



MENTAL HEALTH COUNSELING SERVICES OF NORTHERN NY, PLLC

**Tracie Barnes, LMHC
Executive Director**

(315) 268-0264

Subject: Sliding Fee Discount Program

Effective Date: Immediately

Policy: To make available discount service to those in need

This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their mental health services (uninsured or underinsured). Clients are entitled to financial counseling to help ensure they receive quality mental health care. Our office manager's role is to help provide you with reasonable payment alternatives.

Mental Health Counseling Services of NNY will offer a sliding fee discount program to all who are unable to pay for services rendered. Mental Health Counseling Services of NNY will base program eligibility on a person's ability to pay and will not discriminate on the basis of age, gender, race, creed, disability or national origin. The federal poverty guidelines, <http://aspe.hhs.gov/poverty>, 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:** Mental Health Counseling Services of NNY will notify clients of the sliding fee discount program by the following:
 - Notification of the sliding fee discount program will be included with mailings distributed to doctor's offices, caseworkers, court systems and other human service agencies throughout St. Lawrence County.
 - Sliding fee discount program information will be included on Mental Health Counseling Service Brochure.
 - An explanation of our Sliding Scale Fee discount program will be available on Mental Health Counseling Services of NNY website.
 - Information on how to apply for our Sliding Scale fee discount will be included on Mental Health Counseling Services website.
 - Mental Health Counseling Services will place notifications of the sliding fee discount program in their waiting area.

2. All clients seeking mental health counseling services at Mental Health Counseling Services of NNY are assured that they will receive services regardless of their ability to pay. No one is refused services because of lack of financial means to pay.

3. **Request for Discount:** Requests for discounted services may be made by clients, family members, social service staff, human resources who can verify and are aware of client's financial hardship. The sliding fee discount program will only be made available for office visits. Information and application forms can be obtained from the front desk of Mental Health Counseling Services of NNY.
4. **Administration:** The sliding scale fee program procedure will be administered through the Office Manager and approved by the Executive Director. Information and assistance in application in regard to the sliding scale fee program will be provided by the Office Manager and other supportive staff. Dignity and confidentiality will be respected for all who seek and/or are provided charitable services.
5. **Alternative Payment Sources:** All alternative payment resources must be exhausted, to include: EAP programs, Social Service reimbursement and third-party payment from insurance (s), federal and state programs.
6. **Completion of Application:** The client responsible or person financially responsible must complete the sliding fee discount program application in its entirety. By signing the sliding fee discount program application, this person authorizes Mental Health Counseling Services of NNY 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.
7. **Eligibility:** Discounts will be based on income and family size only. Mental Health Counseling Services of NNY uses the Census Bureau definitions of each:
 - **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.
 - **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 assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Noncash benefits such as food stamps and housing subsidies do not count.
8. **Income Verification:** Applicants must provide one of the following: prior W-2, and two most recent pay stubs. Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business (copy of quarterly report). Clients who are unable to provide written verification must provide a notarized statement of income, and why he/she is unable to provide independent verification. This statement will be presented and reviewed by the director of Mental Health Counseling Services of NNY for the final review and determination as to the sliding fee percentage. Self-declared clients will be responsible for 100% of their charges until the Executive Director determines the appropriate category/fee.
9. **Discounts:** Those with incomes at or below 100% poverty will receive a full 100% discount. Those with incomes above 100% of poverty, 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 first

quarter of every calendar year with the latest federal poverty guidelines..

