



**Board of Directors Meeting  
Wednesday, January 24, 2023, 5:30 pm  
Location: Due Amici Restaurant  
67 E. Gay Street, Columbus**

**AGENDA**

	Action Needed	Attachment
<b>Roll Call</b>		
<b>CALL TO ORDER</b>		
<b>EXECUTIVE SESSION</b>		
<b>APPROVAL OF MINUTES</b>	✓	✓
<b><u>Board Chair's Report</u></b> Conflict of Interest Review and Sign		✓
<b><u>President and CEO Report</u></b>		
<b><u>PROGRAM / QI COMMITTEE</u></b> Delaware/Morrow Board Application (with Finance)	✓	✓
<b><u>FINANCE</u></b> Financials	✓	✓
Sliding Fee Scale Update	✓	✓
Delaware/Morrow Board Application (with Program)	✓	✓
<b><u>HUMAN RESOURCES COMMITTEE</u></b>		
<b><u>GOOD THINGS</u></b>		
<b>Adjournment</b>		

*\*denotes emailed later*



**Board of Directors  
Meeting Minutes  
December 27, 2023, 11:00 AM  
Virtual GoToMeeting**

**Members Present:**

Rev. Tony Burns, Chairperson  
Angela Fry, VP  
Don Strasser  
Pat Halaiko  
Tom Shanahan  
Sarah Lenkay  
Kim Krone  
Steve Sielschott  
Kate Hamilton  
Art DeLeon

**Members Excused:**

Eileen Goodman,  
Secretary  
Dave Lane, Immediate  
Past Chair  
Kori Manus, Treasurer

**Absent:**

**SE Staff:**

Bill Lee, President and CEO  
Wendy Williams, Chief Operating Officer  
Rebecca Carr, CFO  
Sandy Stephenson, Special Projects  
Director  
Nisaa Robinson, Adult and Family  
Clinical Director  
Melissa Powers, Regional Director of  
Clinical Services  
Dr. Abul Hasan, Chief Medical Officer  
April Welch, Executive Assistant

**Call to Order:** Tony Burns called the meeting to order at 11:00am and a quorum was confirmed.

**Approval of Board Minutes** – Sarah Lenkay moved to approve the November board minutes, and Kate Hamilton seconded. Motion approved.

**Board Chair’s Report** – Tony Burns reviewed the 2024 Slate of Officers, Board Meeting Dates and Committee Chairs. Wendy Williams presented the updated Board By-Laws and Conflict of Interest Policies.

**Board By-Laws Update Approval**

Tony Burns yielded the floor to Wendy Williams to present the Board By-Laws and noted track changes.

**Motion**

Sarah Lenkay moved for the approval of the Board By-Laws. Kate Hamilton seconded. Motion approved.

**Conflict of Interest Policy Approval**

Tony Burns yielded the floor to Wendy Williams to present the Board Conflict of Interest and noted track changes.

**Motion**

Tom Shanahan moved for the approval of the Conflict of Interest Policy. Art DeLeon seconded. Motion approved.

Tony Burns presented the 2024 slate of officers of the Board of Directors.

## 2024 Slate of Officers

Chairperson: Tony Burns  
Immediate Past Chair: Dave Lane  
Vice President: Angela Fry  
Treasurer: Kori Manus  
Secretary: Steve Sielschott

### Motion

Tom Shanahan moved for approval of 2024 Slate of Officers. Art DeLeon seconded. Motion approved.

### **2024 Board Meeting Dates**

A calendar with 2024 Board Meeting dates was distributed in the board packet. Bill noted that the next Board meeting will be January 24, 2024, and will be the annual in-person dinner. Board members will confirm with April if they are able to attend the dinner on January 24<sup>th</sup>. The Board was also made aware that the December Board meeting will take place on the third Wednesday of December instead of the fourth Wednesday of December due to the fourth Wednesday being Christmas.

Tony Burns presented the 2024 committee chairs.

### 2024 Committee Chairs

Program Committee – Angela Fry  
Human Resources Committee – Pat Halaiko  
Finance Committee – Kori Manus  
Nominating Committee – TBD

### Motion

Tom Shanahan moved for approval of 2024 Committee Chairs. Sarah Lenkay seconded. Motion approved.

### **President and CEO Report** – Bill Lee, President and CEO reviewed the HRSA site visit.

The HRSA site visit took place December 5th, 2023, to December 7th, 2023. Bill thanked the Board members who were able to attend the visit in person and virtually. The HRSA auditors were pleased with the number of Board Members who participated with the visit as well as the Southeast boards knowledge with Southeast's policies and practices. Bill also thanked Wendy Williams and Sujuan Johnson for organizing items for HRSA visit. HRSA required Southeast to update the Board By-Laws, the Conflict of Interest Policies and the Federal Funds Drawdown Policy. Southeast will upload updated policies once notified to do so by HRSA.

### **Program Committee**

Angela Fry presented the HRSA Service Area Analysis and gave an update to the Ryan White Part B Renewal application.

### **HRSA Service Area Analysis**

Each year, as part of the non-competing continuation application for HRSA, Southeast completes a service area zip code analysis based on the previous year's submitted UDS report data. This analysis shows the zip codes reported on the calendar year 2022 UDS report, submitted earlier this year. These zip codes are also compared to Southeast's service area, as indicated on the HRSA Form 5b: Service Sites.

In 2022, Southeast added several sites to the HRSA scope, meaning that more patients were now included in the UDS report. These were primarily behavioral health additions. The overall increase in the number of patients from 2021 to 2022 was 22%, and many zip codes did experience an increase driven by the inclusion of more sites and behavioral health services.

The zip codes with the largest increases in patients were 43793 (Woodsfield), 43017 (Dublin), 43935 (Martins Ferry), 43942 (Powhatan) and 43016 (Dublin). Woodsfield, Martins Ferry and Powhatan were all added to Southeast's scope in 2022.

The zip codes with the largest decreases in number of patients were 43913 (Brilliant), 43973 (Freeport), 43334 (Marengo) and 43223 (Columbus).

#### **Motion**

Angela Fry moved to approve the service area and zip codes included on Form 5B: Service Sites as indicated in the summary. Steve Sielschott seconded. Motion approved.

### **Ryan Whitw Part B Application Update (with Finance)**

Angela Fry Ryan White Part B: HIV Client Services Grant Renewal. Southeast submitted a renewal application for the Ryan White Part B program on 12/11/2023. The Ohio Department of Health's Ryan White Part B Program funds the provision of medical and nonmedical case management services to persons living with HIV or AIDS in Delaware, Fairfield, Franklin, Licking, Madison, Morrow, Pickaway, and Union counties. HIV case management coordinates services and helps people with HIV gain access to needed medical care, medications, and other benefits and emergency assistance. After receiving funding in a competitive application cycle last year, this year we submitted an application for the second of four years of renewal funding. The grant funding currently supports 5 FTEs: one project coordinator, three case managers (two medical case managers and one nonmedical case manager) and one benefits navigator.

The Board reviewed this application summary at last month's meeting. However, after the November Board meeting, ODH invited grantees to apply for additional funding this year, which increased SE's total funding request to \$460,618. Approximately \$20,000 of the additional funds requested will be used to provide emergency financial assistance to clients served by the program. This is a new service that has not previously been offered by the Ryan White Part B program. Funding allocated for emergency financial assistance will be used to provide assistance to clients with utilities, housing, food, medications, and transportation (fuel cards or bus passes). In addition, funds will be used to increase program staff salaries and to send staff to conferences and trainings focused on serving individuals with HIV.

#### **Motion**

Angela Fry moved to approve the application submitted to the Ohio Department of Health on December 11, 2023, to provide funding for the Ryan White Part B HIV Program, in the amount of \$460,618 in accordance with the application guidelines and the Board of Directors of Southeast Healthcare hereby authorizes the President & CEO to execute all subsequent agreements necessary to receive funding. Steve Sielschott seconded. Motion approved.

