

SLIDING FEE DISCOUNT PROGRAM BROCHURE

Great Lakes Recovery Centers, Inc.

97 S Fourth St., Suite C

Ishpeming, MI 49849

Ph 906-228-9699 | Fax 906-228-0505 | www.greatlakesrecovery.org

PURPOSE

To make discounted services available to those in need. This program is designed to provide free or discounted behavioral healthcare to those who have no means, or limited means, to pay for their services (Uninsured or Underinsured). In addition to quality behavioral healthcare, clients can access financial counseling by the Chief Financial Officer (CFO). The CFO understands and offers possible solutions for those who cannot pay in full. The CFO works with the client and/or guarantor to find reasonable payment alternatives.

Great Lakes Recovery Centers, Inc. will offer a Sliding Fee Discount Program to all who are unable to pay for their services. Great Lakes Recovery Centers, Inc. 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, disability, religion, age, sexual orientation, or gender identity. The [Federal Poverty Guidelines](#) are used in creating and annually updating the Sliding Fee Schedule (SFS) to determine eligibility.

PROCEDURE

The following guidelines are followed in providing the Sliding Fee Discount Program.

1. **Notification:** Great Lakes Recovery Centers, Inc. notifies clients of the Sliding Fee Discount Program by:
 - Payment Policy Brochure available to all uninsured clients at the time of service.
 - Notification of the Sliding Fee Discount Program is offered to all uninsured clients upon admission.
 - Sliding Fee Discount Program application is included with collection notices sent out by Great Lakes Recovery Centers, Inc.
 - An explanation of our Sliding Fee Discount Program and application form is available on Great Lakes Recovery Centers, Inc.'s website at www.greatlakesrecovery.org.
 - Great Lakes Recovery Centers, Inc. places notification of the Sliding Fee Discount Program in all clinic waiting areas.
2. All clients seeking behavioral healthcare services at Great Lakes Recovery Centers, Inc. are assured that they will be served regardless of ability to pay. **No clients are refused services due to the inability to pay or lack of financial means.**
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. The Sliding Fee Discount Program will only be made available for clinic visits. Information and forms can be obtained from the Clinic Front Desk, Finance Office, or website.
4. **Administration:** The Sliding Fee Discount Program procedure is administered by the Finance Office or 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 behavioral healthcare services.

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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 signing the Sliding Fee Discount Program application, Great Lakes Recovery Centers, Inc. is authorized 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.
7. 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 their application adjusted. If a client does not provide the requested information within the two-week time period, the application will be re-dated to the date on which the client/responsible party supplies 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.
8. **Eligibility:** Discounts will be based on income and family size only.
9. **Family** is defined 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.
10. **Income** includes: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental 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.*
11. **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 the client/responsible party is unable to provide independent verification. This statement will be presented to Great Lakes Recovery Centers, Inc.'s CFO or 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.

12. **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 <https://aspe.hhs.gov/poverty-guidelines>.

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13. **Nominal Fee:** Clients receiving a full discount will be assessed a \$20 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 behavioral healthcare and thus, is not a minimum fee or co-payment.
14. **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 Great Lakes Recovery Centers, Inc.'s CEO, CFO, or designee. Any waiving of charges should be documented in the client's file along with an explanation (e.g., ability to pay, good will, health promotion event).
15. **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 client and/or responsible party must immediately establish payment arrangements with Great Lakes Recovery Centers, Inc. Sliding Fee Discount Program applications cover outstanding client balances for three months prior to application date and any balances incurred within three months after the approved date, unless their financial situation changes significantly. The applicant has the option to reapply after the three months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of three months or the expiration of their last Sliding Fee Discount Program application.
16. **Refusal to Pay:** If a client verbally expresses an unwillingness to pay or vacates the premises without paying for services, the client will be contacted in writing regarding their payment obligations. If the client is not on the sliding fee schedule, a copy of the sliding fee discount program application will be sent with the notice. If the client does not make effort to pay or fails to respond within 30 days, this constitutes refusal to pay. At this point in time, Great Lakes Recovery Centers, Inc. can explore options not limited, but including offering the client a payment plan, waiving of charges, or referring the client to collections.
17. **Record keeping:** Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the Finance Office, in an effort to preserve the dignity of those receiving free or discounted behavioral healthcare.
18. The Finance Office will maintain an additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts. Denials will also be logged.
19. **Policy and procedure review:** Annually, the amount of Sliding Fee Discount Program provided will be reviewed by the Board, CEO, and CFO. The SFS will be updated based on the current Federal Poverty Guidelines. Pertinent information comparing amount budgeted and actual community behavioral healthcare 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 clients from having access to our community behavioral healthcare provisions.
20. **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 Sliding Fee Discount Program will be sought as an integral part of the annual budget.

