



HEARTLAND CHRISTIAN COUNSELING  
REDUCED FEE PROGRAM POLICY

**SUBJECT:** SLIDING FEE DISCOUNT PROGRAM POLICY AND PROCEDURES

**EFFECTIVE DATE:** TBD

**POLICY:** TO MAKE MENTAL HEALTH SERVICES ACCESSIBLE TO THOSE IN NEED AT A DISCOUNTED RATE

**INTENDED PURPOSE:** This program is designed to provide discounted care to those who have no means or limited means, to pay for their mental health services (uninsured or underinsured).

In addition to quality mental health care, patients are entitled to financial counseling by someone who can understand and offer possible solutions for those who cannot pay in full. The patient account representative's role is that of patient advocate, that is, one who works with the patient and or guarantor to find reasonable payment alternatives.

Heartland Christian Counseling will offer a sliding fee discount program to all who are unable to pay for their services. Heartland Christian counseling will base program eligibility on a person's ability to pay and will not discriminate based on an individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. The federal poverty guidelines are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

**PROCEDURES:**

The following procedures will be implemented in making the sliding fee program available to clients.

1. **How we notify patients of the Sliding Fee Program:** Heartland Christian Counseling will notify patients of the sliding fee program discount by:
  - Providing a payment policy brochure to all uninsured patients at the time of service. A notification of the sliding fee discount program will be offered to each patient upon admission.
  - A sliding fee discount program application will be included with collection notices sent out by Heartland Christian Counseling.
  - An explanation of our sliding fee discount program and our application form will be made available on the Heartland Christian Counseling website.
  - Heartland Christian Counseling will place a notification of sliding fee discount program in the clinic waiting area.
2. All patients seeking mental health services at Heartland Christian Counseling are assured that they will be served regardless of ability to pay. No one is refused service because of lack of financial means to pay.
3. **Request for Discount:** Requests for discounted services may be made by patients, family members of patients, social services staff or others who are aware of existing financial hardship. The sliding fee discount program will

only be made available for clinic or telehealth visits. Information and forms can be obtained from the front desk or online.

4. **Administration:** The sliding fee discount program procedure will be administered through the office/clinical director. Information about the sliding fee discount program policy and procedure will be provided and assistance offered for completion of the application. Dignity and confidentiality will be respected for all who seek sliding fee health care services.
5. **Alternative payment sources:** Alternative payment resources must be exhausted prior to applying for sliding fee services, including all third-party payment from insurances or federal and state programs.
6. **Completion of application:** The patient/responsible party must complete the sliding fee discount program application in its entirety. By signing the sliding fee discount program application, persons authorize Heartland Christian Counseling access in confirming income as disclosed on the application form. Providing false information on a sliding fee discount program application will result in all sliding fee discount program discounts being revoked and the full balance of the account restored and payable immediately.

If an application is unable to be processed due to the need for additional information, the applicant has two weeks from the date of notification to supply the necessary information without having the date on his/ her application adjusted. If the patient does not provide the requested information within the two-week period, his/ her application will be re- dated to the date on which s/he supplies the requested information. Any accounts turned over for collection because of the patient's delay in providing information will not be considered for the sliding fee discount program.

7. **Eligibility:** Discounts will be based on income and family size only. Heartland Christian Counseling uses the Census Bureau definitions of each. In it,
  - **Family is defined as:** a group of people or more (one of whom is the householder ) related by birth, marriage, or adoption and residing together; All such people (including related sub family members) are considered as members of one family .
  - **Income would include:** earnings, employment compensation, workers compensation, Social Security, Supplemental Security Income, public assistance, veterans payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.
8. **Income verification:** Applicants must provide one of the following: prior year W-2, two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self- employed individuals will be required to submit detail of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program.

**Self-declaration of income may only be used in special circumstances.** Specific examples include participants who are homeless. Patients who are unable to provide written verification must provide a signed statement of income, and why they are unable to provide independent verification. This statement will be presented to Heartland Christian Counseling administration or a designee of the administration for review and final determination as to the sliding fee percentage. Self-declared patients will be responsible for 100% of their charges until management determines the appropriate category.

9. **Discounts:** Those with incomes at or below 100% of the poverty guidelines will receive a full 100% discount. They will be highly encouraged to pay a fifteen-dollar nominal fee. Those with incomes above 100% of the poverty guidelines, but at or below 200% of poverty, will be charged according to the attached sliding fee schedule. The

sliding fee schedule will be updated during the 1<sup>st</sup> quarter of every calendar year with the latest federal poverty guidelines.

10. **Nominal Fee:** Patients receiving a full discount will be assessed a \$15 nominal charge per visit. However, patients will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment.
11. **Waiving of Charges:** In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of charges may only be used in special circumstances and must be approved by Heartland Christian Counseling's Administration or designees. Any waiving of charges should be documented in the patient's file along with an explanation (e.g., ability to pay, good will, health promotion event).
12. **Applicant Notification:** The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing and will include the percentage of the Sliding Fee Discount Program write off, or if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with Heartland Christian Counseling. Sliding Fee Discount Program applications cover outstanding patient balances for six months prior to application date and any balances incurred within 12 months after the approved date unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program application.
13. **Refusal to Pay:** If a patient verbally expresses an unwillingness to pay or vacates the premises without pay for services, the patient will be contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, a copy of the sliding fee discount program application will be sent with the notice. If the patient chooses not to try to pay or fails to respond within 60 days, this constitutes **refusal to pay**. At this point in time Heartland Christian Counseling can explore options not limited, but including offering the patient a payment plan, waiving charges, or referring the patient to collections.
14. **Record Keeping:** Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located on the premises to preserve confidentiality of those receiving free or discounted care.
  - Applicants that have been approved for the Sliding Fee Discount Program will be logged in a password protected document on Heartland Christian Counseling's shared directory, noting names of applications, dates of coverage and percentage of coverage.
  - The Administrative Office Manager will maintain an additional monthly log identifying Sliding Fee Discount Program Recipients and dollar amounts. Denials will also be logged.
15. **Policy and Procedure Review:** Annually, the amount of Sliding Fee Discount program provided will be reviewed by the Administration. The SFS will be updated based on the current Federal Poverty Guidelines. Pertinent information comparing amount budgeted and actual community care provided shall serve as a guideline for future planning. This will also serve as a discussion base for reviewing possible changes in our procedures and for examining

institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.

16. **Budget:** During the annual budget process, an estimated amount of Sliding Fee Discount Program service will be placed into a budget as a deduction from revenue. Administrative approval for the Sliding Fee Program will be sought as an integral part of the annual budget.

See Attachments:

- Heartland Christian Counseling 2020 Sliding Fee Schedule
- Heartland Christian Counseling Reduced Fee Application Form

Approval Date: \_\_\_\_\_

Revised Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

