Sliding Fee Discount Program

**Purpose:**
This program is designed to reduce and/or eliminate financial barriers and provide free or discounted services to those who have no means, limited means, to pay for services (Uninsured or Underinsured). In addition to quality services, clients are entitled to financial counseling by someone who can understand and offer possible solutions for those who cannot pay in full. RYC’s Executive Director and Assistant Director’s role is that of client advocate, that is, one who works with the client and/or guarantor to find reasonable payment alternatives.

**Policy:**
Residential Youth Care, Inc. shall offer the Sliding Fee Discount Program to all who are unable to pay for their services. RYC 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. In addition, persons will be charged for services to the extent that payment will be made by a third party authorized or under legal obligation to pay the charges. The Federal Poverty Guidelines, [http://aspe.hhs.gov/poverty](http://aspe.hhs.gov/poverty), are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility. The following sliding fee is based upon verified income.

<table>
<thead>
<tr>
<th>Nominal Fee</th>
<th>$20.00</th>
<th>$50.00</th>
<th>$100.00</th>
<th>$150.00</th>
<th>Full Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number in Household</td>
<td>Applicable Discount</td>
<td>Applicable Discount</td>
<td>Applicable Discount</td>
<td>Applicable Discount</td>
<td>Applicable Discount</td>
</tr>
<tr>
<td>1</td>
<td>100%</td>
<td>101-150%</td>
<td>151-175%</td>
<td>176-199%</td>
<td>200%</td>
</tr>
<tr>
<td>2</td>
<td>$0-$15,950</td>
<td>$15,951 to $23,925</td>
<td>$23,926 to $27,913</td>
<td>$27,914 to $31,899</td>
<td>Above $31,900</td>
</tr>
<tr>
<td>3</td>
<td>$0-$21,550</td>
<td>$21,551 to $32,325</td>
<td>$32,326 to $37,713</td>
<td>$37,714 to $43,099</td>
<td>Above $43,100</td>
</tr>
<tr>
<td>4</td>
<td>$0-$27,150</td>
<td>$27,151 to $40,725</td>
<td>$40,726 to $47,513</td>
<td>$47,514 to $54,299</td>
<td>Above $54,300</td>
</tr>
<tr>
<td>5</td>
<td>$0-$32,750</td>
<td>$32,751 to $49,125</td>
<td>$49,126 to $57,313</td>
<td>$57,314 to $65,499</td>
<td>Above $65,500</td>
</tr>
<tr>
<td>6</td>
<td>$0-$38,350</td>
<td>$38,351 to $57,525</td>
<td>$57,526 to $67,113</td>
<td>$67,114 to $76,699</td>
<td>Above $76,700</td>
</tr>
<tr>
<td>7</td>
<td>$0-$43,950</td>
<td>$43,951 to $65,925</td>
<td>$65,926 to $76,913</td>
<td>$76,914 to $87,899</td>
<td>Above $87,900</td>
</tr>
<tr>
<td>8*</td>
<td>$0-$49,550</td>
<td>$49,551 to $74,325</td>
<td>$74,326 to $86,713</td>
<td>$86,714 to $99,099</td>
<td>Above $99,100</td>
</tr>
<tr>
<td>8*</td>
<td>$0-$55,150</td>
<td>$55,151 to $82,725</td>
<td>$82,726 to $96,513</td>
<td>$96,514 to $110,299</td>
<td>Above $110,300</td>
</tr>
</tbody>
</table>

Revised to comply with “2020 HHS Poverty Guidelines for Alaska” (Published January 17, 2020)

**For families/households with more than 8 persons, add $5,600 for each additional person**
Procedures:
The following guidelines are to be followed in providing the Sliding Fee Discount Program.

1. Notification: Residential Youth Care, Inc. will notify clients of the Sliding Fee Discount Program by:
   - Notification of the Sliding Fee Discount Program will be offered to each self-pay client upon admission.
   - Residential Youth Care, Inc. will place notification of the Sliding Fee Discount Program at the Front Desk, in the waiting area and on the RYC website at: www.rycalaska.com.

2. All clients seeking behavioral and mental health services at Residential Youth Care, Inc. are assured that they will be served regardless of the ability to pay. No one is refused services because of lack if financial means to pay.

3. 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. Information and forms can be obtained from the Front Desk, in the waiting area, on the RYC website at: www.rycalaska.com and from the RYC’s Executive Director, Assistant Director, and Billing Manager.

4. Administration: The Sliding Fee Discount Program procedure will be administered through the Billing Manager or his/her designee. Information about the Sliding Fee Discount Program policy and procedure will be provided and assistance offered for completion of the application. 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, including all third-party payment from insurance(s), Federal and State programs.

6. Completion of Application: The client/responsible party must complete the Sliding Fee Discount Program application in its entirety. By completing the Sliding Fee Discount Program application, persons authorize Residential Youth Care, Inc. 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. If an application is unable to be processed due to the need of additional information, the applicant has two weeks from the date of notification to supply the necessary information without having the date on their application adjusted. If a client does not provide the requested information within one month, their application will be re-dated to the date on which they supply the requested information. Any accounts turned over for collection as a result of the client’s delay in providing information will not be considered for the Sliding Fee Discount Program.
7. Eligibility: Discounts will be based on income and family size only. Residential Youth Care, Inc. uses the Census Bureau definition of each. A). Family is designed 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. B). Income includes: earnings, unemployment compensation, workers’ compensation, Social Security, Supplemental Social 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 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 only be used in special circumstances. Specific examples include participants who are homeless. Clients who are unable to 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 Residential Youth Care, Inc. Billing Manager or his/her designee for review and final determination as to the sliding fee percentage. Self-declared clients will be responsible for 100% of their charges until management determines the appropriate category.

