

Owner Patrick Zuniga:
Avp Revenue
Cycle

Area Finance/Revenue
Cycle

Applicability Sheltering Arms
Institute

# **Financial Assistance Policy**

#### **PURPOSE:**

The purpose of this policy is to document Sheltering Arms Institute assistance to help achieve its mission of providing comprehensive physical rehabilitation of the highest caliber with compassion and respect, to enhance the quality of life to those persons experiencing disabilities, and to offer financial assistance to those in need while maintaining the financial health and sustainability of the organization. This policy is drafted with the intention of satisfying the requirements in Section 501(r) of the Internal Revenue Code of 1986, as amended, regarding financial assistance, limitations on charges to persons eligible for financial assistance, and reasonable billing and collection efforts and should be interpreted accordingly.

As a tax-exempt entity and as part of its commitment to serve the community, Sheltering Arms Institute provides assistance in the form of Charity Care and Discounts to patients/families who qualify based upon income guidelines or who are determined to be medically indigent and who satisfy other program requirements. Sheltering Arms Institute reserves the right in its sole discretion to limit or deny financial assistance to patients/families. Sheltering Arms Institute's services and access to Charity Care and Discounts are available without regard to race, gender, national origin, handicap, age, HIV status, sexual orientation, gender identity, material status, veteran status, religious beliefs, or any other characteristic protected by law.

This policy applies to medically necessary services provided by Sheltering Arms Institute.

# **DEFINITIONS**:

The following definitions are applicable to this Financial Assistance Policy.

 Amount Generally Billed (AGB) - The amount generally billed is the payment expected from uninsured patients, or an uninsured patient's guarantor, found eligible for financial assistance.
 For uninsured patients, this amount will not exceed the rate paid by Medicare. No patient found

- eligible for financial assistance will be expected to pay gross charges for eligible services.
- Charity Care A full waiver of patient financial obligation resulting from medically necessary services provided by Sheltering Arms Institute for eligible uninsured and Medically Indigent patients, or their guarantors, with annualized Family Incomes at or below 200% of the Federal Poverty Guidelines.
- Discount Financial Assistance that provides a sliding scale discount to uninsured or Medically Indigent eligible patients, or patient guarantors, with annualized family incomes above 200% of the Federal Poverty Guidelines but below 350% of the Federal Poverty Guidelines.
- Family A group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they are considered a dependent for the purposes of the provision of Financial Assistance.
- Family Income An applicant's family yearly income is the combined gross income of all adult
  members of the Family living in the household and included on the most recent federal tax
  return. For patients under 18 years of age, Family Income includes that of the parents and/or
  step-parents or caretaker relatives. Liquid assets, such as savings, CDs and retirement
  accounts exceeding five thousand dollars (\$5,000) will be considered part of the annual
  income amount.
- Federal Poverty Guidelines The Federal Poverty Guidelines (FPG) uses income thresholds that
  vary by family size and composition to determine who is in poverty in the United States. It is
  updated periodically in the Federal Register by the United States Department of Health and
  Human Services under the authority of subsection (2) of Section 9902 of Title 42 of the United
  States Code. Current FPG guidelines can be referenced at https://aspe.hhs.gov/poverty.
- Financial Assistance Assistance provided to applicants meeting Sheltering Arms Institute's
  established criteria to relieve them of part of their financial obligation for medically necessary
  care provided by Sheltering Arms Institute.
- Guarantor An individual other than the patient who is responsible for payment of the patient's bill.
- Gross charges The full, established price for medical care that Sheltering Arms Institute
  consistently and uniformly charges patients before applying any contractual allowances,
  discounts, or deductions. (as reported on website)
- Medically Indigent A patient, or patient guarantor, whose medical or hospital bills, after payment by third-party payers, exceed a specified percentage of the patient/family yearly income, and is unable to pay the 'patient responsibility' portion of the bill. For purposes of this policy, a patient may be considered Medically Indigent if the patient or patient's guarantor (i) has annual income greater than 200% of the Federal Poverty Guidelines, but less than 350% of the Federal Poverty Guidelines; (ii) has patient responsibility for Medically Necessary services provided by Sheltering Arms Institute that exceeds \$500 and is more than 10% of the Family's yearly income; and (iii) has demonstrated his inability to pay the remaining bill.
- Medically Necessary As defined by Medicare as services or items reasonable and necessary
  for the diagnosis or treatment of illness or injury.
   Payment Plan An interest-free payment plan of up to twelve months agreed to by both
  Sheltering Arms Institute and a patient, or patient's guarantor, for out-of-pocket fees.

