Health Departments - Sliding Fee Scale - Purpose, Utilization and Implementation

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Disclaimer

This material is designed to offer basic information on sliding fee schedules. The information presented here is based on the experience, training, and interpretation of the author. Although the information has been carefully researched and checked for accuracy and completeness, the speaker does not accept any responsibility or liability regarding errors, omissions, misuse, or misinterpretation. This handout is intended as an educational guide and should not be considered a legal/consulting opinion.

Introduction to Sliding Fee Scales & Their Significance

What Is a Sliding Fee Scale?

- A sliding fee scale is a payment model used by health departments and community health centers to adjust the cost of services based on a patient's ability to pay.
- It ensures that low-income, uninsured, or underinsured individuals can access care without financial barriers.

How it Works

- Patients provide income and household size information.
- Fees are adjusted according to Federal Poverty Guidelines.
- Services may be free or discounted depending on eligibility.
- Applies to medical, dental, behavioral health, and preventive services.

Why Sliding Fee Scales Matter

Benefit	Impact
Equity in Access	Ensures all patients receive care regardless of income
Public Health Improvement	Encourages early intervention, screenings, and chronic disease management
Compliance with Funding Requirements	Required by HRSA* for Federally Qualified Health Centers (FQHCs)*
Community Trust	Builds relationships with underserved populations
Revenue Optimization	Allows health departments to collect partial payments while maintaining service volume
*HRSA-a federal agency within the U.S. Department of Health and Human Services (HHS).	*FQHC-Serve a Medically Underserved Area or Population. Must be located in or serve a Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA).

HRSA (Health Resources and Services Administration)

HRSA - a federal agency within the U.S. Department of Health and Human Services (HHS).

HRSA's Mission - To improve health outcomes and achieve health equity by expanding access to quality services for people who are geographically isolated, economically or medically vulnerable.

Why HRSA Matters in Coding & Compliance

HRSA requires sliding fee scales for FQHCs and look-alike clinics.

Z codes (e.g., Z59.0 – Homelessness) help document social determinants of health that HRSA tracks.

Coders play a key role in ensuring accurate reporting for HRSA-funded programs.

Key Functions of HRSA

Area	Role
Health Centers	Funds and oversees Federally Qualified Health Centers (FQHCs) and Rural Health Clinics ○ 146 Federally Qualified Health Centers (FQHCs) ○ 213 Rural Health Clinics (RHCs) ○ 35 Critical Access Hospitals ○ 1 Rural Emergency Hospital (REH) ○ Serve 1.66 million residents (16.6%)
Workforce Development	Supports training and placement of primary care providers, nurses, and mental health professionals
Maternal & Child Health	Administers programs like Healthy Start and Title V Block Grants
Ryan White HIV/AIDS Program	Provides care and treatment for people living with HIV
Telehealth & Innovation	Expands access to care through technology and rural outreach
Grants & Compliance	Issues funding and monitors compliance for sliding fee scales, quality reporting, and patient access

Examples of HRSA Activity

Federally Qualified Health Centers (FQHCs)	Fund community-based clinics that serve low-income and uninsured patients Provide emergency room services in urban hospitals HRSA supports primary care, not acute hospital-based emergency services.
Maternal & Child Health	Support programs like Healthy Start and Title V for prenatal, infant, and childcare HRSA focuses on public health and prevention, not elective reproductive procedures.
Ryan White HIV/AIDS Program	Provide treatment and support services for people living with HIV Why It's Wrong: HRSA funds care delivery, not research or pharmaceutical development.
Health Workforce Grants	Support programs like Healthy Start and Title V for prenatal, infant, and childcare HRSA focuses on public health and prevention, not elective reproductive procedures.
Health Workforce Grants	Train and place primary care, dental, and behavioral health professionals in shortage areas HRSA targets placement in underserved areas, not general education funding.
Telehealth & Rural Health	Expand care access through technology and rural outreach HRSA supports clinical access, not general education or infrastructure projects.
Grants & Compliance Oversight	Monitor sliding fee scale use, quality reporting, and service delivery standards HRSA oversees publicly funded programs, not private payer compliance.

