

Visionary Mental Health Services, LLC
1709 N. Lincoln Ave Suite #102
Pierre, SD 57501

Visionary Mental Health Services, LLC Sliding Fee Scale Policy

Effective January 1, 2020

It is the policy of Visionary Mental Health Services, LLC to offer behavioral health services to all patients who are seeking services, regardless of their ability to pay for the services. Patients are able to access services that are free or discounted rate if they have no means, or limited means to pay for their behavioral health services.

In addition to being provided with quality behavioral healthcare services, patients are entitled to financial counseling with a staff member who will help a patient understand what options are available and to suggest possible solutions for those who cannot pay in full.

Visionary Mental Health Services, LLC does offer a sliding fee discount program to all who are unable to pay for their services. Visionary Mental Health Services, LLC will base program eligibility on a person's ability to pay and will not discriminate on the basis of an individual's race, color, sex, national origin, religion, age, sexual orientation or gender identity. The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule to determine eligibility.

The following guidelines are to be followed when using the sliding fee discount program:

1). Visionary Mental Health Services, LLC will notify patients of the sliding fee discount program by:

- Providing each uninsured patient with a copy of the payment policy brochure at the time of service.
- Notification of the sliding fee discount program will be available to each patient at their first appointment.
- The sliding fee discount program application will be included with all collection notices sent out by Visionary Mental Health Services, LLC.
- An explanation of the sliding fee discount program and an application for the program are available on the website for Visionary Mental Health Services, LLC.
- Information about the sliding fee discount program are available in the waiting area of Visionary Mental Health Services, LLC.

2). All patients seeking behavioral healthcare services at Visionary Mental Health Services, LLC are assured that they will be served regardless of their ability to pay. **No one is refused service because of lack of financial means to pay for their care.**

3). A request for discounts can be made by patients, family members of the patient, social services staff members or others who are aware of financial hardship. The sliding fee discount

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program will only be made available for clinic visits. Information and forms can be obtained in the receptionist's office or by visiting www.visionarymentalhealth.com.

4). Administration of the program: The sliding fee program will be administered through the business office. Information about the sliding fee 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 services.

5). Alternative payment sources: All alternative payment sources, such as health insurance payments, and state and federal programs must be used before using the sliding fee discount program.

6). Completion of the application: It is the patient's responsibility to complete the application fully and correctly in its entirety. By signing the sliding fee discount program application, persons authorize Visionary Mental Health Services, LLC access to confirm income as disclosed on the application form. Providing false information on the application will result in all sliding fee discounts being revoked and the full balance of the account being restored and payable immediately.

If an application is unable to be processed due to the need for additional information, the applicant has two weeks from the date of notification to supply the necessary information without having the date on his/her application adjusted. If the patient does not provide the requested information within the two-week time frame, his/her application will be re-dated to the date when the correct information is provided. Any accounts turned over to collection as a result of the patient's delay in providing information will not be considered for the sliding fee discount program.

7). Renewal Applications: A patient who receives discounted services under this program is required to recertify via an updated application every three months or if their financial situation changes. Failure to meet the annual financial situation requirements may result in the patient no longer being eligible for the Sliding Fee Discount Program. If a patient does not submit the renewal information, they are no longer eligible for the discounted services.

8). Eligibility: Discounts will be based on income and family size only. Visionary Mental Health Services, LLC uses the Census Bureau definitions of each.

a). Family is defined as a group of two or more people, one of whom is the householder, related by birth, marriage, or adoption, 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 income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts,

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educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.

9). Income verification: Applicants must provide one of the following: 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 details 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. Patients who are unable to provide written verification must provide a signed statement of income, and why they are unable to provide independent verification. This statement will be presented to Visionary Mental Health Services, LLC President or his/her designee for review and final determination as to the sliding fee percentage. Self-declared patients will be responsible for 100% of their charges until management determines the appropriate category.

10. 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.

11. Nominal Fee: Patients receiving a full discount will be assessed a \$10 nominal charge per visit. However, patients will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment.

12. Waiving of Charges: In certain situations, patients 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 Visionary Mental Health Services, LLC President or their designee. Any waiving of charges should be documented in the patient's file along with an explanation (e.g., ability to pay, good will, health promotion event).

13. Applicant notification: The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing and will include the percentage of Sliding Fee Discount Program write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with Visionary Mental Health Services, LLC. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the lookback period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program application.

14. Refusal to Pay: If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their

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payment obligations. If the patient is not on the sliding fee schedule, a copy of the sliding fee discount program application will be sent with the notice. If the patient does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, Visionary Mental Health Services, LLC can explore options not limited, but including offering the patient a payment plan, waiving of charges, or referring the patient to collections.

15. Record keeping: Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the Business Office Manager's Office, in an effort to preserve the dignity of those receiving free or discounted care.

a. Applicants that have been approved for the Sliding Fee Discount Program will be logged in a password protected document on Visionary Mental Health Services, LLC shared directory, noting names of applicants, dates of coverage and percentage of coverage.

b. The Business Office Manager will maintain an additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts. Denials will also be logged.

16. Policy and procedure review: Annually, the amount of Sliding Fee Discount Program provided will be reviewed by the President. The SFS will be updated based on the current Federal Poverty Guidelines. Pertinent information comparing the amount budgeted and actual community care provided shall serve as a guideline for future planning. This will also serve as a discussion base for reviewing possible changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.

17. Budget: During the annual budget process, an estimated amount of Sliding Fee Discount Program service will be placed into the budget as a deduction from revenue. Board approval for the Sliding Fee Discount Program will be sought as an integral part of the annual budget.

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Sliding Scale fee for therapeutic services:

	At or below 100%	120%	150%	180%	200%	Above 200%
Family Size	0% Pay	20% Pay	50% Pay	80% Pay	90% Pay	100% Pay
1	\$15,060	\$18,072	\$22,590	\$27,108	\$30,120	\$30,120+
2	\$20,440	\$24,528	\$30,660	\$36,792	\$40,880	\$40,880+
3	\$25,820	\$30,984	\$38,730	\$46,476	\$51,640	\$51,640+
4	\$31,200	\$37,440	\$46,800	\$56,160	\$62,400	\$62,400+
5	\$36,580	\$43,896	\$54,870	\$65,844	\$73,160	\$73,160+
6	\$41,960	\$50,352	\$67,136	\$75,528	\$83,920	\$83,920+
7	\$47,340	\$56,808	\$71,010	\$85,212	\$94,680	\$94,680+
8	\$52,720	\$63,264	\$79,080	\$94,896	\$105,440	\$105,440+
For each additional person add	\$5,380	\$6,456	\$8,070	\$9,684	\$10,760	\$10,760

Based on the 2024 Federal Poverty Guidelines.