- Uninsured Patient A patient with no third-party coverage provided through a commercial third-party insurer, an ERISA plan, a Federal Health Care Program (including without limitation Medicare, Medicaid, SCHIP, and CHAMPUS), Worker's Compensation, automobile insurance, and other third-party assistance to assist with meeting a patient's payment obligations. Patients with insurance but where benefits have been exhausted or do not include rehabilitation coverage will be considered uninsured for the purpose of this Financial Assistance Policy.
- Service Area The service area refers to Virginia. Consideration may be given to applicants from other states.

#### **ELIGIBLE SERVICES:**

Services eligible under this Financial Assistance Policy include medically necessary rehabilitation services and products. They are those services and products necessary for basic safety, ADL, mobility, and work purposes and normally included as covered services in Medicare and Medicaid programs. This policy does not provide for services and products determined to be elective or for services and products which are upgrades to more basic options. Clinical treatment plans under Financial Assistance are reviewed and approved by clinical managers.

The Financial Assistance Program is not intended to cover services that are denied by a patient's insurance company as not medically necessary. Exceptions may be made on a case-by-case basis considering medical and programmatic implications. Exceptions will be considered and approved where appropriate by the VP and Chief Financial Officer.

# **PROVIDER LIST:**

The Sheltering Arms Institute.

# **ELIGIBILITY:**

Patients who have access to primary and secondary insurance coverage or a required service provider must utilize and exhaust their benefits under that plan prior to consideration for Financial Assistance.

Eligibility for Financial Assistance will be considered for any patient who is a resident of the Service Area. Proof of residency can be demonstrated through a valid driver's license, voter registration card, lease agreement, deed, utility bills, or work/school identification with an address

Patients whose financial responsibility is less than \$150.00 will not be considered unless the patient qualifies for Charity Care.

Applicants for Financial Assistance are required to cooperate in attempting to obtain payment or assistance, such as possible public benefits or coverage programs, available to pay for the cost of care provided by Sheltering Arms Institute. Applicants screened for possible coverage eligibility are required to apply for Virginia Medicaid, other potential public benefits, or coverage programs before applying for Sheltering Arms Institute Financial Assistance. Patients, or patient's guarantors, refusing to apply for Virginia Medicaid or other possible public benefits or coverage programs may be denied Sheltering Arms Institute Financial Assistance

Patients in pending status or denied Virginia Medicaid eligibility, are requested to complete a Financial Assistance Program Application form, which will initiate the Sheltering Arms Institute Financial Assistance review process. Financial Assistance applications will be reviewed for eligibility based upon the applicant's income, family size, and insurance status. Individuals with household incomes less than 350% of the Federal Poverty Guidelines may be eligible for care at discounted rates dependent upon income level. For the remaining balance after the appropriate discount has been applied, suitable arrangements may be made with the Patient Financial Services office for an interest-free monthly payment plan of up to twelve months. When it is determined that a balance will be remaining, an upfront a deposit may be requested.

Financial assistance will be offered to eligible Medically Indigent patients provided it is in accordance with the insurance contractual agreement, for insured patients. Financial assistance is generally not available for:

- Patient cost-sharing amounts (e.g., copays, coinsurances, deductibles\*)
   \*High-deductible health plans may be eligible for medical indigency,
- Balances after insurance in the event that a patient fails to reasonably comply with insurance referral or authorization requirements, or
- Individuals having no insurance coverage due to their own failure to obtain such coverage.

Exceptions to the above limitations will be handled on a case by case basis.

Patients having a Medicaid spend down plan are required to meet his/her spend down obligation before receiving Financial Assistance or make an upfront deposit.

Confidentiality of information and individual dignity will be respected and protected for all who seek Financial Assistance.

Patients, or patient guarantors, who falsify the Financial Assistance Program Application will not be eligible for the Program and will be held responsible for all charges received while enrolled in the Program retroactively to the first day approved for Financial Assistance. Patients are responsible for informing Sheltering Arms Institute of any changes to the information provided if their financial circumstances change.

# PROCEDURE:

# **APPLYING FOR FINANCIAL ASSISTANCE:**

Eligibility for Financial Assistance will be based on financial need. Certain documentation is required to determine eligibility.

