**North Homes Children & Family Services**

**Financial Assistance Policy**

**The policy of North Homes Children & Family Services:**

* As an Essential Community Provider, North Homes has a policy that no person will be denied services due to their inability to pay.
* In addition to quality healthcare, North Homes believes that clients are entitled to financial counseling by someone who can understand and offer possible solutions for incurred costs.
* North Homes 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), North Homes provide a discount based on the average reimbursement rate provided to North Homes 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/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. North Homes 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, he/she must either pay the full cost or apply to receive an income-based discount based on this policy.

c. The Chief Financial Officer 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. North Homes will assist facility residents to secure funding for needed care.

e. Persons receiving court-mandated services are responsible for the full cost of services.

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|  | **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** |
| **1** | **Under $13,590** | **$13,591 - $16,987** | **$16,988-$20,385** | **$20,386-$27,179** | **$27,180** |
| **2** | **Under**  **$18,310** | **$18,311 - $22,888** | **$22,889-$27,465** | **$27,466-$36,619** | **$36,620** |
| **3** | **Under**  **$23,030** | **$23,031 - $28,787** | **$28,788-$34,545** | **$34,546-$46,059** | **$46,060** |
| **4** | **Under**  **$27,750** | **$27,751 - $34,687** | **$34,688-$41,625** | **$41,626-$55,499** | **$55,500** |
| **5** | **Under**  **$32,470** | **$32,471 - $40,587** | **$40,588-$48,705** | **$48,706-$64,939** | **$64,940** |
| **6** | **Under**  **$37,190** | **$37,191 - $46,487** | **$46,488-$55,785** | **$65,786-$74,379** | **$74,380** |
| **7** | **Under**  **$41,910** | **$41,911 - $52,387** | **$52,388-$62,865** | **$62,866-$83,819** | **$83,820** |
| **8** | **Under**  **$46,630** | **$46,631 - $58,287** | **$58,288-$69,945** | **$69,946-$93,259** | **$93,260** |
| **For Each Additional Dependent Over 8 Add** | **$4,720** |  |  |  |  |

**For more information regarding financial assistance options please contact our Billing Department at 218-888-8223.**