Michiganders Missing Out on Care – 2025

Estimated Number	Approximately 750,000 Michigan residents are at risk of losing or not accessing healthcare due to: Lack of insurance Medicaid coverage gaps Unmet social needs Provider shortages Fear of cost or documentation barriers
Who Are They?	Uninsured or Underinsured Individuals without employer-sponsored insurance or who fall into coverage gaps Includes gig workers, part-time employees, and undocumented residents Many qualify for sliding fee scale programs but don't apply due to lack of awareness
Medicaid-Eligible but Unenrolled	Eligible for Medicaid but haven't enrolled due to: Confusion about eligibility Fear of immigration consequences Lack of digital access or transportation
Rural Residents	Face provider shortages and long travel distances Often delay care until emergencies arise Disproportionately affected by proposed Medicaid cuts

Michiganders Missing Out on Care – 2025, cont.

Young Adults (18–34)	Least likely to seek preventive care Often uninsured or unaware of low-cost options May avoid care due to cost concerns or perceived invincibility
Low-Income Families	Struggle with competing priorities: food, housing, transportation May not know sliding fee scale programs exist Fear of paperwork or being turned away

Purpose of Sliding Fee Scale

- Ensuring healthcare accessibility for low-income individuals
- Reducing financial barriers to essential health services
- Compliance with federal regulations for community health centers

Sliding Fee Scale Coverage in Michigan Health Departments

Most local health departments in Michigan offer sliding fee scale programs to ensure access to care for low-income and uninsured residents. However, not all departments administer these programs uniformly, and a few may not offer sliding fee scales for all services or may refer patients to partner clinics instead.	
Most Counties Offer Sliding Fee Scales	Especially for services like: Immunizations Family planning STD testing Prenatal care Often funded through MDHHS, Title X, or HRSA grants
Exceptions & Variability	Some rural or smaller county health departments may: Not offer a formal sliding fee scale Refer patients to nearby FQHCs or free clinics Limit sliding fee eligibility to specific programs (e.g., WIC, cancer screening)
Examples:	Grace Health (Battle Creek) and Covenant Community Care (Detroit) offer sliding fee scales directly FernCare Free Clinic (Ferndale) and Hope Medical Clinic (Ypsilanti) serve uninsured patients without formal sliding fee tiers MyMichigan Health offers financial assistance but may not operate under a traditional sliding fee scale model

Example-Sliding Fee Scale

Program Name	Ability to Pay / Sliding Fee Scale Discount Program
Who It Serves	Uninsured or non-Medicaid eligible individuals Residents seeking mental health services who may not qualify for full coverage
Eligibility Criteria	Based on household size and gross annual income Must submit documentation such as: Recent pay stubs Tax returns or W-2s Social Security or pension award letters Bank statements (if other documents unavailable)
Fee Determination	Uses Federal Poverty Guidelines (FPG) to assign a discount tier If eligible, patients receive a letter detailing their financial responsibility per visit Patients with Medicaid typically have a $0 fee, but must still provide insurance documentation
Application Process	Complete the Ability to Pay/Sliding Fee Scale Application Sign and submit with proof of income Receive eligibility notice within 7 days
Eligibility Review	Annual review –must reapply/update determination every 12 months Mid-year reassessment (if circumstances change) At intake or first visit Documentation triggers

Examples of Services Covered Under Sliding Fee Programs

Primary Medical Care	Routine checkups and physical exams Chronic disease management (e.g., diabetes, hypertension) Sick visits and minor acute care Immunizations and preventive screenings
Dental Services	Exams and cleanings Fillings, extractions, and X-rays Limited restorative procedures Oral health education
Behavioral Health Services	Individual and group therapy Substance use counseling Psychiatric evaluations and medication management Crisis intervention
Maternal & Child Health	Prenatal and postpartum care Well-child visits and developmental screenings Nutrition counseling (e.g., WIC referrals) Breastfeeding support
Enabling Services	Case management and care coordination Transportation assistance Language interpretation Health education and outreach

Implementation Strategies

- Establishing fee schedules and discount structures
- Board-approved policies for uniform application
- Patient education and outreach efforts to increase awareness
- Periodic evaluation and updates to ensure effectiveness

Implementation Strategies, cont.

How to Establish Fee Schedules & Discount Structures	
Start with a Full Fee Schedule	Base fees on: Usual and customary charges in your region Medicare/Medicaid reimbursement rates Cost-based analysis of service delivery Include all billable services: medical, dental, behavioral health, labs, etc.
Define Discount Tiers Using Federal Poverty Guidelines (FPG)	Create a tiered structure based on % of FPG: Tier 1: ≤100% FPG → Nominal fee or $0 Tier 2: 101–150% FPG → 20–40% discount Tier 3: 151–200% FPG → 10–20% discount Tier 4: >200% FPG → Full fee or partial discount (optional) Update annually to reflect current FPG values
Determine Nominal Fees	For Tier 1 patients, set nominal fees that are: Affordable (e.g., $5–$20 per visit) Consistent across service types Not a barrier to care Nominal fees are not co-pays and must not exceed actual cost of service
Establish Documentation Requirements	Require proof of: Income (pay stubs, tax returns, benefit letters) Household size Insurance status (if applicable) Reassess eligibility at least annually or when circumstances change

Implementation Strategies, cont.