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SLIDING FEE DISCOUNT APPLICATION

It is the policy of Great Lakes Recovery Centers, Inc. to provide behavioral healthcare services regardless of the client's ability to pay. Discounts are offered based on family size and annual income. Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount.

Name of Head of Household		Place of Employment	
		Place of Employment Phone #	
Home Address			
Street	City	State	Zip
Home Phone #		Cell #	

Please list spouse and dependents under age 18.

Name	Date of Birth	Name	Date of Birth
Self		Dependent	
Spouse		Dependent	
Dependent		Dependent	
Dependent		Dependent	
Dependent		Dependent	

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Annual Household Income

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental 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				
Total Income				

NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

I certify that the family size and income information shown above is correct.

Name (Print)

Signature

Date

Office Use Only

Client Name:		Program:	
Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Discount: (_____ %)	\$
Approved by:		Date Approved:	

Verification Checklist

Identification/Address: Driver's license, utility bill, employment ID, or other	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Income: Prior year tax return, three most recent pay stubs, or other	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insurance: Insurance Cards	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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SLIDING FEE SCHEDULE (SFS)

Maximum Annual Income Amounts for each Sliding Fee Percentage Category (except for 0% discount)												
Poverty Level*	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
Family Size	DISCOUNT											
	100%	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	0%
1	12,490	13,739	14,988	16,237	17,486	18,735	19,984	21,233	22,482	23,731	24,980	24,981+
2	16,910	18,601	20,292	21,983	23,674	25,365	27,056	28,747	30,438	32,129	33,820	33,821+
3	21,330	23,463	25,596	27,729	29,862	31,995	34,128	36,261	38,394	40,527	42,660	42,661+
4	25,750	28,325	30,900	33,475	36,050	38,625	41,200	43,775	46,350	48,925	51,500	51,501+
5	30,170	33,187	36,204	39,221	42,238	45,255	48,272	51,289	54,306	57,323	60,340	60,341+
6	34,590	38,049	41,508	44,967	48,426	51,885	55,344	58,803	62,262	65,721	69,180	69,181+
7	39,010	42,911	46,812	50,713	54,614	58,515	62,416	66,317	70,217	74,119	78,020	78,021+
8	43,430	47,773	52,116	56,459	60,802	65,145	69,488	73,831	78,174	82,517	86,860	86,861+
For each additional person, add	4,420	4,862	5,304	5,746	6,188	6,630	7,072	7,514	7,956	8,398	8,840	8,840

* Based on [2019 Federal Poverty Guidelines](#)

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PUBLIC NOTICE SIGNAGE

NOTICE TO CLIENTS:

This practice serves all clients regardless of inability to pay. Discounts for behavioral healthcare services are offered based on family size and income. For more information, ask at the front desk or visit our website. Thank you.

AVISO PARA PACIENTES:

Esta práctica sirve a todos los pacientes, independientemente de la incapacidad de pago. Descuentos para los servicios esenciales son ofrecidos dependiendo de tamaño de la familia y de los ingresos. Usted puede solicitar un descuento en la recepción o visita nuestro sitio web. Gracias.

WE PROMISE TO

- ✓ **Serve all patients**
- ✓ **Offer discounted fees for patients who qualify**
- ✓ **Not deny services based on a person's:**
 - Race
 - Color
 - Sex
 - Age
 - National Origin
 - Disability
 - Religion
 - Gender identity
 - Sexual orientation
 - Inability to pay
- ✓ **Accept insurance, including:**
 - Medicaid
 - Medicare
 - Children's Health Insurance Program (CHIP)