

Title: FINANCIAL ASSISTANCE PROGRAM (FAP)

Replaces:

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Stakeholder:	Chief Financial Officer	Replaces	2024/04
Approval:	Board Chair	Date Last Approved	2025/05
	Administration	Date Last Approved	2025/05

NEXT POLICY REVIEW 2028/05

PURPOSE:

The Brattleboro Retreat is a patient-centered organization committed to treating all patients with respect and dignity, regardless of a patient's health care insurance benefits or financial resources. We are committed to providing financial assistance to persons who have healthcare needs and who are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care based on their individual financial situation. Consistent with our mission to deliver affordable and compassionate care, and to fulfill our obligation as a non-profit organization, we strive to ensure that the financial capacity of people who need healthcare services does not prevent them from seeking or receiving care.

The Financial Assistance Policy outlined herein is intended to address the interests of providing access to care to those with no or limited means to pay for medically necessary care. This policy sets forth the process for determining patient eligibility for financial assistance and is intended to comply with the applicable laws and regulations including those of the U.S. Internal Revenue Service and the State of Vermont, but not limited to, Vermont Act 119 of 2022.

This policy outlines the following with respect to all medically necessary care provided at the Brattleboro Retreat facilities and its by its employed and contracted physicians and providers.

- Eligibility criteria for financial assistance
- Method by which patients may apply for financial assistance.
- Basis for calculating amounts charged to patients who are eligible for financial assistance and limitation of charges.
- Efforts to publicize the policy within the community served

Non-Discrimination Statement

The Brattleboro Retreat does not discriminate on the basis of race, color, sex, sexual orientation, gender identity, marital status, religion, ancestry, national origin, citizenship, immigration status, primary language, disability, medical condition, or genetic information in the provision of patient financial assistance or in the implementation of this financial assistance policy.

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We are a patient-centered organization committed to treating all patients with respect and dignity, regardless of a patient's health care insurance benefits or financial resources. We are committed to providing financial assistance whenever possible to those who are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care based on their individual financial situation.

POLICY:

The Brattleboro Retreat is committed to providing financial assistance to persons who have healthcare needs but do not have the financial means to pay for balances that are their responsibility. The Brattleboro Retreat strives to ensure that the financial capacity of people who need healthcare services does not prevent them from seeking or receiving care. A patient can apply for financial assistance at any time before, during, and after services are provided.

No patient that is eligible for financial assistance according to this policy and procedure will be charged more than the amounts generally billed (AGB).

This financial assistance policy (FAP) and procedure will constitute the official financial assistance policy within the meaning of section §501(r) of the Internal Revenue Code and reviewed annually by the Brattleboro Retreat's Finance Committee and Board of Directors.

Covered Services

This policy covers all medically necessary health care services provided by the hospital employees who are covered by this policy.

Non-Covered Services

Services that are typically not covered by this policy include but are not limited to: investigational services, services where an Advanced Beneficiary Notice (ABN) was signed, and services reimbursed directly to the patient by an insurance carrier or third party.

Covered Providers

This policy covers services rendered by medical professionals who are employees or contracted providers of the Brattleboro Retreat.

Eligibility

A request for financial assistance and a determination of financial need may occur prior to rendering non-emergent medically necessary services. However, a patient may be considered for financial assistance at any point in the collection cycle. An approved financial assistance application applies to all medically necessary balances outstanding at the time the patient has applied. After that time, or at any time, additional information relevant to the eligibility of the patient for financial assistance becomes known, Brattleboro Retreat will re-evaluate the individual's financial need in accordance with this Policy.

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The Brattleboro Retreat offers two types of financial assistance: general and catastrophic financial assistance.

- General financial assistance
- Catastrophic financial assistance_

Income

General income: To be eligible for general financial assistance, a patient's household income must be equal to or less than 500% of the Federal Poverty Level (FPL). To determine the applicant's FPL, the Brattleboro Retreat shall use the "Household Income" definition in the "Definitions" section of this policy, which also contains guidance on determining household size. See also the "Application Processing" section of this policy below for further guidance. The applicable FPL standard shall be for the year in which services were or are rendered.

Asset Requirement: To be eligible for general patient financial assistance, a patient's household must not have liquid assets which have a combined value of 500% FPL. What constitutes a liquid asset is defined in the "Definitions" section of this policy.

Catastrophic Income Requirement: To be eligible for catastrophic financial assistance, a patient's household income must be equal to or less than 600% FPL. To determine the applicant's FPL, the Brattleboro Retreat shall use the "Household Income" definition in the "Definitions" section of this policy, which also contains guidance on determining household size. See also the "Application Processing" section of this policy below for further guidance. The applicable FPL standard shall be for the year in which services were or are rendered.

The income guidelines will be updated on an annual basis based on publicly published Federal Poverty Level guidelines and Medicare Low Income Beneficiary Limits.

Assistance for Patients with Insurance Coverage

All insurances to include workers compensation and auto insurances must have been billed and benefits paid to Brattleboro Retreat, as well as, all insurance guidelines/plan provisions must have been followed such as obtaining a pre-authorization. However, if they seek help from us, once we send them a bill, we can evaluate the patient for financial assistance, utilizing our process to demonstrate a good faith belief that they do not have an ability to pay. This applies to patients whose insurance coverage is in- or out-of- network with the Retreat.

Patients must complete a financial assistance application. All eligibility, residency and income requirements would apply.

In instances where a patient is eligible for both catastrophic and general financial assistance, we shall give the patient the larger of the two amounts of assistance.

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Patients Not Eligible for Financial Assistance

Patients will not be eligible for financial assistance when:

- Application is not completed (including required income documentation) within the application or extension (as requested) periods, as defined within this policy.
- Services received are benefit-eligible through another party (i.e., insurance, government program, etc.) and reimbursement has not been received by Brattleboro Retreat.
- The services received were not medically necessary as determined by the hospital and informed by the unique needs of each individual patient and each presenting situation
- The patient does not provide the required income documentation.

RESIDENCY

There is no residency requirement to be eligible for Brattleboro Retreat's Financial Assistance Program.

