

**Substance Use Disorder  
Notice of Rights for Ability to Pay**

**New Rate Determination, Redetermination & Appeal**

Consumer Name: \_\_\_\_\_ Case # \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Party Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Your ability to pay has been determined in the amount of \$ \_\_\_\_\_, per \_\_\_\_\_  
Effective \_\_\_\_\_.

*If you do not agree with your assessed ability to pay you may:*

1. Request a new rate determination of ability to pay, if the income amount utilized in assessing your ability to pay is not appropriate to your current income status. The new rate determination will be completed based upon your current annualized Michigan taxable income; or;
2. Request a new rate determination of ability to pay, if the income amount utilized in assessing your ability to pay is not reflective of your ability to pay. The new rate determination will be based on your total financial situation; and/or;
3. Request a reduction or waiver of the assessed fee by Executive Director of agency providing SUD services. This waiver or reduction should be based on documented clinical or other rationale; and/or;
4. Appeal your assessed ability to pay through an Administrative Hearing at which time a redetermination of your ability to pay shall be completed;

Or write to: **Region 10 PIHP**  
**Attn: Finance Director**  
**3111 Electric Avenue**  
**Port Huron, MI 48060**

5. If not resolved, you may appeal an ability to pay redetermination to your local Probate Court.

Original – Consumer/Responsible Party  
CC: Case Record