



Sharing the Cost of Services

This publication prepared by the
Missouri Department of Mental Health
Office of Public Affairs

Notes

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STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH

1706 EAST ELM STREET
P.O. BOX 687
JEFFERSON CITY, MISSOURI 65102
(573) 751-4122
www.dmh.mo.gov

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Dear Consumers of Department Services:

Each year the Department of Mental Health provides services for more than 100,000 Missourians and their families. Through its state-operated facilities and contract programs, the department assists persons with mental illnesses, developmental disabilities, and alcohol or drug abuse problems. It also provides services to persons who are compulsive gamblers.

This pamphlet is intended to explain how the department charges its clients for services. Unanswered questions should be addressed to the reimbursement administrator in the department's Office of Administration. The telephone number is 573-751-3398.

Sincerely,

Keith Schafer
Director

(E) Is Any Other Member Of Your Household Receiving Services Through (By) DMH? Yes No
 If two or more members of a household receive services in the same month, the Provider shall charge no more than the amounts determined for one recipient.

(F) Does Someone Else Receive Client's Government Check? Yes No

Name: _____ Street Address: _____
 City: _____ State/Zip: _____ Ph: _____

(G) Name of Parents or Spouse, If Applicable

FIRST	NAMES		RELATIONSHIP TO CLIENT	DATE OF BIRTH	DATE OF DEATH	SOCIAL SECURITY NO.	VETERAN?	
	M.I.	LAST					YES	NO

Sections H through J is to be omitted if client is not long term.

(H) Does Client And/Or Client's Spouse Have Personal Property? Yes No

DESCRIPTION	YES	NO	IN WHOSE NAME	LOCATION	VALUE
Business Equipment					
Cash					
Checking Account					
Farm Equipment					
Farm Grain and Produce					
Farm Livestock					
Farm Machinery					
Loans (Not Secured)					
Mobile Home					
Mortgages Owed To You					
Notes Owed To You					
Claims in Probate Court					
Savings Account					
Stock					
Time Certificates					
Trust Funds					
Other					

(I) Does Client And/Or Client's Spouse Own Real Property? Yes No

DESCRIPTION AND LOCATION OF REAL PROPERTY	WHOSE NAME IS ON THE DEED?	WHO HOLDS THE MORTGAGE?	CURRENT VALUE	AMOUNT OWED?

(J) Does Client Have Life Insurance And/Or A Prepaid Burial Plan? Yes No

NAME OF COMPANY	TYPE	POLICY NO.	FACE VALUE	PREMIUM	HOW OFTEN PAID?
	Burial				
	Life				

(K) Remarks

(L) Certification

I hereby certify that I have not knowingly withheld any information on income or other financial resources and the amounts I have disclosed are true and correct to the best of my knowledge.

SIGNATURE _____

RELATIONSHIP TO CLIENT _____ DATE _____

SIGNATURE OF INTERVIEWER _____ DATE _____

MO 650-9216 (12-93)



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
STANDARD MEANS TEST FINANCIAL QUESTIONNAIRE

FACILITY		DATE	CLIENT'S DOB	CLIENT'S SOCIAL SECURITY NUMBER					
CLIENT'S LAST NAME		FIRST	M.I.	CASE NUMBER	DATE ADMITTED	MEDICARE NUMBER			
MEDICAID NUMBER	IF SCHOOL-AGED, NAME OF DOMICILE SCHOOL DISTRICT		NO. IN HOUSEHOLD		IF VETERAN, DATES OF SERVICE				
BRANCH OF SERVICE	SERVICE NUMBER	PREVIOUS ADDRESS (IF CHANGED IN LAST 6 MONTHS)							
NAME OF PERSON TO BE BILLED		STREET ADDRESS		CITY-STATE-ZIP	PHONE				
(A) Does Client Have Health Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>									
POLICYHOLDER	NAME AND ADDRESS OF HEALTH INSURANCE COMPANY			POLICY/GROUP NUMBER					
	Name:			Ph.					
	Address:								
	Name:			Ph.					
	Address:								
(B) Is Client And/Or Financially Responsible Person of Client Employed? Yes <input type="checkbox"/> No <input type="checkbox"/>									
NAME OF PERSON EMPLOYED		NAME AND ADDRESS OF EMPLOYER							
	Name:			Ph.					
	Address:								
	Name:			Ph.					
	Address:								
(C) Income									
LINE NO	SOURCES OF INCOME	INCOME OF CLIENT				INCOME OF SPOUSE OR PARENT(S)			
		YES	NO	AMOUNT	PAY PERIOD	YES	NO	AMOUNT	PAY PERIOD
1	Armed Forces Allotment								
2	Boarders/Lodgers (Taxable Income)				Month				Month
3	Bonuses								
4	Child Support								
5	Civil Service Retirement								
6	Dividends And Interest				Month				Month
7	Maintenance (Alimony)				Month				Month
8	Military Retirement				Month				Month
9	Pensions (Company and Union)								
10	Railroad Retirement				Month				Month
11	Rents (Taxable Income)								
12	Salary or Wages (Gross)								
13	Self-Employment (Taxable Income)								
14	Social Security				Month				Month
15	S.S.I.				Month				Month
16	Tips and Gratuities								
17	Unemployment Compensation				Week				Week
18	Veterans Benefits				Month				Month
19	Workers Compensation				2 Weeks				2 Weeks
20	Other								
(D) Income Conversion (For Department of Mental Health Use Only)									
LINE NO. SECT. (C)	AMOUNT	PAY PERIOD	MULTIPLIER X	MONTHLY INCOME	LINE NO. SECT. (C)	AMOUNT	PAY PERIOD	MULTIPLIER X	MONTHLY INCOME
Less: Extraordinary Medical Expenses					Less: Extraordinary Medical Expenses				
Total Monthly Income					Total Monthly Income				
Rate Per Month From Standard Means Test Table S					Rate Per Month From Standard Means Test Table S				