ACCESS TO THE RETREAT'S FINANCIAL ASSISTANCE POLICY AND APPLICATION

We will provide copies of this Financial Assistance Policy to anyone who requests it. Requests can be made in person, over the phone online, or by mail, and copies will be easily accessible in reception, admission, and billing offices. We will also provide translations and a plain language summary.

ELIGIBILITY PERIOD

A patient shall be deemed eligible for financial assistance for twelve months from the date on which they were initially found eligible for patient financial assistance (i.e., Application approval date). The need for patient financial assistance shall be re-evaluated at each subsequent time of service if the last eligibility evaluation was completed more than twelve months prior, or at any time additional information relevant to the eligibility of the patient for financial assistance becomes known. We will review each patient's status after six (6) months of eligibility to determine if there have been any changes in the patient's income or insurance status¹.

Note: It is permissible for patients to submit new supporting financial documentation to an initial application provided the initial application is less than one year old.

It is preferred but not required that a request for financial assistance and a determination of eligibility occur prior to rendering of services. However, an application may be submitted at any point in the billing cycle.

APPLICATION PERIOD

The Brattleboro Retreat will process applications submitted by individuals during the application period. The Brattleboro Retreat accepts applications from patients for financial assistance at any time, before, during or after services are provided, the application period begins on the date the FAP application is initiated and ends 365 days later. If an account has been referred to a collection agency and an application is received and granted within the 365-day application period, accounts

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shall be recalled from the agency and processed under the financial assistance program.

¹ 32 V.S.A. § 10452 Requirement to Maintain Minimum Essential Coverage

If a patient has an outstanding balance that was sent to collections during the application period, we will pull the balance back from the collection agency and apply to their financial assistance.

PRIOR TO INITIATING COLLECTION ACTIVITIES

Before we seek any type of payment from a patient for medically necessary services, we will do at least the following:

- 1) Determine whether the patient has insurance to cover the provided medically necessary services including, but not limited to, health insurance, automobile insurance, worker's compensation, or some other type of policy.
- 2) The Brattleboro Retreat will explore alternative sources of coverage and/or payment from federal, state, or other programs and assist patients in applying for such programs. With respect to any balances remaining after other sources have been exhausted, Brattleboro Retreat will conduct an individual assessment of a patient's financial need in order to determine whether an individual qualifies for assistance under this policy.
- 3) Brattleboro Retreat's Financial Counselors will offer to provide the patient with information about how to apply for health insurance and provide assistance with navigating the application process.

REQUIRED DOCUMENTATION

INCOME

Income: A patient must provide proof of income along with their financial assistance application. A patient may provide their most recent state or federal income tax return, or in lieu of submitting a tax return, they may provide paystubs, documentation of public assistance, or other documentation accepted as valid documentation of income by the Vermont Department of Health Access, such as a bank statement, profit and loss statement, letter from an employer, or self-attestation in extenuating circumstances in which no other documentation is available.

Note: Patients who are undocumented immigrants shall be given the option to submit other documentation of household income, such as a profit and loss statement, in lieu of a state or federal income tax return.

Brattleboro Retreat does not require any other source of income verification aside from the documentation listed above. Brattleboro Retreat may rely on other evidence of eligibility but will not require a patient to provide any forms of documentation that are not listed in this policy.

Brattleboro Retreat may presumptively deem a patient eligible for financial assistance based on information in the hospital's possession. We will not use information in our possession to presumptively deny an application.

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The patient must apply for Vermont Medicaid when:

- a. Patient is a self-pay Vermont resident whose household income is lower than 133% of the Federal Poverty Level.
- b. Patient is a Medicare Vermont resident whose household income is lower than 100% of the Federal Poverty Level
- c. If denied, the patient must provide a state issued Medicaid Notice of Decision Letter, to be included with the application.
- d. Any exceptions to this must be approved by the Controller or Chief Financial Officer.

Note: Undocumented immigrants are not required to apply for Medicaid.

The Brattleboro Retreat will only deny an application for financial assistance after thoroughly considering the information provided to us by the patient.

Brattleboro Retreat may waive documentation requirements at our discretion.

DECISION TIMELINE AND CONTENT

In order to ensure prompt decisions, an applicant must provide all required documentation no later than 30 days after they submit an application for financial assistance. If they need additional time, they may request an additional 30 days. If the Retreat receives no additional information at the end of the extension period, the application will be reviewed for presumptive financial assistance and/or denied. If denied, the patient will be notified via letter (i.e., FAP – Denial letter).

Extenuating Circumstances

The Brattleboro Retreat acknowledges that extenuating circumstances may exist in which a patient does not satisfy the criteria for financial assistance detailed in this policy, yet the patient is unable to pay for medically necessary healthcare services received or needed. A patient or Brattleboro Retreat staff may request a waiver of the financial assistance eligibility test outlined in this policy due to an unusual or unanticipated circumstance which warrants special consideration. Such requests will be reviewed by the Financial Assistance Committee and such waivers will be decided on a case-by-case basis.

Unique situations may arise, and financial assistance may be approved by the Controller or Chief Financial Officer based on circumstances relative to the patient's or guarantor's ability to make payments.

Language Access Rights

The Brattleboro Retreat is committed to ensuring that patients whose primary language is not English can effectively communicate with us. We provide free language services to persons whose primary language is not English. This includes qualified interpreters and written information in non-English languages. If you need these services, please contact us at: (802) 258-6745 or email us at financialcounselor@brattlebororetreat.org

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The Brattleboro Retreat is committed to providing free aid and services to deaf people and people with disabilities to communicate effectively with us. This includes qualified sign language interpretation and written information in other formats (large print, audio, accessible electronic formats, other formats). If you need these services, please contact: (802) 258-6745 or email at financialcounselor@brattlebororetreat.org

Although contacting financial counselors at the phone number provided above is preferred, requests related to a disability can be made at any time, to any staff member, and in any form.

Appeal Rights

If financial assistance is not approved, the patient will be sent a denial letter (i.e., FAP – Denial letter) or if requested, a copy of the application highlighting the reason for denial. Every denial letter, whether denying assistance in whole or in part, will outline the formal appeal process.

