# Program Description

Consumers seeking services at NNAMHS will provide income information to receive services based on the Sliding Fee Scale. People meeting current national poverty guidelines, which are obtained from [https://aspe.hhs.gov/poverty-guidelines,](https://aspe.hhs.gov/poverty-guidelines) will not be denied services if they are unable to pay and will be assessed for their payment responsibility at least annually and/or when income or job status changes.

# PURPOSE

Consumers must access insurance and benefits to which they are eligible and will be appropriately billed according to their income. Services are first billed to any insurance or third-party payers. Consumer charges will be based on the DPBH Sliding Fee Scale.

**SCOPE**

This policy applies to all NNAMHS sites and programs.

# PROCEDURES

* A consumer may be denied services if they are able to pay but refuse
* Urgent or emergent services will not be delayed or denied for failure to apply for benefits and/or pay for services
* At screening, administrative personnel at each NNAMHS office will:
  + Notify the consumer that services are provided at full cost until receipt of:
  + A completed Financial Information Form (FIF) (Attachment A1), including all applicable family members (spouse or partner) indicating gross income (before taxes).
  + Collect proof of 30 days of income information (if possible), including:
    - Social Security benefits
    - Employment Income
    - Other taxable earned income as defined by the Internal Revenue Service
    - Child Support and child SSI should be included when calculating a parent/client’s SFS. A child’s SSD should NOT be counted towards a parent/client’s income.
* If the consumer has no insurance, or any insurance other than a Medicare product, they can attest to their income without the provision of the above documentation. This is Self-Attestation, and staff must mark the Self-Attestation Approved box of the form when applicable
* Medicare and Medicare Advantage Plans cannot use Self Attestation as their proof of income and consumers with Medicare must provide documented Proof of Income (POI) to qualify for the Sliding Scale Fee

* Consumers with Medicare Advantage Plans, by contract, are required to make an applicable copay that cannot be adjusted by the sliding fee scale unless otherwise approved by Agency Administration
* Administrative personnel will determine the consumer cost Tier (percentage) using the Nevada Sliding Fee Scale chart. This chart is updated annually in January based on Federal Poverty Guidelines. The consumer Tier level must be indicated on the completed FIF in the Staff Only area, and approved by the consumer signature
* Once the Tier is determined, administrative personnel can notify the consumer of their maximum payment responsibility from the Direct Client Sliding Fee Schedule- commonly called the Client Cost Chart. The chart should be posted in a visible location in each NNAMHS office.
* Administrative personnel will ensure that income and insurance information are current on an ongoing basis.
* The consumer must report changes to their income and/or insurance coverage and complete a new Eligibility and Financial form and provide required documentation of income to verify their Tier on the Sliding Fee Scale (Attachment A2).
* Annually – between November and January, administrative personnel will ensure the completion of a new Eligibility and Financial form, along with approved self-attestation or 30 days of income information, regardless of whether there have been any changes.

# ATTACHMENTS

A1 Eligibility and Financial Form (FIF)

A2 2020 DPBH Sliding Scale Fee chart

Agency Manager Approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

