

<b>Section: Operations</b>	<b>Review Date: May 2024</b>
<b>Topic: Fee Schedule and Means Test for Indigency</b>	<b>Revision: May 2025</b>

## **Policy and Procedure for Fee Schedule and Means Test for Indigency**

### ***Purpose:***

To provide a structured process for determining and applying fee reductions for clients who demonstrate financial need, ensuring access to therapeutic and medical services for all individuals regardless of their financial situation.

### ***Scope:***

This policy applies to all clients seeking therapeutic and medical services and requesting consideration for reduced fees based on financial need.

### **Policy:**

#### **Fee Schedule:**

- A standard fee schedule will be maintained for all therapeutic and medical services.
- Clients may be eligible for fee reductions based on their financial situation, as determined by a means test.

#### **Means Test:**

- The means test will assess household income, size, assets, and extraordinary expenses to determine eligibility for fee reductions.
- Fee reductions will be based on a sliding scale relative to the Federal Poverty Guidelines (FPG).

#### **Confidentiality:**

- All information provided by clients for the means test will be kept confidential and used solely for determining fee reduction eligibility.

### **Procedure:**

#### ***1. Client Inquiry and Initial Application:***

- **Initial Inquiry:**
  - Clients expressing financial difficulty will be informed of the availability of fee reductions and provided with a "Fee Reduction Application" form.
- **Application Submission:**
  - Clients must complete the application form and submit it along with required documentation (proof of income, household size, assets, and extraordinary expenses).

#### ***2. Documentation Requirements:***

- **Proof of Income:**
  - Recent pay stubs (last 3 months)
  - Most recent tax return
  - Unemployment benefits statement
  - Social Security benefit statement
  - Other relevant income documentation

- **Proof of Household Size:**
  - Lease or rental agreement
  - Utility bills listing household members
  - Birth certificates or school records for dependent
- **Asset Documentation:**
  - Bank statements (last 3 months)
  - Investment account statements
  - Property deeds or mortgage statements
- **Proof of Extraordinary Expenses (if applicable):**
  - Medical bills
  - Tuition statements
  - Debt repayment schedules

### 3. ***Review and Verification:***

- **Review Process:**
  - The therapist or designated administrative staff will review the submitted application and documentation for completeness and accuracy.
  - Verification may include contacting employers, financial institutions, or service providers.
- **Calculation of Eligibility:**
  - Household income will be compared to the Federal Poverty Guidelines to determine the percentage of the FPG.
  - A sliding scale will be applied based on the income level relative to the FPG.

### 4. ***Determination and Notification:***

- **Eligibility Determination:**
  - Based on the means test, the level of fee reduction will be determined.
  - Possible fee reductions range from 25% to 100% (free services) depending on financial need.
- **Notification:**
  - Clients will be notified of the determination within 10 business days.
  - The notification will include details of the adjusted fee schedule and the duration of the reduction (typically one year).

### 5. ***Reevaluation and Renewal:***

- **Annual Reevaluation:**
  - Clients receiving fee reductions must reapply annually to continue receiving reduced fees.
  - Clients must notify the therapist of any significant changes in financial status that may affect eligibility.
- **Reapplication Process:**
  - Clients will complete a new application form and provide updated documentation as needed.

### Fee Reduction Sliding Scale:

#### **Income Level (Percentage of FPG) Discount on Standard Fee Example Fee (Individual Session)**

Below 100%	\$25
101% - 133%	\$40
134% - 166%	\$55
167% - 200%	\$70
Above 200%	Full

### Record Keeping:

- **Confidential Files:**
  - o All applications and supporting documentation will be kept in confidential client files.
  - o Only authorized personnel will have access to these files.
- **Documentation Retention:**
  - o Documentation related to fee reductions will be retained for a minimum of three years.

### Appeals Process:

- **Right to Appeal:**
  - o Clients have the right to appeal decisions regarding fee reductions.
  - o Appeals must be submitted in writing within 30 days of the determination notice.
- **Appeal Review:**
  - o Appeals will be reviewed by a designated committee or senior staff member not involved in the original determination.
  - o A final decision will be communicated to the client within 15 business days of the appeal submission.

### Conclusion:

By following this policy and procedure, the organization ensures a fair, transparent, and consistent approach to determining and applying fee reductions for clients in financial need, promoting equitable access to therapeutic services.