A patient has 60 days from the date of a written financial assistance decision to appeal the decision. The Brattleboro Retreat shall inform the patient no later than 60 days after receipt of the appeal as to whether the appeal was approved or denied. During the appeal process, any balance is held from collections.

Appeals must be submitted in writing to:

Brattleboro Retreat
Anna Marsh Lane
Brattleboro, VT 05301
Attn: Financial Counseling Office

Complaints

If patients have concerns or complaints about our financial assistance program, contact financial counseling office at: (802) 258-6745 or via email: financialcounselor@brattlebororetreat.org or to the Patient Experience Coordinator at patient-experience@brattlebororetreat.org, in accordance with our Complaints and Grievances Policy.

If we are unable to resolve patient's complaint, they may contact the Vermont Office of the Attorney General which is named as the enforcement entity under Vermont Act 119 of 2022: [\(802\) 828-3171](tel:802-828-3171) or [Contact the Attorney General's Office | Office of the Vermont Attorney General](#).

If patients would like to talk to a Health Care Advocate about their concerns, they may contact the Office of the Health Care Advocate (HCA). The HCA is a free resource available to help all Vermonters solve problems related to health care. It is not an insurance company and is not part of Vermont state government. Patients can contact them at: 1-800-917-7787 or hca@vtlegalaid.org.

Publicity

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The Brattleboro Retreat is committed to making information about our policy widely available. In addition to making free written copies available (see “Provision of Policy Documents to Patients” section above), we take the following steps to widely publicize this information:

- We conspicuously post notices of and information regarding the financial assistance policy in the facility’s offices, including patient reception and admission areas, as well as locations where patient financial assistance and billing services are provided.
- We ensure that patient facing staff and medical staff, including physicians, nurses, financial counselors, social workers, case managers, etc. have sufficient knowledge of the policy to inform patients of their options related to patient financial assistance.
- We notify and inform members of the community served by the facility about the financial assistance policy in a manner reasonably calculated to reach the members of the community who are most likely to need financial assistance, including members who are non-native English speakers.

These efforts include:

- Providing information, rack cards and flyers to health, social services, and other community organizations that regularly interact with potential patients.
- Conducting community outreach activities. Such as HCRS offices, Brattleboro Memorial Hospital Emergency Room (BMH-ED), other outpatient provider offices, etc.

Patient Billing or Collection Statements

All billing statements, when sent by this hospital or a medical debt collector, shall include a conspicuous written statement that some patients may be eligible for financial assistance. This statement shall include the telephone number a patient can call to obtain more information about our policy and the application process. It shall also include the web address where this policy, the financial assistance application, and the plain language summary are posted.

All oral or written communication attempts by a medical creditor or a medical debt collector, including the Brattleboro Retreat, to collect a medical debt arising from health care services delivered at this facility shall include information about our financial assistance policy.

Questions

Individuals can direct questions about the financial assistance policy to the Financial Counseling Office located at the Brattleboro Retreat. The office can be reached via telephone (802) 258-6745, via email financialcounselor@brattlebororetreat.org or mail at:

Brattleboro Retreat
Anna Marsh Lane
Brattleboro, VT 05301
Attn: Financial Counseling Office

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Policy Review

This financial assistance policy shall be reviewed, updated and approved by the hospital's governing body at least once every three years.

APPENDICES:

Appendix A – Procedure

Appendix B - Current Federal Poverty Levels and Medicare Low Income Beneficiary Limits

Appendix C – Definitions

RELATED POLICIES AND FORMS

Brattleboro Retreat Policy - Billing

Brattleboro Retreat Policy – Credit and Collections

Brattleboro Retreat – Collection of Self-Pay Balances

Brattleboro Retreat Policy – Cash Reconciliation

Brattleboro Retreat Retention and Destruction Policy

Brattleboro Retreat Complaint and Grievance Policy

REFERENCES

42 CFR 413.89 Bad Debts, Charity and Courtesy Allowances, Medicare Provider Reimbursement Manual, CMS Pub 15 Part 1, Ch 14, 304-326

Patient Protection and Affordable Care Act, Internal Revenue Code Section 9007(a) Pub.L No. 111-148

Internal Revenue Code Sections 501 (i) and 501(r)(5); Patient Protection and Affordable Care Act of 2010

Healthcare Education Affordability Reconciliation Act, 2010, (H.R. 4872) Pub. L No. 111-152, Amendment to Pub. L 111-148, Section 501(r)(5)

[Financial assistance policies \(FAPs\) | Internal Revenue Service \(irs.gov\)](#)

U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Planning and Evaluation (ASPE) 2024 Federal Poverty Guidelines [Poverty Guidelines | ASPE \(hhs.gov\)](#)

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[Vermont H.287 \(Act 119\) Patient Financial Assistance Policies and Medical Debt Protection](#)

[32 V.S.A. § 10452 Requirement to Maintain Minimum Essential Coverage](#)

[Refugees Health Services - U.S Committee Refugees & Immigrants](#)



Justin Johnson, Board Chair



Steven P. Cummings, BSN, MBA
President and Chief Executive Officer



Jill Meschke
Chief Financial Officer

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APPENDIX A – PROCEDURE

ACCESS TO FINANCIAL ASSISTANCE APPLICATION AND POLICY

In-Person: Free paper copies of this Financial Assistance Policy (“FAP”), a plain language summary of this FAP and the financial assistance application are available in the following locations:

Brattleboro Retreat
Anna Marsh Lane
Brattleboro, VT 05301

- the patient reception area (i.e., “switchboard”) located at the Patient/Visitor entrance.
- the patient admissions area (Central Intake and Ambulatory Services Office),
- the billing office, and any private area where Financial Counselors may be assisting patients

We will offer a free copy of this policy to patients as part of their first visit or, in the case of services delivered at the Brattleboro Retreat, during the intake and discharge processes.

By Phone: Patients can call the Patient Financial Counseling Office at (802) 258-6745 to request a free paper copy of this Financial Assistance Policy (FAP), a plain language summary of this FAP and the financial assistance application.

