TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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COMMISSIONER

Broadcast MSG BHP# 179

February 23, 2015

TO: Executive Directors, Community MHMR Centers
Executive Director, Texas Council of Community MHMR Centers

FROM: Trina Ita - Director
Community Mental Health and Substance Abuse, Program Services II

RE: Monthly Ability-to-Pay Fee Schedule for State Fiscal Year 2015

Pursuant to Title 25 TAC, Part 1, Chapter 412, Subchapter C, §412.106, the LMHA must conduct and document a financial assessment for each person within the first 30 days of services. For as long as the person continues to receive services, the financial assessment must be updated at least annually and whenever a significant financial change occurs. Significant financial change is defined in title 25 TAC, Part 1, Chapter 412, Subchapter C, §412.103.

In accordance with Broadcast Message #035 dated November 2011 and 25 TAC, Part 1, Chapter 412, Subchapter C, §412.110, personnel from the Department of State Health Services (DSHS) and the Department of Aging and Disability Resources have reviewed the current Federal Poverty Guidelines and revised the Monthly Ability-to-Pay Fee Schedule (schedule). The attached schedule has been revised based on the 2015 Federal Poverty Guidelines. The effective date is March 1, 2015.

This schedule is the only sliding scale approved for use at this time. To access the schedule electronically, click on the following link: Monthly Ability-to-Pay Fee Schedule or go to the DSHS website and click on "Mental Health and Substance Abuse"; then click on: "Mental Health"; click on: "Mental Health Consumer and Substance Abuse Client Rights"; and scroll down to the end of the listings for Mental Health Consumer Rights; and click on: "Monthly Ability-to-Pay Fee Schedule."

A person's maximum monthly fee (MMF) is based on the financial assessment, and is calculated using the schedule referenced in the subchapter as "Exhibit A" and attached hereto. The calculation of the person's MMF takes into consideration the number of family members and annual gross income reduced by extraordinary expenses paid during the previous 12 months or projected for the next 12 months.

Please address any questions or concerns to Janet Fletcher at 512/206-5044 or by email to janet.fletcher@dshs.state.tx.us.

DEPARTMENT OF STATE HEALTH SERVICES
MONTHLY ABILITY-TO-PAY FEE SCHEDULE

25 TAC, Chapter412, Subchapter C

Annual Gross Income	Monthly Gross Income	Maximum Monthly Fee By Family Size								
		1	2	3	4	5	6	7	8	9+
11,670	973	0	0	0	0	0	0	0	0	0
17,655	1,471	37	0	0	0	0	0	0	0	0
19,735	1,645	44	0	0	0	0	0	0	0	0
21,815	1,818	51	0	0	0	0	0	0	0	0
23,895	1,991	59	37	0	0	0	0	0	0	0
25,975	2,165	68	44	0	0	0	0	0	0	0
28,055	2,338	77	51	0	0	0	0	0	0	0
30,135	2,511	87	59	37	0	0	0	0	0	0
32,215	2,685	97	68	44	0	0	0	0	0	0
34,295	2,858	108	77	51	0	0	0	0	0	0
36,375	3,031	119	87	59	37	0	0	0	0	0
38,455	3,205	131	97	68	44	0	0	0	0	0
40,535	3,378	144	108	77	51	0	0	0	0	0
42,615	3,551	157	119	87	59	37	0	0	0	0
44,695	3,725	171	131	97	68	44	0	0	0	0
46,775	3,898	185	144	108	77	51	0	0	0	0
48,855	4,071	199	157	119	87	59	37	0	0	0
50,935	4,245	215	171	131	97	68	44	0	0	0
53,015	4,418	231	185	144	108	77	51	0	0	0
55,095	4,591	247	199	157	119	87	59	37	0	0
57,175	4,765	264	215	171	131	97	68	44	0	0
59,255	4,938	281	231	185	144	108	77	51	0	0
61,335	5,111	300	247	199	157	119	87	59	37	0
63,415	5,285	318	264	215	171	131	97	68	44	0
65,495	5,458	337	281	231	185	144	108	77	51	0
67,575	5,631	357	300	247	199	157	119	87	59	37
69,655	5,805	377	318	264	215	171	131	97	68	44
71,735	5,978	398	337	281	231	185	144	108	77	51
73,815	6,151	420	357	300	247	199	157	119	87	59
75,895	6,325	441	377	318	264	215	171	131	97	68
77,975	6,498	464	398	337	281	231	185	144	108	77
80,055	6,671	487	420	357	300	247	199	157	119	87
82,135	6,845	511	441	377	318	264	215	171	131	97
84,215	7,018	535	464	398	337	281	231	185	144	108
86,295	7,191	559	487	420	357	300	247	199	157	119
88,375	7,365	585	511	441	377	318	264	215	171	131
90,455	7,538	611	535	464	398	337	281	231	185	144
92,535	7,711	637	559	487	420	357	300	247	199	157
94,615	7,885	664	585	511	441	377	318	264	215	171
96,695	8,058	691	611	535	464	398	337	281	231	185
98,775	8,231	719	637	559	487	420	357	300	247	199
100,855	8,405	748	664	585	511	441	377	318	264	215
102,935	8,578	777	691	611	535	464	398	337	281	231
105,015	8,751	807	719	637	559	487	420	357	300	247
107,095	8,925	837	748	664	585	511	441	377	318	264
109,175	9,098	868	777	691	611	535	464	398	337	281
111,255	9,271	899	807	719	637	559	487	420	357	300
113,335	9,445	931	837	748	664	585	511	441	377	318
115,415	9,618	964	868	777	691	611	535	464	398	337
117,495	9,791	997	899	807	719	637	559	487	420	357
119,575	9,965	1,030	931	837	748	664	585	511	441	377
121,655	10,138	1,064	964	868	777	691	611	535	464	398
123,735	10,311	1,099	997	899	807	719	637	559	487	420
125,815	10,485	1,134	1,030	931	837	748	664	585	511	441
127,895	10,658	1,170	1,064	964	868	777	691	611	535	464
129,975	10,831	1,207	1,099	997	899	807	719	637	559	487
132,055	11,005	1,244	1,134	1,030	931	837	748	664	585	511

Source: 2015 Federal Poverty Guidelines

EFFECTIVE: March 1, 2015