Ensure Compliance with HRSA & State Guidelines	Align with: HRSA Program Requirements for FQHCs State Medicaid policies Audit readiness for sliding fee scale documentation and application
Monitor and Adjust	Track usage, revenue, and access trends Adjust tiers or nominal fees based on: Patient feedback Cost recovery Community needs

Sliding Fee Scale Tiers – Based on Federal Poverty Guidelines (FPG)

Sliding fee scale tiers are structured to ensure affordable access while maintaining compliance with HRSA and state regulations. Patients are placed into tiers based on household size and gross annual income relative to the current FPG.

Tier 1: ≤100% FPG	Nominal fee only (e.g., $5–$20 per visit) Covers essential services: medical, dental, behavioral health No patient is denied care due to inability to pay Often includes Z codes for social determinants of health
Tier 2: 101–150% FPG	Significant discount (e.g., 60–80% off full fee) Patients pay a reduced rate based on service type Still eligible for outreach, care coordination, and enabling services
Tier 3: 151–200% FPG	Moderate discount (e.g., 20–40% off full fee) Encourages preventive care and chronic disease management May include sliding fee for labs, imaging, or specialty referrals
Tier 4: >200% FPG	Full fee or minimal discount Patients may still qualify for financial assistance or payment plans Often used for underinsured or high-deductible plan holders

2025 Federal Poverty Guidelines (FPG)

The Federal Poverty Guidelines (FPG) are updated annually by the U.S. Department of Health and Human Services and are used to determine eligibility for programs like sliding fee scales, Medicaid, and WIC.	48 contiguous states and D.C. (excluding Alaska and Hawaii) For each additional person, add $5,380 (based on gross income) (Fed 10-22%) (MI 4.25%) + other MI taxes	Alaska For each additional person, add $6,730 in Alaska	Hawaii For each additional person, add $6,100 in Hawaii
Household Size	100% FPG Annual Income	100% FPG Annual Income	100% FPG Annual Income
1	$15,060	$18,810	$17,310
2	$20,440	$25,540	$23,410
2	$25,820	$32,270	$29,510
4	$31,200	$39,000	$35,610
5	$36,580	$45,730	$41,710
6	$41,960	$52,460	$47,810
7	$47,340	$59,190	$53,910
8	$52,720	$65,920	$60,010

Board-approved Policies for Uniform Application

Key Elements of a Uniform Sliding Fee Scale Policy	To ensure consistency, equity, and compliance, health centers must adopt formal, board-approved policies that govern how sliding fee scales are applied across all patients and services.
Eligibility Determination	Based on household size and gross annual income Uses Federal Poverty Guidelines (FPG) updated annually Applies to all patients regardless of insurance status
Discount Schedule	Clearly defines tiers of discount (e.g., ≤100% FPG, 101–150%, etc.) Includes nominal fees for lowest-income patients Applies uniformly across all service types (medical, dental, behavioral health)
Documentation Requirements	Specifies acceptable proof of income (e.g., pay stubs, tax returns) Requires annual re-verification or sooner if circumstances change Includes procedures for patients unable or unwilling to provide documentation
Application Process	Outlines how and when patients apply (e.g., at intake, annually) Includes staff responsibilities for reviewing and assigning tiers Ensures timely notification of eligibility and fee assignment
Non-Discrimination Clause	Guarantees that sliding fee scale is applied without regard to race, ethnicity, gender, religion, or immigration status
Audit and Compliance Oversight	Establishes internal review procedures Ensures alignment with HRSA Program Requirements and Uniform Data System (UDS) reporting
Board Review and Approval	Policy must be formally approved by the governing board Reviewed annually or as needed to reflect regulatory changes

Patient Education & Outreach to Increase Awareness

Clear, Multilingual Materials	Create brochures, posters, and flyers in multiple languages spoken in your community Use plain language to explain: What a sliding fee scale is Who qualifies How to apply Include visuals like income charts and step-by-step guides
Website & Digital Access	Add a dedicated webpage with: Eligibility criteria Downloadable applications FAQ section Contact info for assistance Ensure mobile-friendly access and ADA compliance
Front Desk & Intake Staff Training	Train staff to: Proactively inform patients about the program Offer applications during registration Answer common questions with empathy and clarity Use scripts and cheat sheets to ensure consistency
Community Outreach Events	Partner with: Schools, churches, food banks, shelters, and libraries Host health fairs, open houses, or Q&A sessions Provide on-site application assistance and free screenings

Patient Education & Outreach to Increase Awareness, cont.