Patient Financial Counselors are available 8AM to 5PM Mon-Fri and 8AM to 3PM Sat or via email at: financialcounselor@brattlebororetreat.org

Online: This policy, the financial assistance application, and related materials are available online at www.brattlebororetreat.org/patient-financial-services

Email: Patient Financial Counseling Office at financialcounselor@brattlebororetreat.org

By Mail: Free copies of this policy and the financial assistance application are available, upon request, via mail. Individuals can request paper copies by writing to the following address:

Brattleboro Retreat
Anna Marsh Lane
Brattleboro, VT 05301
Attention: Patient Financial Counseling Office

Translations: An individual can request an oral or written translation of the financial assistance policy (see “Language Access Rights” section).

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Plain Language Summary: We shall produce and make available a plain language summary of our financial assistance policy.

PRIOR TO INITIATING COLLECTION ACTIVITIES:

Before we seek any type of payment from a patient for medically necessary services, we will do at least the following:

- 1) Determine whether the patient has insurance to cover the provided medically necessary services including, but not limited to, health insurance, automobile insurance, worker's compensation, or some other type of policy.

The Brattleboro Retreat will explore alternative sources of coverage and/or payment from federal, state, or other programs and assist patients in applying for such programs. With respect to any balances remaining after other sources have been exhausted, Brattleboro Retreat will conduct an individual assessment of a patient's financial need in order to determine whether an individual qualifies for assistance under this policy, using following procedures:

- A patient or guarantor is required to complete, submit an application, and provide such personal, financial, and other information with documentation as required to determine whether such individual qualifies for assistance. Documentation required to verify family income and available assets or other resources. If Brattleboro Retreat is unable to obtain an application and supporting documentation from a patient or patient's guarantor, Brattleboro Retreat may consider whether the patient is eligible for presumptive financial assistance.
- 2) Brattleboro Retreat's Financial Counselors will offer to provide the patient with information about how to apply for health insurance and provide assistance with navigating the application process.
 - 3) If available, we may use information in the Brattleboro Retreat's possession to determine eligibility for patient financial assistance or in lieu of an application and supporting documentation from the patient, Brattleboro Retreat's Financial Counselors may recommend a grant of financial assistance without an application or supporting documentation in certain circumstances.
 - Brattleboro Retreat may utilize one or more vendors to screen individuals using public data sources.
 - Information from the predictive model may be used by the Brattleboro Retreat to grant presumptive eligibility in cases where there is an absence of information provided directly by the patient.
 - Presumptive financial assistance is not available to patients with balances remaining after Medicare has paid.
 - Presumptive screening is used, without respect to the size of an outstanding balance,

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on accounts greater than 120 days after statements and notices to collect the debt and prior to referral of the account to an outside collection agency to provide financial assistance to patients who have not been responsive to the notification of the option to complete a financial assistance application.

- Probate accounts that have exceeded time limits are eligible for presumptive screening.
 - Current eligibility for Medicaid
 - Current statement from a Federal or State housing authority
 - Financial applications approved from other local facilities.
 - Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down).
 - Supplemental Security Income (SSI) eligibility.
 - Food Stamp eligibility.
 - Fuel assistance eligibility.
 - Participation in Women, Infants and Children programs (WIC); or
 - Patient is incarcerated with no health care coverage. Verification of incarceration with no source of payment from the correctional facility.
 - For an individual patient, a patient's verbal attestation of income and assets, in lieu of written income verification, may be accepted with respect to one (1) account only, provided that the balance on such account is less than \$1000.00.
- 4) Offer the patient a financial assistance application at no cost.
- 5) Offer to provide the patient with assistance completing and submitting the financial assistance application at no cost.

FINANCIAL ASSISTANCE APPLICATION REVIEW

The process for application review is:

Financial Counselor(s) will review applications for financial assistance by:

- Determining eligibility using income tests or presumptive eligibility
- Screen for Medicaid Eligibility:
 - If Medicaid was active for the patient (during the period of time the date of service was provided), the Financial Counselor(s) will update the insurance information so that billing can be done within the Medicaid six (6) month timely filing period.
 - If Medicaid was not active for the patient during this period and:
 - If the patient's household income is within the required FPL
 - The amount owed exceeds \$300

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- The date of service is within the retroactive Medicaid activation period
- The date of service is within the Medicaid timely filing period. The Financial Counselor(s) will attempt to complete the retroactive Medicaid form with the patient. If approved, the Financial Counselor(s) will change update the insurance to Medicaid and bill Medicaid.
- If the date of eligibility is:
 - Past the three (3) month retroactive period,
 - Past the timely filing period,
 - Within the financial assistance application period,
 - Patient has an outstanding balance for services rendered by the Brattleboro Retreat
- Evaluate income, based on required documentation and FPL guidelines.

APPLICATION PROCESSING

Determining household income

Regardless of what type of income documentation the applicant submits, the Brattleboro Retreat shall calculate household income using the financial methodologies for determining financial eligibility for advance premium tax credits under 26 C.F.R. § 1.36B-1 & 2e.

This is the applicant's "modified adjusted gross income" (MAGI), defined at 26 CFR § 1.36B-1(e)(1) - (2), and summarized by the Internal Revenue Service:

"Modified adjusted gross income is the adjusted gross income on your federal income tax return plus any excluded foreign income, nontaxable Social Security benefits (including tier 1 railroad retirement benefits), and tax-exempt interest received or accrued during the taxable year. It does not include Supplemental Security Income (SSI)." (See Q8 on the [IRS Fact Sheet: Questions and Answers on the Premium Tax Credit](#))

The Brattleboro Retreat shall give a copy of this [handout](#) to all staff who help patients apply for financial assistance and process financial assistance applications. This handout is referenced on the Vermont Health Connect website and commonly used by assisters. Using this resource will help ensure that staff use the same standard to calculate income (i.e., what income should be included or excluded).

Determining household size

The Brattleboro Retreat shall calculate the household size in accordance with the guidelines set forth in the definition of "Household Income" (see "Definitions" section at end of policy).

Financial Assistance Amount

Patients eligible for general or catastrophic financial assistance shall receive the discounts detailed below based on the federal poverty level (FPL) of the applicant's household.

