



233 MAIN STREET, NEW BRITAIN CT 06051-4204
 Phone 860.224.8192 Fax 860.229.8886

APPLICATION FOR SLIDING SCALE FEE

It is CMHA's policy to provide essential behavioral health care services to our clients regardless of ability to pay. We offer discounts based on family size and annual income ***for clients who have no insurance coverage.***

Please complete the following information to determine if you or members of your family are eligible for a discount. The discount & assigned fee will apply to all Outpatient services received at CMHA. Possible Sliding Scale fees for higher levels of care will be examined on a case by case basis.

Head of household name: _____

Place of employment: _____

Address, City/Zip: _____

CMHA location where appointment is desired: _____

Phone # where front desk staff can reach you: _____

Please list names and dates of birth for spouse and dependents under age 18 (this must be completed in order to process your application)

Relation	Name & Date of Birth	Relation	Name & Date of Birth
SELF		DEPENDENT	
SPOUSE		DEPENDENT	
DEPENDENT		DEPENDENT	
DEPENDENT		DEPENDENT	

TOTAL ANNUAL FAMILY INCOME

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from self-employment, dependents				
Unemployment/workers' compensation, Social Security, public assistance, veterans' payments, survivor benefits, pension/retirement income				
Interest, rents, royalties, income from estates and trusts, educational assistance, alimony, child support, other miscellaneous income				
TOTAL INCOME				

Continued on next page

You will be asked to provide a copy of your last three paychecks and other income checks or a copy of your most recent tax return as verification of the income amounts listed below. NOTE: If you are presently unemployed with no income, please attach a letter of explanation as to how you are meeting your day to day expenses.

I hereby attest that I (or the Client listed above) currently have no active insurance coverage and the data provided above is correct.

I also understand that I must immediately notify the Billing Department of any significant changes in my income. The above information is subject to review every six months. I understand that payment is due at the time of my appointment.

Signature of Client or Legal Guardian _____

Print Name and Relationship to Client _____

Date _____

Office Use Only

Patient Name: _____

Approved Discount: _____

Approved by: _____ **Date:** _____

Verification Checklist	Yes	No
ID/Address: Driver's License, utility bill, other		
Income: Prior year tax return, 3 most recent pay stubs, other		

Community Mental Health Associates, Inc.

Sliding Scale Fee Table

Effective Date: 1/1/2023

*based on 2023 Federal Poverty Guidelines (FPG)

PLEASE NOTE: THIS INCLUDES ALL ADULT WAGE EARNERS IN THE HOME

ANNUAL FAMILY GROSS INCOME	Discount %	Number in	Number in	Number in	Number in	Number in
		Family	Family	Family	Family	Family
		1	2	3	4	5+
\$0 - \$14,580	100%- nominal charge	\$ 5.00				
\$14,581-\$18,225	-84%	\$ 20.00				
\$18,226-\$21,870	-80%	\$ 25.00				
\$21,871-\$25,515	-76%	\$ 30.00				
\$25,516-\$29,160	-72%	\$ 35.00				
\$29,161-\$32,805	-68%	\$ 40.00				
\$32,806-\$36,450	-64%	\$ 45.00				
\$36,451-\$40,095	-60%	\$ 50.00				
\$40,096-\$43,740	-56%	\$ 55.00				
\$43,741-\$47,385	-52%	\$ 60.00				
\$47,386-\$51,030	-48%	\$ 65.00				
\$51,031-\$54,675	-44%	\$ 70.00				
\$54,676-\$58,320	-40%	\$ 75.00				
\$58,321+		full fee				
\$0 - \$19,720	100%- nominal charge		\$ 5.00			
\$19,721-\$24,650	-84%		\$ 20.00			
\$24,651-\$29,580	-80%		\$ 25.00			
\$29,581-\$34,510	-76%		\$ 30.00			
\$34,511-\$39,440	-72%		\$ 35.00			
\$39,441-\$44,370	-68%		\$ 40.00			
\$44,371-\$49,300	-64%		\$ 45.00			
\$49,301-\$54,230	-60%		\$ 50.00			
\$54,231-\$59,160	-56%		\$ 55.00			
\$59,161-\$64,090	-52%		\$ 60.00			
\$64,091-\$69,020	-48%		\$ 65.00			
\$69,021-\$73,950	-44%		\$ 70.00			
\$73,951-\$78,880	-40%		\$ 75.00			
\$78,881+			full fee			
\$0 - \$24,860	100%- nominal charge			\$ 5.00		
\$24,861-\$31,075	-84%			\$ 20.00		
\$31,076-\$37,290	-80%			\$ 25.00		
\$37,291-\$43,505	-76%			\$ 30.00		
\$43,506-\$49,720	-72%			\$ 35.00		
\$49,721-\$55,935	-68%			\$ 40.00		
\$55,936-\$62,150	-64%			\$ 45.00		
\$62,151-\$68,365	-60%			\$ 50.00		
\$68,366-\$74,580	-56%			\$ 55.00		
\$74,581-\$80,795	-52%			\$ 60.00		
\$80,796-\$87,010	-48%			\$ 65.00		
\$87,011-\$93,225	-44%			\$ 70.00		
\$93,226-\$99,440	-40%			\$ 75.00		
\$99,441+				full fee		
\$0 - \$30,000	100%- nominal charge				\$ 5.00	
\$30,001-\$37,500	-84%				\$ 20.00	
\$37,501-\$45,000	-80%				\$ 25.00	
\$45,001-\$52,500	-76%				\$ 30.00	
\$52,501-\$60,000	-72%				\$ 35.00	
\$60,001-\$67,500	-68%				\$ 40.00	
\$67,501-\$75,000	-64%				\$ 45.00	
\$75,001-\$82,500	-60%				\$ 50.00	
\$82,501-\$90,000	-56%				\$ 55.00	
\$90,001-\$97,500	-52%				\$ 60.00	
\$97,501-\$105,000	-48%				\$ 65.00	
\$105,001-\$112,500	-44%				\$ 70.00	
\$112,501-\$120,000	-40%				\$ 75.00	
\$120,001+					full fee	
\$0 - \$35,140	100%- nominal charge					\$ 5.00
\$35,141-\$43,925	-84%					\$ 20.00
\$43,926-\$52,710	-80%					\$ 25.00
\$52,711-\$61,495	-76%					\$ 30.00
\$61,496-\$70,280	-72%					\$ 35.00
\$70,281-\$79,065	-68%					\$ 40.00
\$79,066-\$87,850	-64%					\$ 45.00
\$87,851-\$96,635	-60%					\$ 50.00
\$96,636-\$105,420	-56%					\$ 55.00
\$105,421-\$114,205	-52%					\$ 60.00
\$114,206-\$122,990	-48%					\$ 65.00
\$122,991-\$131,775	-44%					\$ 70.00
\$131,776-\$140,560	-40%					\$ 75.00
\$140,561+						full fee