## **Finance Committee**

Rebecca Carr presented the Financials, the HRSA Budget Period Renewal and the Federal Funds Drawdown Policy.

### **Financials:**

Rebecca Carr reviewed the finance packet for December 2023. The net revenue for the month of November was \$855,820. The operating net loss was \$19,750. Investment increased in value by \$830,835. The cash balance decreased in November to \$2.7 million and the total revenue and expenses were less in November when compared to October. This is mainly due to less operating days in November when compared to October. A corrected accounts receivable amount will be reflected on the June 20, 2023, financial statement and we will begin to book gross revenue minus adjustments and allowance to the financial statements after the audit is complete.

### **Motion:**

Kate Hamilton moved to approve the Financials. Art DeLeon seconded. Motion approved.

### **HRSA Budget Period Renewal**

The Health Resources and Services Administration (HRSA) requires federally qualified health centers to submit a non-competitive renewal application and budget each year. Southeast was awarded funding for its three-year project period with our service area competition (SAC) application which was submitted and fully funded in December of 2021. The non-competitive application due 12/29/23 is for services to be provided during year 3 (FY25) of our three-year project period, which runs from 6/1/24 – 5/31/25. During calendar year 2022 Southeast served a total of 10,305 patients, an increase of 22.2% compared to calendar year 2021 when 8,431 patients in total were served. This increase was largely driven by the addition of new service sites during 2022, primarily providing behavioral healthcare services under our FQHC scope. HRSA grant funding is expense based and can be supplemented with billings through Medicaid and private insurance. The non-competitive renewal application, including the budgetary items, may only include services that are currently in the health center's approved scope of project with HRSA's Bureau of Primary Health Care (BPHC). No additional federal funding can be requested through the non-competitive continuation proposal, and any increases in costs must be paid with enhanced nonfederal revenue – mainly patient-related program income.

### **Motion:**

Kate Hamilton moved to approve the submission of the FY2025 non-competitive continuation/budget period renewal application to HRSA in the amount of up to \$3,236,214 in accordance with the application guidelines and the Board of Directors of Southeast Healthcare hereby authorizes the President & CEO or designee to prepare, sign, and submit all documents required for inclusion in the proposal, and to execute all subsequent agreements necessary to receive funding. Tom Shanahan seconded. Motion approved.

### **Federal Funds Drawdown Policy**

Rebecca Carr presented the Federal Funds Drawdown Policy and reviewed track changes.

### **Motion**

Kate Hamilton moved to approve the Federal Funds Drawdown Policy. Steve Sielschott seconded. Motion approved.

Bill Lee reported that Southeast was able to offer Full-time and Part-time employees retention bonuses in December. Bonuses were granted to employees who will be continuing to work for Southeast on January 1, 2024 and who have not resigned.

### **Human Resources Committee**

Pat Halaiko presented Privileging, the Affirmative Action Report and Conflict of Interest in Employment.

#### **New Privileging**

John Stacy-Team Leader

#### Motion

Pat Halaiko moved to approve the privileging of staff. Steve Sielschott seconded. Motion approved.

#### **Affirmative Action Report**

Pat Halaiko reviewed the report along with updated guidelines language. A summary of all yearly updates will be reported on to the Board of Directors. In reviewing staff and patient demographics our staffing reflects both our patient demographics and general population demographic trends for the geographic regions we serve. Based on investments in salary scales, turnover has been reduced from prior years.

#### Motion

Pat Halaiko moved to approve the Affirmative Action Report. Kate Hamilton seconded. Motion approved.

#### **Conflict of Interest in Employment**

Pat Halaiko presented the Conflict of Interest in Employment and noted track changes.

#### Motion

Pat Halaiko moved to approve the Conflict of Interest in Employment Policy. Tom Shanahan seconded. Motion approved.

#### **Good Things**

Delaware-Morrow Mental Health & Recovery Services Board approved Southeast's Uncompensated Care request for \$67,167

**Adjournment** – Tony Burns moved to adjourn the meeting.

Board Minutes submitted by April Welch, executive assistant for Eileen Goodman, Secretary.

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Eileen Goodman, Secretary

## SOUTHEAST, INC.

Area: Board of Directors  
Subject: Conflict of Interest

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SE Doc#: 01.02.01.01

Effective Date: 04/06/09

Issue/Revision Date: 12/27/2023

Reviewed: 11/01/10

Supersedes: 12/5/16 04/06/09, 12/10/12, 9/12/16, 12/15/16, 8/19/19, 10/25/23

Approved by: Board of Directors

Signatory: President & CEO

### CONFLICT OF INTEREST

#### **POLICY:**

The purpose of the conflict of interest policy is to protect Southeast, Inc.'s tax-exempt interest when it is contemplating a transaction or arrangement that might benefit the private interest of a member of the Board of Directors ("the Board") or an officer or key employee or agent of Southeast or might result in a possible excess benefit transaction. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

No Board member shall be an employee or an immediate family member of an employee of Southeast, Inc. Further, no Board member shall be considered for employment until at least two years have elapsed since the person was a Board member. No employee shall be considered for Board membership unless two years have elapsed since the person's last date of employment.

Employees, board members, or agents are prohibited from participating in the selection, award, or administration of a contract supported by federal or any other funding source if a real or apparent conflict of interest would be involved.

#### **DEFINITIONS:**

- A. Interested Person – Any member of the Board or an officer or key employee of Southeast who has a direct or indirect Financial Interest, as defined below, is an Interested Person.
- B. Conflict of Interest – a conflict would arise when a health center employee, board member or agent, or any member of his or her immediate family, his or her partner, or an organization that employs, or is about to employ, any of the parties indicated herein, has a financial or other interest in the firm selected for an award. A person has a financial or other interest if the person has, directly or indirectly, through business, investment, or family:
  - 1. An ownership or investment interest in any entity with which Southeast has a transaction or arrangement;
  - 2. A compensation arrangement with Southeast or with any entity or individual with which Southeast has a transaction or arrangement; or
  - 3. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which Southeast is negotiating a transaction or arrangement.

**SOUTHEAST, INC.**

Area: Board of Directors  
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- C. Immediate Family Member - a person's spouse or domestic partner; parents, children, siblings, grandparents, and grandchildren whether biological or through adoption or guardianship, and immediate in-laws.
- D. Key Employee – A Southeast staff member who is a member of the Southeast Executive Team.

Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

A financial interest is not necessarily a conflict of interest. As set forth below, a person who has a financial interest may have a conflict of interest only if the Board decides that a conflict of interest exists.

**PROCEDURES:**

**A. Duty to Disclose**

In connection with any actual or possible conflict of interest, the Board member and/or the interested person must in writing using the Conflict of Interest Form, promptly disclose the existence of a financial interest and/or immediate family relationship and be given the opportunity to disclose all material facts to the Chairperson of the Board and/or the President & CEO of Southeast.

**B. Determining Whether a Conflict of Interest Exists**

1. After disclosure of the financial interest and all material facts by an interested person, and after any discussion with the interested person, the Chairperson of the Board and/or the President & CEO of Southeast shall refer the matter to the full Board of Directors or to a committee or individual with Board-delegated powers.
2. The Board or committee or individual with Board-delegated powers may, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.
3. If an alternative transaction or arrangement not producing a conflict of interest is not reasonably possible or desirable, the Board shall determine by a majority vote of the disinterested Directors whether the transaction or arrangement is in Southeast's best interest and whether it is fair and reasonable. In conformity with the above determination, the Board shall make its decision as to whether to allow the transaction or arrangement.



## SOUTHEAST, INC.

Area: Board of Directors  
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No Board member, officer, employee, contractor, or agent may solicit or accept gifts, gratuities, favors, or anything of value from contractors or potential contractors or from parties or potential parties to sub-agreements (e.g., subcontracts and sub-grants). A "gift" means anything offered directly by or on behalf of a contractor or potential contractor, other than promotional materials of little or nominal value such as pens, calendars, mugs, and other items intended for wide distribution and not easily resold. Gifts include (but are not limited to): personal gifts, such as sporting goods, household furnishings and liquor; social entertainment or tickets to sporting events; personal loans or privileges to obtain discounted merchandise, and the like. Every Board member, officer, employee, contractor, and agent will decline or return any gift and notify the President & CEO of such gift.