General financial assistance amount

Insured patients: Payment plans are available for patient financial responsibility after insurance payments have been applied (i.e., copay, coinsurance, deductibles, etc.).

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For non-covered services – a self-pay discount will apply.

Uninsured patients: Uninsured patients who are eligible for financial assistance shall have a discount applied to the amount generally billed for medically necessary services rendered.

	Federal Poverty Guidelines for Financial Assistance Program (FAP)		
	≤ 300% FPL	300 - 400% FPL	401 - 500% FPL
Allowed Discount	100%	75%	50%
Amount Owed	0%	25%	50%

NOTE: Applicants will be denied when liquid assets exceed the Medicare Low Income Beneficiary Limitation. FPL and Medicare Low Income Beneficiary Limitations are updated annually³

REFER TO APPENDIX A FOR CURRENT MEDICARE LOW INCOME BENEFICIARY LIMITATIONS

Catastrophic financial assistance amount

For uninsured or insured patients: For patients whose income is ≤ 600% FPL and if the total amount owed for medically necessary services rendered exceeds 20% of the household income, then the amount owed shall be reduced so that it is equal to 20% of the patient's household's income.

In no case shall a patient who is eligible for catastrophic or general financial assistance be charged monthly payments of more than 5% of their household's gross monthly income for services rendered.

- Financial counselors will calculate 5% of monthly income based on patient information provided in Section 3 (Income and Assets) of the Financial Assistance application.

Patients with Insurance

We are unable to waive co-pays or deductibles up front or in order to induce patients to obtain care at the Retreat. For both in- and out-of-network insurance payers, after insurance has processed and paid its share, patients may qualify for assistance with their portion. Patients are required to submit an application for Financial Assistance to our Financial Assistance Office and our Financial Assistance Counselors can assist with the application process.

1. In-Network:

- Bills will be submitted to the insurance company
- If the patient requests assistance with their financial responsibility, we can evaluate for financial assistance utilizing this financial assistance procedure.
- The portion of the charge to which we would apply financial assistance would only be the portion that the patient is responsible for

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³ [Medicare Savings Programs | Medicare](#)

2. Out-of-Network:

- Single Case Agreements (SCAs) must be obtained for any patient that has insurance that we are out-of-network with.
- Bills will be submitted to the insurance company
- If the patient requests assistance with their financial responsibility, we can evaluate for financial assistance utilizing this financial assistance procedure.
- The portion of the charge to which we would apply financial assistance would only be the portion that the patient is responsible for

3. Patients Who Choose Not to Use their Insurance:

If patient qualifies for financial assistance:

- Patients are provided with an estimate of services that contains the Retreat's self-pay discount.

If patient does not qualify for financial assistance:

- Patients are provided with an estimate of services that contains the Retreat's self-pay discount.

In instances where a patient is eligible for both catastrophic and general financial assistance, we shall give the patient the larger of the two amounts of assistance.

In no case shall a patient who is eligible for catastrophic or general financial assistance be charged interest on the amount owed for services or be charged any prepayment or early payment penalty or fee on the medical debt owed.

In no event will the amount from which the financial assistance discount is taken be more than the amount generally billed for uninsured patients. Similarly, for insured patients, in no event will the amount from which the financial assistance discount is taken be more than the charge allowed by the patient's insurance carrier.

TRACKING OF FINANCIAL ASSISTANCE APPLICATIONS

Activity related to the Financial Assistance application process shall be tracked in the FAP tracker:

- Patient/ Guarantor demographics
- Indicate type of assistance - If they are applying for assistance with a balance after insurance or a true self-pay balance
- Application date
- Documentation received (i.e., type, form(s), etc.)
- Screening done / Medicaid Status

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- Follow-up letters sent
- Due date(s)
- Disposition

The FAP Tracker will be used to generate an email to notify the Financial Counselor(s) to review a certain account to see if the patient/ guarantor has complied with our request:

- The Financial Counselor(s) actions will be based on the response (or non-response) from the patient / applicant

Incomplete Applications

If a patient/applicant fails to submit a complete application, the Financial Counselor(s) will send the patient/applicant written notification indicating what information is still missing within thirty (30) days of receipt of application and include a plain language summary of the FAP. If collection activity has begun, it will be suspended until determination of FAP eligibility is completed.

- If notification of required documentation is not sent to the patient by the end of the application period (i.e., 90 days from application initiated), Brattleboro Retreat will not begin collection activity until a determination is made. *(If the patient is approved, any balance that was sent to collections will be returned and applied to their financial assistance.)*
- If the application is denied because the patient does not meet the eligibility guidelines or the patient did not submit the required documentation to complete the application, a letter will be sent to the patient notifying the patient that they were denied financial assistance and to contact the Financial Counseling Office at (802) 258-6745 or via email at financialcounselor@brattlebororetreat.org regarding payment options.
- If the application is denied due to household income, the patient can reapply after one (1) year. Exceptions to this rule will be reviewed at the patient's request if qualifying life events such as job loss, birth, and divorce, have occurred.
- Per the Collections Policy, Brattleboro Retreat must provide each patient at least three (3) billing statements showing balance owed for services rendered, and a minimum of two (2) follow up calls before transferring outstanding balances to an outside collection agency.

FINANCIAL ASSISTANCE PROCESS

Once the patient / applicant has submitted documentation required (*refer to documentation section of this policy and procedure*) for a decision to be made, the Financial Counselor(s) should refer to the Application Processing and Financial Assistance Amount sections of this Policy and Procedure, These sections provides guidance whether a patient/guarantor qualifies for financial assistance and if so, how much.

- The Financial Counselor(s) will complete the "FAP Disposition" form to indicate if the application is approved or denied for financial assistance.
 - If approved, complete the following on the FAP Disposition form:

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- Any prior collection activity will be returned to the Brattleboro Retreat
- Note the financial assistance percentage approved (i.e., 100%, 75%, 50%) or catastrophic at 20% of household (Family) income.
- If a patient's eligibility is $\leq 300\%$ FPL, they will not be responsible for any portion of their outstanding balance and will receive financial assistance at 100%.
- If a patient's eligibility is between 301 – 500% FPL, the amount owed by the patient will be reduced by a defined percentage as shown below.
- For catastrophic situation (Brattleboro Retreat medical bills owed $>20\%$ of household income), the amount owed by the patient will be equal to 20% of the patient's household income.

