

Plains Area Mental Health – Financial Assistance (Fee Reduction & SafetyNet Funding)

What is Financial Assistance?

Plains Area Mental Health offers financial assistance through two programs: Fee Reduction and SafetyNet Funding to help reduce the cost of services based on your income, household size, and available resources.

- **Fee Reduction:** Adjusts the amount you pay for services based on your annual income and number of dependents. To qualify, household income must be at or below 250% of the Federal Poverty Guidelines.
- **SafetyNet Funding:** A state-funded assistance program through the Iowa Department of Health and Human Services. SafetyNet covers 100% of service costs for individuals whose household income is at or below 200% of the Federal Poverty Guidelines and who meet applicable resource limits. Eligibility is determined based on both income and available resources.

Who Can Apply?

Anyone receiving services is encouraged to apply. Individuals with insurance, including those with high deductibles or services not covered may still qualify for assistance.

What Do I Need to Apply?

Completed application with a list of all household members that includes names and birthdates. To determine financial eligibility individuals must provide documentation of income as listed below. Please provide one of the following for all adults in your household:

- Most recent income tax return
- One month of recent pay stubs
- Employer statements for cash wages (must include employer name, address, phone number, and signature)
- Print out report from office issuing payment (SS, SSI, SSD, unemployment, VA, etc)

When Do I Need to Apply?

Applications must be completed and submitted with all required documentation within one (1) month of the date of service for which assistance is requested.

How Long Does Approval Last?

- SafetyNet Funding: valid for 12 months
- Fee Reduction: valid for 6 months

If you continue receiving services beyond these timeframes, a new application is required prior to expiration for ongoing financial assistance.

Are All Services Eligible?

No. The following services are not eligible:

- DOT evaluations (not eligible for either financial assistance program)
- Psychological evaluation/testing and ACT services (not eligible for Fee Reduction but may be covered under SafetyNet Funding if approved)

Questions?

Please contact your local Plains Area Mental Health office for assistance with your application.

Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity

It is the policy of the Iowa HHS to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, religion, age, disability, political belief or veteran status. If you feel HHS has discriminated against or harassed you, please send a letter detailing your complaint to: Iowa HHS, Hoover Building, 5th Floor – Policy Bureau, 1305 E Walnut, Des Moines, IA

50319-0114 or via email FDHS@hhs.iowa.gov. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. This institution is an equal opportunity provider.

You Have the Right to Appeal What is an appeal?

An appeal is asking for a reconsideration because you do not like a decision that was made relating to an eligibility determination or denial of behavioral health or disability services. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 223 for Disability Services or Chapter 303 for Behavioral Health]. How do I appeal? Appeals must be done in writing. The appeals form for the behavioral health and disability services system can be found at <https://hhs.iowa.gov/appeals>. There are multiple ways to file an appeal. Choose the one that works for you: • Email: appeals@hhs.iowa.gov • FAX: (515) 564-4044 • Mail: Iowa Department of Health and Human Services, Appeals Bureau, 321 E 12th Street, Des Moines, Iowa 50319 We will let you know in writing that we received your appeal. How long do I have to appeal? You have 120 calendar days to file an appeal from the date of the eligibility determination or denial of services. How will I know if my appeal was accepted? If the appeal request is granted, you will be given a chance to submit a written statement and documentation to support your case. You will have 14 calendar days from the date of the acknowledgment letter to provide this information. Then, you should receive a written Proposed Decision from HHS within 30 calendar days that explains the decision and next steps that may be available to you. You will get a letter telling you if your appeal is denied. Can I have someone else help me? You or someone else, such as a friend or relative, can tell why you disagree with the HHS’s decision. You may also have a lawyer help you, but HHS will not pay for one. Your county HHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275.

FEE REDUCTION SLIDING FEE SCALE	
Poverty Guidelines	Co Pay % (percentage of a full charge)
0% to 159%	0%
160% to 169%	10%
170% to 179%	20%
180% to 189%	30%
190% to 199%	40%
200% to 209%	50%
210% to 219%	60%
220% to 229%	70%
230% to 239%	80%
240% to 249%	90%
250% and more	100%

**SafetyNet and Fee Reduction Application
Plains Area Mental Health**

Application Introduced By: _____ *Date:* _____ *Due Date:* _____

Client's Full Name _____	Date of Birth _____
Address _____	Apt/Lot # _____ Home Phone # _____ Cell _____
City _____	State _____ Zip Code _____

Please list all household members, including you, below:

First & Last Name	Date of Birth	Social Security # (Optional)	Income source	Relationship

You are required to provide proof of income for all working adults in household to complete your application. The following are acceptable forms of income:

- Current Federal Income Tax Form (1040 or 1040EZ)
- Pension Payments, Veteran's Benefits
- Most recent one month of pay stubs
- Employer statements for cash wages (must include employer name, address, phone number, and signature)
- Print out report from office issuing payment (SS, SSI, SSD, unemployment, VA, etc)

For SafetyNet Funding: Resource limits are equal to or less than \$2,000 in countable value for a single person household or \$3,000 in countable value for a multi person household. *Household is defined as a group of individuals who impact the applicant or recipient's family size or household income. This typically consists of the applicant plus their spouse and any dependents who are required to file tax returns. The marketplace generally considers your household to be you, your spouse if you are married and your tax dependents.*

RESOURCE	VALUE
Houses (do not include the primary residence; include second homes or investment properties)	
Automobiles (one vehicle is exempt; only include additional autos but deduct the amount of loans on the vehicles)	
Cash on hand	
Checking Account	
Savings Account	
Certificates of Deposit	
Trust Funds	
Stocks and Bond	
Life insurance cash surrender value (only include if value is greater than \$1500 per insured)	
Annual Income Self	
Annual Income Household	

I declare that my household's financial status is as listed above, and I am responsible for these household member bills. I realize that Plains Area Mental Health is utilizing federal tax dollars to assist me in receiving health care. I understand that giving false information regarding my household income is considered fraud against the United States government.

Guarantor/Applicant Signature _____ Date _____

Guarantor/Applicant Printed Name _____

TO BE COMPLETED BY STAFF

Office: _____ Staff: _____

Safety Net Application: Based on Income (at or below 200% of PGL) and Resource information provided, the individual meets financial eligibility for services:

Approved: Yes No (if No -give reason): _____

If Yes: Yearly Gross family income: _____ # Persons in household _____ = _____%PGL

Safetynet will pay for 100% of services: Effective Date: _____ Expiration Date: _____

Fee Reduction Application: Based on Income (below 250%) information provided, the individual meets financial eligibility for services:

Approved: Yes No (if No-give reason): _____

If Yes: Yearly Gross family income: _____ # Persons in household _____ = _____%PGL

Fee rate is to be adjusted to _____% Effective Date: _____ Expiration Date: _____

Staff Signature: _____ Date: _____

Approval Review

Staff Signature: _____ Date: _____

When form is completed:

_____ Original scanned into Chart

_____ SafetyNet added as insurance including start and end date by Office Manager

_____ Fee Reduction added as insurance and liability including start and end date by Office Manager

_____ Client provided copy of Application

_____ Client provided copy of Right to Appeal & Policy Regarding Discrimination, etc. (SafetyNet)