

What Every Consumer Needs To Know

Charges for mental retardation community services

Mental retardation services we offer:

Bexar Mental Retardation Authority

- Service coordination
- Community Support
- Respite
- Employment assistance
- Supported employment
- Nursing
- Behavioral supports
- Specialized therapies
- Day habilitation
- In-Home Family Support

Questions or concerns?

If you have any questions or need additional information, contact:

Wanda Sparks, Intake and Eligibility
210-832-5035

The mental retardation services we offer are funded by the state of Texas, local government, and consumers who have the ability to pay.

How we charge for services

We will not deny you services just because you cannot pay for them. Our charge for services is based on your ability to pay. The way we determine your ability to pay is fair and is the same for everyone. We will show you how we determine the charges and answer any questions you might have.

What we need from you

To decide if you are able to pay for services, we will ask you:

- your income
- any extraordinary expenses (major medical expenses, childcare expenses, major property loss or damage)
- the number of people in your family

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. We will tell you your maximum monthly fee and give you the fee schedule we used. We will give you the form used to determine your maximum monthly fee. If your maximum monthly fee is more than zero, 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 their adult children's maximum monthly fee. Adult children are not responsible for their parents' maximum monthly fee. If more than one family member receives services, the maximum monthly fee is for the family.

If you have Medicaid or Medicare benefits

Medicaid-covered services will be billed directly to Medicaid, and you will not be billed for them. If you have Medicare, you are responsible for co-payments, co-insurance, and deductibles, up to your maximum monthly fee. If your services are not covered by Medicaid or Medicare, you may be charged up to your maximum monthly fee.

If you have private health insurance

If you have private health insurance and complete an assignment of benefits, we will bill your insurance directly for covered services. You are responsible for charges that your insurance does not cover. If you have insurance and do not complete an assignment of benefits, we may charge you the full standard charge for services. If we are not a provider for your insurance plan, we will assist you in locating a provider who accepts your insurance.

Trusts and charges for community services

Some people or their family members set up trusts to provide for their own or their loved ones' care and treatment. Trusts may be subject to claims for some or all mental retardation services. Anyone concerned about protecting trusts from liability should consult with an attorney. For example, a statute in the Texas Health and Safety Code, §534.0175, protects a trust from liability for the individual's support, including mental retardation services, if the trust's assets do not exceed \$250,000 and certain criteria for the trust are met.

Financial hardship

If it is difficult to pay all charges owed, we 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-payments, or deductibles, we will make arrangements with you to pay no more than your maximum monthly fee (or \$5 a month, if your maximum monthly fee is zero) until your balance is paid.

Reduction or termination of services for non-payment

It is our goal to work with you so that you can continue to receive services. If charges remain unpaid and this is not due to financial hardship, we may propose to reduce or stop your services. You have the right to appeal this decision. Instructions for appeal are in the written notification you will receive before services are terminated. You may request that the appeal decision be reviewed by the Office of Consumer Rights and Services, 1-800-458-9858.

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.