

F6.1 – FINANCIAL ACCOUNTABILITY: LOW-INCOME CLIENTS

Purpose

The purpose of this policy is to describe the Iowa HHS (including SRs and service sites) process for ensuring that no charge is made for services provided to any clients from a low-income family except to the extent that payment is made by a third party (including a government agency), which is authorized to or is under legal obligation to pay this charge.

Low-income family means a family whose total annual income does not exceed 100 percent of the most recent Poverty Guidelines issued pursuant to 42 U.S.C. 9902(2). “Low-income family” also includes members of families whose annual family income exceeds this amount, but who, as determined by the project director, are unable, for good reason, to pay for family planning services. (Section 1006(c)(1), PHS Act; 42 CFR § 59.5(a)(7) and 42 CFR § 59.2)

Policy

- Clients are not denied project services or subjected to any variation in quality of services because of inability to pay.
- Clients whose documented income is at or below 100% of the federal poverty level (FPL) are not charged for family planning services.
- Third-party payers are billed when authorized or legally obligated to pay for services.
- Clients with incomes that exceed 100% of the FPL but who are unable to pay for family planning services, may, at the discretion of the project director, have their fees waived.

Procedure

Iowa HHS will ensure that each SR complies with the following:

- Process to ensure staff are using the most recent FPL guidelines and schedule of discounts.
 - Iowa HHS will be responsible for distributing annual income limits and any updated worksheets (if applicable)
- Process for annually updating poverty guidelines and schedule of discounts that are used at recipient and/or subrecipient sites.
- Process for referring clients with incomes over 100% of the FPL to the project director for possible fee waiver, when appropriate.
- Process for notifying staff about this policy along with any updates to changes on this policy.

The items listed above will be monitored on an annual basis as part of the site visit using the federal review tool.

Date Revised	September 2023
References	Title X Program Handbook, Section 3 Financial Accountability #1 https://opa.hhs.gov/sites/default/files/2022-08/title

	<p>-x-program-handbook-july-2022-508-updated.pdf#page=21)</p> <p>Section 1006(c)(2), Public Health Service (PHS) Act https://opa.hhs.gov/sites/default/files/2020-07/title-x-statute-attachment-a_0.pdf)</p> <p>2021 Title X Final Rule 42 CFR § 59.5(a)(7) https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.5)</p> <p>2021 Title X Final Rule 42 CFR § 59.2 https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.2)</p>
Additional Resources	