

Sliding Fee Discount Program Policy

Cortland County Mental Health Clinic

SUBJECT: Sliding Fee Discount Program

EFFECTIVE DATE: Sept. 2021

POLICY: To make available discounted services to those who qualify based on income and household size.

PURPOSE: All clients seeking Behavioral Health services at Cortland County Mental Health Clinic are assured of services regardless of ability to pay. This program is designed to provide discounted care to those who have no means, or limited means, to pay for their services.

Cortland County Mental Health Clinic will offer a Sliding Fee Discount Program to all who have no insurance. The clinic will base Sliding Fee Scale (SFS) program eligibility on a person's ability to pay and will not discriminate on the basis of 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.

PROCEDURE:

The following guidelines are to be followed in providing the Sliding Fee Discount Program.

1. **Notification:** Cortland County Mental Health Clinic will notify patients of the Sliding Fee Discount Program:

- At the time of initial Intake.
- An explanation of the Sliding Fee Discount Program and the application form are available on the Cortland County Mental Health Clinic website.
- Cortland County Mental Health Clinic will display notification of Sliding Fee Discount Program in the clinic waiting area.

2. **Request for Sliding Fee Scale:** Requests for Sliding Fee Scale services may be made by patients, family members, social services staff or others who are aware of existing financial hardship. The Sliding Fee Discount Program will only be made available for clinic visits. Information and forms can be obtained from the Billing Office.

3. **Administration:** The Sliding Fee Discount Program procedure will be administered through the Billing Office or their designee. Information about the Sliding Fee Discount Program policy and procedure will be provided to patients. Staff are to offer assistance for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided healthcare services.

4. **Completion of Application:** The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. Staff will be available, as needed, to assist patient/responsible party with applications. By signing the Sliding Fee Discount Program application, persons are confirming their income to Cortland County Mental Health Clinic as disclosed on the application form.

5. **Eligibility:** Discounts will be based on income and family size only.

a. Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family. Cortland County Mental Health Clinic will also accept non-related household members when calculating family size.

b. Income includes: gross wages; salaries; tips; income from business and self-employment; unemployment compensation; workers' compensation; Social Security; Supplemental Security Income; public assistance; veterans' payments; survivor benefits; pension or retirement income; interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources.

6. **Income verification:** Applicants may 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 be used. Patients who are unable to provide written verification may provide a signed statement of income.

7. **Discounts:** Those with incomes at or below 100% of poverty will receive a \$10 minimum fee per visit for behavioral health services. Those with incomes above 100% of poverty, but at or below 200% of poverty, will be charged a nominal fee according to the attached sliding fee schedule. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest [FPL Guidelines](#).

8. **Nominal Fee:** Patients with incomes above 100% of poverty, but at or below 200% poverty will be charged a nominal fee according to the attached sliding fee schedule and based on their family size and income. However, patients will not be denied services due to an inability to pay.

9. **Applicant notification:** The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing, and will include the percentage of Sliding Fee Discount Program adjustment, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, Cortland County Mental Health Clinic will work with the patient and/or responsible party to establish payment arrangements. The applicant has the option to reapply 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 or insurance.

10. **Refusal to Pay:** If a patient verbally expresses an unwillingness to pay or vacates the premises without paying 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 does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. Cortland County Mental Health Clinic can explore options not limited to, but including offering the patient a payment plan or waiving of charges.

11. **Record keeping:** Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the Billing Office, in an effort to preserve the dignity of those receiving free or discounted care.

a. Applicants that have been approved for the Sliding Fee Discount Program will be logged in

Cortland County Mental Health Clinic practice management system, noting names of applicants, dates of coverage and percentage of coverage.

b. The Billing Office will maintain a log identifying Sliding Fee Discount Program recipients and dollar amounts. Denials and applications not returned will also be logged.

12. **Policy and procedure review:** Cortland County Mental Health Clinic will review the Sliding Fee Scale policy and procedures annually, updating the Sliding Fee Scale based on the current Federal Poverty Guidelines.

ATTACHMENTS:

**2021 Sliding Fee Schedule
Patient Application for the Sliding Fee Discount Program**

APPROVAL: __9/28/21_____

REVISED: _____

REVIEWED BY:  _____ Office Manager _____

Sliding Fee Schedule (SFS)

Maximum Annual Income Amounts for each Sliding Fee Percentage Category (except for 0% discount)

Poverty Level	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
Family Size	Discount 100%	Discount 90%	Discount 80%	Discount 70%	Discount 60%	Discount 50%	Discount 40%	Discount 30%	Discount 20%	Discount 15%	Discount 10%	Discount 0%
1	\$12,880	14,168	15,456	16,744	18,032	19,320	20,608	21,896	23,184	24,472	25,760	25,761+
2	\$17,420	19,162	20,904	22,646	24,388	26,130	27,872	29,614	31,356	33,098	34,840	34,841+
3	\$21,960	24,156	26,352	28,548	30,744	32,940	35,136	37,332	39,528	41,724	43,920	43,921+
4	\$26,500	29,150	31,800	34,450	37,100	39,750	42,400	45,050	47,700	50,350	53,000	53,001+
5	\$31,040	34,144	37,248	40,352	43,456	46,560	49,664	52,768	55,872	58,976	62,080	62,081+
6	\$35,580	39,138	42,696	46,254	49,812	53,370	56,928	60,486	64,044	67,602	71,160	71,161+
7	\$40,120	44,132	48,144	52,156	56,168	60,180	64,192	68,204	72,216	76,228	80,240	80,241+
8	\$44,660	49,126	53,592	58,058	62,524	66,990	71,456	75,922	80,388	84,854	89,320	89,321
For each additional person, add	\$4,340	4,994	5,448	5,902	6,356	6,810	7,264	7,718	8,172	8,626	9,080	9,080

*Based on the 2021 Federal Poverty Guidelines (FPG) for the 48 contiguous states and the District of Columbia. Please note that there are separate guidelines for Alaska and Hawaii, and that the thresholds would differ for sites in those two states. Sites in Puerto Rico and other outlying jurisdictions would use the above guidelines.