CMHA Sliding Scale Fee Policy

POLICY: To make available discount services to those in need.

PURPOSE: This program is designed to provide free or discounted care to those who have no active insurance (coverage to pay for their Behavioral Health services).

All patients seeking care at CMHA are assured that they will be served regardless of their ability to pay. No one is refused services based on their ability to pay. CMHA does this by offering a Sliding Fee Discount Program.

CMHA will offer a Sliding Fee Discount Program to all clients who have no insurance coverage and are unable to pay for their services. Eligibility will be based 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.

By contract with private insurers, CMHA is not allowed to reduce or waive deductible or coinsurance amounts, as those amounts are part of the client's legal contract with their insurance carrier. Any client who has an insurance plan that includes a deductible amount and/or coinsurance amounts will be responsible for payment of those amounts. CMHA will make reasonable attempts to collect these fees.

Special cases that involve clients who have active insurance that will not cover a particular service, or clients who have exhausted their yearly limits for services will be considered on a case by case basis for SFS eligibility.

PROCEDURE:

The following guidelines are to be followed in providing CMHA's Sliding Fee Discount Program.

1. Notification: CMHA will notify clients of the Sliding Fee Discount Program by:
 - Providing written information about the Sliding Fee Discount Program to clients with no insurance coverage upon admission in their primary language. Information and application forms, the Sliding Fee Scale and information about eligibility will be provided by Front Desk staff.
 - Posting the Sliding Fee Scale and application form on the CMHA website.
 - Posting information about the Sliding Fee Discount Program in the clinic waiting areas.
2. The Sliding Fee Discount Program procedure will be administered through CMHA's Billing Department. 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 healthcare services.
3. Completion of Application: The client/responsible party must complete the Sliding Fee Discount Program application in its entirety. Providing false information on a Sliding Fee Discount Program application will result in all Sliding Fee Discount Program discounts being revoked.
4. Eligibility: Discounts will be based on income and family size applicable to those individuals earning up to 200% of the Federal Poverty Level (FPL). CMHA uses the Census Bureau definitions of each.
 - a. 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.

- b. 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, and other miscellaneous sources.
5. Income verification: Applicants will be asked to provide a copy of their last two paychecks and other income checks or a copy of their most recent tax return as verification of the income amounts listed. Clients who are unemployed with no income, or who are unable to provide hard copies of income verification must attach a letter of explanation as to how they are meeting their day to day expenses.
6. Discounts: Those with incomes at or below 100% of poverty will receive a full 100% discount. Clients receiving a full discount will be assessed a \$5 nominal charge per visit. Clients will not be denied services due to their inability to pay this fee. The nominal fee is not a threshold or minimum fee for care. Those clients with incomes above 100% of poverty, but at or below 200% of poverty, will be charged according to the attached sliding fee schedule.
7. Applicant notification: The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing, and will include the effective date and the assigned Sliding Scale Fee amount. Applicants whose applications are denied for being over income levels will be notified by Front Desk Staff.
8. Policy and procedure review: The amount of Sliding Fee Discount Program provided will be reviewed by the Billing Manager and CFO on an annual basis. The analysis will include a comparison between the amount budgeted vs amount incurred for discounted fees to identify and address any barriers to care. The SFS will be updated annually based on Federal Poverty Guidelines.

ATTACHMENTS: Sliding Fee Scale Chart, Sliding Fee Application