### C. Failure to comply with the Conflict of Interest Policy

1. If the Board, any member of the Board, or an officer or key employee of Southeast has reasonable cause to believe another member of the Board or an officer or key employee of Southeast has failed to disclose actual or possible conflicts of interest, he/she shall inform the President of the Board and/or the President & CEO of Southeast and the individual of the basis for such belief and afford the individual an opportunity to explain the alleged failure to disclose.
2. If, after hearing the individual's response and after making further investigation as warranted by the circumstances, the Board determines the individual has failed to disclose an actual or possible conflict of interest, the Board shall take appropriate disciplinary and corrective action.
3. Employees violating this policy are subject to disciplinary action according to policy 07.08.01.00 Disciplinary Action and Dismissal.

### D. Records of Proceedings

The minutes of the Board shall contain:

1. The names of the persons who disclosed or otherwise were found to have a financial interest and/or immediate family relationship in connection with a conflict of interest, the nature of the financial interest or immediate family relationship, any action taken to determine whether a conflict of interest was present, and the Board's decision as to whether a conflict of interest in fact existed.
2. The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.
3. A Board member with a conflict of interest in any Board proceeding shall not participate in the discussion and will be excused from the discussion and voting portion of the meeting. The minutes shall reflect that the member has been excused from both.

**SOUTHEAST, INC.**

Area: Board of Directors  
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**E. Annual Statements**

Each member of the Board or officer or key employee of Southeast to which this policy applies shall annually sign a Conflict of Interest Form which acknowledges and affirms such person:

1. Has received a copy of the conflict of interest policy,
2. Has read and understands the policy,
3. Has agreed to comply with the policy, and
4. Understands Southeast is a charitable organization and in order to maintain its tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

**F. Periodic Reviews**

To insure Southeast operates in a matter consistent with its charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The reviews shall, at a minimum, include the following subjects:

1. Whether compensation arrangements and benefits are reasonable for the transaction or arrangement based on competent survey information and the result of arm's length bargaining.
2. Whether partnerships, joint ventures, and arrangements with management organizations conform to Southeast's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes and do not result in private inurement, impermissible private benefit or in an excess benefit transaction.
3. When conducting the periodic reviews Southeast may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the Board of its responsibility for ensuring periodic reviews are conducted.

**RESPONSIBILITIES:**

Board of Directors  
Officers  
Key Employees

**FORMS**

Conflict of Interest Form



## Conflict of Interest Statement

16 West Long Street • Columbus, Ohio 43215 • (614) 225-0980 • Fax (614) 225-0986

I hereby certify 1) I have received a copy of the Board of Directors Conflict of Interest policy, 2) I have read and understand the policy, 3) I agree to comply with the policy, 4) I understand the corporation is a charitable organization and that in order to maintain its federal tax exemption, it must engage in activities that accomplish one or more of its tax exempt purposes.

I have a financial interest in the following organizations with which Southeast, Inc. has an arrangement or a transaction in which I may have a conflict of interest.

Interests that require disclosure include affiliations with any organization in which the undersigned or immediate family member of the undersigned is an officer, director, member, shareholder, owner (either as sole proprietor or partner), employee or agent.

Name of Organization with potential conflict of interest / Nature of Interest Corporate Address

\_\_\_\_\_  
\_\_\_\_\_

I am a resident of, employed **and or** have interest in the geographic areas in which Southeast, Inc. is a service provider.

Yes

No

I derive more than 10% of my annual income from the healthcare industry.

Yes

No

My current employer is: \_\_\_\_\_

I currently serve on the following boards:

\_\_\_\_\_  
\_\_\_\_\_

I am related by consanguinity or marriage to a member of the Southeast, Inc. Board of Directors.

Yes

No

I hereby certify the above information is true, correct and complete to the best of my knowledge, information and belief.

\_\_\_\_\_  
Board Member (Please Print Name)

\_\_\_\_\_  
Board Member's Signature

\_\_\_\_\_  
Date

# Board Summary

## Delaware/Morrow Mental Health and Recovery Services Board Provider Application – SFY 2025



Funding Source: Delaware/Morrow Mental Health and Recovery Services Board		
Funding Opportunity: Contract Services for State Fiscal Year 2025		
Funding Request: up to \$1,500,000		
Deadline for Proposal: Friday, 2/9/24		
Award Start Date: July 1, 2024	Funding Period: 1 year	Renewal Available: Yes
<b>Program Summary</b> <p>Southeast seeks funding from the Delaware/Morrow Mental Health and Recovery Services Board (DMMHR SB) to continue to provide behavioral healthcare, crisis, and vocational services for residents of Delaware and Morrow Counties for state fiscal year 2025 (7/1/2024 – 6/30/2025). Programs included for funding will generally replicate the services funded by this Board in the previous year. Southeast has been a contract provider of vocational services in Delaware for many years. Starting in SFY 2018, Southeast received a contract to begin providing behavioral healthcare in Delaware and Morrow Counties. Southeast has an office location in Delaware and a location in Mt. Gilead to provide services to Morrow County. Due to the ongoing behavioral health workforce shortage, Southeast is focusing on maintaining our existing services for SFY 2025 rather than implementing any new services or service expansions.</p> <p>This proposal includes a request for funding to continue to provide the following established vocational services:</p> <ul style="list-style-type: none"><li>• Adult Employment Services</li><li>• Benefits Counseling</li><li>• RecoveryWorks North</li></ul> <p>This proposal also includes a request for funding to continue to provide the following established behavioral healthcare services:</p> <ul style="list-style-type: none"><li>• Treatment Team Services for people with SPMI, including patients who are dually diagnosed (psychiatry, counseling, case management, nursing, peer support, assertive community treatment (ACT), and Early Psychosis Intervention (EPI)</li><li>• Counseling</li><li>• Psychiatry</li><li>• Crisis services</li></ul> <p>Southeast also provides jail in-reach and re-entry support services in both counties.</p> <b>Proposed Action</b> <p>The Southeast Healthcare Board of Directors hereby approves the submission of the SFY2025 provider application and budget to the Delaware/Morrow Mental Health and Recovery Services Board in the amount of up to \$1,500,000 and authorizes the Southeast President &amp; CEO to negotiate and enter into the SFY2025 contract.</p>		



Financial Statements  
December 31, 2023



## **Southeast Healthcare Financial Report Narrative**

- Net revenue for the month of December was \$581,603. Operating net loss was \$124,139. Investment increased in value by 662,517.
- The cash balance decreased in December to under one million. This is a result of the retention bonus payout, Franklin County ADAMH payments not distributed in December, and Medicaid system issues that resulted in less payments for the month of December.
- A corrected accounts receivable amount will be reflected on the June 20, 2023, financial statement and we will begin to book gross revenue minus adjustments and allowance to the financial statements after the audit is complete.

