RESPONSE TO REQUEST NO. 13

#13.

Home Health & Hospice Care

Policies & Procedures

Subject:	Subsidized Services – Sliding Fee Scale – Approval/Process for Use of	Finance - 2
Department:	Finance - Governance	Page 1 of 2
Approved by:	Finance Committee	Effective date:-11/2013
		Revised: 10/2020

Policy: Subsidized services are provided based upon the Agency's available resources and the patient/client's financial status. Private Duty services are not generally provided on a sliding fee basis and would require Director's approval.

Purpose: To define the process for approval of the Application for Subsidized Services.

1) Subsidized funding is considered when there is a medical need for services and one of the following conditions exists.
   a) The patient/client has insufficient third-party coverage for services provided.
   b) The patient/client's financial resources are insufficient to cover the cost of care.
   c) All homecare patients must be homebound to be considered for subsidized services with the exception of one MSW visit to be made upon Director's approval for assessment purposes and to provide assistance in determining eligibility for Medicaid, Medicare, or other insurance assistance.
   d) While we will accept all indigent care patients from CMC, SNHMC and St. Joe's, we will utilize our own criteria for determining the income levels at which services will be subsidized.

Procedure:

1) Information regarding a prospective patient/client's available funding is requested by the Transitional Care Nurse, Liaison, or admission nurse.

2) When a referral indicates inadequate funding resources, the Referral Specialist consults the appropriate Director who then determines availability of free care dollars.
   a) The amount of free care authorized will be based on the available resources
   b) If free care resources are not available, the Not Take Under

Care (NTUC) code of N17 will be used which states "Free Care Not Available".

3) The admitting staff member provides the application for subsidized or free care to the patient or responsible party. The clinician also has the patient/family sign a contract for full-fee services stating on the bottom that subsidized services are being applied for.

    a) If supportive financial statements do not accompany the Subsidized Services Application, the patient will be billed in full for services rendered

4) The completed application is mailed to the Chief Financial Officer designee by the patient/family for review and verification.

    a) If application is not received within 10 days of start of care, Billing Associate will notify patient/family of need for application completion of the forms.
    b) The Medical Social Worker will contact the family if any additional follow-up is necessary and offer assistance in completing the application.
    c) If the application is not completed, the patient will be charged full fee.

5) The Chief Financial Officer or Controller reviews the application and uses the sliding fee scale to determine the rate.

6) The Finance Department will inform the client/family by mail of subsidized service eligibility and rates and an email will be sent to the Directors' of Homecare & Hospice informing them of acceptance of a subsidized care patient. One copy of the determination letter will be filed in the patient's master chart. If the patient is residing in the CHH, a copy will be emailed to the Hospice House Manager. The Clinical Manager will inform the primary clinician of the approval of subsidized services

7) The Directors will review the need for subsidized services once a month during the Senior Management meeting and on an ongoing basis.

8) When a patient/client who is active with the Agency no longer has available third-party funding, but continues to need services, steps 3-7 are followed.

9) Patient/clients and/or families are encouraged to contribute towards cost of care, based upon their financial resources.