

Licking County Board of Developmental Disabilities

Administrative Policy Manual

Policy: Policy on Fees for Services

Board Approved: 8/04

Revised: 5/07,

**Reviewed: 1/11, 5/11, 4/14, 4/17,
07/2020**

Section: 2.2

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POLICY

Effective January 1, 2004 the Licking County Board of Developmental Disabilities, hereinafter referred to as the Board, will make reasonable efforts to identify third party payors who may be available to provide payment for services provided to eligible individuals by the Board. In addition, the Board will make reasonable efforts to collect payment from such third party payors in accordance with rate/fee schedules established by the Board. This policy applies to Medicaid eligible and non-eligible adults and children.

EXPECTATIONS

1. Fees From Third Party Payors

- a) Except as stated here the Board will make reasonable efforts to identify third party payors who may be available to provide payment for services provided to eligible individuals by the Board, or by any Providers under contract to the Board. Efforts to collect payment from such third party payors will be in accordance with rate/fee schedules developed by the Board.
- b) At least annually, the Board will seek reimbursement from third party payors, including Medicaid, for covered services delivered pursuant to an eligible child's Individual Family Service Plan and/or Individual Service Plan.
- c) At least annually, the Board will seek reimbursement from third party payors, including Medicaid, for covered services delivered pursuant to an eligible adult's Individual Service Plan.

2. Determination of Available Third Party Payors

- a) At the time of initial enrollment and at least annually thereafter, Board staff will seek to determine whether a third party payor exists. This will typically occur at the annual IFSP or ISP meeting.
- b) Individuals and their families shall be instructed to notify the Board, through their service coordinator, of any change in such third party payors.

3. Reasonable Efforts to Seek Reimbursement

The Board will be deemed to have made reasonable efforts to seek reimbursement of claims if they are submitted to third party payors in accordance with procedures adopted by such payors. The Board will submit claims to third party payors annually. If the claim is denied, an appeal is not required if the Board determines that there is no reasonable likelihood of success if an appeal were filed. The claim will be re-submitted in one year if services are still being provided.

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4. Rate Structure

Any rate/fee schedule developed by the Board shall be used for billing third party payors that provide coverage to individuals or families receiving services from the Board. **The rate/fee schedule will be reviewed annually in conjunction with completion of the annual cost report and amended/adjusted as necessary in the contracting process.**

5. DODD Rules

This policy and related procedures are subject to rules promulgated by DODD pursuant to Ohio Revised Code 5126.045. In the event that DODD adopts rules under Ohio administrative code, and any part of this policy is inconsistent with such rules, the provisions of such rules shall apply.