**SOUTHEAST HEALTHCARE**  
**CONSOLIDATED STATEMENT OF ACTIVITY**  
**FOR THE PERIOD ENDED DECEMBER 31, 2023**

	FY24 BUDGET	***** ACTUAL *****		LAST YEAR YTD	YTD BUDGET	ACT vs. BUD \$ VARIANCE	% VAR OF BUDGET
		December	YTD				
<i>REVENUE</i>							
<i>ADAMH FUNDING</i>							
ADAMH-FFS	\$ 7,155,738	\$ 329,657	\$ 2,593,080	\$ 3,054,328	\$ 3,577,869	(\$984,789)	(27.5%)
ADAMH - BLOCK GRANT	6,283,766	775,239	3,019,486	1,045,318	3,141,883	(122,397)	(3.9%)
ADAMH PHARMACY	2,000	0	0	-	1,000	(1,000)	(100.0%)
ADAMH - OTHER	-	0	0	-	-	-	
TOTAL	13,441,504	1,104,896	5,612,566	4,099,646	6,720,752	(1,108,186)	(16.5%)
<i>FIRST &amp; THIRD PARTY</i>							
CLIENT FEES	94,564	9,063	59,299	47,070	47,282	12,017	25.4%
INSURANCE	1,298,968	97,694	708,012	487,114	649,484	58,528	9.0%
MEDICARE	1,134,719	90,454	577,597	437,443	567,360	10,238	1.8%
MEDICAID	13,829,675	996,835	6,690,371	6,151,547	6,914,838	(224,467)	(3.2%)
CONTRACTS	10,780,603	1,098,316	6,561,062	5,995,764	5,390,302	1,170,761	21.7%
PHARMACY SALES	25,034,750	2,267,892	14,188,069	15,215,219	12,517,375	1,670,694	13.3%
IN KIND REVENUE	-	0	0	-	-	0	#DIV/0!
TOTAL THIRD PARTY	52,173,279	4,560,254	28,784,410	28,334,157	26,086,640	2,697,771	10.3%
<b>OPERATING REVENUE</b>	<b>\$ 65,614,783</b>	<b>\$ 5,665,150</b>	<b>\$ 34,396,976</b>	<b>\$ 32,433,803</b>	<b>\$ 32,807,392</b>	<b>\$1,589,585</b>	<b>4.8%</b>
<i>EXPENSES</i>							
SALARIES	33,443,731	3,008,171	16,402,579	15,442,706	16,721,866	(319,287)	(1.9%)
EMPLOYEE BENEFITS	7,692,058	700,789	3,891,769	3,305,286	3,846,029	45,740	1.2%
CONTRACT SERVICES	1,480,000	150,720	709,882	668,039	740,000	(30,118)	(4.1%)
COMPUTER EXPENSE	1,271,991	57,283	535,010	545,166	635,996	(100,986)	(15.9%)
OPERATING SUPPLIES	700,890	(21,972)	110,808	255,332	350,445	(239,637)	(68.4%)
OPERATING EXPENSES	3,250,000	165,257	1,588,247	1,717,143	1,625,000	(36,753)	(2.3%)
OFFICE EXPENSES	350,000	143,701	443,535	138,421	175,000	268,535	153.4%
MOBILE PHONES	350,000	24,619	161,959	174,433	175,000	(13,041)	(7.5%)
TRAVEL/TRANSPORTATION	900,000	82,447	463,822	444,141	450,000	13,822	3.1%
BUILDING & GROUNDS	2,637,325	148,169	999,911	1,136,572	1,318,663	(318,752)	(24.2%)
DEPRECIATION	795,758	46,705	280,305	292,702	397,879	(117,574)	(29.6%)
AUDIT & LEGAL FEES	250,000	9,115	115,807	77,377	125,000	(9,193)	(7.4%)
INSURANCE EXPENSE	750,000	73,563	444,529	364,210	375,000	69,529	18.5%
PHARMACY COG	12,650,000	1,182,721	7,526,967	6,025,544	6,325,000	1,201,967	19.0%
IN KIND EXPENSE	-	0	0	-	-	0	#DIV/0!
OTHER EXPENSES	250,000	18,001	141,850	128,684	125,000	16,850	13.5%
<b>TOTAL EXPENSES</b>	<b>\$ 66,771,753</b>	<b>\$ 5,789,289</b>	<b>\$ 33,816,980</b>	<b>\$ 30,715,756</b>	<b>\$ 33,385,877</b>	<b>\$431,104</b>	<b>1.3%</b>
<b>OPERATING NET INCOME/(LOSS)</b>	<b>\$ (1,156,970)</b>	<b>\$ (124,139)</b>	<b>\$ 579,996</b>	<b>1,718,047</b>	<b>\$ (578,485)</b>	<b>\$1,158,481</b>	
<i>MISCELLANEOUS REVENUE</i>							
INTEREST INCOME	408	51	301	173	204	97	47.5%
INVESTMENT	885,446	662,517	882,620	41,495	442,723	439,897	99.4%
RENT	145,500	12,660	85,161	70,564	72,750	12,411	17.1%
GAIN/(LOSS) ON PURCHASE	-	0	0	-	-	-	
OTHER	810,000	30,514	591,415	404,592	405,000	186,415	46.0%
<b>TOTAL MISCELLANEOUS</b>	<b>1,841,354</b>	<b>705,742</b>	<b>1,559,497</b>	<b>516,824</b>	<b>920,677</b>	<b>638,820</b>	<b>69.4%</b>
<b>SOUTHEAST NET REVENUE</b>	<b>\$ 684,384</b>	<b>\$ 581,603</b>	<b>\$ 2,139,493</b>	<b>2,234,871</b>	<b>\$342,192</b>	<b>\$1,797,301</b>	
Margin on Operating Revenue	(1.8%)	(2.2%)	1.7%	5.3%			
Margin on Total Revenue	1.0%	9.1%	6.0%	6.8%			

**SOUTHEAST HEALTHCARE**  
**CONSOLIDATED STATEMENT OF FINANCIAL POSITION**  
**FOR THE PERIOD ENDED DECEMBER 31, 2023**

ASSETS		
<i>CASH:</i>		
CASH IN BANK - UNRESTRICTED	\$ 840,873	
SCHOLARSHIP ACCOUNT		
BUILDING MANAGEMENT	-	
PETTY CASH	3,430	844,303
<hr/>		
<i>INVESTMENTS:</i>		
SHORT TERM INVESTMENTS	3,846,206	
AMERICAN FUNDS	10,457,355	
RESTRICTED INVESTMENTS	291,621	14,595,182
<hr/>		
<i>ACCOUNTS RECEIVABLE:</i>		
Total Claims Based Receivables	16,797,069	
Other Receivables		
OTHER GRANTS & CONTRACTS	1,901,030	
APOTHECARE	2,973,468	
MISCELLANEOUS	-	21,671,567
Total Other Receivables	4,874,498	
<i>OTHER CURRENT ASSETS:</i>		
APOTHECARE INVENTORY	1,511,928	
PREPAIDS	1,483,924	
EMPLOYEE LOAN/EPP	11,530	
OTHER	9,087	3,016,469
<hr/>		
<b>TOTAL CURRENT ASSETS</b>		<b>40,127,521</b>
<i>FIXED ASSETS:</i>		
VEHICLES	579,879	
BUILDING, LAND & IMPROVEMENTS	12,891,661	
FURNITURE & EQUIPMENT	3,841,029	
TENANT IMPROVEMENT	174,753	
subtotal	17,487,322	
LESS accumulated depreciation	(11,792,553)	
<b>NET FIXED ASSETS</b>		<b>5,694,769</b>
<hr/>		
<b>TOTAL ASSETS</b>		<b>\$ 45,822,292</b>

LIABILITIES & NET ASSETS		
<i>LIABILITIES:</i>		
ACCOUNTS PAYABLE	\$ 867,839	
ACCRUED EXPENSES	11,381	
PROPERTY TAX PAYABLE	46,542	
TENANT DEPOSIT	6,857	932,619
<hr/>		
<i>ACCRUED WAGES &amp; FRINGE BENEFITS:</i>		
ACCRUED VACATION	1,672,803	
ACCRUED PAYROLL	2,215,963	
ACCRUED RETIREMENT	-	
ACCRUED OTHER	365,932	4,254,698
<hr/>		
<b>TOTAL CURRENT LIABILITIES</b>		<b>5,187,317</b>
<i>DEFERRED REVENUE</i>		734,528
<i>LONG TERM DEBT</i>		2,432,120
<i>ADVANCES FROM THE STATE</i>		479,302
<i>CAPITALIZED LEASE AGREEMENT</i>		228,454
<hr/>		
<b>TOTAL LIABILITIES</b>		<b>9,061,721</b>
<i>NET ASSETS:</i>		
UNRESTRICTED	34,605,044	
DESIGNATED	1,824,794	
RESTRICTED	39,112	
SCHOLARSHIP	291,621	
<b>TOTAL NET ASSETS</b>		<b>36,760,571</b>
<hr/>		
<b>TOTAL LIABILITIES &amp; NET ASSETS</b>		<b>\$ 45,822,292</b>