The following documentation is required from patients, and/or their guarantors, to determine Family Income and Financial Assistance eligibility:

- 1. Documentation of Service Area residency
- 2. Two most recent pay stubs and/or two years of tax returns and all attached schedules
- 3. Social security/disability certification letter

- 4. Welfare benefit letter
- 5. Letter of post-discharge support
- 6. Bank account statements for the previous 2 months
- 7. Business income
- 8. Rental income
- 9. Other income information (for example, social security payments, pension income, general assistance, unemployment compensation, worker's compensation, disability income, alimony/child support, or other regular sources of income)

Submission of documents to support household income is required to provide the basis to make an eligibility determination. In cases where the patient or guarantor has experienced a recent and material reduction in income, Sheltering Arms Institute will consider not only current income information but also income for the past 12 months, and estimated income for the next 12 months. Each of those income amounts will be considered to make a determination of the patient's household income level, with primary weight applied to the estimation of income for the next 12 months. If the future income cannot be estimated with a sufficient degree of confidence, or if actual and/or anticipated bills for Sheltering Arms Institute' services exceed 25 percent of estimated income for the next 12 months, the application shall be referred to the Vice President and CFO for review.

Please return completed Financial Assistance Applications to the following address:

Sheltering Arms Institute

Attn: Patient Accounting

140 East Shore Dr #200, Glen Allen VA 23059

Fax: (804) 342-4317

E-mail: FinancialAssistance@Shelteringarms.com

#### **OUALIFICATION PERIOD:**

- A. Patients can apply for Financial Assistance up to 240 days after the first billing statement date. If the patient is approved for Financial Assistance, the Financial Assistance will be for a specific period as dictated by the rehabilitation plan of care. An additional period may be approved upon the review of medical necessity considerations and the continued financial need of the patient.
- B. Inpatient Admission Approval for Financial Assistance will apply to the entire inpatient stay.
- C. Program Admission Approval will be for the specified period while the patient remains in a Sheltering Arms Institute comprehensive rehabilitation program (e.g., DRP) subject to continued medical necessity and financial eligibility.
- D. **Outpatient Services** Approval will be limited to no more than a two-month period subject to continued medical necessity. An extension may be granted as supported by the rehabilitation plan of care and financial eligibility.
- E. Intermittent Services Approval for Financial Assistance for patients who receive intermittent

services, such as monthly or quarterly appointments (e.g., through Outpatient Rehabilitation) may extend for up to a 6-month period subject to continued medical necessity and financial eligibility. An extension may be granted as supported by the rehabilitation plan of care and financial eligibility.

If a patient, or patient's guarantor, is denied Financial Assistance, the patient or guarantor, may re-apply at any time there has been a change of income or status.

# **ELIGIBILITY DETERMINATIONS AND APPEALS PROCEDURE:**

Applications with instructions may be obtained from the Sheltering Arms Institute website, the Case Manager, Nurse Liaison or Patient Accounting Representative. All completed applications must be submitted to the Patient Accounting department, as per printed instructions, for review and verification of information. The Director of Revenue Cycle may be consulted as needed.

Applications will be first reviewed by the Financial Assistance Coordinator, who may approve applications that meet Financial Assistance guidelines with expected total assistance under \$5,000. The Director of Revenue Cycle may approve applications for Inpatients for expected total assistance not to exceed \$35,000. The Vice President Finance/CFO must approve any application for which there is significant potential for the total assistance to exceed \$35,000 during a single application period. If the VP/CFO is unavailable, approval may be rendered by the CEO or designee. The Vice President/CFO will also review applications that do not meet the Program guidelines but for which extraordinary circumstances may exist

Applicants must be notified of the decision in writing regarding Financial Assistance within ten (10) business days of submitting a completed application. If the financial information provided is incomplete or insufficient to determine financial need, Sheltering Arms Institute may request additional documentation from the patient. If requested information is not provided within 30 days, the application will be voided and Financial Assistance will not be considered, and payment for services rendered to date by Sheltering Arms Institute will be the responsibility of the patient or guarantor.

If an applicant is denied eligibility for Financial Assistance, an appeal of the denial may be submitted, in writing, within thirty (30) days of the denial date. Once a written appeal is received, the application will be re-evaluated by the Vice President Finance/CFO. A written response to the denial will be provided to the patient and will indicate either approval or the upholding of the denial.