Social Media & Local Media Campaigns	Share testimonials, infographics, and reminders on: Facebook, Instagram, and local radio Community newsletters and bulletin boards Use hashtags like #AffordableCareMI or #SlidingScaleHealth
Referral Network Engagement	Educate local providers, case managers, and social workers Provide referral cards or flyers they can give to patients Include sliding fee info in discharge packets and community resource guides

Periodic Evaluation and Updates to Ensure Effectiveness

Annual Policy Review	Review sliding fee scale policies at least once per year Update discount tiers to reflect current Federal Poverty Guidelines (FPG) Ensure alignment with HRSA Program Requirements and audit standards
Data-Driven Monitoring	Track key metrics: Number of patients served under sliding fee scale Distribution across income tiers Service utilization trends Revenue impact and cost recovery Use Uniform Data System (UDS) reports to assess performance
Patient Feedback & Community Input	Conduct surveys or focus groups to: Identify barriers to access or understanding Evaluate satisfaction with the application process Gather suggestions for outreach and education Use feedback to refine materials and workflows
Staff Training & Workflow Audits	Periodically retrain intake and billing staff on: Eligibility determination Documentation requirements Non-discrimination and confidentiality Audit application files for completeness and consistency

Periodic Evaluation and Updates to Ensure Effectiveness, cont.

Outreach Effectiveness Review	Evaluate outreach efforts: Are materials reaching target populations? Are community partners referring eligible patients? Are digital tools (e.g., website, social media) accessible and up to date?
Board Oversight & Approval	Present evaluation findings to the governing board Recommend updates to policy, discount structure, or outreach strategy Document board approval and implementation timeline

Challenges and Considerations

- Balancing financial sustainability with affordability
- Compliance with federal and state regulations
- Addressing gaps in patient awareness and enrollment

Balancing Financial Sustainability with Affordability

Establish Cost-Based Fee Schedules	Set full fees based on: Actual cost of service delivery Regional benchmarks (e.g., Medicare rates) Operational needs (staffing, supplies, overhead) Ensure fees reflect realistic reimbursement goals while remaining transparent
Use Tiered Discounts Strategically	Apply sliding fee scale tiers using Federal Poverty Guidelines Offer nominal fees for lowest-income patients (e.g., $5–$20 per visit) Maintain partial discounts for moderate-income tiers to preserve revenue flow
Monitor Utilization & Revenue Trends	Track: Number of patients per tier Service mix (e.g., high-cost vs. low-cost visits) Revenue impact of discounts Adjust tiers or nominal fees if sustainability is threatened
Leverage Grants & Supplemental Funding	Use HRSA, state, and local grants to offset uncompensated care Apply for program-specific funding (e.g., Ryan White, Title V, behavioral health block grants) Document sliding fee scale impact to support funding applications

Balancing Financial Sustainability with Affordability, cont.

Educate Patients on Value of Services	Help patients understand: The true cost of care The value of preventive services Why nominal fees support continued access for all Use outreach to build community buy-in and trust
Conduct Periodic Financial Reviews	Evaluate: Cost recovery ratios Discount tier distribution Impact on access and outcomes Present findings to the governing board for policy adjustments