**SOUTHEAST HEALTHCARE**  
**STATEMENT OF CASH FLOWS**  
**FOR THE PERIOD ENDED DECEMBER 31, 2023**

	Current Period
Cash From Operations	
Change in net assets	581,603
Adjustments to reconcile change in net assets to net cash	
Depreciation	46,705
Unrealized and realized gains on investments, net	(711,908)
Forgiveness of advance from State of Ohio	(4,615)
Total Adjustments to reconcile change in net assets to net cash	(669,817)
(Increase) decrease in:	
Accounts receivable	(1,436,508)
Inventory	(153,565)
Other current assets	28,594
Total (Increase) decrease in:	(1,561,479)
Increase (decrease)	
Accounts payable	(24,345)
Accrued expenses and taxes	114,622
Deferred revenue	(338,593)
Total Increase (decrease)	(248,316)
Total Cash From Operations	(1,898,010)
Cash From Investing Activities	
Purchases of property and equipment	(17,163)
Purchase of investments	49,391
Total Cash From Investing Activities	32,228
Cash Flows From Financing Activities	
Principal payments on long-term debt	(10,465)
Principal payments on capital lease obligations	(8,018)
Total Cash Flows From Financing Activities	(18,484)
Net Increase/Decrease in Cash	(1,884,265)
Cash and Cash Equivalents, beginning of period	2,728,568
Cash and Cash Equivalents, end of period	844,303

**SOUTHEAST HEALTHCARE**  
**RATIO ANALYSIS**  
**FOR THE PERIOD ENDED DECEMBER, 2023**

*Year to date performance*

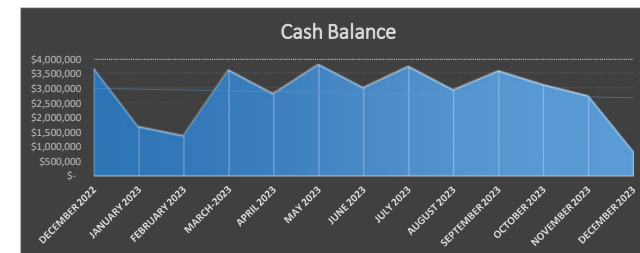
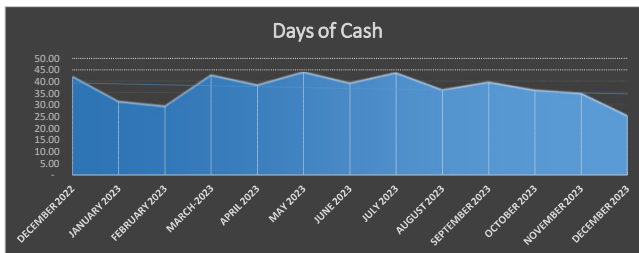
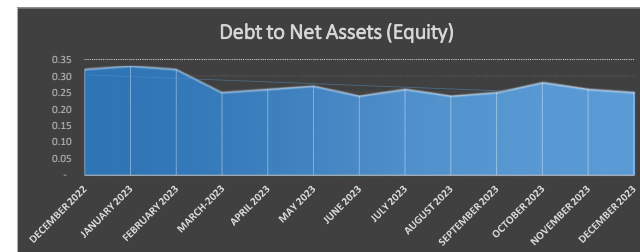
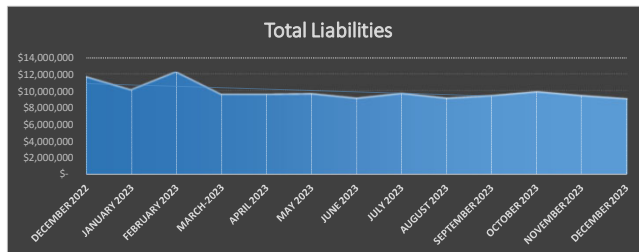
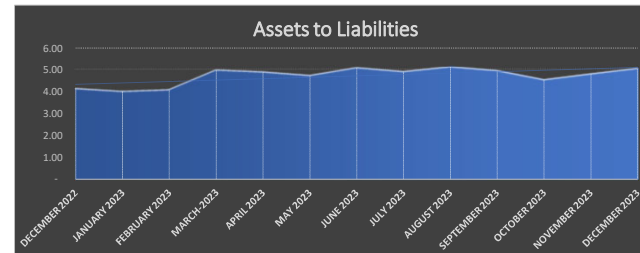
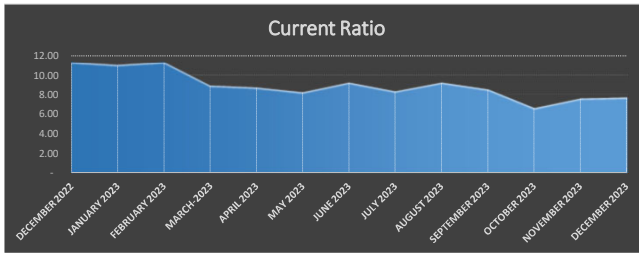
Current Ratio	(CURRENT ASSETS/CURRENT LIABILITIES)	<b>7.7</b>	Ability to pay current debt with current assets; 2 to 4 is standard.
Revenue over Expense Margin	(YTD REVENUE/YTD EXPENSES)	<b>1.081</b>	Indicates revenues (net income) over expenses; Over 1.03 is excellent.
Assets to Liabilities	(TOTAL ASSETS/TOTAL LIABILITIES)	<b>5.06</b>	Indicates debt structure of Organization; 2.0 is standard.
Debt to Net Assets (Equity)	(TOTAL LIABILITIES/NET ASSETS)	<b>.25</b>	Compares borrowed capital to invested capital; .40 is standard.
Days of Cash	CASH & ST INVESTMENTS/AVE. DAY'S EXPENSES	<b>25.3</b>	Indicates number of days of cash SE has on hand. 90 days is good
Average Days in Receivables	(REVENUE/365)AR/Revenue per day)	<b>115.30</b>	Indicates the number of days it takes to collect our receivables

**ADAMH Key Performance Indicators**

	SOUTHEAST RATIO	ADAMH STANDARDS		INDEX PTS
		EXCELLENT	GOOD	
Administrative Costs to Expenses (Admin/Total expenses)	12.08%	7% - 9.99%	10% - 10.99%	3
Debt to Equity Ratio (Total Liabilities/Net Assets)	0.247	.40 - .49	.50 - 1.19	5
Revenue to Expenses (Total Revenue / Total Expense)	1.13	1.03 - 1.0599	1 - 1.0299	4
Current Ratio ( Current Assets/Current Liabilities)	4.43	1.80 - 2.39	1.4 - 1.79	5
Cash to Avg. Mo. Expense (Days) (Cash + ST Invest/Total Expenses)	25.3	80 - 89.99	50 - 79.99	3
Fund Balance Reserve ( Net Assets / Ave. Monthly expenses- including CGS)	8.39	6 - 6.99	4 - 5.99	5
% of Revenue from ADAMH (ADAMH Revenue/Total Revenue)	17.3%	< 55.0%	70% - 55%	5
				<b>4.3</b>

