

# Essex



# County

## **Community Services Board**

Laurie Kelley  
Chairperson  
Terri Morse, LMHC, CASAC-Master  
Director

P.O. Box 8 – 7513 Court Street  
Elizabethtown, NY 12932  
(518) 873-3670  
Fax (518) 873-3777

## **Mental Health Services**

Terri Morse, LMHC, CASAC-Master  
Director  
Dava Clement, LMHC  
Director of Clinical Services

## **ESSEX COUNTY MENTAL HEALTH POLICY & PROCEDURE SLIDING FEE DISCOUNT PROGRAM**

All clients seeking healthcare services at ESSEX COUNTY MENTAL HEALTH (ECMH) are assured that they will be served regardless of ability to pay. No one is refused service because lack of financial means to pay. This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (uninsured or underinsured).

ESSEX COUNTY MENTAL HEALTH CLINIC will offer a Sliding Fee Discount program to all who are unable to pay for their services. ECMH will base program eligibility 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.

Should the fee set in the Sliding Fee Discount Program remain difficult for a client to manage, they may request and complete a ECMH Fee Adjustment Form. The ECMH Fee Adjustment Form can be obtained from the client's therapist or anyone in the front office.

**Attachment 1: Sliding Fee Discount Application**

**Attachment 2: Federal Poverty Guidelines Fee Schedule with amounts**

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**!! IMPORTANT !!**

**All supporting documentation must be submitted along with the completed form in order to receive discount.**

## SLIDING FEE DISCOUNT APPLICATION

It is the policy of ESSEX COUNTY MENTAL HEALTH to provide essential services regardless of the patient's ability to pay. ESSEX COUNTY MENTAL HEALTH offers discounts based on family size and annual income.

Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at this clinic, but not those services or equipment purchased from outside, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other such services. You must complete this form every 12 months or if your financial situation changes.

<b>NAME:</b>				
<b>STREET</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>	<b>PHONE</b>

**Please list all household members, including those under age 18.**

	<b>Name</b>	<b>Date of Birth</b>
<b>SELF</b>		
<b>OTHER</b>		
<b>OTHER</b>		
<b>OTHER</b>		

Source	Self	Other	Total
Most recent 3 months Gross wages, salaries, tips, etc. for all household members.			
Income from business and self-employment for the most recent 3 months			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, Public Assistance, veterans' payments, survivor benefits, pension or retirement income			
Interest; dividends; royalties; income from rental properties, estates and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources			
<b>Total Income</b>			

I certify that the family size and income information shown above is correct.

Name (print)

Signature

Date

ECMH estimates your fee to be \$\_\_\_\_\_.  
Pending approved documentation and completed form.

**Office Use Only**

Patient Name: \_\_\_\_\_  
 Approved Discount: \_\_\_\_\_  
 Approved By: \_\_\_\_\_  
 Date Approved \_\_\_\_\_

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

*Self declaration of income may also be used.*

## Sliding Fee Schedule (SFS)

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

Poverty Level	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
Family Size	Discount 100% \$5 min	Discount 90% \$13.50	Discount 80% \$27.00	Discount 70% \$40.50	Discount 60% \$54.00	Discount 50% \$67.50	Discount 40% \$81.00	Discount 30% \$94.50	Discount 20% \$108.00	Discount 15% \$114.75	Discount 10% \$121.50	Discount 0% \$135.00
1	\$12,880	14,168	15,456	16,744	18,032	19,320	20,608	21,896	23,184	24,472	25,760	25,761+
2	\$17,420	19,162	20,904	22,646	24,388	26,130	27,872	29,614	31,356	33,098	34,840	34,841+
3	\$21,960	24,156	26,352	28,548	30,744	32,940	35,136	37,332	39,528	41,724	43,920	43,921+
4	\$26,500	29,150	31,800	34,450	37,100	39,750	42,400	45,050	47,700	50,350	53,000	53,001+
5	\$31,040	34,144	37,248	40,352	43,456	46,560	49,664	52,768	55,872	58,976	62,080	62,081+
6	\$35,580	39,138	42,696	46,254	49,812	53,370	56,928	60,486	64,044	67,602	71,160	71,161+
7	\$40,120	44,132	48,144	52,156	56,168	60,180	64,192	68,204	72,216	76,228	80,240	80,241+
8	\$44,660	49,126	53,592	58,058	62,524	66,990	71,456	75,922	80,388	84,854	89,320	89,321
For each additional person, add	\$4,540	4,994	5,448	5,902	6,356	6,810	7,264	7,718	8,172	8,626	9,080	9,080

\*Based on the 2021 [Federal Poverty Guidelines \(FPG\) 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.