

**Silver Hill Hospital**  
**Transitional Living Program**  
**Patient Financial Assistance Policy**

**PURPOSE:**

To develop clear and concise guidelines for awarding financial assistance to applicants being considered for admission to the Transitional Living Programs. The Professional Program at Steward House and Argent Program at Hill House are not eligible for Patient Financial Assistance.

To ensure objectivity and maximize access for patients who qualify for financial assistance for the Transitional Living Programs.

**POLICY:**

Silver Hill is committed to providing financial assistance to patients who meet clinical and financial criteria to receive treatment in Silver Hill Hospital's Transitional Living Programs. Clinical and financial guidelines have been developed to ensure access to financial assistance for those patients that qualify.

**PROCEDURE:**

- (1) The admissions and/or inpatient treatment team is responsible for identifying patients who are clinically appropriate and motivated for treatment in one of the Hospital's Transitional Living Programs.
- (2) The admissions and/or inpatient treatment team is responsible for speaking with the patient/family to discuss the benefits of longer-term treatment in transitional living and recommend an appropriate program. Final determination of the appropriate program is subject to review by an individual program's team lead and assistant team lead.
- (3) With the patient's agreement, the physician or social worker is responsible for communicating the recommendation for admission to the transitional program to Patient Accounts who will discuss financial options, including the availability of financial assistance, with the patient/guarantor(s).
- (4) The Chief Clinical Officer and Director of Clinical Operations, working with the Program Leads, confirms the patient's clinical appropriateness for admission to transitional living and determines bed availability. Prior to admission to a TLP program, prospective patients are required to complete the TLP Financial Assistance Clinical application form to demonstrate desire and motivation, which is reviewed and approved by the Chief Clinical Officer.
- (5) Once bed availability has been secured, the patient is required to complete the Transitional Living Financial Assistance Financial Application form and submit copies of the last two prior year's W2/W9/1099 forms and filed Federal tax returns, along with any other documents required on the application form.
  - o a) If the patient is declared as a dependent on another's tax return or is not able to finance their own stay at Silver Hill Hospital, a separate financial application, tax return forms, and required financial documentation will be needed to be submitted for all individuals who will serve as guarantors for the patient's stay. Adjusted gross income as stated on the patient's or guarantor's tax return determines eligibility, subject to a review of assets. Eligibility is based on a multiple of the prior year's Federal Poverty Guidelines which considers income and family size.
  - o b) For all external applications (for patients not in Silver Hill Hospital), all communication will be conducted via email: [SHHFinancialAssistance@silverhillhospital.org](mailto:SHHFinancialAssistance@silverhillhospital.org). Please allow up to 24 business hours for a response by one of our specialized team members.

- c) All external applicants (for patients not in Silver Hill Hospital and in discussions with admissions) must be reviewed for clinical appropriateness prior to being informed their receipt of financial assistance. The review of clinical appropriateness is conducted by the individual program team lead and assistant team lead prior to admission.
- (6) The patient/guarantor is required to sign a document attesting that the information provided is true and accurate. The attestation form is submitted along with the supporting documentation to the Director of Patient Accounts.
  - (7) Proof of the origin of payment(s) is required and will need to be submitted for verification.
  - (8) Final review and approval of the financial assistance request is performed by the Chief Financial Officer or designee.
  - (9) Financial assistance awards range from 25% to 90% of program charges for adults and adolescent patients. Prior to the patient's admission to a transitional living program, guarantor(s) must arrange and submit payment for the cost of the program not covered by financial assistance.

