

NEW HORIZON MENTAL HEALTH & WELLNESS LLC

POLICY AND PROCEDURE

Sliding Fee Discount Program (SFDP) Policy

Policy Number:	FIN-001
Organization:	New Horizon Mental Health & Wellness LLC
Effective Date:	01/20/2026
Last Revised:	04/01/2028
Approved By:	DORCAS KAMAU PMHNP-DNP (Owner)
Review Cycle:	Annually, or when Federal Poverty Guidelines are updated

I. PURPOSE

The purpose of this policy is to establish a uniform Sliding Fee Discount Program (SFDP) for New Horizon Mental Health & Wellness LLC. This policy ensures that no patient is denied access to mental health and wellness services based on inability to pay.

II. SCOPE

This policy applies to all patients seeking services at New Horizon Mental Health & Wellness LLC, regardless of insurance status, residency, citizenship, or immigration status. It covers all services including but not limited to:

- Psychiatric evaluations
- Individual, family, and group psychotherapy
- Medication management
- Psychological testing
- Crisis intervention services
- Telehealth services

III. POLICY STATEMENT

New Horizon Mental Health & Wellness LLC is committed to ensuring that cost is not a barrier to receiving behavioral health care. The organization maintains a Sliding Fee Discount Schedule (SFDS) that adjusts patient charges based on ability to pay, determined solely by household income and family size in accordance with the most current Federal Poverty Guidelines (FPG) published by the U.S. Department of Health and Human Services.

The organization will:

- Not deny services to any individual based on inability to pay.
- Apply the SFDP uniformly to all patients regardless of insurance status, race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity.
- Post notice of the SFDP in patient-accessible areas and on the organization's website.
- Reassess patient eligibility at least annually or upon reported changes in income or family size.

IV. DEFINITIONS

Family/Household: All individuals related by birth, marriage, adoption, or who reside together and share financial resources. For purposes of this policy, a household includes the patient and all dependents claimed on the patient's most recent tax return, or all individuals living at the same address who share financial responsibility.

Household Income: Total gross annual income from all sources for all household members, including but not limited to: wages and salaries (before deductions), self-employment income, Social Security benefits, pension/retirement income, unemployment compensation, workers' compensation, alimony, child support, veteran's benefits, public assistance, disability payments, and investment income.

Federal Poverty Guidelines (FPG): Income thresholds published annually in the Federal Register by the U.S. Department of Health and Human Services, used to determine eligibility for the sliding fee discount.

Nominal Fee/Charge: A minimal flat fee charged to patients whose income falls at or below 100% of the FPG. This fee is set at a level considered nominal from the patient's perspective.

Sliding Fee Discount Schedule (SFDS): A structured schedule of discounts applied to the organization's fee schedule, adjusted based on the patient's household income and family size relative to the FPG.

Self-Attestation: A signed statement by the patient declaring their household income and family size when supporting documentation is unavailable.

Uninsured Patient: A patient with no third-party health insurance coverage.

Underinsured Patient: A patient whose health insurance does not fully cover the cost of services received.

V. ELIGIBILITY CRITERIA

1. All patients are eligible to apply for the SFDP regardless of insurance status, race, national origin, gender, age, disability, religion, sexual orientation, or gender identity.
2. Eligibility is determined solely based on:
 1. Household/family size
 2. Total household annual income
3. Patients with incomes at or below 200% of the FPG are eligible for discounts.
4. Patients with incomes above 200% of the FPG are responsible for the full fee.
5. Insurance status does not affect SFDP eligibility. Insured patients may receive sliding fee discounts on balances after insurance, including copays, coinsurance, and deductibles, if their income qualifies.

VI. DISCOUNT TIER STRUCTURE

The Sliding Fee Discount Schedule is structured using the following tiers based on the percentage of the Federal Poverty Guidelines:

Discount Tier	FPG Range	Discount Applied
Tier A	At or below 100% FPG	Nominal fee of \$25.00 per visit
Tier B	101% - 125% FPG	75% discount off full fee
Tier C	126% - 150% FPG	50% discount off full fee
Tier D	151% - 175% FPG	25% discount off full fee
Tier E	176% - 200% FPG	10% discount off full fee
Full Fee	Above 200% FPG	No discount — full fee applies

Notes:

- The nominal fee for Tier A patients is set at **\$25.00 per visit**, which the Board of Director has determined to be nominal from the perspective of the patient population served.
- Income thresholds are updated annually when new Federal Poverty Guidelines are published.
- The complete Sliding Fee Discount Schedule with income thresholds by family size is maintained as a separate document and is incorporated by reference into this policy.

