

# Financial Assistance Policy

## The policy of North Homes Children and Family Services (NHCFS):

- As an Essential Community Provider, NHCFS has a policy that no person will be denied services due to their inability to pay.
- In addition to quality healthcare, NHCFS believes that clients are entitled to financial counseling by someone who can understand and offer possible solutions for incurred costs.
- NHCFS offers a sliding fee scale based on Federal Poverty Guidelines published annually by the Center for Medicare and Medicaid Services.
- For clients who do not meet the family/income guidelines in the Sliding Fee Scale policy but are uninsured (have no Medicare, Medicaid or Third-Party insurance), NHCFS provide a discount based on the average reimbursement rate provided to NHCFS by the highest revenue private payer. This rate will be calculated in the first quarter every year.

## Standards:

1. Eligibility is based on Income and Family Size in comparison to the Federal Poverty Guidelines. **Clients are required to verify household income and size to be considered for the sliding fees. The documentation requirements will be reviewed once the sliding fee is requested. Re-verification of household income and size will be required one year from the date sliding fee form is signed or the fee will revert to self-pay full fee.**
2. The client or parent/legal guardian must apply to receive the sliding fee discount or the uninsured discount on covered services.
  - a. Adolescents who qualify for “confidential” services (i.e., parents are not informed for qualifying clinical reasons) are exempt for the application requirement.
3. The sliding fee scale and uninsured discounts are both payment of last resort; the applicant must be willing to apply for all other applicable County Social Service or public health insurance for which they might be eligible. NHCFS staff may assist clients in the application process. Individual private insurance is also billed first where applicable (see note a).
  - a. An individual has the right to pay for services directly without submission to privately held insurance.
  - b. If an individual chooses not to allow submission of a claim to insurance for reasons of confidentiality or other reasons, they must either pay the full cost or apply to receive an income-based discount based on this policy.
  - c. The Billing Department may waive requirements 2 and 3 upon receipt of evidence that the person’s mental illness is so severe that application for funding is not possible.
  - d. Persons who are in the care of residential facilities that are responsible for the overall health of their residents are not eligible for the discounted fee. NHCFS will assist facility residents to secure funding for needed care.
  - e. Persons receiving court-mandated services are responsible for the full cost of services.

### Sliding Fee Scale Based on 2024 Federal Poverty Guidelines

	Nominal Payment 100% Poverty or Below	101% - 200% Poverty Partial Charge			Full Charge 200% Poverty and Above
FAMILY SIZE	\$20	75% Discount	50% Discount	25% Discount	No Discount
<b>1</b>	Under \$15,060	\$15,061 - \$18,825	\$18,826 - \$22,590	\$22,591 - \$30,119	\$30,120
<b>2</b>	Under \$20,440	\$20,441 - \$25,550	\$25,551 - \$30,660	\$30,661 - \$40,779	\$40,880
<b>3</b>	Under \$25,820	\$25,821 - \$32,275	\$32,276 - \$38,730	\$38,731 - \$51,639	\$51,640
<b>4</b>	Under \$31,200	\$31,201 - \$39,000	\$39,901 - \$46,800	\$46,801 - \$62,399	\$62,400
<b>5</b>	Under \$36,580	\$36,581 - \$45,725	\$45,726 - \$54,870	\$54,871 - \$73,159	\$73,160
<b>6</b>	Under \$41,960	\$41,961 - \$52,450	\$52,451 - \$62,940	\$62,941 - \$83,919	\$83,920
<b>7</b>	Under \$47,340	\$47,341 - \$59,175	\$59,176 - \$71,010	\$71,011 - \$94,679	\$94,680
<b>8</b>	Under \$52,720	\$52,721 - \$65,900	\$65,901 - \$79,080	\$79,081 - \$105,339	\$105,440
<b>Add \$5,380 for each person in household over 8 persons.</b>					

**For more information regarding Financial Assistance options, please contact our Billing Department at (218) 888-8223.**

