Southeastern Integrated Care

CCBHC Sliding Fee Discount and Financial Assistance Policy

Policy No.	CCBHC-FIN-001	**Effective Date**	August 18, 2026
Owner	Billing / CCBHC Operations	**Review Cycle**	At least annually
Applies To	All CCBHC sites and DCOs	**Supersedes**	Conflicting fee/sliding-scale language

1. Purpose

To provide CCBHC services regardless of ability to pay while collecting only amounts that are legally and contractually appropriate. This policy establishes the minimum financial-assistance process and a published sliding fee discount schedule for CCBHC services.

2. Policy

- SEIC will not deny, delay, or discontinue CCBHC behavioral health services because an individual is unable to pay.
- When SEIC requires a fee or patient payment, the amount will be reduced or waived as necessary under this policy.
- The sliding fee discount schedule applies to all CCBHC services for which the individual is financially responsible, subject to Medicaid, Medicare, State-funded service rules, commercial payer contracts, and other applicable law.
- SEIC will publish the schedule on its CCBHC website, post it in CCBHC waiting areas, and make it reasonably accessible in appropriate languages and formats.
- SEIC and any Designated Collaborating Organization (DCO) furnishing CCBHC services on SEIC's behalf must follow this policy for CCBHC patients.

3. Amounts SEIC Will Collect

Patient / Funding Type	Amount to Collect	Rule
NC Medicaid - covered BH/I/DD/TBI service	$0 copay	Do not charge a Medicaid copay for covered behavioral health, I/DD, or TBI services. Bill the responsible Medicaid entity as permitted.
State-funded behavioral health service	$0 when State rules prohibit cost sharing	Do not charge a copayment when the applicable State-funded service rule, contract, or funding source prohibits it.
Uninsured / self-pay CCBHC patient	Apply Section 4 schedule	Use household income and family size. No service may be denied for inability to pay.
Medicare	Required deductible / coinsurance, unless lawful hardship exception applies	Do not routinely waive or advertise waiver of Medicare cost sharing. A reduction or waiver may be approved after an individualized, good-faith financial-hardship determination or after reasonable collection efforts, as permitted by law.
Commercial / other third-party insurance	Contractually required patient responsibility	Collect deductible, copayment, or coinsurance required by the payer contract unless a lawful financial-assistance reduction is permitted. Never bill more than the lawful patient responsibility.
Dual eligible / other secondary coverage	Only the amount legally remaining after payer coordination	Bill primary and secondary coverage in the required order. Do not collect from the patient amounts that Medicaid or another payer prohibits the patient from being charged.

4. Published CCBHC Sliding Fee Discount Schedule

For uninsured/self-pay CCBHC services, SEIC will collect the following amount per CCBHC service day, based on the current U.S. Department of Health and Human Services Federal Poverty Guidelines (FPG) for household size:

Household Income	SEIC Patient Charge	Discount
At or below 200% FPG	$0	100%
201% to 250% FPG	$5 per CCBHC service day	All remaining self-pay charges waived
251% to 300% FPG	$10 per CCBHC service day	All remaining self-pay charges waived
Above 300% FPG	100% of SEIC standard self-pay charge	No automatic income-based discount; hardship review remains available

Hardship override: If any charge would prevent access to care, SEIC may reduce or waive the charge to $0. For Medicare or other Federal health care program cost sharing, the hardship decision must be individualized, made in good faith, and documented; blanket or advertised routine waivers are prohibited.

5. Eligibility and Documentation

- **Household income and size.** SEIC will use current gross household income and household size. The current HHS FPG will be used; the policy does not require amendment each year solely because the FPG dollar amounts change.
- **Patient statement.** For the CCBHC sliding fee schedule, SEIC may rely on the patient's or responsible party's signed or electronically documented statement of household size and income unless a payer, grant, contract, audit requirement, or material inconsistency requires additional proof.
- **Timing.** Eligibility will be determined at intake when practical and updated at least annually or when the patient reports a material change. Lack of documentation will not delay crisis services or other clinically necessary CCBHC services.
- **Equal application.** The same eligibility rules will be applied consistently without regard to diagnosis, payer status, residence, referral source, or other non-financial factors, except where payer law or contract requires different treatment.
- **Record.** The financial record will document the applicable payer, FPG tier or hardship decision, amount charged, and any waiver or reduction.

6. Billing and Collection

- SEIC will first bill available third-party coverage and other responsible funding sources when required.
- SEIC will not balance bill a patient for amounts prohibited by Medicaid, Medicare assignment rules, State-funded requirements, or payer contract.
- SEIC may request payment at or after the time of service but will not condition access to CCBHC services on payment.
- No interest, late fee, or collection surcharge will be added to a CCBHC patient balance.
- Before external collection activity, SEIC will make reasonable efforts to identify eligibility for this policy. SEIC may stop collection and write off a balance when continued collection is not reasonable or when financial hardship is established.
- Nothing in this policy authorizes routine waiver of Medicare or other Federal health care program cost sharing.

7. Notice

The published patient notice may be concise and must state, at minimum: "SEIC provides CCBHC services regardless of ability to pay. A sliding fee discount is available based on household income and family size. Ask any staff member for assistance." The schedule in Section 4 must be available with the notice.

8. Authority and References

1. SAMHSA, 2023 Certified Community Behavioral Health Clinic Certification Criteria, Criterion 2.D (No Refusal of Services Due to Inability to Pay): requires reduction/waiver of required fees when needed, a published sliding fee discount schedule covering CCBHC services, and written eligibility/implementation procedures.

2. North Carolina Medicaid, "NC Medicaid Copays," last modified April 24, 2026: behavioral health, I/DD, and TBI services are listed among services with no Medicaid copay.

3. NCDHHS, North Carolina's Design for State-Funded Services Under Behavioral Health and I/DD Tailored Plans (Dec. 30, 2019), p. 9: describes the State's policy design prohibiting copayments for State-funded behavioral health, I/DD, and TBI services; current contracts, service definitions, and funding rules control if they differ.

4. HHS Office of Inspector General, Fraud & Abuse Laws and current OIG guidance on financial assistance: routine waiver of Federal health care program cost sharing may implicate the Anti-Kickback Statute and Beneficiary Inducements CMP; individualized good-faith financial hardship waivers may be permissible.