the full standard rate for services. If we are not a
provider for your insurance plan, we will assist you in locating a provider who accepts your insurance. You have the right to appeal this decision.

**Trusts and Charges for Community Services:**
Some individuals or their family members set up trusts to provide for their own or their loved one’s care and treatment. Trusts may be subject to claims for some or all mental health services. Anyone concerned about protecting trusts from liability should consult with his or her own attorney.

**Financial Hardship:**
If it is difficult to pay all charges owed, LifePath Systems may be able to arrange for you to temporarily pay a lesser amount each month. If you have private health insurance and financial hardship prevents you from paying your full co-insurance, co-pays, or deductible, we will make arrangements with you to pay no more than your maximum monthly fee (or $5.00 a month, if your maximum monthly fee is zero)

**Reduction or Termination of Services for Non-Payment:**
When it has been determined through a financial assessment that an individual has the ability to pay, whether through determination of a maximum monthly fee (MMF) or third party, LifePath Systems will make every reasonable effort to collect on past due accounts. Each account is properly assessed and if needed, LifePath Systems will conduct a follow up financial assessment in evaluating ability to pay. If it is determined that non-payment is not related to the person’s mental health crisis and despite reasonable efforts to secure payment, the responsible party refuses to pay, then LifePath Systems may propose to involuntarily reduce or terminate the services to a person for non-payment by the person (or parent).

You have the right to appeal any decision. You may request that the appeal decision be reviewed by the Office of Consumer Services and Right Protection - Ombudsman, 1-800-252-8154, representing HHSC.

Note: If we do not accept your private health insurance and refer you to another provider to receive services, you may appeal this decision as a denial of services. Instructions for appeal are in the written notification of denial and termination.