Sustainability Scenarios

Scenario 1: Nominal Fee Adjustment	A clinic raises its Tier 1 nominal fee from $20 to $50 to improve cost recovery. Correct/Incorrect - Why: Violates HRSA guidance—nominal fees must not be a barrier to care. Reason: “Higher nominal fees improve sustainability” → ignores affordability mandate.
Scenario 2: Annual Review of Discount Tiers	The board updates discount tiers using current Federal Poverty Guidelines. Correct/Incorrect - Why: Ensures affordability and compliance while maintaining fiscal accuracy. Reason: “Keep last year’s tiers to avoid confusion” → undermines equity and compliance.
Scenario 3: Eliminating Tier 1 Discounts	A health center removes Tier 1 to reduce uncompensated care. Correct/Incorrect: Why: Violates HRSA requirements and blocks access for lowest-income patients. Reason: “Tier 1 patients don’t contribute to revenue” → ignores mission and compliance.
Scenario 4: Outreach to Increase Tier 2 Enrollment	Staff launch a campaign to help moderate-income patients apply for discounts. Correct/Incorrect: Why: Expands access while increasing utilization and partial revenue recovery. Reason: “Only Tier 1 patients need outreach” → misses opportunity to balance sustainability.
Scenario 5: Sliding Fee Scale Applies Only to Medical Services	Behavioral health and dental services are excluded from the discount policy Correct/Incorrect - Why: HRSA requires uniform application across all service types. Reason: “Dental care is optional” → violates uniformity and equity standards.
Scenario 6: Grant Funding Used to Offset Tier 1 Losses	Clinic uses HRSA and state grants to support uncompensated care for Tier 1 patients. Correct/Incorrect - Why: Preserves access while protecting revenue. Reason: “Grants should only fund outreach” → underutilizes available resources.

Compliance with Federal and State Regulations

Compliance with Federal and State Regulations	Sliding fee scale programs must meet strict regulatory standards to ensure equitable access, financial transparency, and audit readiness. Compliance is essential for maintaining funding, accreditation, and community trust.
Federal Compliance (HRSA & FQHC Requirements)	Uniform Application Across Services Must apply sliding fee scale to all core services: medical, dental, behavioral health, etc. No discrimination based on service type, provider, or location.
Use of Federal Poverty Guidelines (FPG)	Discount tiers must be based on current FPG Updated annually to reflect federal thresholds
Board-Approved Policies	Sliding fee scale policies must be formally approved by the governing board Reviewed annually and updated as needed
Documentation & Eligibility Verification	Require proof of income and household size Reassess eligibility at least annually or when circumstances change
Non-Discrimination & Accessibility	Must serve all patients regardless of ability to pay Materials must be culturally and linguistically appropriate
Audit & Reporting Standards	Must comply with Uniform Data System (UDS) reporting Maintain documentation for HRSA site visits and audits

Compliance with Federal and State Regulations, cont.

State-Level Compliance (Michigan Example)

Alignment with Medicaid Policies	Sliding fee scale must not conflict with Medicaid reimbursement rules Patients with Medicaid may still need eligibility verification for non-covered services
Licensing & Public Health Standards	Clinics must comply with Michigan Department of Health and Human Services (MDHHS) regulations Includes privacy, billing, and service delivery requirements
Grant Conditions & Local Oversight	State-funded programs may have additional documentation or outreach mandates Local health departments may require quarterly reporting or community engagement

Addressing gaps in Patient Awareness and Enrollment

Simplify Messaging	Use plain language to explain what the sliding fee scale is, who qualifies, and how to apply Avoid jargon like “FPG” or “nominal fee” unless defined clearly Include visual aids like income charts, tier examples, and step-by-step guides
Multilingual & Culturally Relevant Materials	Translate brochures, flyers, and applications into languages spoken in the community Use culturally appropriate imagery and examples Partner with trusted community leaders to distribute materials
Proactive Intake Education	Train front desk and intake staff to: Mention the sliding fee scale during registration Offer applications without requiring patients to ask Use scripts to ensure consistency and empathy
Community-Based Outreach	Host events at: Schools, churches, food banks, shelters, and libraries Include on-site application assistance and free screenings Partner with local organizations to refer eligible patients
Digital & Social Media Campaigns	Use clinic websites, Facebook, Instagram, and local radio to: Share testimonials and success stories Promote deadlines for re-enrollment Post reminders about eligibility and documentation

Addressing gaps in Patient Awareness and Enrollment

Referral Network Engagement	Educate case managers, social workers, and providers about the program Provide referral cards, flyers, and intake scripts Include sliding fee info in discharge packets and community resource guides
Track & Analyze Enrollment Trends	Monitor: Number of patients per tier Application completion rates Drop-off points in the process Use data to target outreach and refine messaging

Sliding Fee Scale Program – Summary of Key Points

Purpose	Ensure healthcare access for low-income and uninsured individuals Reduce financial barriers to essential services Comply with HRSA and state regulations for FQHCs and public health programs
Establishing Fee Schedules & Discount Structures	Base full fees on actual service costs or Medicare benchmarks Use Federal Poverty Guidelines (FPG) to define discount tiers Set nominal fees for lowest-income patients (e.g., $5–$20 per visit) Require documentation of income and household size Review eligibility annually or when circumstances change
Compliance Requirements	Apply sliding fee scale uniformly across all service types Maintain board-approved policies and annual updates Ensure non-discrimination and accessibility Align with HRSA Program Requirements and state Medicaid rules Prepare for audits and UDS reporting
Patient Education & Outreach	Use multilingual, plain-language materials Train intake staff to proactively offer applications Host community events and partner with local organizations Promote awareness via websites, social media, and referral networks

Sliding Fee Scale Program – Summary of Key Points, cont.