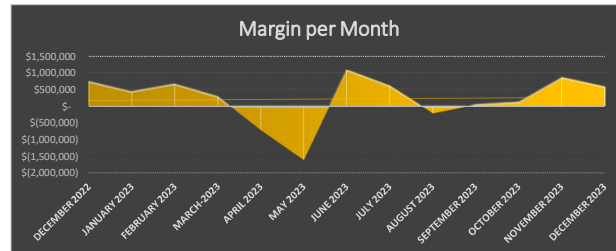
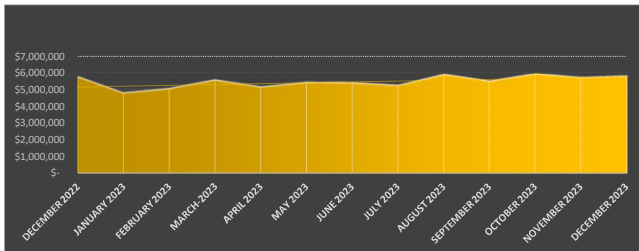
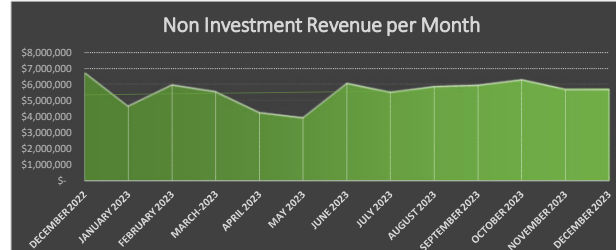
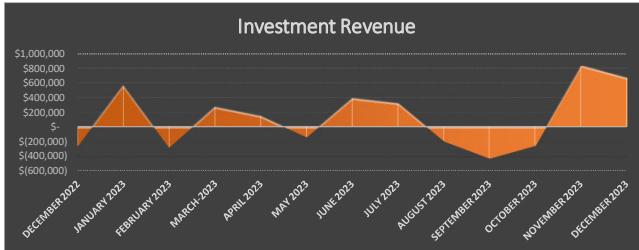
Index Coding
5 - Excellent
4 - Good
3 - Fair
2 - Poor
1 - Correction Required

**Historical Ratio Dashboard**  
For the period ended December 31, 2023



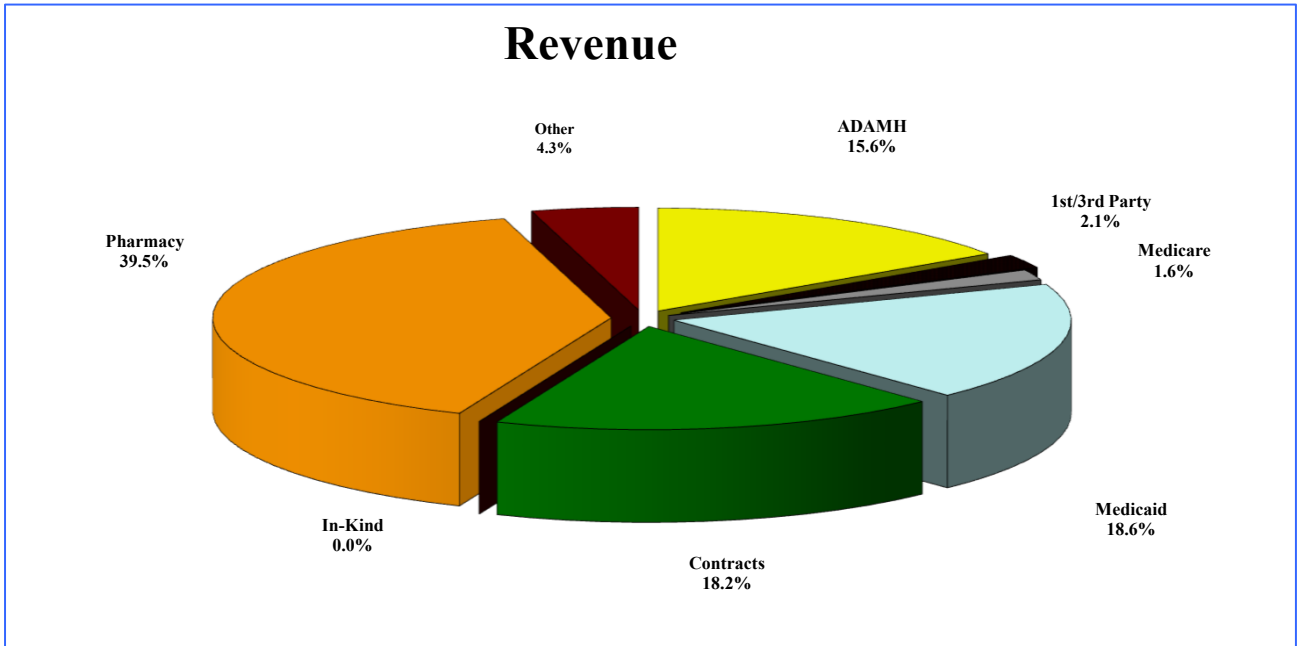
Ratio	Formula	Description
Current Ratio	(CURRENT ASSETS/CURRENT LIABILITIES)	Ability to pay current debt with current assets; 2 to 4 is standard.
Revenue over Expense Margin	(YTD REVENUE/YTD EXPENSES)	Indicates revenues (net income) over expenses; Over 1.03 is excellent.
Assets to Liabilities	(TOTAL ASSETS/TOTAL LIABILITIES)	Indicates debt structure of Organization; 2.0 is standard.
Debt to Net Assets (Equity)	(TOTAL LIABILITIES/NET ASSETS)	Compares borrowed capital to invested capital; 40 is standard.
Days of Cash	CASH & ST INVESTMENTS/AVE. DAY'S EXPENSES	Indicates number of days of cash SE has on hand; 90 days is good
Average Days in Receivables	(REVENUE/365)AR/Revenue per day)	Indicates the number of days it takes to collect our receivables
Total Liabilities	Current Liabilities + Long Term Liabilities	Note - December 2018 Garage purchase closed @ 2.4M

