

---

**PURPOSE:** To ensure that our services are affordable for everyone, particularly those who are uninsured or underinsured.

**POLICY:** The Company will adjust its service fees for eligible persons according to their ability to pay.

**PROCEDURE:**

1. Eligibility – All individuals receiving services from RIVERVALLEY & AFFILIATES are eligible to apply for financial assistance regardless of whether they have a third-party payer.
  2. Basis of Charges – The gross charges for services will be reduced to the current Medicaid Accepted Rate at the date of service for any individual that does not have a third-party payer.
  3. *Nominal Fee:*—Patients with incomes above 100 percent of the Federal Poverty Level (“FPL”) set by the U.S. Department of Health and Human Services but at or below 200 percent of the FPL will be charged a nominal fee according to the attached sliding fee schedule and based on their family size and income. 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.
  4. *Eligibility:* Discounts will be based on income and family size only. The following guidelines are to be used in determining family size and family income:
    - a. A young adult living at home and dependent on parents for support should still be considered part of the family, even though they may be employed and earning income.
    - b. Full time students, whether or not employed or drawing some income, are considered to be dependent on the family income for fee setting purposes.
    - c. A young married couple living in the home of one of their parents would be considered a separate family and the fee set accordingly.
    - d. An unmarried couple living together will be considered a family and treated as such for fee setting purposes.
    - e. A young person under age 18, who is self-supporting and not living with a parent or legal guardian, will have fees determined by his/her own income.
    - f. A person under 18 who may be receiving disability income but remains with his/her parents or a surviving parent would still be considered part of the family, and the total income would be considered for fee setting purposes.
    - g. In the event that these guidelines do not seem to cover a case under consideration, the information should be referred to the Business Service Manager, who will determine whether the fee should be based on the total family income or the income of the individual patient.
  5. At the time of the initial client interview, or at times when existing clients have fee arrangements updated, business office support staff should explain the fees. Sliding fee scale arrangements for emergency services should be made as soon as possible after the fact. Clients should initially be quoted full fees, and it should be explained that these fees are based on their ability to pay. It should be emphasized to the client that we must have their full cooperation in verifying family
-

Policy Title: RVA – Financial Assistance Policy

Policy Number: FS 200.4

Implemented: December 18, 2017

Revised: December 4, 2024.



---

income and size. All sources of family income should be considered, including but not limited to gross wages, salaries, bonuses, commissions, tips, worker’s comp, Veteran’s payments, retirement/pension, unemployment compensation, self-employment income, rental income, spousal support, interest and dividends.

6. Adjustments - Clients may apply for additional Fee Reductions by completing and submitting the “RiverValley Behavioral Health/Sliding Fee Discount Program Application”, along with documentation of income levels. All fee reductions must be approved by the CFO. Refer to financial services policy FS 200.3 for additional information regarding Fee Reduction Requests.
7. Payment Plans – RIVERVALLEY & AFFILIATES offer interest free payment plans for clients for the amounts that they are personally responsible for paying, after applying any discounts and adjustments under this policy. To participate, the client’s remaining balance must be paid at a minimum of \$25 a month, have no missed payments, and must be fully paid off within 36 months.
8. Collections – As described in financial services policy FS 205.0, RIVERVALLEY & AFFILIATES charges all self-pay days to the patient’s responsible party at the current Medicaid rate. Monthly statements are sent on all account balances due from the patient’s responsible party. Past due notices are put on all statements mailed that have not been paid on in thirty days. Accounts over ninety (90) days old that have not been paid on for two months are sent a final notice statement. If no payment is received after the final notice is sent, the account is sent to the CFO for final approval and the written to bad debt. Accounts approved by the CFO are turned over to our collection agency.
9. Publicizing of the Policy – This Financial Assistance Policy will be widely publicized by making the current policy, along with the related Sliding Fee Scale and all related forms as described in this policy, will be available on the entity’s website. These items will also be available at the business office located at RIVERVALLEY & AFFILIATES. Each billing statement for self-pay accounts shall include information regarding the Financial Assistance Program.
10. Providers – This policy applies to all providers providing services to RIVERVALLEY & AFFILIATES clients, whether they are RIVERVALLEY & AFFILIATES staff, independent contractors, or other.
11. Frequency – All RIVERVALLEY & AFFILIATES clients will need to reapply for Sliding Fee Discount Program yearly.

---

President/CEO

---

RIVERVALLEY & AFFILIATES

---

## 2024 SLIDING FEE SCHEDULE

Maximum Annual Income Amounts for each Sliding Fee Percentage Category (except for 0 percent discount)

Poverty Level	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
Family Size	Discount 100%	Discount 90%	Discount 80%	Discount 70%	Discount 60%	Discount 50%	Discount 40%	Discount 30%	Discount 20%	Discount 15%	Discount 10%	Discount 0%
1	\$15,060	\$16,566	\$18,072	\$19, 578	\$21,084	\$22, 590	\$24,096	\$25,602	\$27,108	\$28, 614	\$30,120	>\$30 , 120
2	\$20,440	\$22,484	\$24,528	\$26,572	\$28,616	\$30,660	\$32,704	\$34,748	\$36,792	\$38,836	\$40,880	>\$40,880
3	\$25,820	\$28,402	\$30,984	\$33,566	\$36,148	\$38,730	\$41,312	\$43,894	\$46,476	\$49,058	\$51,640	>\$51,640
4	\$31,200	\$34,320	\$37,440	\$40,560	\$43,680	\$46,800	\$49,920	\$53,040	\$56,160	\$59,280	\$62,400	>\$62,400
5	\$36, 580	\$40, 238	\$43, 896	\$47, 554	\$51, 212	\$54,870	\$58,528	\$62,186	\$65,844	\$69,502	\$73,160	>\$73 , 160
6	\$41 , 960	\$46,156	\$50,352	\$54, 548	\$58, 744	\$62,940	\$67,136	\$71,332	\$75,528	\$79, 724	\$83, 920	>\$83 , 920
7	\$47, 340	\$52,074	\$56,808	\$61, 542	\$66, 276	\$71,010	\$75,744	\$80,478	\$85,212	\$89, 946	\$94, 680	>\$94 , 680
8	\$52 , 720	\$57,992	\$63, 264	\$68, 536	\$73,808	\$79,080	\$84,352	\$89,624	\$94,896	\$100,168	\$105,440	>\$105 , 440
For each additional person, add	\$5, 380	\$5, 918	\$6,456	\$6,994	\$7,532	\$8,070	\$8,608	\$9,146	\$9,684	\$10,222	\$10,760	>\$10, 760

\*Based on the 2024 [Federal Poverty Guidelines for the 48 contiguous states and the District of Columbia](#). Please note that there are separate guidelines for Alaska and Hawaii, and that the thresholds would differ for sites in those two states. Sites in Puerto Rico and other outlying jurisdictions would use the above guidelines.