REFER TO APPENDIX A FOR CURRENT FPL AND MEDICARE LOW INCOME BENEFICIARY LIMIT CRITERIA

- The Financial Counselor will adjust any open A/R accounts that prior to the FAP approval date and for services one (1) year after the approval date, at which time a new application with documentation will be required.
 - Note the charge amount the financial assistance percentage is being applied towards
-
- For patients with insurance, our Financial Assistance Program allowed discount will be applied to balances owed after insurance processing.
 - For Self-pay patients, no FAP-eligible patient will be charged more than the amount generally billed (AGB) to insurance. The total charge balance will be reduced by the AGB discount first. The allowed discount amount will then be applied to the balance after the AGB adjustment has been applied.

Current AGB Discount: 63% (Updated annually. Last Updated 1/1/2024)

- The Financial Counselor(s) signed the FAP Disposition form.
- The FAP Disposition form is sent to the CFO for notification and obtains a signature as an acknowledgement.
- If denied, note that the FAP application was denied on the FAP Disposition form and in the EHR.
 - Send the Financial Assistance denial letter (FAP – Denial letter) to the patient/ guarantor.
 - The FAP denial letter asks the patient; guarantor to contact us the Brattleboro Retreat to discuss their outstanding balance.
 - If the Financial Counselor(s) believes there may be extenuating circumstances that may cause us to consider offering the patient “Presumptive Eligibility for Financial Assistance” as described in this policy and procedure,—the Financial Counselor(s) will escalate the

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application to the Financial Assistance Committee for consideration under “Presumptive Eligibility.”

- FAP tracking log is sent to the CFO indicating the patient applications that have been denied.

Applications for financial assistance shall be reviewed by:

- Financial Counselor(s) / Financial Counseling Office
- Financial Assistance Committee, if escalated for reconsideration under presumptive eligibility or during the appeal process.

DECISION TIMELINE AND CONTENT

In order to ensure prompt decisions, an applicant must provide all required documentation no later than 30 days after they submit an application for financial assistance. If they need additional time, they may request an additional 30 days. If the Retreat receives no additional information at the end of the extension period, the application will be reviewed for presumptive financial assistance and/or denied. If denied, the patient will be notified via letter (i.e., FAP – Denial letter).

No later than 30 days after receiving the required documentation, or, if no additional information is submitted, then no later than 45 days after receiving the initial application, the Brattleboro Retreat will issue a written decision.

The written decision shall notify the patient that they have the right to appeal any decision and specify the method and timeline for such an appeal.

Additionally, the written decision will contain the following:

- If the patient’s application is incomplete, the Brattleboro Retreat will notify the applicant of this fact and specify what information is needed to complete the application.
- If the patient’s application is approved, the Brattleboro Retreat will include the amount of assistance provided, the basis for the calculation of the amount owed, and a revised bill. If the patient continues to owe a balance after financial assistance has been applied, the Brattleboro Retreat or a medical debt collector seeking payment for that medical debt shall offer a payment plan that does not exceed five (5) percent of the patient’s gross monthly household income.
- If the patient’s application is denied, the Brattleboro Retreat will include the factual grounds for any denial, including where appropriate, any missing documentation.

Language Access Rights

The Brattleboro Retreat is committed to ensuring that patients whose primary language is not English can effectively communicate with us. We provide free language services to persons whose

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primary language is not English. This includes qualified interpreters and written information in non-English languages. If you need these services, please contact us at: (802) 258-6745 or email us at financialcounselor@brattlebororetreat.org

- FAP plain language summaries and applications are translated into the prominent non-English languages based on available census data. Currently, these documents are available in English, French-Canadian and Spanish.
- If the FAP needs to be translated into a language other than the three (3) listed above, the Financial Counselor(s) should be contacted at (802) 258-6745 and they will arrange for translation services.
 - Status video interpreting
 - VANCRO for sign language

The Brattleboro Retreat is committed to providing free aid and services to deaf people and people with disabilities to communicate effectively with us. This includes qualified sign language interpretation and written information in other formats (large print, audio, accessible electronic formats, other formats). If you need these services, please contact: (802) 258-6745 or email at financialcounselor@brattlebororetreat.org

Although contacting financial counselors at the phone number provided above is preferred, requests related to a disability can be made at any time, to any staff member, and in any form.

Appeal Rights

If financial assistance is not approved, the patient will be sent a denial letter (i.e., FAP – Denial letter) or if requested, a copy of the application highlighting the reason for denial. Every denial letter, whether denying assistance in whole or in part, will outline the formal appeal process.

A patient has 60 days from the date of a written financial assistance decision to appeal the decision. The Brattleboro Retreat shall inform the patient no later than 60 days after receipt of the appeal as to whether the appeal was approved or denied. During the appeal process, any balance is held from collections.

Appeals must be submitted in writing to:

Brattleboro Retreat
Financial Counseling Office
PO Box 101
Brattleboro, VT 05302

- The patient must submit their appeal, in writing, to the Financial Counseling Department.
- Their appeal must explain why the decision made by the Brattleboro Retreat was inappropriate.
- The appeal letter will be reviewed by the Financial Assistance Committee.
- A final decision will be sent to the patient no later than 60 days after the request for appeal is received.
- During the appeal process, any balances are held from collections

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The Financial Assistance Committee shall include at least four of the following staff members:

- Chief Financial Officer (CFO)
- Director, Revenue Cycle Management
- Manager, Revenue Cycle Management
- Cash Applications Supervisor
- Financial Aid Counselor(s)

Complaints

If patients have concerns or complaints about our financial assistance program, contact financial counseling office at: (802) 258-6745 or via email: financialcounselor@brattlebororetreat.org or to the Patient Experience Coordinator at patient-experience@brattlebororetreat.org, in accordance with our Complaints and Grievances Policy.