MO 650-0216 (12-93) DMH-69 (12-93)

Service costs shared by many

Caring for and treating people with mental illnesses, developmental disabilities, and those with substance abuse problems is expensive. In Missouri, such care can cost hundreds of dollars per day. Many families cannot bear the cost for this care and treatment alone. The Missouri Department of Mental Health is there to help.

Through its many programs, the Missouri Department of Mental Health provides assistance to thousands of persons. Many resources must be tapped to help recover costs incurred. The department, however, makes every effort to provide quality services to its consumers while keeping costs as low as possible.

For example, third-party benefits are applied to offset costs first. Those benefits can come from private or public health insurance policies, or from Medicare or Medicaid.

If those payments are insufficient, a consumer or his family is asked to contribute a portion of the costs based on the family's ability to pay for care given to a consumer. Those charges are determined using a table that considers family size and income.

The table is administered by each individual facility. It is applied uniformly throughout the state and is reviewed annually.

Other assets are collected when the consumer is without spouse or dependents and determined to need full-time, long-term (inpatient or placement) care. In such cases, a consumer's earned and unearned income can be applied to costs. Unearned income, including benefits from disability, survivor's retirement, or pension plans, is used first. Examples of unearned income include payments by the Social

Security Administration, the Veterans Administration, the Railroad Retirement Board, the Civil Service Commission and the Division of Family Services. Earned income from wages and salaries is charged if unearned income fails to cover costs.

However, a consumer is permitted to keep some income for personal spending. The amount, \$30 a month or more, is determined by the team of professionals planning for a consumer's care.

Missouri law requires the Department of Mental Health to charge for the services it provides and to take certain steps to recover its costs. The charges to a consumer or his family, however, are kept to a minimum so services are affordable to all. Missouri law also requires the state to recover costs from a deceased consumer's estate. By sharing the costs with a consumer or his family, the department is able to offer better care. And caring is what the Department of Mental Health is all about.



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
NOTICE OF COST

The charges and cost for _____, Case No. _____, a client of _____, receiving care and treatment at _____ have been determined to be:

\$ _____ per month for care and/or treatment effective _____ / ____ / ____ . The actual cost per month varies according to the services provided.

OR \$ _____ per month for treatment effective _____ / ____ / ____ .
The actual cost per month is \$ _____ .

Client or Responsible Party is required to provide insurance information.
Failure to release this information will result in the charges to be assessed at actual cost.
Insurance companies will be billed the actual cost of the service(s) provided.

The charges were determined by application of the STANDARD MEANS TEST (Section 630.210, RSMo. and 9 CSR 10-31.011). The cost is the Department of Mental Health's actual cost of providing the services or its contract cost for purchasing the service. The department's cost is recomputed annually. The charge is redetermined annually or at any time it is known that changes have occurred in the financial ability of the client (or the person responsible for the client) to pay.

The difference between the cost of care and treatment and the amounts received in payment may be a claim upon the client's estate at death by the Department of Mental Health (Section 473.398, RSMo.).

If you have questions about the cost of care or the amount being charged, contact the facility issuing this notice.

