

## **Salt Lake County Fee Schedule Methodology and Use**

In applying treatment copays, much is left to the discretion of the service provider and attending clinician. Generally, the adult outpatient copay schedule is to be applied for low intensity outpatient services or non-DUI assessments. The maximum Adult Outpatient copay rate of \$50 was determined based approximately on the lowest cost service an individual might receive during a single visit and with the intent to not far exceed a typical copay rate under an insurance plan. The Adult IOP rate generally will be used for clients that are receiving more intensive outpatient services or day treatment and maxes out at twice the outpatient copay. The monthly Adult Residential copay rate is lower than the lowest residential provider rate in the Division of Behavioral Health Services' (DBHS) network. The copay schedule increases the fees up to the maximum amount based on the 2018 Federal Poverty Level (FPL), which accounts for gross household income and family size. All copays are based upon one FPL framework and assume greater ability to pay as income increases. For all adult services, at or above 400% of FPL, consumers are provided no county subsidy.

Fees for youth services have been strategically reduced to ensure no barriers to service exist. Copays are not to be assessed until monthly gross income exceeds 350% of the FPL. The Youth Residential schedule maxes out at \$50 per month, while the Youth Outpatient schedule maxes out at \$5 per week.

In State Code there is an expectation that individuals convicted of DUI are responsible for the cost of their treatment services. Often these individuals require no additional treatment services beyond the initial assessment. For this reason, the sliding fee schedule more quickly reaches the full cost of the assessment service provided (for FY20 approximately \$280).

Copay amounts can only be charged for clinical services provided. Drug testing is not deemed to be a clinical service. If a drug test is the only service provided, then the County can be billed for this service at the contracted rate. Copay amounts cannot exceed the rate that you would bill the County for the service provided.

Providers and clinicians are given discretion to waive fees as judged necessary to reduce barriers to treatment in consideration of individual circumstances. When fees are waived documentation must be kept on file explaining these circumstances for waiving or reducing the rate. For incarcerated individuals, all copays for service are waived.

Providers may utilize an alternative copay schedule if it is believed that it would be in their clients' and the County's best interest. All alternative fee policies/schedules must be approved by the County prior to being implemented and must not create an excessive barrier to treatment.