

I. POLICY

New Life Counseling will provide financial assistance for Mental Health Care and Psychiatric Medication management to patients who are financially indigent and who satisfy certain requirements as defined by this policy.

This policy is administered under the title “New Life Financial Assistance Program and Waiver Assistance Program,” and is implemented as follows:

II. PURPOSE

This policy establishes a framework to which New Life Counseling:

- (1) Identifies patients that may qualify for financial assistance.
- (2) Provides financial assistance for patients within its care.
- (3) Accounts for financial assistance in accordance with the Code of Iowa and the New Life Financial Assistance Program policy and procedures for New Life Counseling, PC.
- (4) New Life Counseling has adopted this policy and will make it easily accessible as well as provide a plain language summary. In addition, the organization will post on its website a list of providers whose services are subject to this policy.

New Life Counseling may accept a patient for eligibility under the New Life Financial Assistance Program who meets the eligibility criteria set forth below within this policy.

III. DEFINITIONS

- A. **Financially Indigent:** Uninsured or underinsured patients who are provided care with no obligation or a discounted obligation to pay for the services rendered. These patients are also defined as poor or economically disadvantaged and have income at or below federal poverty levels.
- B. **Indigent by Design:** Patients who were offered health insurance but chose not to participate in the employer’s health plan. New Life Counseling may, at its sole discretion, grant eligibility to patients deemed to be indigent by design and will work with such patients to arrive at a payment schedule acceptable to both parties. New Life Counseling will use all methods legally available to collect on accounts of patients who are deemed indigent by design. Other situations that may be deemed Indigent by Design include, but are not limited to:
 - Patients under 26 who qualify for inclusion on their parent’s health insurance plan
 - College students who did not elect the student health plan
- C. **Patient- Household (Guarantor):** Those who are responsible for payments for self or dependents. This may not be limited to those living directly at a single residence and may encompass any dependent relationship such as a child or dependent at college in a different town. This may also encompass other dependents living at the same residence such as dependent relatives living within the household.
- D. **Core Household Definition:** Household size refers to the number of people living in a single dwelling and contributing to or relying on household income, excluding boarders or other unrelated individuals.
 - For adult patients (18 years or older), The core household size includes:
 - The patient.

- The patient's spouse.
- Any legal dependents of the patient such as:
 - Children claimed on the patient's federal tax return
 - Other individuals the patient financially supports and claims as dependents
- For minor patients (under 18 years of age), The Core household size includes:
 - The patient.
 - The Parent or guardian completing the financial assistance application
 - Any legal dependents of the applying parent or guardian, such as
 - Siblings or step-siblings living in the same household.

Note: For minor patients in shared custody situations, the core household is determined by the **primary household** of the patient, defined as the household of the parent or guardian completing the application. Verification of custody arrangements may be requested in cases of dispute or unclear household situations.

Special Circumstances: Special circumstances may arise when determining household size, particularly for complex family structures or unique living arrangements. The following guidelines clarify how to address these situations:

- **Blended Families:** If the applying parent or guardian has remarried, include their new spouse and any dependents of that spouse living in the primary household. Exclude dependents of the new spouse who live outside the household.
- **Dependent Relatives:** Include dependent relatives (e.g., elderly parents, disabled siblings) only if they live in the household and are claimed on the federal tax return of the patient or applicant.
- **College Students:** Include dependent college students claimed on the parent or guardian's tax return, even if they live away from home while attending school.
- **Patients Without Permanent Housing:** For homeless patients or those living in shelters, the household size includes the patient and any dependents for whom they are financially responsible.
- **Foster Children:** Include all current foster children who rely upon the household's income. Exclude temporary placements.

Excluded Individuals from Household Size

- Temporary residents, such as friends or extended family members who are not financially dependent on the patient or applicant
- Boarders or unrelated individuals paying rent
- Dependents of a spouse or partner who do not live in the household.

IV. PROCEDURE

A. Eligibility for Financial Assistance

A sliding fee scale is available to patients that meet the eligibility requirements for the financial assistance program.

B. Approval Procedures:

New Life Counseling will complete a financial assistance application review worksheet (“Review Form”) for each patient who applies for the Financial Assistance Program. The Review Form allows for the documentation of the administrative review and approval process utilized by New Life Counseling to grant eligibility under the financial assistance program according to the written standard operating procedure.