Emergency Approval is defined as approval of a Financial Assistance Application for a patient scheduled to be admitted to Sheltering Arms Institute when it can be determined that the patient has insufficient medical insurance coverage and there is a reasonable basis for concluding that the patient/family meets requirements for Financial Assistance. The Vice President Finance/CFO will provide Emergency Approval as indicated pending final review and application completion. If the VP and Chief Financial Officer is unavailable, the decision for Emergency Approval may be rendered by the CEO or assignee.

The decision to grant Financial Assistance will ultimately be at the sole discretion of Sheltering Arms Institute.

# PRESUMPTIVE ELIGIBILITY:

Sheltering Arms Institute realizes that there may be instances when a patient's qualification for Financial Assistance can be established without completing the Financial Assistance Application. Patients already enrolled in certain means-tested programs are deemed eligible for free care on a presumptive basis. Examples of programs eligible under the Sheltering Arms Institute Financial Assistance Policy include, but are not limited to:

- Virginia Women, Infants and Children (WIC)
- Virginia Supplemental Nutrition Assistance Program (SNAP)
- Virginia Temporary Assistance for Needy Families (TANF)
- All dual eligible Medicare/Medicaid Programs

Additional presumptively eligible categories will include with minimal documentation:

- Homeless patients as documented during the registration/clinical intake interview process
- Deceased patients with no known estate based on medical record documentation, death certificate, and confirmation with the applicable Circuit Court
- All patients resulting from other automated means test scoring campaigns and databases
- Patients approved for charity care or financial assistance at other 501C3 acute care facilities in the Richmond, Virginia metropolitian area in the last 30 days

# FINANCIAL ASSISTANCE:

Financial assistance will be based on family income, family size and insurance status. The Federal Poverty Guidelines will be used to determine an applicant's eligibility for Financial Assistance. Financial assistance will be provided after all third party payment options that are available to the applicant have been exhausted or denied. Patients having a Medicaid spend down plan are required to meet their spend down obligation before receiving assistance.

Eligible applicants will receive the following Financial Assistance.

**Charity Care – Uninsured:** The full amount of Sheltering Arms Institute charges will be determined covered under Financial Assistance for eligible services for uninsured patients, or patient guarantors, whose gross family income is less than 200% of the Federal Poverty Guidelines.

**Discounts – Uninsured:** A sliding scale discount will be provided for eligible services for uninsured patients, or patient guarantors, whose gross family income is equal to or greater than 200% FPG but less than 350% of the current FPG.

Per IRS 501(r), hospitals must limit charges for medically necessary services provided to patients receiving Financial Assistance to the Amounts Generally Billed (AGB) to commercial insurers and Medicare. Sheltering Arms Institute determines AGB by dividing total allowed amounts by total charges for all commercial and Medicare plans in aggregate for the prior fiscal year to determine the Payment on Account Factor (PAF) for the prior fiscal year. This will be done on an annual basis and this policy will be updated accordingly. The minimum FAP discount for the current fiscal year is the inverse of the prior year PAF. This will reduce the Gross Charges billed to qualifying patients to no more than AGB for the prior year. Amounts billed to patients who qualify for Financial Assistance will not exceed the AGB.

# For example:

Total allowable amounts from Medicare and commercial plans: \$42,884,706.71

Total charges from Medicare and commercial plans \$77,356,843.76

PAF55%

Net minimum FAP discount45%

Patients, or patient guarantors, eligible for Financial Assistance will be provided additional discounts according to the following schedule, based on the family income of the patient, or the patient's guarantor.

- Family income equal to or greater than 200% FPG but equal to or less than 240% FPG are eligible to receive a 90% discount on the Gross Charges.
- Family income greater than 240% FPG but equal to or less than 275% FPG are eligible to receive a 75% discount on Gross Charges.
- Family income greater than 275% FPG but equal to or less than 350% FPG are eligible to receive a 50% discount on the Gross Charges.
  - **Medically Indigent Uninsured or Insured:** If a patient, or guarantor, is determined to be Medically Indigent, Financial Assistance will be provided through a discount to the patient responsibility according to the following schedule, based on the family income of the patient, or the patient's guarantor.
- Family income equal to or greater than 200% FPG but equal to or less than 240% FPG are eligible to receive a 90% discount on the patient responsibility portion of the bill.
- Family income greater than 240% FPG but equal to or less than 275% FPG are eligible to receive a 75% discount on the patient responsibility portion of the bill.
- Family income greater than 275% FPG but equal to or less than 350% FPG are eligible to receive a 50% discount on the patient responsibility portion of the bill.

