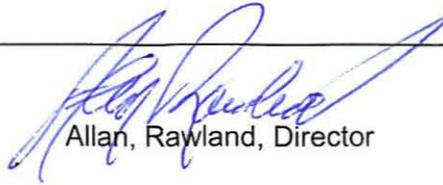


San Bernardino County  
 Department of Behavioral Health  
**Waiver of Consumer's Responsibility to Pay for Medications**

**Effective Date** 3/1/94  
**Revision Date** 12/26/07

  
 Allan, Rawland, Director

**Policy** It is the policy of the Department of Behavioral Health (DBH) that a waiver, generated by staff, of a consumer's responsibility to pay for medication may be approved if the request documents the following:

- The consumer cannot function without the prescribed medication.
- The patient is experiencing a financial hardship beyond what has been determined using the Uniform Methods of Determining Ability to Pay (UMDAP).

The prescribed medication must be on the approved LPS formulary list.

**Purpose** To establish a standardized policy for waiving a consumer's responsibility to pay for his/her medication.

**Waiver Request** The waiver request must include:

- Type of medication, dosage and cost
- A copy of a current or pending therapeutic fee reduction waiver.

**Roles and Responsibilities** Stated in the table below are staff roles and responsibilities in the handling of waiver requests:

Roles	Responsibilities
Treatment staff	Complete the <a href="#">Request to Waive Consumer's Responsibility to Pay for Medications</a> form and forward it for approval or disapproval to the: <ul style="list-style-type: none"> <li>• Program Manager</li> <li>• Deputy Director of treatment services</li> <li>• Medical Director</li> </ul>

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<p>Program Manager/Deputy Director of Treatment Services/Director of Medical Services</p>	<p>If the Program Manager, Deputy Director of Treatment Services or Medical Director disapproves, the reason will be stated and the request will be returned to the treatment staff.</p> <p>If the Program Manager, Deputy Director of Treatment Services or Medical Director approves the request, it will be forwarded to the Financial Evaluation Office Manager for processing. A copy will also be sent to the treatment staff.</p> <p>This process must be completed within 3 working days.</p>
<p>Financial Evaluation Office Manager</p>	<p>The Financial Evaluation Office Manager will distribute the approved request to the appropriate Financial Interviewer.</p>
<p>Financial Interviewer</p>	<p>The Financial Interviewer (FI) will make the necessary code change for prescriptions and maintain the approved request in the family account folder.</p>

**Duration of Waiver**

Waivers will expire in six (6) months or upon FI annual expiration date. The Financial Evaluation Manager will notify the treatment staff when a waiver has expired and a new waiver request must be submitted, following the same procedure outlined above.