SIGNATURE OF CLIENT OR FINANCIALLY RESPONSIBLE PERSON X	WITNESS	DATE
OR The client or financially responsible person refused to sign this notice in my presence:	WITNESS	DATE
OR This notice was sent by mail on	DATE	SIGNATURE

MO 650-0215 (12-93)

DISTRIBUTION: WHITE - CLIENT FILE CANARY - CLIENT

DMH-6004 (Rev. 12-99)

For information on community programs that serve individuals who misuse or are addicted to alcohol or other drugs and their families:

Paseo Clinic
Western Missouri
Mental Health Center
2600 E. 12nd St.
Kansas City, MO 64127
(816) 482-5770
FAX (816) 482-5774

Department of Mental Health
1706 E. Elm St.
Jefferson City, MO 65101
(573) 751-8090
FAX (573) 751-7814

St. Louis Psychiatric
Rehabilitation Center
Dome Building
5400 Arsenal
Mail Stop A-419, 4th Floor
St. Louis, MO 63112
(314) 877-0370
FAX (314) 877-0392

The Jefferson City address of the Department of Mental Health Central Office is:

Department of Mental Health
1706 E. Elm St.
P.O. Box 687
Jefferson City, MO 65102
(573) 751-4122
FAX (573) 751-8224
<http://www.dmh.mo.gov>

The Department of Mental Health does not deny employment or services because of race, sex, creed, marital status, national origin, disability, or age of applicants or employees.

Examples of forms used in the application of the Standard Means Test can be found on the following pages. They are:

Notice of Cost and Standard Means Test Financial Questionnaire.

Questions and answers about service charges

- Q. *The costs for providing health care seem so expensive. What is included in the costs to the department?*
- A. The department provides a wide variety of services, which are indeed expensive. Major expenses include room and board, nursing care, medical expenses, day treatment, family support services, and case management.
- Q. *Can charges to me exceed costs of the services provided?*
- A. No. The Department of Mental Health is required by law to determine charges and redetermine them each year. When private sources are employed to provide services, costs are set through contracts. Your charges are never allowed to exceed costs of the services provided.
- Q. *My child is over age 18. Am I liable for charges of services to him/her?*
- A. No. Parents are not liable from their incomes for the charges for services to their children ages 18 or older. Monies received by parents for their children in a fiduciary capacity are, however, subject to charges.
- Q. *My school-age child needs special education. Can I be charged for it?*
- A. No. A parent of a recipient age 3 through 18 is not liable for costs of education or special education. You may, however, be charged for certain medical expenses, including medical supplies, chiropody medication, anesthesiology, oxygen therapy, radiology, electrocardiology, and electroencephalography. In addition, operating room, laboratory, dental, and physician's expenses are also chargeable. Parents are also asked to provide personal spending money.

- Q. *What items are considered personal expenses?*
- A. Consumers' personal spending needs vary widely. A family may be asked to provide money for cigarettes, candy, or soft drinks. Other items, such as clothes, jewelry, games, and some toiletries are also the family's responsibility.
- Q. *If two members of my family received services in the same month, must I pay double?*
- A. No. Your monthly ability to pay is the same amount regardless of how many visits you receive in that month. It is the same for any number of family members being seen. It is the responsibility of the consumer or family to notify the provider if two or more members receive services in the same month.
- Q. *Am I required to provide documents to verify my income, assets, and dependents?*
- A. Yes. A consumer or his family must divulge financial resources, using such documents as pay stubs, the most recently filed tax return, employer verification of income, etc. If you fail to provide the documents, you become responsible for all costs.
- Q. *What if I fail to comply with requests for insurance information, assigning benefits, or applying for benefits (i.e. Medicaid, Social Security, VA benefits)?*
- A. You will be charged the full cost of services with no regard to income and size of family.
- Q. *My financial status changed after I submitted my income documentation and I make less money now. Must I continue to pay the same amount?*
- A. Not necessarily. If your financial situation changes, you should submit new information and request a review of your financial status. Charges to you would be adjusted, if appropriate.

State regional offices serving persons with developmental disabilities and their families:

Albany Regional Office
809 N. 13th St.
Albany, MO 64402
(660) 726-5246
FAX (660) 726-5165

Poplar Bluff Regional Office
2351 Kanell Blvd.
Poplar Bluff, MO 63901
(573) 840-9300
FAX (573) 840-9311

Central Missouri Regional Office
1500 Vandiver Dr., Suite 100
Columbia, MO 65202
(573) 882-9835
FAX (573) 884-4294

Rolla Regional Office
105 Fairgrounds Rd.,
P.O. Box 1098
Rolla, MO 65402
(573) 368-2200
FAX (573) 368-2206

Hannibal Regional Office
805 Clinic Rd., P.O. Box 1108
Hannibal, MO 63401
(573) 248-2400
FAX (573) 248-2408

St. Louis Regional Office, North
211 North Lindbergh
St. Louis, MO 63141
(314) 340-6500
FAX (314) 340-6666

Joplin Regional Office
3600 E. Newman Rd., P.O. Box 1209
Joplin, MO 64802
(417) 629-3020
FAX (417) 629-3026

St. Louis Regional Office, South
111 N 7th St., 6th Floor
St. Louis, MO 63101
(314) 244-8800
FAX (314) 244-8804

