



No Refusal of Services/Sliding Fee Schedule

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REVIEWED BY: Benjamin Isaiah, Chief Operating Officer	REVIEWED BY: Stephen Burke, VP of Finance	REVIEWED BY:	APPROVED BY: Mary Marran MS, OT, MBA President

- I. Purpose.** The purpose of this *No Refusal of Services Policy* (this “Policy”) is to ensure that no individuals are denied services due to the inability to pay and that individuals are aware of our discount fee schedule.
- II. Scope.** This Policy applies to The Providence Center.
- III. Policy.** The Providence Center ensures that:
- (a) All clients seeking health care services from our center are assured that they will be served regardless of ability to pay.
 - (b) No one is refused service because of lack of financial means to pay. This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (uninsured or underinsured).
 - (c) The Providence Center will offer a Sliding Fee Discount Program to all who are unable to pay for their services. The Providence Center will base 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 to determine eligibility.
- IV. Procedure.**

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

1. Notification: The Providence Center will notify clients of the Sliding Fee Discount Program by:
 - (a) Payment Policy information will be available to all clients at the time of service.
 - (b) Notification of the Sliding Fee Discount Program will be offered to each client upon admission.

- (c) Sliding Fee Discount Program application will be included with collection notices sent out by The Providence Center.
 - (d) An explanation of our Sliding Fee Discount Program and our application form are available on The Providence Center's website.
 - (e) The Providence Center places notification of Sliding Fee Discount Program in waiting areas.
2. Request for discount: Requests for discounted services may be made by clients, 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 Front Desk.
 3. Administration: The Sliding Fee Discount Program procedure will be administered through the Director of Patient Registration and Access or her designee. Information about the Sliding Fee Discount Program policy and procedure will be provided to clients. 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 client/responsible party must complete the Sliding Fee Discount Program application in its entirety. Staff will be available, as needed, to assist client/responsible party with applications. By signing the Sliding Fee Discount Program application, persons are confirming their income to The Providence Center as disclosed on the application form.
 5. Eligibility: Discounts will be based on income and family size only.
 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. Clients who are unable to provide written verification may provide assigned statement of income.
 7. Discounts: Those with incomes at or below 100% of poverty will receive a full 100% discount for health care 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 Federal Poverty Line Guidelines.
 8. Nominal Fee: Clients 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, 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.
 9. Waiving of Charges: In certain situations, clients may not be able to pay the nominal or discount fee. Waiving of charges must be approved by The Providence Center's designated official. Any waiving of charges should be documented in the client's file along with an explanation.
 10. 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 write off, or, if applicable, the reason for denial. If the application is approved for less than a 100%

discount or denied, The Providence Center will work with the client and/or responsible party to establish payment arrangements. 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 lesser of six months or the expiration of their last Sliding Fee Discount Program application.

11. 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 effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, The Providence Center can explore options not limited to, but including offering the client a payment plan, waiving of charges, or referring the client to collections.
12. Record keeping: Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the Director of Patient Registration and Access's 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 The Providence Center's practice management system, noting names of applicants, dates of coverage and percentage of coverage.
 - b. The Director of Patient Registration and Access will maintain an additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts. Denials and applications not returned will also be logged.
13. Policy and procedure review: The Sliding Fee Schedule will be updated based on the current Federal Poverty Guidelines. The Providence Center will also review possible changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible clients from having access to our community care provisions.

V. Definitions. Terms not already defined in this Policy have the following meanings:

- (a) Federal Poverty Guidelines: The poverty guidelines are a simplified version of the federal poverty thresholds used for determining financial eligibility for certain federal programs. They are issued each year in the Federal Register by the Department of Health and Human Services (HHS).
- (b) Sliding Fee Schedule: A sliding fee scale is a model for payments administered to clients. The scale is intended for individuals with no insurance coverage, or for under-insured individuals.
- (c) 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. The Providence Center will also accept non-related household members when calculating family size.
- (d) Income includes: gross wages; salaries; tips; income from business and self-employment; unemployment compensation; workers' compensation; Social Security; Supplemental Security Income; 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.

ATTACHMENTS:

- (a) 2024 Sliding Fee Schedule
- (b) Client Application for the Sliding Fee Discount Program

REFERENCES:

SAMHSA CCBHC Standards 2.d.1, 2.d.2, 2.d.3, 2.d.4

APPROVAL/REVISION:

08/19/2024: Initial Version of Policy approved

REPLACES: No Refusal of Services Due to Inability to Pay