If we are unable to resolve patient's complaint, they may contact the Vermont Office of the Attorney General which is named as the enforcement entity under Vermont Act 119 of 2022: [\(802\) 828-3171](tel:8028283171) or [Contact the Attorney General's Office | Office of the Vermont Attorney General](#).

If patients would like to talk to a Health Care Advocate about their concerns, they may contact the Office of the Health Care Advocate (HCA). The HCA is a free resource available to help all Vermonters solve problems related to health care. It is not an insurance company and is not part of Vermont state government. Patients can contact them at: 1-800-917-7787 or hca@vtlegalaid.org.

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APPENDIX B – Current Federal Poverty Levels and Medicare Low Income Beneficiary Limits

2025 Federal Poverty Guidelines for FAP

Persons in Household	FPL	Up to 300% FPL	301-400% FPL	401-500% FPL	501-600% FPL
1	\$15,650	\$46,950	\$62,600	\$78,250	\$93,900
2	\$21,150	\$63,450	\$84,600	\$105,750	\$126,090
3	\$26,650	\$79,950	\$106,600	\$133,250	\$159,900
4	\$32,150	\$96,450	\$128,600	\$160,750	\$192,900
5	\$37,650	\$112,950	\$150,600	\$188,250	\$225,900
6	\$43,150	\$129,450	\$172,600	\$215,750	\$258,900
7	\$48,650	\$145,950	\$194,600	\$243,250	\$291,900
8	\$54,150	\$162,450	\$216,600	\$270,750	\$324,900
Allowed Discount		100%	75%	50%	
Amount Owed			25%	50%	20% HH Income

Household size of 9 or more, add \$5,500 per person.

Note: Applicants will be denied financial assistance when liquid assets exceed the Medicare Low Beneficiary Limitation: Single \$9,660 Couple: \$14,470

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As used in this policy: **APPENDIX C – DEFINITIONS**

Advanced Beneficiary Notice (ABN) (also known as “waiver of liability”): A notice that Medicare providers and suppliers are obligated to give to an Original Medicare enrollee (patient) when they find that Medicare does not cover the services the enrollee (patient) requests. Once provided and signed by the Medicare beneficiary (patient), they accept financial responsibility for the uncovered charges.

Amount Generally Billed (AGB): The amount a hospital generally bills to individuals for emergency or other medically necessary health care services, determined using the “look- back method” set forth in 26 C.F.R. § 1.501(r)-5(b)(3). The Brattleboro Retreat will limit amounts charged for medically necessary care provided to individuals eligible for assistance under this policy to not more than AGB. The AGB will be updated annually, in accordance with the review provisions of this policy.

Application Period: The period during which the Brattleboro Retreat accepts and processes Financial Aid Policy (FAP) applications. The Brattleboro Retreat accepts applications from patients for financial assistance at any time, before, during or after services are provided. Applicants have 30 days to submit a completed application and supporting documents for review and processing.

Authorized Representative: A trusted person given permission by the patient the ability to speak with Brattleboro Retreat staff regarding the patient’s medical and financial information, and to act on the patient’s behalf related to applying for financial assistance. It is best practice to confirm that we have a signed HIPAA authorization before speaking with anyone other than the patient regarding their bills and finances. However, we are able to speak with parents of minor children, guardians of adults and court appointed personal representatives of the deceased, without a HIPAA authorization.

Bad Debt: Medical debt that is not collected and is considered worthless to the medical creditor.

Catastrophic Encounter: A balance owed by a patient that exceeds twenty (20) percent of the patient’s household income.

Charges/Charged: The amount the FAP-eligible individual is personally responsible for paying, after all deductions, discounts (including discounts available under the FAP), and insurance reimbursements have been applied.

Copay: A set fee for services that a person must pay at each visit. The amount of the copayment is determined by the person’s health insurance carrier.

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Credit reporting agency: A person who, for fees, dues, or on a cooperative basis, regularly engages in whole or in part in the practice of assembling or evaluating information concerning a consumer's credit or other information for the purpose of furnishing a credit report to another person. Also known as Outside Collection Agency (OCA).

Debtor: A person who owes a medical creditor; someone who has the obligation of paying a medical debt. Brattleboro Retreat patients are considered debtors.

Expenses: Recurring monthly costs related to living including rent, utilities, health insurance, alimony, child support, childcare, etc.

Family: Defined by the U.S. Census Bureau as a group of two or more.

Federal Poverty Level (FPL): A measure of income issued every year by the U.S. Department of Health and Human Services. Federal poverty levels are used to determine eligibility for certain programs and benefits, including savings on Marketplace health insurance, Medicaid, Children's Health Insurance Program (CHIP), and hospital patient financial assistance. A simplified calculation of the official poverty population statistics used for administrative purposes, such as determining financial eligibility for the Brattleboro Retreat's Financial Assistance Program (FAP). Annual updates: [Poverty Guidelines | ASPE \(hhs.gov\)](#)

Financial Assistance/ Financial Assistance Program (FAP) (also known as "charity care"): A charity care program designed to provide financial assistance to those without the ability to pay and to offer a discount from billed gross charges for those who are able to pay a portion of the costs of their care.

Financial Counselors: Brattleboro Retreat staff who are responsible for working with patients applying for financial assistance and for administration of the program. Our Financial Counselors are also "Certified Application Counselors" (CAC) with the State of Vermont.

- Most assisters in the state of Vermont are certified application counselors (CAC). CACs are typically employed by a local organization, like a doctor's office or hospital, and they help customers of that organization sign up for health insurance. CACs cannot charge a fee for their services as a healthcare assister.⁵

Gross Charges: The total charges at the Brattleboro Retreat's full established rates for the patient's healthcare services.

Guarantor: An adult receiving medical services, or the parent of a minor child (under the age of 18) receiving services who signs the consent for medical treatment on their behalf (may or may not be the subscriber of insurance).

⁵ [List of Terms | Vermont Health Connect](#)

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Health care provider: A person, partnership, corporation, facility, or institution licensed, certified, or otherwise authorized by law to provide professional health care services in this State to an individual during that individual's medical care, treatment, or confinement.