**Payment Plans:** Payment in full is expected for balances due, within thirty (30) days of the initial patient invoice. If it is not feasible for a patient, or patient's guarantor, to pay in full within this timeframe, suitable arrangements may be made with the Patient Financial Services office for an interest-free monthly payment plan. Payment plans may be extended for up to twelve (12) months, depending on the balance from the patient, or patient guarantor.

Sheltering Arms Institute will work with the patient, or patient guarantor, to establish a manageable payment plan and time-frame. Patients, or guarantor, are responsible for communicating with Sheltering Arms Institute anytime an agreed upon payment plan cannot be fulfilled. Lack of communication from the patient may result in the account being assigned to a collection agency.

#### NOTIFICATION OF FINANCIAL ASSISTANCE:

Sheltering Arms Institute will widely publicize the Sheltering Arms Institute Financial Assistance Policy. Information on Financial Assistance will be provided to patients and the community served by Sheltering Arms Institute. The Financial Assistance Policy, Financial Assistance Application, and a plain language summary of the policy will be available on the Sheltering Arms Institute's website. Sheltering Arms

Institute will provide hard copies of the Financial Assistance Policy, Financial Assistance Application and a plain language summary of the policy to patient upon request, in person or by mail, and free of charge.

Financial Assistance information will be made available in the patient admission information package and discharge process for all patients. Information on the policy and instructions on how to contact Sheltering Arms Institute for assistance will be posted in areas that include, but are not limited to, admitting and registration. Patient statements will include information on the Sheltering Arms Institute Financial Assistance Policy and on how an application form may be obtained

Sheltering Arms Institute will provide public notices yearly in local newspapers serving the hospital's target population.

Information on Financial Assistance, and the notice posted in hospital and clinic locations, will be in English, Spanish and in any other language that is the primary language spoken by the lesser of 1000 residents or 5% of the residents in the Richmond, Virginia metropolitian area.

Requests for consideration of Financial Assistance may originate from the patient, patient guarantor, family member, or designated representative in the event that the patient, a patient guarantor, or a family member is unavailable or unable to initiate request. Referral may also originate from any member of the Medical Staff and Sheltering Arms Institute staff who may be aware of the potential need for financial assistance. Patient Financial Services through their normal job responsibilities may identify potential patients who may be eligible for Financial Assistance. Patient/families that may qualify for Financial Assistance should be given a plain language summary of the policy and offer a Financial Assistance Application.

# COLLECTION METHODS TAKEN IN THE EVENT OF NON-PAYMENT:

Reasonable efforts are taken to determine a patient's eligibility for Financial Assistance under this policy with respect to Covered Services prior to engaging in collection efforts with respect to such patient. Such efforts include notifying a patient about this policy in at least two patient statements, phone calls made to patients if they have not resolved their bills or are not current on payment plans, helping a patient remedy an incomplete Financial Assistance Application, and informing an applicant for Financial Assistance regarding his/her eligibility determination once a completed application has been received.

If a patient, or patient guarantor, applies for Financial Assistance, no collection actions will be taken until an eligibility determination has been rendered. No collection actions will be pursued against a patient if the patient, or guarantor, has demonstrated that he or she has applied for coverage under Virginia Medicaid or other coverage programs, in the event that such programs will possibly pay the outstanding balance and for which an eligibility determination is still pending.

In the event of non-payment or the absence of any mutually agreed-upon payment arrangement, Sheltering Arms Institute will consider an account to be bad debt and may undertake ECAs after 120 days from the provision of a patient's first post-discharge billing statement and after making reasonable efforts to determine the patient's eligibility for Financial Assistance. Following 120 days after the first post-discharge patient invoice, Sheltering Arms Institute may move a patient account to bad debt and turn the delinquent account over to a third-party collections agency under the following circumstances:

- After reasonable efforts are taken, a patient is found to either not qualify for Financial
   Assistance under this Policy or is unresponsive to Sheltering Arms Institute' efforts to obtain
   the information necessary to determine eligibility for Financial Assistance;
- An applicant is denied Virginia Medicaid or other coverage, or Financial Assistance, and the
  patient or guarantor fails to take appropriate steps to resolve the outstanding patient balance;
  or
- A payment plan has been established and agreed to by the patient, or patient guarantor, and the patient or guarantor has defaulted on payment for at least 70 days.