**ELIGIBILITY:**

Patients who meet the following eligibility will be given preference for financial assistance:

- (1) The patient is a US resident and has continuously maintained residence within the US and its territories for a period of at least 12 consecutive months immediately preceding admission to the Transitional Living Program.
- (2) The patient has not previously been a financial assistance recipient.
- (3) The patient has not been previously administratively discharged from a TLP program. Exceptions require review by the Chief Clinical Officer.
- (4) The patient has recently/is currently receiving inpatient treatment at Silver Hill Hospital or is being considered for receipt of financial assistance prior to admission to a TLP program.
- (5) The patient has been evaluated by the Hospital's clinical team and is determined to be appropriate and motivated for TLP treatment. Note: Professional Program (Steward House) and Evaluation Program (Argent/Hill House) participants are not eligible for financial assistance.
- (6) There is an available bed in the program. Available bed = bed that is currently available and not reserved for a scheduled admission.
- (7) The patient seeking financial assistance for TLP will be required to complete a Clinical and Financial Assistance Applications and provide supporting documentation. The Hospital may request additional financial records based on its initial review of the financial assistance application.
- (8) When reviewing the Financial Assistance Application, the Hospital will consider debt, living expenses and recent change in income. If it is determined that the patient is living with family members or a dependent of his/her parents or other family member, the Hospital may request the family member(s) tax returns and other financial records.
- (9) Financial assistance will NOT be provided for participating in the same or another transitional living program beyond the initial standard length of the program (28, 35 or 42 days depending on the Program). Any other amount of time requires approval by the CFO and should be assessed and approved 72 hours before discharge.
  - a. Financial assistance may be provided for a program extension beyond the standard program length if a patient has paid out of pocket for the first 28, 35 or 42 days, depending on the Program or is no longer covered by insurance. Financial assistance for extensions will not be open ended and must be accompanied by a clinical treatment and discharge plan.

(10) Silver Hill Hospital will not accept any form of payment originating from any crowdfunding sources, such as GoFundMe. This is to comply with the Anti-money Laundering regulation (AMLA 2020).

(11) Any refunds must be sent back to the original source of the payment(s)

(12) TLP financial assistances is subject to availability of funds. It is expected that, on average, two financial assistance awards per month will be made.

(13) Silver Hill Hospital reserves the right to deny any application at its sole discretion.

This policy excludes patients that have insurance but do not wish to use it. Coinsurance, co-payments, and deductibles are also excluded from this policy.

We can offer financial assistance to patients with need because of the generous gifts of Silver Hill donors. When your stay at Silver Hill is complete, and if you are satisfied with your treatment program, there is an opportunity for you to play a significant role in ensuring future financial assistance for other patients like yourself. By writing a short “impact statement” describing how your stay at Silver Hill has helped you, you will inspire donors to continue to provide these crucial funds to others in need. Many patients have a desire to “give back” when their stay is completed, and this is a simple and much appreciated way to do just that. Silver Hill staff is available to help you to write a statement should you need any assistance at all. Thank you for being an important part of the cycle of giving.

2021 Federal Income Poverty Guidelines		Financial Assistance percentage				
		90%	75%	50%	25%	0%
Family Size	FPG	0-500%	500%-700%	800%	900%	> 900%+
1	\$12,880	< \$ 64,400	\$ 90,160	\$103,040	\$115,920	> \$115,921
2	\$17,420	< \$ 87,100	\$ 121,940	\$139,360	\$156,780	> \$156,781
3	\$21,960	< \$ 109,800	\$ 153,720	\$175,680	\$197,640	> \$197,641
4	\$26,500	< \$ 132,500	\$ 185,500	\$212,000	\$238,500	> \$238,501
5	\$31,040	< \$ 155,200	\$ 217,280	\$248,320	\$279,360	> \$279,361
6	\$35,580	< \$ 177,900	\$ 249,060	\$284,640	\$320,220	> \$320,221
7	\$40,120	< \$ 200,600	\$ 280,840	\$320,960	\$361,080	> \$361,081
8	\$44,660	< \$ 223,300	\$ 312,620	\$357,280	\$401,940	> \$401,941

Additional  
person add: \$4,540 < \$22,700 \$31,780 \$36,320 \$40,860 > \$40,860