<http://aspe.hhs.gov//poverty>

10. **Nominal Fee:** Clients receiving a full discount will be assessed a \$10 nominal charge per visit. However, clients 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. This fee is to ensure client responsibility and commitment to treatment.
11. **Waiving of Charges:** In certain life situations patients may not be able to pay the nominal or discount fee. Waiving of charges or adjusting charges under special circumstances must be approved by the Executive Director. Any waiving or adjusting charges must be documented in client file with explanation.
12. **Applicant Notification:** The sliding fee discount program determination will be provided to the applicant in writing and will include the percentage of sliding fee discount program write off, or if applicable the reason for denial. If the application is approved for less than 100% discount or denied, the client and or responsible party must immediately establish payment arrangements with Mental Health Counseling Services of NNY. Sliding fee discount program applications cover outstanding client 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 lessor of six months or the expiration of their last sliding fee discount program application.
13. **Refusal to Pay:** If a client verbally expresses an unwillingness to pay or vacates the premises without paying for services, the client will be contacted in writing regarding their payment obligations. If the client is not on the sliding fee schedule, a copy of the sliding fee discount program application will be sent with the notice. If the client does not make an effort to pay or fails to respond within 30 days, this constitutes refusal to pay. At this point in time, Mental Health Counseling Services of NNY can explore options not limited to, but including offering the client a payment plan, waiving of charges or referring the client to collection efforts.
14. **Record Keeping:** Information related to sliding fee discount program decision will be maintained and preserved in client individual files and a centralized office file. These files are confidential and will be kept and monitored by the office manager of Mental Health Counseling Services of NNY. The office manager will keep an additional monthly log identifying sliding fee discount program recipients and dollar amounts. Denials and date of denial will also be logged.
15. **Policy and procedure review:** Annually the amount of sliding fee discount program provided will be reviewed by the Executive Director and Office Manager of Mental Health Counseling Services of NNY. The sliding fee scale will be updated based on the current federal poverty guidelines. Pertinent community information will be taken into account when reviewing guidelines.

Attachments: Sliding Fee Schedule, Application for sliding fee discount program

Approval Date: _____

I, hereby approve of the aforementioned policy: _____

Executive Director



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Mental Health Counseling Services of NNY

Sliding Fee Discount Program Policy Application

Name: _____ DOB: _____

Place of Employment: _____

Address: _____

Telephone: _____ Cellphone: _____ Work _____

Spouse/Partner Name: _____ DOB: _____

Please list dependents:

Annual Household Income: (To include gross wages, salaries, tips, child support, benefits etc.)

Client: \$ _____

Spouse/Partner: \$ _____

Other: \$ _____

Total: \$ _____

To verify total income the following must be provided: Recent tax return and employment verification such as last two pay stubs. These forms must be provided in order to receive discounted services.

I have attached the following forms to this application: _____

I certify that the family size and income information shown above is correct.

Client Name: _____

Client Signature: _____

Date: _____

Office Use Only

Client Name: _____ DOB: _____

Approved Discount: _____

Approved by: _____ Date Approved: _____

Verification provided by client: (Driver's License, employment verification attached, prior tax return, insurance cards) _____



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Sliding Fee Schedule

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty						
Poverty Level*	At or Below 100%	125%	150%	175%	200%	Above 200%
Family Size	Nominal Fee (\$5)	Charge				
		20% pay	40% pay	60% pay	80% pay	100% pay
1	0-\$12,490	\$12,491-\$15,613	\$15,614-\$18,735	\$18,736-\$21,858	\$21,859-\$24,980	\$24,981+
2	0-\$16,910	\$16,911-\$21,138	\$21,139-\$25,365	\$25,366-\$29,593	\$29,594-\$33,820	\$33,821+
3	0-\$21,330	\$21,331-\$26,663	\$26,664-\$31,995	\$31,996-\$37,328	\$37,329-\$42,660	\$42,661+
4	0-\$25,750	\$25,751-\$32,188	\$32,189-\$38,625	\$38,626-\$45,063	\$45,064-\$51,500	\$51,501+
5	0-\$30,170	\$30,171-\$37,713	\$37,714-\$45,255	\$45,256-\$52,798	\$52,799-\$60,340	\$60,341+
6	0-\$34,590	\$34,591-\$43,238	\$43,239-\$51,885	\$51,886-\$60,533	\$60,534-\$69,180	\$69,181+
7	0-\$39,010	\$39,011-\$48,763	\$48,764-\$58,515	\$58,516-\$68,268	\$68,269-\$78,020	\$78,021+
8	0-\$43,430	\$43,431-\$54,288	\$54,289-\$65,145	\$65,146-\$76,003	\$76,004-\$86,860	\$86,861+
For each additional person, add	\$4,420	\$5,525	\$6,630	\$7,735	\$8,840	\$8,840

* Based on Based on 2019 Federal Poverty Guidelines (FPG) for the 48 contiguous states and the District of Columbia. Please note that there are separate 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.

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