At least 30 days before categorizing patient accounts as bad debt and initiating any ECAs, Sheltering Arms Institute will notify the patient, in writing, regarding any ECAs Sheltering Arms Institute intends to initiate to obtain payment, as well as the availability of Financial Assistance for eligible individuals. Along with this notice, the patient is provided a plain language summary of this policy. Sheltering Arms Institute will also make a reasonable effort to orally notify its patients about this policy and how they may obtain Financial Assistance during the period between mailing the ECA-initiation notice and resuming or initiating ECAs. ECA(s) may occur no earlier than 120 days from the provision of a patient's first post-discharge billing statement, as outlined in Treas. Reg. Sec. 1.501(r)-6(c)(3)(i).

Extraordinary Collection Actions (ECAs) may be taken by Sheltering Arms Institute once an account has been categorized as bad debt and the patient has been notified as set forth above. ECAs may include the reporting of the delinquent account to one or more consumer reporting agencies (credit bureaus) as well as deferring or denying, or requiring a payment before providing, medically necessary services due to nonpayment for previously provided services. Sheltering Arms Institute will not sell an individual's debt to a third party, file lawsuits, take judgments, record judgments or deeds of trust, place liens on realty, and garnish wages and other assets.

Upon receipt of a Financial Assistance Application during the 240 days following the first post-discharge billing statement, any ECAs will be suspended until a final eligibility determination is made by Sheltering Arms Institute. An applicant for Financial Assistance who provides an incomplete application is given thirty (30) days to respond to Sheltering Arms Institute's written notice describing the additional information and/or documentation required to complete the application. If the applicant does not respond to the request for additional information from Sheltering Arms Institute within thirty (30) days, then ECAs may resume.

Sheltering Arms Institute's CFO is responsible for determining that Sheltering Arms Institute has made reasonable efforts to determine a patient's eligibility for Financial Assistance under this Policy before engaging in any ECAs.

The foregoing provisions of this Section do not apply (or, if applicable, cease to apply) to any patient that is determined to be disqualified from or not eligible for Financial Assistance.

# **EXCEPTIONS TO THIS POLICY:**

Sheltering Arms Institute's CEO is granted the authority to provide eligibility and determination exceptions to this Policy on a case-by-case basis as appropriate to an individual patient's facts and circumstances.

# **REGULATORY REQUIREMENTS:**

Sheltering Arms Institute will comply with all federal, state laws, rules and regulations and reporting requirements that may apply to activities conducted pursuant to this Policy. Information on the financial assistance provided under this policy will be reported annually on the IRS Form 990 Schedule H.

#### RECORD KEEPING:

Sheltering Arms Institute will document all Financial Assistance in order to maintain proper controls and meet all internal and external compliance requirements. A Financial Assistance summary report will be presented on a periodic basis to the Board of Directors.

The Sheltering Arms Institute Financial Assistance Coordinator will maintain patient applications and Financial Assistance records, including copies of verification documents. The Business Office will maintain patient accounting records to document the actual financial assistance amount applied to a patient account.

#### **NONDISCRIMINATION & EMERGENCY MEDICAL CARE:**

Sheltering Arms Institute does not have a dedicated emergency department. Sheltering Arms Institute will appraise emergencies, provide initial treatment, and refer or transfer an individual to another hospital/facility, when appropriate, without discrimination and without regard to whether the individual is eligible for Financial Assistance.

Sheltering Arms Institute will not engage in actions that discourage individuals from seeking emergency medical care, such as demanding that an individual pay before receiving initial treatment for emergency medical conditions or permitting debt collection activities that interfere with Sheltering Arms Institute' appraisal and provision, without discrimination, of such initial treatment.

# POLICY APPROVAL:

As an administrative policy, Sheltering Arms Institute' Financial Assistance Policy is approved by the Sheltering Arms Institute President's Council. This policy is subject to periodic review and Sheltering Arms Institute reserves the right to amend and/or update this policy at any time. The Sheltering Arms Institute Board of Directors will be informed of the policy.

# **Attachments**

Attachment SAI - FAP Plain Language Summary.docx

# **Approval Signatures**

Step Description	Approver	Date
CEO	Alan Lombardo: Chief Executive Officer	10/2021
CFO	James Litsinger: VP CFO	09/2021
Director of Finance	Tanza Westry: SAI - DIRECTOR FINANCE	08/2021
Policy Owner	Patrick Zuniga: Director Revenue Cycle	06/2021

