



SLIDING SCALE DISCOUNT FEE POLICY: ONE-ON-ONE PEER COUNSELING SERVICES

Overview: NAMI DuPage’s One-On-One Peer Counseling is an opportunity for individuals and families to schedule time to meet privately (up to 90 minutes) with a Peer Counselor outside of group meetings. The service is offered during the weekdays during normal business hours. NAMI DuPage is charging clients for one-one-one peer counseling services to help supplement a portion of the cost of offering the service. Clients that are economically challenged and unable to pay the standard fees for service will be placed on a sliding fee scale per family size and proof of income. No one will be denied one-on-one peer counseling services because of a lack of ability to pay. This does not mean that services are free. Rather, fees are discounted in a manner to make our peer counseling more affordable to people with mental health issues at all income levels.

Eligibility: The sliding fee discount program is based on household income, which is usually considered as a unit. A household is defined as a group of related or unrelated individuals occupying the same living quarters and providing support and sharing expenses.

The payment scales used by NAMI DuPage are based on income categories established by the US Census Bureau in defining the Federal Poverty Level (“FPL”). The Federal Poverty Level Guidelines are published annually by the Department of Health and Human Services.

If found to be eligible for the discounted fees, the client will be assigned a rating from the sliding scale income table (on the reverse side) which is thereafter applied for meetings with peer counselors.

Income: Incomes of all sliding scale clients are verified during the intake process and annually thereafter. Income is defined as “gross” income for the household. Income documentation must be updated annually. Clients over 200% of the FPL are not eligible for the sliding fee discount.

Fees: All clients are required to make a nominal payment of \$25 at the time of the first consultation and a nominal payment of \$10 for subsequent visits. Clients eligible for the sliding scale fee discount will pay reduced fees as outlined on the fee schedule on the reverse side.

Clients will not be charged for cancelling a scheduled appointment. However, as a courtesy to the Peer Counselors, who are in high demand, please provide 24 hours’ notice to cancel or re-schedule an appointment.

Payment: Payment is required at the time of visit. Payments can be made by cash, check or credit card.

How to Apply: A sliding scale discount must be applied for during the initial visit. It is expected that the client will bring in proof of income for the initial visit once notified by the scheduler at the time the appointment is made. If documentation is not provided, then the client will be billed the standard fee amount.

2017 FEE SCHEDULE

Slide Level	A	B	C	D	E	F*
Fee Schedule	100% of fees	75% of fees	50% of fees	25% of fees	10% of fees	0% of fees
Initial Consultation	\$25.00	\$18.75	\$12.50	\$6.25	\$2.50	\$0.00
Subsequent Consultations	\$10.00	\$7.50	\$5.00	\$2.50	\$1.00	\$0.00

*category limited to homeless; participants that are grant funded until end of 2017

SOURCES OF INCOME (Only 1 document is required)

Acceptable Sources of Income	Documents to be Provided
Wages/ Salaries	Last 30 days of consecutive paystubs
Social Security/Pension/Insurance/Annuity	Copy of Benefit Award Letter or Proof of Income Letter signed and dated by the agency that states the amount, frequency and duration of the benefit
Disability Income	Copy of current year Social Security disability benefits statement that states the amount, frequency and duration of the benefit.
Unemployment Income	Copy of Benefit Notification Letter signed and dated by the State of Illinois indicating expected length of benefit term.
VA Benefits	Copy of Benefit Award Letter or Proof of Income Letter signed and dated by the agency that states the amount, frequency and duration of the benefit.
Welfare Assistance	Copy of TANF (Temporary Assistance for Needy Families) award letter signed by the agency.

2017 Federal Poverty Level (FPL) Guidelines – Monthly Income based on Household Size

Slide Level	A	B	C	D	E
Household Size	≥200% of FPL	≥150% of FPL	≥138% of FPL	≥133% of FPL	100% of FPL
1 person	\$2,010	\$1,508	\$1,387	\$1,337	\$1,005
2 persons	\$2,707	\$2,030	\$1,868	\$1,800	\$1,353
3 persons	\$3,403	\$2,553	\$2,348	\$2,263	\$1,702
4 persons	\$4,100	\$3,075	\$2,829	\$2,727	\$2,050
5 persons	\$4,797	\$3,598	\$3,310	\$3,190	\$2,398
6 persons	\$5,493	\$4,120	\$3,790	\$3,653	\$2,747
7 persons	\$6,190	\$4,643	\$4,271	\$4,116	\$3,095
8 persons	\$6,887	\$5,165	\$4,752	\$4,580	\$3,443