



NTBHA Financial Eligibility

NTBHA is tasked with the responsibility for managing funds for indigent behavioral healthcare services in Dallas, Ellis, Kaufman, Rockwall, Hunt and Navarro Counties. A key component of the management of these funds is ensuring all members receiving services meet the minimum financial standards that qualify them for indigent funding. The following criteria must be met to receive **fully reimbursed** behavioral health services:

1. Household income at or below 150% of the Federal Poverty Level for mental health services
2. Household at or below 200% of the Federal Poverty Level for substance use disorder services
3. Ability to verify personal or household income
4. Ability to document residency in Dallas, Ellis, Hunt, Kaufman, Navarro or Rockwall County
5. Completed Head of Household form if consumer is dependent on another person
6. No current behavioral healthcare coverage in an insurance plan
7. Exhausted benefits through another plan (with a copy of the denial notification or letter of attestation indicating as much)

Documenting Eligibility

Prior to requesting authorization for service, it is necessary to conduct a brief financial eligibility screening. It is the responsibility of contracting providers to obtain the required documentation from the consumer. Comprehensive Mental Health Providers must document eligibility in the PIGEON system and Substance Use Disorder providers must use CMBHS. Upon the request of NTBHA, providers must be able to provide all requested financial documents. The attached table is to be used as a guide to develop a complete financial for consumers.



Outpatient Mental Health	SUD
<ul style="list-style-type: none"> • Financial Eligibility Assessment is due upon intake and annually thereafter 	<ul style="list-style-type: none"> • Financial eligibility is due upon intake and every 180 days thereafter
<ul style="list-style-type: none"> • Calculated by the provider using the eligibility screen in PIGEON 	<ul style="list-style-type: none"> • Calculated in CMBHS
<ul style="list-style-type: none"> • Documented in PIGEON 	<ul style="list-style-type: none"> • Narrative documented in CMBHS
<ul style="list-style-type: none"> • Supporting documentation uploaded to the patient profile in PIGEON 	<ul style="list-style-type: none"> • Medicaid enrollment verification requested conducted in CMBHS
<ul style="list-style-type: none"> • Provider responsible for identifying initial date of financial and updating all subsequent financials 	<ul style="list-style-type: none"> • Documents saved and uploaded into CMBHS
<ul style="list-style-type: none"> • File audits will include financial documentation 	<ul style="list-style-type: none"> • NTBHA will review approximately 20% of all billed consumers to ensure complete financials present
<ul style="list-style-type: none"> • Requirements of a complete financial: <ul style="list-style-type: none"> ○ Explanation of current financial circumstance ○ Some form of Identification (DL, State ID, SS Card, etc.) ○ Verification of Residency (at least 1 bill in name of consumer or head of household) ○ Last 2 paystubs (for spouse as well if married) ○ Verification of Assistance form, if not working or living independently ○ Client Attestation ○ Explanation of circumstance if homeless 	<ul style="list-style-type: none"> • Requirements of a complete financial: <ul style="list-style-type: none"> ○ Explanation of current financial circumstance ○ Some form of Identification (DL, State ID, SS Card, etc.) ○ Verification of Residency (at least 1 bill in name of consumer or head of household) ○ Last 2 paystubs (for spouse as well if married) ○ Verification of Assistance form, if not working or living independently ○ Client Attestation form (printed from CMBHS and signed by consumer) ○ Explanation of circumstance if homeless



<ul style="list-style-type: none">• Financial Eligibility Assessment in PIGEON must be completed on each consumer• Claims for consumers with incomplete, missing, or inaccurate annual financials are subject to full recoupment of funds for services rendered	<ul style="list-style-type: none">• Medicaid Eligibility Verification (MEV) must be completed on each consumer• Claims for consumers without an MEV at the time of intake are subject to full recoupment of funds for services rendered• If Medicaid benefits are awarded at any time during treatment, NTBHA may seek recoupment for the dates of service covered by Medicaid
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