9. Discounts: Those with incomes at or below 100% of 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 $20.00 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 services and thus, is not a minimum fee or co-payment.

11. Waiving of Charges: In certain situations, clients 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 Residential Youth Care, Inc.’s Billing Manager, Executive Director, or Assistant Director, or their designee. Any waiving of charges should be documented in the client's file along with an explanation (e.g., ability to pay, good will, etc.).
12. Refusal to Pay: If a client verbally expresses an unwillingness to pay or vacates the premises without paying for services, the client will be contracted in writing regarding their payment obligations. 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, Residential Youth Care, Inc. can explore options not limited, but including offering the client a payment plan, waiving of charges, or referring the client collections efforts.

13. Record Keeping: Information related to Sliding Fee Discount Program decisions will be maintained and preserved in the clients file.

14. Policy and Procedure Review: Annually, the amount of the Sliding Fee Discount Program provided will be reviewed by the Executive Director and/or the Assistant Director. The Sliding Fee Schedule will be updated based on the current Federal Poverty Guidelines. Pertinent information comparing amount budgeted and actual services provided shall serve as guideline for future planning. This will also serve as discussion base for reviewing 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 continuum of care.
**RYC – Treatment Authorization of Medical Benefits and Financial Responsibility**

I authorize Residential Youth Care, Inc. to submit claims to my health plan or insurance company, from the onset of treatment, on behalf and in the name of the patient named below. I assign to Residential Youth Care, Inc. insurance benefits otherwise payable to me. This authorization shall remain in effect until revoked.

I understand that insurance billing is a service provided as a courtesy and that I am at all times financially responsible to Residential Youth Care, Inc. for any charges not covered by health care benefits. I am responsible for the entire bill or balance of the bill as determined by Residential Youth Care, Inc. and/or my health plan or insurance company if the submitted claims or any part of them are denied for payment as not medically necessary or non-covered. It is my responsibility to notify Residential Youth Care, Inc. of any changes in my health care coverage.

I understand that by signing this form, I am accepting financial responsibility as explained above for all payment for services received.

I understand Residential Youth Care, Inc. will submit a Denali KidCare application for the patient, after 30 days of out of home placement, if he/she does not already have eligible coverage with Denali KidCare and is receiving services at our residential facility (RYC). I understand if I choose to remove my youth/child from Residential Youth Care, Inc. before Denali KidCare coverage begins, I am financially responsible for all services provided. I also understand that I may apply for a sliding fee discount on any patient balance by providing Residential Youth Care, Inc. with either of the income documents listed at the bottom of this page.

_____________________________  ________________________________
Name- Printed  Parent/ Guardian Name-Printed

_____________________________  ________________________________
Patient Signature  Parent/ Guardian Signature

_____________________________  ________________________________
Date  Date

Documents acceptable for sliding fee evaluation are:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tax return <strong>AND</strong> number living in household OR</td>
<td>2. Pay stubs for most recent 2 consecutive months <strong>AND</strong> number living in household</td>
</tr>
</tbody>
</table>

Documents must be for both (if applicable) parents/guardians
Sliding Fee Discount Program Application

Family Information

Client Name: ___________________________ Date of Birth: ___________________________

Social Security Number: ___________________________ Phone: ___________________________

Address (if not at home): ___________________________

Name of person applying for the Sliding Fee Discount Program on behalf of the client:

Name of second person applying for the Sliding Fee Discount Program on behalf of the client (if applicable):

□ Parent  □ Guardian  □ Other: _______

□ Parent  □ Guardian  □ Other: _______

Address: ___________________________

Address: ___________________________

Phone: ___________________________

Phone: ___________________________

Work Phone: ___________________________

Work Phone: ___________________________

Employer: ___________________________

Employer: ___________________________

□ Full Time  □ Part Time  □ Unemployed

□ Full Time  □ Part Time  □ Unemployed

Social Security Number: ___________________________

Social Security Number: ___________________________
# Sliding Fee Discount Program Application

## Financial Information

*Eligibility for the Sliding Fee Discount Program to be determined, please itemize the TOTAL GROSS income received below for the number of months indicated in the past year. You will need to provide verification for the amounts stated below:*

<table>
<thead>
<tr>
<th>Income Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages</td>
<td></td>
</tr>
<tr>
<td>Self Employment</td>
<td></td>
</tr>
<tr>
<td>Pension/Retirement</td>
<td></td>
</tr>
<tr>
<td>Military Allowance</td>
<td></td>
</tr>
<tr>
<td>Unemployment</td>
<td></td>
</tr>
<tr>
<td>Disability Income</td>
<td></td>
</tr>
<tr>
<td>Child Support</td>
<td></td>
</tr>
<tr>
<td>Public Assistance</td>
<td></td>
</tr>
<tr>
<td>Social Security</td>
<td></td>
</tr>
<tr>
<td>Longevity Bonus</td>
<td></td>
</tr>
<tr>
<td>Other Dividends</td>
<td></td>
</tr>
<tr>
<td>Other Income</td>
<td></td>
</tr>
</tbody>
</table>

**Net Income from all family sources:**

**Please provide last year’s Tax Return for income verification.**

Since income and expenses are a vital part of the application, is there additional information you feel we should know? If so, explain below:

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I understand that this application is made so Residential Youth Care, Inc. can determine my eligibility for services under the Sliding Fee Discount Program. All information provided is true to the best of my knowledge. If any information I have given is untrue, I understand Residential Youth Care, Inc. may re-evaluate my financial status and take whatever action becomes appropriate.

Applicant Signature ___________________________________________ Date ____________