

Sliding Fee Discount Program for Persons Experiencing Homelessness Program Guidelines & Procedures

1. Policy:

Section 330(k)(3)(G) of the Public Health Service Act requires that no homeless patient will be denied health care services due to his/her inability to pay for such services and that any fees or payments required by the health center for such services will be discounted to enable the health center to fulfill this requirement.

It is the policy of the County of Santa Clara Health System to offer a Sliding Fee Discount Program (SFDP) to all homeless persons served at SCVMC. A Sliding Fee Discount Schedule (SFDS) will be used to charge homeless patients based on their ability to pay and to reduce barriers to care for all homeless low-income persons. The SFDS is based on income and family size. The SFDS applies only to homeless individuals whose income is at or below 200% of the Federal Poverty Level (FPL).

2. Procedures:

2.1 General Provisions

- A. The County of Santa Clara Health System will assure that no homeless patient is denied medically necessary services due to their inability to pay for such services.
- B. The SFDS is based on FPL guidelines published annually by the U.S. Department of Health and Human Services and is updated annually.
- C. The SFDP applies to all services within the approved scope of the Public Health Service Act Section 330(h) grant, including, but not limited to:

Primary Medical Care	Behavioral Health
Diagnostic Imaging	Case Management
Surgical Specialties	Medical Specialties
Preventive Dental	Laboratory
Physical Therapy	

- D. Homeless individuals with family incomes at or below 100% of the FPL will receive a full discount.
- E. Homeless individuals with family incomes greater than 100% of the FPL but less than or equal to 200% of the FPL will be charged a SFDS discounted rate.
- F. Homeless individuals with family incomes greater than 200% of the FPL will not qualify for a SFDS discount. These individuals may qualify for the non-HRSA funded Healthcare Access Program (HAP) if they meet HAP eligibility requirements.
- G. The County of Santa Clara Health System fees set forth in the organization's Chargemaster will cover the reasonable cost of providing services based on prevailing rates for the service area. These fees will be evaluated on an annual basis.
- H. Patients will be notified of the Sliding Fee Discount Program in various ways including:

- a. Notification of SFDP at the time of patient registration;
- b. Notification of SFDP through signage at each clinic location; and
- c. Application form available on SCVMC website.

2.2 Eligibility

To be eligible to receive a sliding fee discount, an individual must be:

- Homeless according to the Federal definition (See Section 3.3); and
- Have a family income at or below 200% of the FPL.
- Eligibility for SFDS is not affected by an individual's insurance status and may be used to reduce patient co-pays and deductibles unless prohibited by terms of participation agreements between the County of Santa Clara Health System and a third-party payor.

2.3 Application Process - In order for an individual to enroll in the SFDP, the applicant must meet with a County of Santa Clara Health System Financial Counselor, complete a Financial Assistance Application (see Attachment 1), and provide the required documentation. Applications are available in English, Spanish, Vietnamese, Cantonese, Farsi, Mandarin, Punjabi and Tagalog. Translation assistance is available for applicants in over 70 different languages. Financial Counselors are available to assist patients in the application process, including patients with limited English proficiency and/or disabilities.

Financial Assistance Applications are available online at www.scchealthcareaccess.org as well as at:

- Patient Access Department – 770 S. Bascom, San José
- SCVMC Admitting Department – 751 S. Bascom, San José
- VHC East Valley – 1993 McKee Rd, San José
- VHC Gilroy – 7475 Camino Arroyo, Gilroy
- VHC Milpitas – 143 N. Main, Milpitas
- VHC Sunnyvale – 660 S. Fair Oaks, Sunnyvale
- VHC Tully – 500 Tully Ave, San José
- VHC Moorpark – 2400 Moorpark Ave, San José
- VHC Alexian – 2101 Alexian Dr. San José
- HomeFirst – 2011 Little Orchard, San José

The signed, completed Financial Assistance Application and all required documentation may be scanned and emailed to: HHSVCAApp@hhs.sccgov.org. Applications may also be mailed or delivered to:

Patient Access Department
770 S. Bascom Avenue
San José, CA 95128

Application forms will be considered complete only when submitted with all required documentation. Incomplete applications will not be accepted, and incomplete sets of documentation will not be processed. If needed, an applicant or their representative may request in writing a 14-day extension to provide the required documentation.

2.4 Required Documentation – Applicants for publicly sponsored programs, such as Sliding Fee Discount Program, are required to provide proof of identity, income, and residency. The applicant should bring copies of the required documents. Patients experiencing homelessness who have difficulty assembling the required documents may be referred to the County of Santa Clara’s Social Services Agency, which may be able to assist them in securing required documentation.

