HYPE COUNSELING SERVICES
SLIDING FEE DISCOUNT SCHEDULE

Effective Date: _____

HYPE Counseling Services utilizes a Sliding Fee Discount Program ("SFDP") consistent with Health Resources and Services Administration (HRSA) and National Health Service Corps (NHSC) requirements. Eligibility for discounted services is determined based solely upon household income and family size using the current Federal Poverty Guidelines (FPG).

The following Sliding Fee Discount Schedule applies to eligible patients approved through the HYPE Counseling Services Sliding Fee Discount Program application and verification process, regardless of insurance status.

Patients whose household income exceeds 200% of the Federal Poverty Guidelines are generally not eligible for discounted services under this schedule.

SLIDING FEE ELIGIBILITY TIERS

Tier 1
0%–100% of Federal Poverty Guidelines

Tier 2
101%–150% of Federal Poverty Guidelines

Tier 3
151%–200% of Federal Poverty Guidelines

COVERED SERVICES AND DISCOUNTED FEES

Service	Tier 1	Tier 2	Tier 3
Crisis Stabilization Services (maximum 10 hours over 3 days)	$0	$425	$500
Mental Health Skill Building Services (maximum 5 hours per week)	$0	$175	$200

Service	Tier 1	Tier 2	Tier 3
SUD Case Management Services (monthly)	$0	$125	$150
ASAM Intensive Outpatient Services (Level 2.1) (3 groups per week)	$0	$75 per group	$90 per group
ASAM Partial Hospitalization Services (Level 2.5) (4 groups per week)	$0	$100 per group	$115 per group
Peer Recovery Services (maximum 5 hours per week)	$0	$175	$200

Patients and families with household income at or below 100% of the Federal Poverty Guidelines will receive a full Sliding Fee Discount for covered services and will have a $0 patient charge under the Sliding Fee Discount Program.

The Sliding Fee Discount Program applies only to covered behavioral health and substance use treatment services approved under the HYPE Counseling Services Sliding Fee Discount Program Policy. Administrative fees, records requests, non-covered ancillary services, excluded services, and other non-covered charges are not included in this schedule unless otherwise approved through administrative review.

Patients approved under the Sliding Fee Discount Program are expected to make any applicable payment at the time services are rendered unless alternative arrangements have been approved by administration. Payment plans may be available when appropriate.

This Sliding Fee Discount Schedule is reviewed periodically and may be revised based upon operational needs, current Federal Poverty Guidelines, and applicable HRSA/NHSC requirements.

Approved By: _______________________________________

Title: ____

Date: ____