



Sliding Fee Scale Discount Program

2021 Guidelines

Sliding fee calculations are determined using Federal Income Tax forms, last 30 days of paychecks subs, or unemployment verification. The staff then uses the table below to determine eligibility. Qualifications for the Sliding Fee Discount Scale are based on two factors: household size and income. To decide whether or not you will qualify for a discounted fee, follow the directions below.

- 1) Using either Table 1 or Table 2, locate the row with the number of family members in the household.
- 2) Then, select the column with the appropriate income.
- 3) Drop to the bottom of the table for the Sliding Fee Scale.
- 4) For families/households with more than eight persons, add \$5,680 for each additional person

Annual Income – Table 1

| Number in Household | Annual Household Income Equal to or Below | | | | |
|---|---|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| | | 25% | 50% | 75% | |
| 1 | \$0 - \$16,909 | \$16,091 - \$21,453 | \$21,454 – \$26,817 | \$26,818 – \$32,180 | Above \$32,180 |
| 2 | \$0 – \$21,770 | \$21,771 - \$29,027 | \$29,028 – \$36,283 | \$36,284 – \$43,540 | Above 43,540 |
| 3 | \$0 – \$27,450 | \$27,151 – \$36,600 | \$36,601 - \$45,750 | \$45,751 – \$54,900 | Above 54,900 |
| 4 | \$0 - \$33,130 | \$33,131 - \$44,173 | \$44,170 - \$55,217 | \$55,218 – \$66,260 | Above 66,260 |
| 5 | \$0 - \$38,810 | \$38,811 - \$51,747 | \$51,748 – \$64,683 | \$64,684 – \$77,620 | Above 77,620 |
| 6 | \$0 - \$44,490 | \$44,491 - \$59,320 | \$59,321 – \$74,150 | \$74,151 – \$88,980 | Above 88,980 |
| 7 | \$0 – \$50,170 | \$50,171 - \$66,893 | \$66,894 – \$83,671 | \$83,618 – \$100,340 | Above 100,340 |
| 8 | \$0 – \$55,850 | \$55,851 - \$74,467 | \$74,468 – \$93,083 | \$93,084 - \$111,700 | Above 111,700 |
| | 100% of Poverty Guideline Level | 101%-150% of Poverty Guideline Level | 151%-175% of Poverty Guideline Level | 176%-200% of Poverty Guideline Level | Over 200% of Poverty Guideline Level |
| For families/households with more than eight persons, add \$5,600 for each additional person. | | | | | |

Monthly Income – Table 2

| Family Size | | 25% | 50% | 75% |
|-------------|---------|-----------------|-----------------|-----------------|
| 1 | \$1,341 | \$1342 – \$1788 | \$1789 – \$2235 | \$2236 – \$2682 |
| 2 | \$1,814 | \$1815 – \$2419 | \$2420 – \$3024 | \$3025 – \$3628 |
| 3 | \$2,288 | \$2289 - \$3050 | \$3051 – \$3813 | \$3814 – \$4575 |
| 4 | \$2,761 | \$2762 – \$3681 | \$3682 – \$4601 | \$4602 – \$5522 |
| 5 | \$3,234 | \$3235 – \$4312 | \$4313 – \$5390 | \$5391 – \$6468 |
| 6 | \$3,708 | \$3709 – \$4943 | \$4944 – \$6179 | \$6180 – \$7415 |
| 7 | \$4,181 | \$4182 – \$5574 | \$5575 – \$6968 | \$6969 – \$8362 |
| 8 | \$4,654 | \$4655 - \$6206 | \$6207 - \$7757 | \$7758 - \$9308 |
| Sliding Fee | 0% | 25% | 50% | 75% |

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| | | | |
|-----------------|--|---------------|--|
| Applicant Name | | | |
| Mailing Address | | | |
| Phone | | Date of Birth | |

Application:

- Application Completed
 Applicant has signed copy of Policy and Procedures
 Application signed

Verification Checklist:

- Identification/Address Driver's license, utility bill, employment ID, or other
 Copy of Insurance Cards N/A- No Insurance

Income Verification:

Family Size _____ Household Income _____

- W-2 from prior year Letter from employer
 Two most recent pay stubs Other: Explain _____
 Form 4506 T (if W-2 not filed) Self-Declaration of Income Form; Date Approved by ED ____

Application Status Declined Accepted, Date of Determination: _____

Notification Letter: Date Sent _____ Employee who sent letter _____

Discounted Rate: 25% 50% 75% Does not qualify Nominal Fee \$ _____

Employee Printed Name _____ Title _____

Employee Signature: _____ Date: _____



It is the policy of RESILIENCE to provide exceptional services regardless of the client's ability to pay. Discounts are offered based on family size and annual income. The discount will apply to all services received at RESILIENCE. Your household discount will be assessed every year or if your financial situation changes. Please complete the following information and return it to billing to determine if you or your family members are eligible for a discount.

| | |
|--|----------------------|
| Head of Household Name: | Phone: |
| Date of Birth: | Place of Employment: |
| Physical Address: | |
| Family Size: (NUMBER OF MEMBERS LIVING IN YOUR HOUSEHOLD.) List name and date of birth of family members/individuals living in your household or individuals you are financially responsible for. | |
| Name: (self) | Date of birth: |
| Name: | Date of birth: |
| Name: | Date of birth: |
| Name: | Date of birth: |
| Do you have insurance? ___ YES ___ NO | |
| If yes, please provide the medical plan name: | |



For Office Use Only

Applicant Name _____

New Patient _____

Patient Update _____

Approved Discount _____

Approved By: _____

Date Approved _____



| | | |
|-------------------------------|----------------------------------|-----------------|
| Board Approval Date: | Policy Effective Period: 3 years | Revision Dates: |
| Department: Finance | Next Review Date: | Police Number: |

Title: Sliding Fee Discount Program

Purpose: To make available discount services to those in need

Policy # :

This program is designed to provide discounted care. In addition to quality healthcare, patients are entitled to a consultation with our administrative office to assist in community resources that could offer solutions for those who have no means or limited means to pay for their health care services.

RESILIENCE will offer a Sliding Fee Discount Program (SFDP) to all patients. RESILIENCE will base program eligibility on a person's ability to pay and not discriminate based on age, gender, race, sexual orientation, religion, disability, or national origin. The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule to determine eligibility.

1. **Notification:** RESILIENCE will notify patients of the SFDP by:
 - a. Payment Policy will be available to all patients at the time of services.
 - b. Notification of the SFDP will be offered to each patient upon admission.
 - c. SFDP application will be included with collection notices sent out by RESILIENCE.
 - d. An explanation of the SFDP and the application form are available on RESILIENCE website.
 - e. RESILIENCE places notification of SFDP on the RESILIENCE website.

2. **Request for Discount:** Request for discounted services may be made by patients, family members, social services staff, or others aware of existing financial hardship. Information and forms can be obtained from the Front Desk and Billing Specialist.

3. **Administration:** The SFDP procedure will be administered through the RESILIENCE administration department. Information about SFDP policy and procedure will be provided and assistance offered from the completion of this application. Dignity and confidentiality will be respected for all who seek and/or provide charitable services.



4. **Alternative Payment Sources:** The discount will be posted after all alternative payment resources are exhausted, including all third-party payments from insurance(s) and federal and state programs.
5. **Completion of Application:** The patient/responsible party must complete the SFDP application in its entirety. A signed SFDP application authorizes RESILIENCE to confirm income as disclosed on the application form. Providing false information on an SFDP application will result in all discounts revoked and the entire balance of the account(s) restored and payable immediately.

Suppose an application is unable to be processed due to the need for additional information. In that case, the applicant has two weeks from the date of notification to supply the necessary information without adjusting the date on their application. If a patient does not provide the requested information within the two weeks, their application will be re-dated to the date they supply it. Any accounts turned over for collection because of the patient's delay in providing information will not be considered for SFDP.