2.5 Proof of Identity – All applicants must provide a photo ID such as one of the following:

- Driver’s license
- Passport
- Government issued ID card
- Work or school ID card

2.6 Proof of Income – Applicant must provide copies of all that apply:

- Paystubs (2 consecutive paystubs not older than 45 days from application date)
- Most recent tax returns
- Military benefit statement
- Rental income receipts
- Cash income statements
- Award letter (Social Security, Disability, Unemployment, Worker’s Comp)
- Signed affidavit. (See Attachment 2)
- Bank statements and/or investment statements

2.7 Proof of Residency in Santa Clara County – Provide ONE of the following:

- Rental Contract/Lease
- Mortgage Statement
- Utility Bill (Water, Electric, Gas, Garbage)

2.8 SFDP Applications – Applications to participate in the SFDP may be made at any time. If approved, the applicant will be covered as of the first of the month. The interviewer or applicant will complete the Financial Assistance Application form. The applicant must supply all required documentation (identity and income). A determination by Patient Access as to the patient’s SFDP status shall be made within five (5) business days of the completion of the Financial Assistance Application form and the provision of all required documents.

2.9 SFDP Determination Period – When a Financial Assistance Application is completed and the applicant is determined to be eligible for SFDP, the eligibility determination will be good for one year. This period may be reduced, or benefits may be terminated if any of the following occur:

- Changes in Federal Poverty Level due to
- Changes in family size, births, deaths, marriage, dependents
- Changes in source or amount of income

Should an individual no longer meet the definition of homeless, s/he may continue to remain in the SFDP for up to twelve (12) months after the original date of eligibility as long as the income eligibility requirements are met.

2.10 Interviewing & Documentation – Determination of eligibility for the SFDP may be made based on an interview with the patient or the patient’s representative and upon the completion of an application, which includes all required documentation.

Potential program participants will be required to provide reasonable proof of identity and income. The interviewer may require additional documentation in situations where the information provided appears unreasonable or contradictory. If the Patient Access Department receives information that the patient is not eligible for the program, or if the patient fails to provide eligibility documentation, the application will be denied.

2.11 Program Organization – All SFDP determinations shall be made or approved by Patient Access, which is also responsible for the appropriate processing of patient accounts and issuance of Notice of SFDP Determinations to patients.

The Governing Board will evaluate the effectiveness of the Sliding Fee Discount Program annually.

2.12 Requests for Review of SFDP – Patients may request, within 30 days of the receipt of their “Notice of SFDP Determination,” a review and explanation by contacting the Patient Access Department. The Patient Access staff will review the determination and notify the patient within 30 days as to their findings. Should the patient remain unsatisfied as to their SFDS determination, the patient may request, within 30 days, a review by the SFDP Review Committee. Members of the Review Committee consist of: Director, Patient Access; Operations Manager, Patient Access; and a representative of Ambulatory Care Administration.

The Review Committee may also approve waiver of the discount fee in cases where the payment of such a fee would create a barrier to access. Any waiver of charges will be placed in the patient’s file as an Account Note.

3. Program Definitions:

3.1 What is a “Family”?

For the Sliding Fee Discount Program, a family includes:

- Applicant
- Spouse (if any)
- Dependent children under age 21 (if any).

3.2 What is “Income”?

Income is defined as gross income received by any family member for persons 18 years and older; the spouse and dependent children under 21 years of age (whether living at home or not) are included in income and family size calculation.

Income is calculated before and irrespective of any mandatory deductions (such as Federal taxes, State taxes, Social Security) or voluntary deductions (such as credit unions, union dues, insurance premiums). Income includes overtime and tips. Income includes monies received or available from labor or public assistance programs.

Examples of income would include:

- Hourly wages
- Retirement checks
- Unemployment benefits
- Disability insurance
- Temporary Assistance to Needy Families
- Social Security (though Medicaid disregards Social Security)
- Interest or dividends
- Rental income
- Monies received from a trust fund
- Child support
- Tips, bonuses, commissions.

Examples of non-income would include:

- Money received from sale of personal property
- School loans
- Any in-kind income, such as free rent, food, or utilities.

3.3 Who is a homeless individual?

A homeless individual means an individual who lacks housing (even if that individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing.

A homeless individual may use these or other following living arrangements:

- Homeless shelter
- Transitional Housing
- Doubling Up/Sharing
- Street (encampment/car/makeshift)
- Other (hotel/temporary housing)