D. Income Limit Table

New Life Counseling may classify all patients whose income, as determined in accordance with the Financial Assistance Application, is less than or equal to 200% of the poverty guidelines updated annually in the Federal Register by the U.S. Department of Health and Human Services (“Federal Poverty Income Guidelines”) as eligible under the Financial Assistance Program, assuming eligibility criteria applicable elsewhere in this policy is met. Eligible patients will be assigned a tier based upon the tables below.

2024 FEDERAL POVERTY GUIDELINES (FPL)			
Persons in family/household	100%	150%	200%
1	\$15,060	\$22,590	\$30,120
2	\$20,440	\$30,660	\$40,880
3	\$25,820	\$38,730	\$51,640
4	\$31,200	\$46,800	\$62,400
5	\$36,580	\$54,870	\$73,160
6	\$41,960	\$62,940	\$83,920
7	\$47,340	\$71,010	\$94,680
8	\$52,720	\$79,080	\$105,440
<i>For families/households with more than 8 persons</i>	<i>add \$5,380 for each additional person.</i>	<i>add \$8,070 for each additional person.</i>	<i>add \$10,760 for each additional person.</i>

Tier	Income as % of FPL	Discount Level Interns	Discount level all other providers
1	0%–100%	100% Discount	50% Discount
2	101%–150%	100% Discount	35% Discount
3	151%–200%	50% Discount	20% Discount
4	Above 200%	Not qualified	Not qualified

Co-pays, Coinsurance, Deductibles, and no-show fees are not waived or discounted through the Financial Assistance Program; they may be waived in exceptional cases through the Waiver Assistance Program and only as allowed in accordance with the insurance payor contract.

For patients who don't qualify for the Financial Assistance program based on income, or who choose to see a provider who has opted out of sliding fees, they may qualify for the **Waiver Assistance Program**. The waiver assistance program is for unexpected or catastrophic circumstances where financial need is established. Waivers may be applied on a case-by-case basis if:

1. The provider determines in good faith that the client is experiencing financial need.
2. The waiver is not routinely offered and is not advertised. (It is proper to advise patients on an individual basis that waivers of copays or deductibles in the event of a financial need are possible and the patient may apply for such benefits at the time or immediately before treatment is provided.)
3. The clinic retains documentation supporting the financial need determination.
4. No more than 4 sessions may be waived in their entirety. Discounted sessions may only be approved for up to 3 months. Specific payment terms will be discussed and agreed upon between the provider and the patient.
5. The provider will submit the application to billing department within 2 business days of the session.
6. The patient may be asked to complete a financial assistance program application.

E. Income Verification:

New Life Counseling shall request that the patient provide verification of income.

- i. Required Documentation: Income verification is required for core household members contributing significantly to the household's financial support. Verification includes:
 - o IRS Form W-2, pay stubs, tax returns, or employment verification.
 - o Award letters for Social Security, disability, pensions, unemployment, workers' compensation, VA benefits, child support, or alimony.
 - o Rental income verified through tax returns or lease agreements.
 - o If the patient has not provided this documentation, New Life Counseling will send the patient a letter requesting documentation.
- ii. Excluded Income: Exclude non-taxable benefits, such as food stamps (SNAP), TANF, and one-time emergency assistance.
- iii. Self-Attestation:
 - o If supporting documentation is unavailable, a completed Financial Assistance Application may serve as a written self-attestation if Section 3 is fully completed, including:
 - Gross monthly or annual income of income-earning members.
 - An explanation in the application's designated section regarding why documentation cannot be provided.
 - o If the application does not meet these criteria, the patient must complete a separate self-attestation form affirming household income and explaining the lack of documentation.
- iv. Classification Pending Income Verification: During the verification process, while New Life Counseling is collecting the information necessary to determine a patient's Income as well as

other eligibility criteria, the patient may be treated as a private pay patient in accordance with New Life Counseling's policies.

F. Presumptive Eligibility

Patients who meet presumptive eligibility criteria under this section may be granted financial assistance without completing the full financial assistance application, presumptive eligible patients are eligible only for tier 2 and 3 of the Financial Assistance Program. Documentation supporting the patient's qualification for or participation in a program listed below must be obtained and kept on file. Patients falling into Category 1 of presumptive eligibility will qualify under tier 3 (151-200% FPL), patients falling into Category 2 of presumptive eligibility will qualify under tier 2 (101-150% FPL).

Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

Category 1 (Tier 3)

- Food Stamp eligibility
- Participation in Women, Infants and Children programs (WIC)
- Subsidized school lunch program
- Eligibility for other state or local assistance programs where income verification is required

Category 2 (Tier 2)

- Homeless or one who received care from a homeless shelter

G. Income Calculation

Methodology:

1. For regular income (e.g., wages, salaries), multiply gross income from one pay period by the number of pay periods in a year.
2. For irregular income, average income over the last three months and project it annually.

Total Gross Income: New Life Counseling staff will utilize the review form and written standard operating procedure to calculate the "Total Gross Yearly Income." This amount will be compared to the Federal Poverty Guidelines (FPL) to determine eligibility.

If the total Gross Yearly Income is between 201-210% FPL: The billing staff will refer the application to the Operations Manager for a required second review of the application.

H. Program Employees

The Billing Department will administer the Financial Assistance Program. The Supervisor will hire the required staff to effectively operate the Program. The Supervisor will ensure that each employee under his/her direction is competent and knowledgeable in all matters related to the Financial Assistance Program.

For a period of at least seven (7) years from the date of the patient's application, New Life Counseling will maintain documentation sufficient to identify each patient granted status as eligible for Financial Assistance Program, the patient's income, the method used to verify the patient's income and the person who approved granting the patient's Financial Assistance Program eligibility status.

H. Non-Discriminatory

The designated employees will accept and process all applications for eligibility made by New Life Counseling patients. There will be no discrimination under these policies related to eligibility or the provision of health care because of race, color, creed, religion, sex, age, disability or national origin.

I. Mandated Providers

Benefits for this program will only be provided at New Life Counseling; payment to other entities, providers, or professionals is prohibited.

Not all New Life Counseling providers are required to participate in the New Life Counseling Financial Assistance Program. A published list of participating providers may be found on our website.

J. Application/Notification

Application for assistance under this Program will be accepted during normal business hours. The application may be submitted in person, through the patient portal, by mail, by fax, or by email to billing@newlife-counseling.com. **The application must be submitted before the scheduled appointment or within 5 business days of an appointment for it to be considered eligible for financial assistance.**

Written policies and standard operating procedure will be in place to readily determine eligibility. The applicant will be notified in writing of approval or denial. Notifications of denial will be accompanied by reasons for ineligibility.

New Life Counseling will request that each patient applying for Financial Assistance Program or the Waiver Assistance Program complete an application form (“New Life Financial Assistance Application”). The assistance application allows for the collection of information in accordance with the Code of Iowa. If the patient does not meet the eligibility criteria, the patient may not be classified as eligible for this program.

K. Request for Reconsideration

If an applicant is denied benefits under the Financial Assistance Program, he/she has the right to appeal that decision to Operations Manager. The applicant will need to request an appeal in writing addressed to the Operations Manager within 10 days of denial date. The appeal must include any additional supporting documentation or clarification needed for reconsideration. The Operations Manager will review the appeal and notify the patient of the outcome in writing.

L. Failure to Cooperate

The applicant is responsible for providing all required information deemed necessary by this policy and by the billing department within 30 days of the application date; failure to furnish the requested information in the time requested will result in an incomplete application and will be cause for denial.

Any misrepresentation of facts made by an applicant in order to qualify for this Program will be cause for denial, including denial for any past coverage.

Falsification of information will result in denial of the program assistance. If, after a patient is granted New Life Financial Assistance Program eligibility and New Life Counseling finds material provision(s) of the assistance application to be untrue, the financial assistance will be withdrawn on a retroactive and/or current basis.

Failure to pay the agreed upon amounts in accordance with our standard collections policy may forfeit the patient from further eligibility of this program.

M. Duration of Eligibility

The approval of benefits under this Program will not exceed twelve months. The term of benefits granted will be subject to the financial circumstances of the applicant. Extension of benefits is available upon recertification that eligibility requirements are met based on updated information. The program reserves the right to reevaluate and recertify the recipient's eligibility if there is a change in income or household composition during the granted eligibility period.

N. Non-covered Services

New Life Counseling reserves the right to limit the services subject to New Life Financial Assistance Program policy.

O. No Effect on Other Policies

This assistance policy shall not alter or modify other policies regarding efforts to obtain payments from third-party payers, patient transfers, or crisis care.

P. Amendments

The CEO must approve any modifications to the standards set forth in this policy prior to their implementation.

Last approval date: December 16, 2024