



08.22 OPERATING POLICY & PROCEDURE

Subject: CCBHC Sliding Fee Scale Program		Application: All Departments
First Effective 10/01/2021	Revised 06/16/2023	Review 06/16/2023

POLICY

To provide a Sliding Fee Schedule outline for CCBHC consumers.

PROCEDURE

- 1) The following guidelines are to be followed in providing the Sliding Fee Discount Program.
 - a) Notification: Pivotal will notify patients of the Sliding Fee Discount Program in the following manners:
 - i) To each patient upon check-in.
 - ii) Information will be included with collection notices sent out by Pivotal.
 - iii) Information is available on Pivotal's website.
 - iv) Notification of Sliding Fee Discount Program in visible in waiting area.
 - b) All patients seeking healthcare services at Pivotal are assured that they will be served regardless of their ability to pay. No one is refused service because of lack of financial means to pay.
- 2) Administration:
 - a) The Sliding Fee Discount Program procedure will be administered through the Finance Office or his/her designee. 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 and/or are provided charitable services.
 - b) Alternative payment sources:
 - i) All alternative payment resources should be exhausted, including all third-party payment from insurance(s), Federal and State programs.
 - c) Out-of-pocket fees for insured patients who qualify for sliding fees based on income and family size will be the lesser of their copayment or the sliding fee charge, unless the prohibited by contract between CBH and the insurance carrier.
- 3) Completion of Application:
 - a) 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 Pivotal 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(s) restored and payable immediately. If an application is unable to be processed due to the need for additional information, the applicant has thirty days from the date of notification to supply the necessary information without having the date on their application adjusted. If a patient does not provide the requested information within the thirty-day period, their application will be re-dated to the date on which they supply 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.

4) Eligibility:

a) Discounts will be based on income and family size only.

i) 1. Family Member Guidelines:

- (1) Married applicants, living in the same household with children, fill out one application.
- (2) Adults living in the same household, but not married are required to fill out separate applications and provide separate paperwork.
- (3) Adults who are married, but not living together, fill out separate applications.
- (4) Applicants under the age of 21, not employed, living with parents, and filing their own income tax return can be included on parent's application.
- (5) Applicants 21+ years of age, full time student, and not filing their own income tax return can be included on their parent's application.
- (6) Mentally or physically disabled individuals should be included on caretaker's application.
- (7) Foster children (under the age of 18) should be included on their caretaker's application.
- (8) Dependent children can only be used on one parent's application. That parent is the one they reside with.
- (9) Elderly parents living with adult children are required to fill out their own application.
- (10) Special circumstances not identified above will be reviewed on a case-by-case basis.

ii) Income Information:

- (1) Applicants who do not wish to comply with income document verification or choose to not take advantage of the sliding discount by a refusal waiver will be responsible for all charges. Charges include the visit, labs, injections, or additional rendered services on the service date.
- (2) Applicant's household Income will be calculated at the gross amount and not net income. This is income before any deductions shown as gross income on check stubs. All income for all qualified household members must be listed and computed to arrive at the annual income.
- (3) Applicants must provide at least one of the following for income document verification to determine annual gross income (income before deductions):
 - (a) Processed or most recent tax forms
 - (b) Wages and salaries

- (c) Social Security Retirement and/or Pensions
 - (d) Veterans Benefits
 - (e) Workers Compensation
 - (f) Railroad Retirement
 - (g) Unemployment Compensation
 - (h) Welfare/Public Assistance
 - (i) Child support or alimony payments
 - (j) Rental income
 - (k) Other includes strike benefits, training/education stipends, dividends or interest income, royalties, receipts from estates or trusts, gambling/lottery winnings, trust funds, money received from other individuals for living expenses or in return for services (i.e., babysitting).
 - (l) Self-employed individuals will be required to submit details 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.
- 5) Self-declaration of Income:
- a) 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 (s)he is unable to provide independent verification. This statement will be presented to Pivotal's CFO or his/her designee 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.
- 6) Discounts:
- a) Applicants will be charged partial discounts according to the attached sliding fee schedule based on current federal poverty guidelines. These discounts are adjusted based on gradations in income levels. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest federal poverty guideline, <http://aspe.hhs.gov/poverty>.
 - b) Nominal Fee:
 - i) Patients will be assessed a nominal charge per visit according to the fee schedule. 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.
- 7) Waiving of Charges:
- a) 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 Pivotal's CEO, CFO, or their designee. Any waiving of charges shall be documented in the patient's file along with an explanation (e.g., ability to pay, good will, health promotion event).
- 8) Applicant notification:
- a) 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 write off, or, if applicable, the reason for denial.

- b) If the application is denied, the patient and/or responsible party must immediately establish payment arrangements with Pivotal. 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 lookback period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program application.
- 9) Discrimination
 - a) Pivotal does not discriminate in the provision of services to an individual (i) because the individual is unable to pay; (ii) because payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP); or (iii) based upon the individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity.
- 10) Refusal to Pay:
 - a) 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 an effort to pay or fails to respond within 60 days, this constitutes refusal to pay.
 - i) At this point in time, Pivotal can explore options not limited, but including offering the patient a payment plan, waiving of charges, or referring the patient for collections efforts.
- 11) Record keeping:
 - a) Information related to Sliding Fee Discount Program decisions will be maintained in the Patient Documents of the Electronic Medical Record.
- 12) Policy and procedure review:
 - a) Annually, the amount of Sliding Fee Discount Program provided will be reviewed by the CEO and/or CFO.
 - b) The SFS will be updated based on the current Federal Poverty Guidelines. Pertinent information comparing the 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 policy and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions. A periodic review of applications will be done to ensure proper implementation of policy is taking place. Pivotal evaluates, at least once every year, its sliding fee discount program.

REFERENCES

EXHIBITS

1. [08.22A CCBHC-Sliding-Fee-Discount-Program-Scale.pdf](#)
2. [08.22B Income-Verification-Form.pdf](#)