### Medical Health Fee Schedule – Kentucky (2025)

Description	Appointment Type	Cash Rate
New patient office visit, 15–29 min	New Patient – Brief	\$125.00
New patient office visit, 30–44 min	New Patient – Moderate	\$170.00
New patient office visit, 45–59 min	New Patient – Extended	\$225.00
Established patient, 10–19 min	Established – Brief	\$90.00
Established patient, 20–29 min	Established – Moderate	\$125.00

<b>Description</b>	<b>Appointment Type</b>	<b>Cash Rate</b>
Established patient, 30–39 min	Established – Extended	\$160.00
Preventive exam, established age 18–39	Annual Physical	\$160.00
Preventive exam, established age 40–64	Annual Physical	\$175.00
Smoking cessation counseling, 3–10 min	Tobacco Cessation Counseling	\$40.00
Smoking cessation counseling, >10 min	Tobacco Cessation – Extended	\$60.00
Annual depression screening	Depression Screening	\$35.00
Brief emotional/behavioral assessment (e.g., PHQ-9)	Mental Health Screening	\$10.00
Immunization admin (1st vaccine)	Vaccine Administration	\$30.00
Venipuncture (blood draw)	Lab Draw	\$15.00

#### **Behavioral Health Fee Schedule – Kentucky (2025)**

<b>Description</b>	<b>Appointment Type</b>	<b>Cash Rate</b>
Psychiatric diagnostic evaluation	Intake / Initial Assessment	\$125.00
Psychotherapy, 16–37 minutes	Individual Therapy – Brief	\$35.00
Psychotherapy, 38–52 minutes	Individual Therapy – Standard	\$45.00
Psychotherapy, 53+ minutes	Individual Therapy – Extended	\$90.00
Family therapy (without patient present)	Family Therapy (No Patient)	\$125.00
Family therapy (with patient present)	Family Therapy (With Patient)	\$125.00
Group psychotherapy (non-family)	Group Therapy	\$25.00
Psychological testing evaluation (first hour)	Psych Testing – Evaluation	\$200.00
Psychological test administration (first 30 min)	Psych Testing – Admin	\$85.00
Smoking cessation counseling, 3–10 min	Tobacco Cessation Brief	\$25.00
Smoking cessation counseling, >10 min	Tobacco Cessation Extended	\$50.00
Annual depression screening	Depression Screening	\$35.00
Brief emotional/behavioral assessment (PHQ-9, GAD-7)	Mental Health Screening Tool	\$10.00

## Means Test for Indigency

To determine eligibility for reduced fees or free services, clients must provide proof of income and financial situation. The following steps outline the means test process:

1. **Income Assessment:**
  - o Collect documentation of all household income, including:
    - Pay stubs
    - Tax returns
    - Social Security statements
    - Unemployment benefits
    - Other income sources (child support, alimony, etc.)
2. **Household Size:**
  - o Determine the number of individuals living in the household who rely on the income.
3. **Federal Poverty Guidelines:**
  - o Compare household income to the Federal Poverty Guidelines (FPG) to determine the percentage of the FPG the household income represents.
4. **Asset Assessment:**
  - o Review assets such as savings, investments, property ownership, and other resources that may affect financial stability.
5. **Additional Expenses:**
  - o Consider extraordinary expenses such as medical bills, education costs, or debt obligations that impact financial capacity.

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### Service Fees under Class A (Nominal Fees for Lowest Income)

- **Medical Visit (includes basic labs/immunizations): \$25**
  - **Behavioral Health Counseling: \$25**
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### Eligibility Documentation

Clients seeking fee reductions must provide the following documents:

1. **Proof of Income:**
  - o Recent pay stubs (last 3 months)
  - o Most recent tax return
  - o Unemployment benefits statement
  - o Social Security benefit statement
  - o Any other relevant income documentation
2. **Proof of Household Size:**
  - o Lease or rental agreement
  - o Utility bills listing household members
  - o Birth certificates or school records for dependents

### 3. Asset Documentation:

- o Bank statements (last 3 months)
- o Investment account statements
- o Property deeds or mortgage statements

### 4. **Proof of Extraordinary Expenses (if applicable):**

- o Medical bills
- o Tuition statements
- o Debt repayment schedules

## Application Process

### 1. **Initial Application:**

- o Complete the "Fee Reduction Application" form.
- o Submit required documentation.