6. Discounts will be based on income and family size only. RESILIENCE uses the Census Bureau definition of each.
 - 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 members of one family.
 - b. Income includes earnings, unemployment 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 aid, alimony, child support, assistance from outside the household, and other miscellaneous sources. Noncash benefits (such as food stamps and housing subsidies) do not count.
7. **Income Verification:** Applicants must provide one of the following: prior year W-2, prior-year tax return, last 30 days' worth of pay stubs, a letter from employer verifying hours, or Form 4506-T (if W-2 not filed). Adequate information must be made available to determine eligibility for the program. Self-declaration of income may only be used in exceptional circumstances. Specific examples include participants who are homeless. Patients who cannot 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 the RESILIENCE Executive Director or their designee for review and final determination of the sliding fee percentage. Self-declared patients will be responsible for 100% of their charges until management determines the appropriate category.
8. **Discounts:** Those with incomes at or below 100% of poverty will receive a total discount and only be assessed a nominal fee. According to the attached sliding fee schedule, those with incomes above



100% of poverty, but at or below 200% of poverty will be charged. For example - patients between 101%-150% of FPG will receive a 75% discount, between 151%-175% will receive a 50% discount, and

between 176%-200% will receive a 25% discount. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest Federal Poverty Guidelines:

<https://aspe.hhs.gov/poverty-guidelines>.

9. **Nominal Fee:** The nominal fee amount will be set at a level that would be nominal from the perspective of the patient and will not reflect the actual cost of the service being provided. It has been determined that patients receiving a total discount will be assessed a \$10 nominal charge per visit. RESILIENCE will ensure that the nominal charge is less than what a patient in the first discount category would have to pay. 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.
10. **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 RESILIENCE Executive Director or designee. Any waiving of charges should be documented in the patient's file and an explanation (e.g., ability to pay, goodwill, health promotion event). All waiving of charges will be reported and summarized to the Board of Directors and reviewed at the next scheduled Quarterly Board Meeting.
11. **Application Notification:** The SFDP determination will be provided to the applicant(s) in writing and will include the percentage of SFDP write-off, or if applicable, the reason for denial. If the application is approved for less than 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with RESILIENCE. SFDP application covers patient balances incurred within 12 months after the approval date unless their financial situation changes significantly. The applicant can reapply after the 12 months have expired or if there has been a significant change in family income.
12. **Refusal to Pay:** If a patient verbally expresses an unwillingness to pay or vacate the premises without paying for services, they will be contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, a copy of the SFDP 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 a refusal to pay. At this point, RESILIENCE can explore options not limited to, but including, offering the patient a payment plan, waiving of charges, or referring the patient to collections
13. **Record Keeping:** To preserve the dignity of those receiving discounted care, information related to SFDP decisions will be maintained and kept in a confidential file located in RESILIENCE administration office.



- a. The Billing Specialists will maintain a monthly log identifying SFDP recipients and discount percent. Denials will also be logged.

14. Policy and Procedure Review: Annually, during the first quarter of each year, the amount of the SFDP provided will be reviewed by the CEO and/or Board of Directors. The Sliding Fee Discount Scale will be updated based on the current Federal Poverty Guidelines. Pertinent information comparing the amount budgeted and actual community care provided shall guide future planning. This will also serve as a discussion base for reviewing possible changes in our policy and procedures and examining institutional practices that may serve as barriers preventing eligible patients from having access to our community care provisions.

15. Budget: An estimated amount of SFDP services will be placed into the budget during the annual budget process as a deduction from revenue.

I confirm that I have read, understand, and agree to the above policy and procedure for enrollment in RESILIENCE SFDP.

| | | |
|------------------------------|---------------------------|------|
| Client Printed Name | Client Signature | Date |
| Parent/Guardian Printed Name | Parent/Guardian Signature | Date |
| Employee Printed Name | Employee Signature | Date |