Evaluation & Sustainability	Monitor utilization, revenue impact, and tier distribution Use grants to offset uncompensated care Conduct periodic reviews and board oversight Balance affordability with financial sustainability
Common Compliance Pitfalls	Outdated FPG tiers Inconsistent application across services Lack of documentation or re-verification High nominal fees that deter access Limited outreach or language barriers

The Impact of Sliding Fee Scales on Public Health

Increased Access to Care	Enables low-income and uninsured individuals to receive preventive, primary, dental, and behavioral health services Reduces delays in treatment and reliance on emergency departments Supports early detection and management of chronic conditions
Improved Health Outcomes	Boosts rates of vaccinations, screenings, and prenatal care Enhances control of chronic diseases like diabetes, hypertension, and asthma Reduces complications and hospitalizations through timely interventions
Reduced Health Disparities	Addresses social determinants of health by removing financial barriers Promotes equity across racial, ethnic, and rural populations Ensures consistent care regardless of insurance status or income level
Strengthened Community Health Systems	Supports sustainability of Federally Qualified Health Centers (FQHCs) and public clinics Encourages continuity of care and patient-provider relationships Builds trust in the healthcare system through transparent, affordable pricing
Enhanced Public Health Preparedness	Improves outreach and engagement during public health emergencies Facilitates access to care for vulnerable populations during outbreaks, disasters, or economic downturns Strengthens data collection and reporting for population health planning

Future Improvements and Policy Recommendations

Standardized National Guidelines	Advocate for uniform discount tier templates across states and FQHCs Reduce variability in nominal fees and eligibility documentation Promote consistency for audits, reporting, and patient experience
Enhanced Digital Access	Develop online eligibility calculators and mobile-friendly applications Integrate sliding fee scale enrollment into EHR and patient portals Use automated reminders for annual re-verification
Expanded Outreach & Education	Fund multilingual campaigns targeting rural, immigrant, and underserved populations Partner with schools, shelters, and food banks for on-site enrollment Train community health workers to serve as sliding fee scale ambassadors
Real-Time Eligibility Tools	Implement systems that verify income and household size using secure data sources (e.g., IRS, SSA) Reduce paperwork burden and improve application turnaround time
Integration with Social Determinants of Health (SDOH)	Link sliding fee scale eligibility to Z codes and SDOH screenings Use data to target outreach and tailor services Support wraparound services like transportation, housing referrals, and food access

Future Improvements and Policy Recommendations, cont.

Policy Advocacy for Funding Stability	Push for dedicated federal and state funding to offset uncompensated care Encourage inclusion of sliding fee scale metrics in value-based payment models Document impact on public health outcomes to support grant renewals and expansion
Continuous Quality Improvement (CQI)	Establish feedback loops from patients and staff Use dashboards to monitor: Enrollment trends Tier distribution Revenue impact Adjust policies based on real-world performance and equity goals

Questions

Resources

Federal Guidelines & Agencies

HRSA Program Requirements

- Governs sliding fee scale policies for Federally Qualified Health Centers (FQHCs)
- Includes expectations for uniform application, board approval, and annual updates
- HRSA Health Center Program Compliance Manual

Federal Poverty Guidelines (FPG)

- Issued annually by the U.S. Department of Health and Human Services
- Used to determine discount tiers for sliding fee scale eligibility
- Current FPG Chart

Uniform Data System (UDS) Reporting

- Tracks patient demographics, service utilization, and sliding fee scale impact
- Required for HRSA-funded health centers
- UDS Resources

Resources, cont.

State & Local Examples (Michigan Focus)

- Saginaw County Community Mental Health (SCCMHA)
- Offers a sliding fee scale based on income and household size
- Includes documentation requirements and nominal fee structure
- SCCMHA Sliding Fee Info
- Neighborhood Service Organization (NSO) – Detroit
- Provides behavioral health services with sliding fee scale options
- Targets underserved populations in Wayne County

Best Practices & Outreach Models

- HRSA's Patient Education and Outreach Toolkit
- National Association of Community Health Centers (NACHC) policy briefs
- State Medicaid manuals and local health department intake protocols