VII. APPLICATION AND ELIGIBILITY DETERMINATION PROCESS

A. Notification

All patients will be informed of the SFDP at the time of registration and at each subsequent visit through posted signage, website information, and verbal notification by staff.

B. Application

Patients may apply for the SFDP at any time by completing the Sliding Fee Discount Program Application form. Applications are available at the front desk, on the organization's website, and may be completed with the assistance of staff.

C. Documentation

Patients are encouraged to provide one or more of the following as proof of income:

6. Most recent federal tax return (Form 1040)

7. Two most recent pay stubs or earnings statements
8. Social Security benefit statement
9. Unemployment benefit statement
10. Pension or retirement income statement
11. Self-employment records or profit/loss statement
12. Written statement from employer
13. Award letters for public assistance, disability, or other benefits

D. Self-Attestation

If a patient is unable to provide income documentation, the patient may self-attest to their income and family size by signing a Self-Attestation Statement on the application form. Self-attestation shall not be unreasonably denied.

E. Determination

Eligibility determinations will be made by designated staff within **five (5) business days** of receiving a completed application. The patient will be notified of their assigned discount tier in writing.

F. Effective Date

The discount is effective as of the date the completed application is received. Discounts are not applied retroactively to previously billed services unless approved by the Practice Manager.

G. Non-Applicants

Patients who do not apply for the SFDP or who decline to provide income information will be charged the full fee.

VIII. REASSESSMENT AND RENEWAL

14. SFDP eligibility must be reassessed at least annually, or more frequently if the patient reports a change in income or family size.

15. Patients will be sent a renewal notice **30 days** prior to the expiration of their current SFDP eligibility period.
16. If a patient fails to complete the renewal process, the patient will be moved to full fee status until a new application is submitted and approved.
17. The SFDS income thresholds will be updated annually when new Federal Poverty Guidelines are published by HHS.

IX. BILLING AND COLLECTIONS

18. Patients assigned to a discount tier will be charged the discounted rate at the time of service or on their next statement.
19. The SFDP discount applies to the patient's responsibility after insurance (if applicable), including copays, coinsurance, and deductible amounts.
20. For uninsured patients, the discount applies to the organization's full fee schedule.
21. Patients are expected to pay their assigned fee at the time of service. Payment plans may be arranged for outstanding balances.
22. Accounts with outstanding balances will not be sent to collections without first verifying that the patient has been informed of and offered the opportunity to apply for the SFDP.
23. **No patient will be denied services due to an outstanding balance or inability to pay.**

X. PATIENT RIGHTS

24. No patient shall be denied service due to inability to pay.
25. Patients have the right to apply for the SFDP at any time.

26. Patients have the right to appeal an eligibility determination. Appeals must be submitted in writing within **30 days** of the determination and will be reviewed by the Practice Manager or designee within **15 business days**.

27. All patient financial information is kept confidential in accordance with HIPAA and applicable state laws.

28. SFDP status does not affect the quality, scope, or availability of services provided to the patient.

XI. STAFF TRAINING AND RESPONSIBILITIES

A. All staff members will receive training on the SFDP policy and procedures during orientation and at least annually thereafter

XII. POSTING AND NOTIFICATION

29. Notice of the SFDP must be posted in a conspicuous location in the patient waiting area and reception area, in English and in any other language(s) commonly spoken by the patient population.

30. Information about the SFDP must be posted on the organization's website.

31. The posted notice must include:

- A statement that discounts are available based on income and family size
- Information on how to apply
- A statement that no one will be denied services due to inability to pay

32. SFDP information will be included in new patient welcome materials.

XIII. COMPLIANCE AND MONITORING

33. This policy shall be reviewed and approved by the Board of Directors at least annually.

34. The SFDS shall be updated within **30 days** of the publication of new Federal Poverty Guidelines.

35. The organization will maintain records of all SFDP applications, determinations, and appeals for a minimum of **three (3) years**.

36. SFDP compliance will be monitored through periodic audits of patient accounts.


XIV. REFERENCES

- Section 330(k)(3)(G) of the Public Health Service Act
- 42 CFR 51c.303(f), (g), (u)

- Current Federal Poverty Guidelines, U.S. Department of Health and Human Services

XV. APPROVAL

The undersigned confirm review and approval of this Sliding Fee Discount Program Policy:

Role	Signature	Printed Name	Date
Board Chair / Owner	 _____	Dorcas Kamau _____	<u>04 / 01 / 2026</u> _____
Practice Manager	_____ _____	_____ _____	__ / __ / ____ _____
Compliance Officer	_____ _____	_____ _____	__ / __ / ____ _____

This policy was reviewed and approved by the Board of Directors/Owner of New Horizon Mental Health & Wellness LLC on 04 / 01 / 2026 .

Next Scheduled Review Date: 04 / 01 / 2027