Historical Ratio Dashboard  
For the period ended December 31, 2023

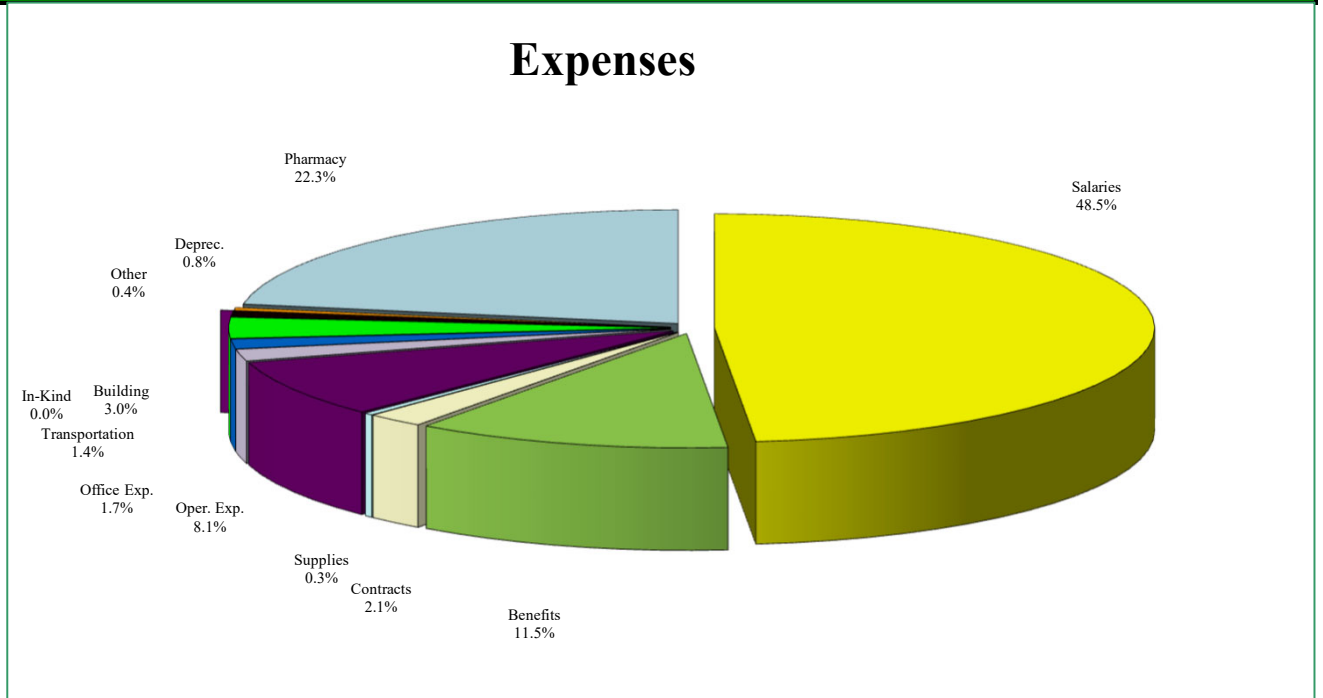


## Southeast Healthcare Revenue & Expenses by Category

**YTD FY 2024 TOTAL CONSOLIDATED REVENUE \$35,956,473**



**YTD FY 2024 TOTAL CONSOLIDATED EXPENSES \$33,816,980**



**SOUTHEAST, INC.**

Area: Fiscal Administration  
Subject: Sliding Fee Discount Program

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SE Doc#: 04.08.05.00

Effective Date: 02/06/12  
Issue/Revision Date: 2/22/23, 1/24/2024  
supersedes: 02/06/12, 3/8/16, 9/12/16, 12/15/16,  
04/02/18, 10/21/19, 12/21/19

Approved by: Board of Directors  
Signatory: President & Chief Executive Officer

**Sliding Fee Discount Program**

**PURPOSE:**

This policy explains the sliding fee scale policy for Federally Qualified Health Center services (FQHC).

**POLICY:**

**Sliding Fee Discount Program**

It is the policy of Southeast, Inc. (SE), based on the requirements set forth in Section 330(k)(3)(G) of the Public Health Service Act, 42 C.F.R. § 51c.303(f) and applicable Health Resources and Services Administration policy, to establish a schedule of fees for services, a corresponding schedule of discounts for eligible patients that is adjusted based on the patient's ability to pay, and supporting operating procedures, including those pertaining to billing and collections.

This sliding fee discount program is designed to assure that SE's patients have access to all services in SE's scope of project, regardless of their ability to pay, while allowing SE to maximize revenue sources. The sliding fee discount program will apply to all services provided within SE's federally approved scope of project for which there is an established charge, regardless of the service type or mode of delivery.

It is the policy of SE that no patient will be denied health services due to an individual's inability to pay for such services.

Day-to-day direction and management responsibility for implementing the sliding fee discount program rests with SE staff under the direction of the Chief Executive Officer (CEO). The Board of Directors will at least annually review this policy, as well as all other policies and operating procedures applicable to the sliding fee discount program, to assess their effectiveness in reducing barriers to care and their appropriateness for SE and its community. This review includes, as appropriate, taking follow-up action to update such policies and/or operating procedures. In addition, SE will routinely provide for staff training on implementation of this policy, as well as all other policies and operating procedures applicable to the sliding fee discount program.

**PROCEDURES:**

1. **Establishing the schedule of fees.** SE will maintain a Board-approved schedule of fees for the provision of services. The schedule of fees will be used as the basis for seeking payment from patients as well as third party payors. The

**SOUTHEAST, INC.**

Area: Fiscal Administration  
Subject: Sliding Fee Discount Program

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SE Doc#: 04.08.05.00

schedule of fees will be (i) designed to cover reasonable costs providing services included in the approved scope of project, and (ii) consistent with locally prevailing rates or charges.

To assure that fees are set to cover reasonable costs are consistent with locally prevailing rates or charges for the services, SE establishes its schedule of fees through the following process:

- **Services.** SE determines the schedule of SE services that will have distinct fees.
- **Reasonable Costs.** SE determines the actual costs for providing the services for which there will be a distinct fee.
- **Locally Prevailing Rates or Charges.** SE researches, reviews, and determines charges used by other health care providers in the community for the same or similar services including Medicare Fee Schedules.

SE will adjust the schedule of fees, as appropriate, based on regular cost analyses and changes in the local market. All adjustments to the schedule of fees must be approved by SE's Board of Directors.

2. **Establishing the sliding fee discount schedule.** SE will establish and maintain a sliding fee discount schedule that adjusts the amounts owed for services by "eligible patients," as set forth in section 4. Key features of the sliding fee discount schedule include the following:

- SE will provide a full discount or charge, at most, a fixed fee nominal charge for individuals and families with annual incomes at or below 100% of the Federal Poverty Guidelines. The current nominal fee is \$25.

The nominal fee will meet the following criteria:

- It will be considered "nominal" from the perspective of the patient;
- It will not reflect the true cost of the service(s) being provided;
- It will be no more than the fee paid by a patient in the first sliding fee discount schedule pay class above 100% of the Federal Poverty Guideline; and
- It will not reflect a minimum fee or payment threshold.

SE will review the nominal fee annually to determine whether it continues to meet the aforementioned criteria.

SE will discount charges for individuals and families with annual incomes above 100% and at or below 200% of the Federal Poverty Guidelines. There must be at least three discount pay classes and the discounts must be tied to gradations in income level.

**SOUTHEAST, INC.**

Area: Fiscal Administration  
Subject: Sliding Fee Discount Program

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- Individuals and families with annual incomes above 200% of the Federal Poverty Guidelines will not receive a discount under the sliding fee discount schedule.

The sliding fee discount schedule will be applied uniformly to patients who are eligible, as set forth below in section 5.

The sliding fee discount schedule will be revised annually to reflect updates to the Federal Poverty Guidelines. The sliding fee discount schedule will also be evaluated periodically (at least every three years) for its effectiveness in addressing financial barriers to care and updated, as necessary. All amendments to the sliding fee discount schedule, including the application of any and all nominal fees, must be approved by SE's Board of Directors.

3. **Publicizing discounts.** SE staff shall inform all patients about the availability of the sliding fee discount schedule during the new patient registration process and information about the sliding fee discount schedule will be included in new patient packets. In addition, SE will provide information regarding the sliding fee discount schedule on SE's website and will post clear notices in the waiting rooms and other prominent areas at SE's sites. Information about the sliding fee discount schedule will be available in appropriate languages and at appropriate literacy levels.
4. **Determining eligibility.** Patients will not be required to apply for insurance and be turned down as a prerequisite for eligibility for the sliding fee discount. Eligibility for discounts will be based solely on income and household size under the Department of Health and Human Services' annual Poverty Guidelines. SE will assess income and household size for all patients for UDS purposes and to determine if they are eligible for sliding fee discounts, unless the patient refuses to be assessed.

Household income shall include the following:

Earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household and other miscellaneous sources

Household includes the head of household, spouse and dependents.



Area: Fiscal Administration  
Subject: Sliding Fee Discount Program

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### **Application Process**

Patients will provide proof of income. You will be asked about the members of your household and the current income of all household members. By signing the consent, you are:

- Permitting SE to verify the information you are reporting on the form;
- Agreeing to inform SE of any changes in your household income; and
- Willing to consistently work to make your health care effective by working with your health care provider.

5. **Eligibility documentation.** The registration staff will assist patients in obtaining patient information and will collect any relevant income verification documentation from patients.

### **Acceptable Proof of Income:**

- Paystubs: most recent 4 – 6-week period or most recent stub with year to date earnings
- Federal tax return: most recent year with supporting documentation (W2s, Form 1099s, schedules, etc.)
- Employer's written statement regarding gross earnings
- Notice of Action letters (food stamps, state and local hospitalization, general relief, TANF, etc.) from the Department of Social Services
- Social Security and other retirement benefits: current year award letters and/or Form 1099s for previous year totals
- Unemployment compensation: monetary determination letter of payment history from Employment Commission
- Child/spousal support payments: support court order, check stubs/copies or letter of support
- Letter of termination or layoff notice from most recent employer
- Letter of referral (Healthcare for the Homeless, Youth Challenge, Community Service Board, etc.)
- Zero Income Self-Declaration in certain limited condition

New patient information and the collection of relevant income verification documentation will be required of patients on an annual basis or more frequently (e.g., upon a significant change in the patient's income status). Copies of all relevant income verification documentation will be retained by SE according to SE's established document retention schedule.