Health care services: Services for the diagnosis, prevention, treatment, cure, or relief of a physical, dental, behavioral, or mental health condition or substance use disorder, including procedures, products, devices, and medications.

Hospital: A hospital licensed pursuant to Vermont Statutes Annotated (VSA) chapter 43 of title 18 or an outpatient clinic or facility affiliated with or operating under the license of a hospital licensed pursuant to VSA chapter 43 of title 18.

Household: A group of individuals primarily residing in the same household who have a legal union (blood, marriage, adoption), as well as unmarried parents of a shared child or children. A patient's household includes the patient, a spouse, a dependent child, unmarried couples with a mutual child dependent living under the same roof, same sex couple (married or civil union), and parents claimed on an adult child's tax return.

Include these people even if they are not applying for Financial Assistance themselves	
For ADULTS who are requesting Financial Assistance	<ul style="list-style-type: none">• Any spouse, including a civil union partner.• Any son or daughter under age 21 the patient lives with, including stepchildren.• Any other person on the same federal income tax return, including any children over age 21 who are claimed on a parent's tax return.
For CHILDREN (under age 21) who are requesting Financial Assistance	<ul style="list-style-type: none">• Any parent (or stepparent) the patient lives with.• Any sibling the patient lives with.• Any son or daughter the patient lives with, including stepchildren.• Any other person on the same federal income tax return.

Household income: Income calculated in accordance with the financial methodologies for determining financial eligibility for advance premium tax credits under 26 C.F.R. § 1.36B-1 & 2, including the method used to calculate household size, with the following modifications:

- domestic partners, and any individual who is considered a dependent of either partner for federal income tax purposes, shall be treated as members of the same household.
- married individuals who file federal income tax returns separately but could file jointly, and any individual who is considered a dependent of one or both spouses for federal income tax purposes, shall be treated as members of the same household.

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- married individuals who are living separately while their divorce is pending shall not be treated as members of the same household, regardless of whether they are filing federal income tax returns jointly or separately; and
- household income for individuals who are not required to file a federal income tax return, and for undocumented immigrants who have not filed a federal income tax return, shall be calculated as if they had filed a federal income tax return.

Some examples of income that are counted: Includes gross earnings, unemployment compensation,, social security benefits, Veteran’s benefits (if taxable), survivor benefits (if taxable), pension or retirement income, interest, dividends, rents, royalties, estate income, trusts, alimony (if settlement prior to 2019), and annuity income.

Some examples of income that are not counted: supplemental security income (SSI), public assistance benefits, worker’s compensation, child support, alimony income from settlements reached after 2019, etc.

Household Size: Determined based on the definition of “Household income” above.

Income Eligible: A person who meets the financial criteria according to the Federal Poverty Guidelines (FPL) and who qualifies for governmental programs, including Medicaid.

Indigent: A person who is financially unable to access adequate medical care without depriving themselves and their dependents of essential needs.

Liabilities: Monthly installment debts owed such as mortgages, auto loans, student loans, credit cards, etc.

Liquid asset: An asset that is cash or can be easily converted to cash such as cash, checking and savings accounts, money markets, stocks, bonds, and certificates of deposit. For the purposes of determining financial assistance eligibility, liquid assets do not include the household’s primary residence, any 401(K) or individual retirement accounts, or any pension plans.

Look Back Method: A calculation used to average the amount billed over the prior 12 months to Medicare patients for a given service or the average amount billed over the same period to Medicare patients and all private health insurers. See: Amount generally billed (AGB)

Medical creditor: Hospital or healthcare provider (i.e., physician, psychologist, therapist, etc.) to whom a consumer owes money for health care services. The Brattleboro Retreat is a medical creditor.

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Medical debt: A debt arising from the receipt of health care services.

Medical debt collector: An individual or entity that regularly collects or attempts to collect, directly or indirectly, medical debts originally owed or due, or asserted to be owed or due, to another individual or entity.

Medically necessary health care services: Health care services, including diagnostic testing, preventive services, and after care, that are appropriate to the patient's diagnosis or condition in terms of type, amount, frequency, level, setting, and duration. Medically necessary care must:

- be informed by generally accepted medical or scientific evidence and be consistent with generally accepted practice parameters as recognized by health care professions in the same specialties as typically provide the procedure or treatment or diagnose or manage the medical condition.
- be informed by the unique needs of each individual patient and each presenting situation; and
- meet one or more of the following criteria:
 - help restore or maintain the patient's health.
 - prevent deterioration of or palliate the patient's condition; or
 - prevent the reasonably likely onset of a health problem or detect an incipient problem.

Notification Period: The period during which the Brattleboro Retreat must notify an individual about the Financial Assistance application. As the Brattleboro Retreat accepts applications from patients for financial assistance at any time, before, during or after services are provided, the notification period begins 30 days after the application is received, or if additional time is requested, 60 days after the initial application is received. The notification period ends 30 days after all additional information is received.

Out-of-pocket cost: Patient expenses for medical care that aren't reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance, and copayments for covered services plus all costs for services that aren't covered.

Patient: The individual who receives or received health care services and shall include a parent if the patient is a minor or a legal guardian if the patient is a minor or adult under guardianship.

Presumptive Financial Assistance: The provision of this financial assistance policy for medical necessary services to patient for who there is not a completed Brattleboro Retreat Financial Assistance Program (FAP) application due to lack of supporting documentation

⁶ [Medicare Savings Programs | Medicare](#)

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or response from the patient. Determination of eligibility for assistance is based upon individual life circumstances demonstrating financial need.

****Presumptive Financial Assistance** is not available for balances after Medicare.

Uninsured Patient: A patient with no insurance or other third-party source of payment for medical care.

Underinsured Patient: A patient with insurance or other third-party source of payment, whose out-of-pocket expenses exceed their ability to pay as determined according to this policy.

Vermont resident: An individual, regardless of citizenship and including undocumented immigrants, who resides in Vermont, is employed by a Vermont employer to deliver services for the employer in this State in the normal course of the employee's employment, or attends school in Vermont, or a combination of these. The term includes an individual who is living in Vermont at the time that services are received but who lacks stable permanent housing.

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