### 2. Review and Verification:

- o The therapist or administrative staff reviews the application and documentation.
- o Verification of information may include contacting employers, financial institutions, or service providers.

### 3. Determination:

- o The client will be notified of the fee reduction determination within 10 business days.
- o If approved, the client will receive a notification detailing the adjusted fee schedule.

### 4. Reevaluation:

- o Clients must reapply for fee reductions annually or whenever there is a significant change in financial status.
- o The therapist may request updated documentation as needed.

## Fee Reduction Application Form Fee Reduction

### Application Form Personal

#### Information:

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Email: \_\_\_\_\_
- Household Size: \_\_\_\_\_

#### Income Information:

- Total Monthly Household Income: \_\_\_\_\_
- Income Sources (please list all sources of income): \_\_\_\_\_
- Attach copies of recent pay stubs, tax returns, and other income documentation.

#### Asset Information:

- Total Household Assets: \_\_\_\_\_
- Asset Sources (please list all assets): \_\_\_\_\_
- Attach copies of bank statements, investment accounts, and property deeds.

#### Extraordinary Expenses (if applicable):

- Type of Expense: \_\_\_\_\_
- Monthly Amount: \_\_\_\_\_
- Attach copies of bills, statements, and other relevant documentation.

#### Certification:

I certify that the information provided is accurate and complete to the best of my knowledge. I understand that providing false information may result in the denial of the fee reduction and/or termination of services.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Our sliding fee scale is available to all patients who qualify based on their income levels even if they have insurance. Fees, co-pays, co-insurance, and deductibles are eligible for a sliding fee discount. Please inquire at check-in if you would like to apply for our sliding fee scale.**

**2025 Sliding Flat Fee Scale**

Medical & Behavioral Health Visits

	<b>≤100% FPG</b>	<b>101%-133% FPG</b>	<b>134% - 166% FPG</b>	<b>167% - 200% FPG</b>	<b>&gt; 200% FPG</b>
<b>Family Size</b>	<b>\$25.00 Nominal Fee</b>	<b>Level I \$40</b>	<b>Level II \$55</b>	<b>Level III \$70</b>	<b>No Discount</b>
1	\$0 - \$ 15,650.00	\$15,650.01 - \$ 20,814.50	\$20,814.51 - \$ 25,979.00	\$25,979.01 - \$ 31,300.00	\$ 31,300.01 - <b>↑</b>
2	\$0 - \$ 21,150.00	\$21,150.01 - \$ 28,129.50	\$28,129.51 - \$ 35,109.00	\$35,109.01 - \$ 42,300.00	\$ 42,300.01 - <b>↑</b>
3	\$0 - \$ 26,650.00	\$26,650.01 - \$ 35,444.50	\$35,444.51 - \$ 44,239.00	\$44,239.01 - \$ 53,300.00	\$ 53,300.01 - <b>↑</b>
4	\$0 - \$ 32,150.00	\$32,150.01 - \$ 42,759.50	\$42,759.51 - \$ 53,369.00	\$53,369.01 - \$ 64,300.00	\$ 64,300.01 - <b>↑</b>
5	\$0 - \$ 37,650.00	\$37,650.01 - \$ 50,074.50	\$50,074.51 - \$ 62,499.00	\$62,499.01 - \$ 75,300.00	\$ 75,300.01 - <b>↑</b>
6	\$0 - \$ 43,150.00	\$43,150.01 - \$ 57,389.50	\$57,389.51 - \$ 71,629.00	\$71,629.01 - \$ 86,300.00	\$ 86,300.01 - <b>↑</b>
7	\$0 - \$ 48,650.00	\$48,650.01 - \$ 64,704.50	\$64,704.51 - \$ 80,759.00	\$80,759.01 - \$ 97,300.00	\$ 97,300.01 - <b>↑</b>
8	\$0 - \$ 54,150.00	\$54,150.01 - \$ 72,019.50	\$72,019.51 - \$ 89,889.00	\$89,889.01 - \$ 108,300.00	\$108,300.01 - <b>↑</b>

Note: For family units with more than 8 members, add \$5,500 for each additional member.

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