Kansas City Regional Office
821 E. Admiral Blvd.
P.O. Box 412557
Kansas City, MO 64106
(816) 889-3400
FAX (816) 889-3325

Sikeston Regional Office
112 Plaza Dr., P.O. Box 966
Sikeston, MO 63801
(573) 472-5300
FAX (573) 472-5308

Kirksville Regional Office
1702 E. LaHarpe
Kirksville, MO 63501
(660) 785-2500
FAX (660) 785-2520

Springfield Regional Office
1515 East Pythian
P.O. Box 5030
Springfield, MO 65801-5030
(417) 895-7400
FAX (417) 895-7412

Metropolitan St. Louis
Psychiatric Center
5351 Delmar
St. Louis, MO 63112
(314) 877-0500
FAX (314) 877-0553

Missouri Sexual Offender
Treatment Center
1016 West Columbia
Farmington, MO 63640
(573) 218-7045
FAX (573) 218-7053

Cottonwood Residential
Treatment Center
1025 North Sprigg St.
Cape Girardeau, MO 63701
(573) 290-5888
FAX (573) 290-5895

State residential facilities serving persons with developmental disabilities and their families:

Bellefontaine Habilitation Center
10695 Bellefontaine Rd.
St. Louis, MO 63137
(314) 340-6000
FAX (314) 340-6199

Nevada Habilitation Center
2323 North Ash
Nevada, MO 64772
(417) 667-7833
FAX (417) 448-1138

Higginsville Habilitation Center
100 W. 1st St., P.O. Box 517
Higginsville, MO 64037
(660) 584-2142
FAX (660) 584-6244

St. Louis Developmental
Disabilities Treatment Centers
211 N. Lindbergh
St. Louis, MO 63141
(314) 340-6702
FAX (314) 340-6724

Marshall Habilitation Center
Slater St., P.O. Box 190
Marshall, MO 65340
(660) 886-2201
FAX (660) 831-3071

Southeast Missouri
Residential Services
2351 Kanell Blvd.
Poplar Bluff, MO 63901
(573) 840-9370
FAX (573) 840-9373

Q. *When are my bills due?*

A. Bills for each month's services are mailed the following month. They are payable upon receipt.

Q. *What can I do if I believe my charges are unfair?*

A. You may appeal your charges only if you believe your assessment was inaccurately calculated. An appeal to the director cannot be made because you disagree with your share of the payment. It must be based on what you believe is an inaccurate calculation of allowable exemptions under Standard Means Test rules.

Q. *What if I fail to pay the costs assigned to me through the Standard Means Test procedure?*

A. The state will pursue other means to receive payment; for example, the Income Tax Intercept Program and any other means allowable under state and federal law.

Q. *I can't afford to pay for the care my family member needs. Can we be turned away?*

A. No. The department has never refused to provide services to someone unable to pay. However, if the department finds you can pay and won't, the department reserves the right to refrain from providing services.

Q. *What if I am covered by insurance and the Department of Mental Health is not an approved provider?*

A. You must go to an approved provider or pay the full cost of services.

Q. *Where can I get further information?*

A. Contact the administrator at your local facility.

Admission checklist

You should provide the following information when requesting services for individuals from a Department of Mental Health facility.

Insurance company name and address _____

Insurance policy or group number _____

Medicare number _____

Medicaid number _____

Proof of Income _____

Proof of Dependents _____

Social Security number of consumer, spouse, or parents of a minor child _____

To receive information on the Standard Means Test, contact any of the following: Department of Mental Health Facilities

State facilities serving persons with mental illnesses and mental disorders and their families:

St. Louis Psychiatric
Rehabilitation Center
5300 Arsenal
St. Louis, MO 63139
(314) 877-6500
FAX (314) 877-5982

Southeast Missouri
Mental Health Center
1010 West Columbia
Farmington, MO 63640
(573) 218-6792
FAX (573) 218-6703

Hawthorn Children's
Psychiatric Hospital
1901 Pennsylvania
St. Louis, MO 63133
(314) 512-7800
FAX (314) 512-7812

Southwest Missouri Psychiatric
Rehabilitation Center
1301 Industrial Parkway East
El Dorado Springs, MO 64744
(417) 876-1002
FAX (417) 876-1004

Fulton State Hospital
600 E. 5th St.
Fulton, MO 65251-1798
(573) 592-4100
FAX (573) 592-3000

Mid-Missouri Mental Health Center
3 Hospital Dr.
Columbia, MO 65201
(573) 884-1300
FAX (573) 884-1010

Northwest Missouri Psychiatric
Rehabilitation Center
3505 Frederick
St. Joseph, MO 64506
(816) 387-2300
FAX (816) 387-2329

Western Missouri
Mental Health Center
1000 East 24th St.
Kansas City, MO 64108
(816) 512-7000
FAX (816) 512-7509