

2023 1:1 PEER COUNSELING SERVICESFEE POLICY

Overview of 1:1 Peer Counseling

- NAMI DuPage's One-On-One Peer Counseling is an opportunity for individuals and families to schedule time to meet privately for a 50-minute session with a Peer Counselor. Services are billed on half-hour (30-minute) increments thereafter.
- Clients who are economically challenged and unable to pay the standard fees for service are encouraged to apply for a sliding fee scale rate. (Application available upon request.)
- 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 at all income levels.

1:1 Counseling Fees

- All clients are required to make a nominal payment of \$30 at the time of the first consultation and a payment of \$15 for subsequent visits.
- Clients eligible for the sliding scale fee discount will pay reduced fees as outlined on the fee schedule.
- Clients must contact NAMI DuPage to cancel a scheduled appointment. As a courtesy, a 24-hour notice is requested to cancel or re-schedule an appointment.
- There will not be a fee invoiced for the first missed appointment. Thereafter, 100% of the fee rate will be invoiced and must be paid prior to scheduling additional appointments. Exceptions to this will be considered on a case-by-case basis.

Payment of 1:1 Counseling Fees

 Payment is required at the time of visit. Payments can be made by cash, check, or credit card*. Credit Card payments are processed through Square if taken over the phone, or by Podium if paid through the text app platform.

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EFFECTIVE DATE: 04/01/23

 *Credit card payments are preferred at this time due to visits being virtual and not in person. If payment needs to be made via cash or check, please make arrangements with the Program Support Coordinator.

Eligibility for Sliding Fee Scale

- The sliding fee scale is based on household* income.
- The payment scale 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 (Appendix A) which is thereafter applied to 1:1 meeting with Peer Counselors for **one (1) year.**
- Annual re-certification of sliding fee scale eligibility is required.

Income Verification for Sliding Fee Scale Eligibility

- Sources of income verification found in Appendix A.
- Income verification is verified during the intake process and annually thereafter.
- Income is defined as "gross" income for the household*.
- Clients over 200% of the FPL are not eligible for the sliding fee discount.

How to Apply for Sliding Fee Scale

- A sliding scale application may be provided at any time upon request.
- At the time of application, all income documentation is required to accompany the application.
- Standard fees will apply until the sliding fee scale application is received and is approved.

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APPENDIX A

2023 (4/1/23-03/31/24) FEE SCHEDULE

Slide Level	A (Standard Rate)	В	С	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	\$30.00	\$22.50	\$15.00	\$7.50	\$3.00	\$0.00
Subsequent Consultations	\$15.00	\$11.25	\$7.50	\$3.75	\$1.50	\$0.00

^{*}category limited to homeless

SOURCES OF INCOME FOR ALL HOUSEHOLD* MEMBERS

(Please provide sources of income for 90 days)

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.		
Cash Welfare Assistance	Copy of TANF (Temporary Assistance for		
	Needy Families) award letter signed by the		
	agency.		

^{*}NAMI DuPage chooses to use the definition of "Household" as defined by the Affordable Care Act: "A 'household' consists of a person filing an income tax return and those for whom he or she claims a personal exemption. These are generally those listed as dependents. If the person filing the return lives with others but is not claimed as a dependent by any of them, he or she would comprise a separate household. Unless that person has dependents, only his or her earnings would be considered in determining the household's income.

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2023 FEDERAL POVERTY LEVEL (FPL) GUIDELINES – ANNUAL

Slide Level	Α	В	С	D	E
Household	<u>></u> 200% of	≥150% of	≥138% of	≥133% of	100% of FPL
Size	FPL	FPL	FPL	FPL	
1 person	\$29,160	\$21,870	\$20,120	\$19,391	\$14,580
2 persons	\$39,440	\$29,580	\$27,213	\$26,227	\$19,720
3 persons	\$49,720	\$37,290	\$34,306	\$33,063	\$24,860
4 persons	\$60,000	\$45,000	\$41,400	\$39,900	\$30,000
5 persons	\$70,280	\$52,710	\$48,493	\$46,736	\$35,140
6 persons	\$80,560	\$60,420	\$55,586	\$53,572	\$40,280
7 persons	\$90,840	\$68,130	\$62,679	\$60,408	\$45,420
8 persons	\$101,120	\$75,840	\$69,772	\$67,244	\$50,560

^{*}For families/households with more than 8 persons, add \$5,140 for each additional person

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