

# **Bitterroot Valley Education Cooperative**

**CSCT PROGRAM**

**PO Box 187**

**Stevensville, MT 59870**

**Phone: (406) 777-2494**

**FAX: (406) 777-2495**

## **SLIDING FEE POLICY**

### **Policy**

It is the policy of Bitterroot Valley Cooperative (Co-op) to provide essential services regardless of the client's ability to pay. Discounts are offered depending upon household income and size. A sliding fee schedule is used to calculate the basic discount and is updated each year using the federal poverty guidelines (See attached table used to calculate eligibility and applied discount). The sliding fee option is advertised in our program flyer and posted on our website. Signage is posted at all CSCT sights including the sliding fee discount program and stating that the practice serves all patients regardless of ability to pay. All potential clients without insurance coverage are also informed of the sliding fee application process at the time of referral notice and intake assessment meeting. Once a completed application and supporting documentation is reviewed and approved, the discount will be honored for twelve months, after which the client must reapply.

### **Discount Application Process**

A completed application including required documentation of the home address, household income, and insurance coverage must be on file and approved by the business office before a discount will be granted. If the applicant appears to be eligible for Medicaid, a written denial of coverage by Medicaid may also be required to qualify for the sliding fee scale.

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## Application for Discounts

Please complete the following information and return to the therapist or Co-op office to determine if you or members of your family are eligible for a discount.

Client Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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The discount will apply to all services provided through our CSCT program in your child's school.

Number of persons living in your household: \_\_\_\_\_

Total household income: (complete one column for each household member)

Household Member	Annual	Monthly	Bi-Weekly	Weekly
Self				
Spouse				
Relatives				
Others				
Total				

NOTE: Include income from all persons in household and income from all sources, including gross wages, tips, social security, disability, pensions, annuities, veteran's payments, net business or self employment, alimony, child support, military, unemployment, public aid, and other.

I certify that the household size and income information shown above is correct. Copies of tax returns, pay stubs, and other information verifying income may be required before a discount is approved.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Discounted Fee \_\_\_\_\_

Approved By \_\_\_\_\_

**Bitterroot Valley Education Cooperative Sliding Fee Schedule**

**Intructions:** Enter family size and income in yellow cells sheet will then calculate sliding fee based on poverty scale.

	<b>Size of Family</b>		<b>Annual Income</b>		<b>Monthly Sliding Fee Rate</b>			
	4		\$22,812.00		\$0.00			
<b>% of Federal Poverty Level (FPL)</b>	<b>100.00%</b>	<b>99%</b>	<b>138.00%</b>	<b>155.00%</b>	<b>190.00%</b>	<b>240.00%</b>	<b>300.00%</b>	<b>400.00%</b>
<b>Size of Family</b>	<b>FPL</b>	<b>FPL</b>	<b>FPL</b>	<b>FPL</b>	<b>FPL</b>	<b>FPL</b>	<b>FPL</b>	<b>FPL</b>
1	\$12,060	\$11,939	16,643	18,693	22,914	28,944	36,180	48,240
2	16,240	\$16,078	22,411	25,172	30,856	38,976	48,720	64,960
3	20,420	\$20,216	28,180	31,651	38,798	49,008	61,260	81,680
4	24,600	\$24,354	33,948	38,130	46,740	59,040	73,800	98,400
5	28,780	\$28,492	39,716	44,609	54,682	69,072	86,340	115,120
6	32,960	\$32,630	45,485	51,088	62,624	79,104	98,880	131,840
7	37,140	\$36,769	51,253	57,567	70,566	89,136	111,420	148,560
8	41,320	\$40,907	57,022	64,046	78,508	99,168	123,960	165,280
<b>Fee Charged</b>	<b>\$25.00</b>	<b>\$0.00</b>	<b>\$25.00</b>	<b>\$50.00</b>	<b>\$75.00</b>	<b>\$100.00</b>	<b>\$125.00</b>	<b>\$150.00</b>