6. **Billing: Application of discounts.** Patients who have submitted relevant income verification documentation and who have been found based on their patient information and relevant income verification documentation to be eligible for a discount will be charged in accordance with the sliding fee scale or nominal charge, as applicable.

**SOUTHEAST, INC.**

Area: Fiscal Administration  
Subject: Sliding Fee Discount Program

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SE Doc#: 04.08.05.00

The maximum charge for an insured patient who is eligible for the sliding fee discount schedule will be the maximum amount an eligible patient in that pay class is required to pay for that certain service, subject to SE's legal and contractual limitations.

- 7. Collections.** SE shall make a reasonable effort to collect all charges for health care services rendered, regardless whether discounted charges or standard charges are applied. A reasonable effort may include, but is not limited to, issuance of a bill to the patient or responsible party and follow-up with subsequent billing, collection letters and telephone calls. A patient's refusal to pay does not equate to an inability to pay.

The act of collecting from patients should be conducted in an efficient, respectful and culturally appropriate manner, assuring that procedures do not present a barrier to care and patient privacy and confidentiality are protected throughout the process. Also please refer to Collection of Delinquent Accounts and Patient Payment Policies.

- 8. No denial of services for inability to pay.** Regardless of whether a patient qualifies for a discount, if a patient would be denied services due to inability to pay, then charges will be waived or reduced to the extent necessary to ensure that such patient receives health care services. The provision for waiving fees must be consistently made available for qualified patients. Waiver of fees will be approved by the Revenue Cycle Manager after discussion with the client, staff involved in the care of the patient and discussion with the CFO. The waiver of fees will be for a period of three months after the initial visit after the incident with the exception of the de-escalation example listed below. In the event that balances exist for the patient, the above-mentioned staff will work with the patient to determine if a write off of an existing balance is appropriate.

The provisions for waiving fees would be for the following:

- Natural Disaster
- Fire
- Domestic Violence

De-escalation of disruptive patient behavior

- 9. Training.** SE will provide applicable staff with training on this policy.

CONFIDENTIALITY – YOUR PRIVACY IS PROTECTED UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Area: Fiscal Administration  
Subject: Sliding Fee Discount Program

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SE Doc#: 04.08.05.00

**RESPONSIBILITIES:**

Support Staff  
CPST Workers (Case Managers)  
Care Managers  
PATH Program Staff  
Registration  
RCM Director  
Billing Staff

**FORMS:**

Financial Assistance Application  
FQHC Sliding Fee Discount Schedule

**2024**  
**Southeast, Inc. FQHC Sliding Fee Schedule**  
<https://aspe.hhs.gov/poverty-guidelines>

**Annual Income**

% of FPL		125%		150%		175%		200%		Full Fee
Family Size	Nominal Fee \$10	\$25		\$50		\$75		\$100		
	At or Below 100% of Poverty	From	To	From	To	From	To	From	To	
1	\$ 15,060.00	\$ 15,060.01	\$ 18,825.00	\$ 18,825.01	\$ 22,590.00	\$ 22,590.01	\$ 26,355.00	\$ 26,355.01	\$ 30,120.00	\$ 30,120.01
2	\$ 20,440.00	\$ 20,440.01	\$ 25,550.00	\$ 25,550.01	\$ 30,660.00	\$ 30,660.01	\$ 35,770.00	\$ 35,770.01	\$ 40,880.00	\$ 40,880.01
3	\$ 25,820.00	\$ 25,820.01	\$ 32,275.00	\$ 32,275.01	\$ 38,730.00	\$ 38,730.01	\$ 45,185.00	\$ 45,185.01	\$ 51,640.00	\$ 51,640.01
4	\$ 31,200.00	\$ 31,200.01	\$ 39,000.00	\$ 39,000.01	\$ 46,800.00	\$ 46,800.01	\$ 54,600.00	\$ 54,600.01	\$ 62,400.00	\$ 62,400.01
5	\$ 36,580.00	\$ 36,580.01	\$ 45,725.00	\$ 45,725.01	\$ 54,870.00	\$ 54,870.01	\$ 64,015.00	\$ 64,015.01	\$ 73,160.00	\$ 73,160.01
6	\$ 41,960.00	\$ 41,960.01	\$ 52,450.00	\$ 52,450.01	\$ 62,940.00	\$ 62,940.01	\$ 73,430.00	\$ 73,430.01	\$ 83,920.00	\$ 83,920.01
7	\$ 47,340.00	\$ 47,340.01	\$ 59,175.00	\$ 59,175.01	\$ 71,010.00	\$ 71,010.01	\$ 82,845.00	\$ 82,845.01	\$ 94,680.00	\$ 94,680.01
8**	\$ 52,720.00	\$ 52,720.01	\$ 65,900.00	\$ 65,900.01	\$ 79,080.00	\$ 79,080.01	\$ 92,260.00	\$ 92,260.01	\$ 105,440.00	\$ 105,440.01
Additional Per Family	\$ 5,380.00	\$ 6,725.00		\$ 8,070.00		\$ 9,415.00		\$ 13,450.00		

\*\*For families /households with more than 8 persons, add the additional amount per person in each category

Pharmacy per prescription	\$2	\$5	\$10	\$15	\$20	Full Fee
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**Monthly Income**

% of FPL		125%		150%		175%		200%		Full Fee
Family Size	Nominal Fee \$10	\$25		\$50		\$75		\$100		
	At or Below 100% of Poverty	From	To	From	To	From	To	From	To	
1	\$ 1,255.00	\$ 1,255.01	\$ 1,568.75	\$ 1,568.76	\$ 1,882.50	\$ 1,882.51	\$ 2,196.25	\$ 2,196.26	\$ 2,510.00	\$ 2,510.01
2	\$ 1,703.33	\$ 1,703.34	\$ 2,129.17	\$ 2,129.18	\$ 2,555.00	\$ 2,555.01	\$ 2,980.83	\$ 2,980.84	\$ 3,406.67	\$ 3,406.68
3	\$ 2,151.67	\$ 2,151.68	\$ 2,689.58	\$ 2,689.59	\$ 3,227.50	\$ 3,227.51	\$ 3,765.42	\$ 3,765.43	\$ 4,303.33	\$ 4,303.34
4	\$ 2,600.00	\$ 2,600.01	\$ 3,250.00	\$ 3,250.01	\$ 3,900.00	\$ 3,900.01	\$ 4,550.00	\$ 4,550.01	\$ 5,200.00	\$ 5,200.01
5	\$ 3,048.33	\$ 3,048.34	\$ 3,810.42	\$ 3,810.43	\$ 4,572.50	\$ 4,572.51	\$ 5,334.58	\$ 5,334.59	\$ 6,096.67	\$ 6,096.68
6	\$ 3,496.67	\$ 3,496.68	\$ 4,370.83	\$ 4,370.84	\$ 5,245.00	\$ 5,245.01	\$ 6,119.17	\$ 6,119.18	\$ 6,993.33	\$ 6,993.34
7	\$ 3,945.00	\$ 3,945.01	\$ 4,931.25	\$ 4,931.26	\$ 5,917.50	\$ 5,917.51	\$ 6,903.75	\$ 6,903.76	\$ 7,890.00	\$ 7,890.01
8**	\$ 4,393.33	\$ 4,393.34	\$ 5,491.67	\$ 5,491.68	\$ 6,590.00	\$ 6,590.01	\$ 7,688.33	\$ 7,688.34	\$ 8,786.67	\$ 8,786.68
Additional Per Family	\$ 368.33	\$ 460.42	\$ 552.50	\$ 644.58	\$ 736.75	\$ 828.92	\$ 921.09	\$ 1,013.26	\$ 1,105.43	\$ 1,197.60

\*\*For families /households with more than 8 persons, add the additional amount per person in each category

Pharmacy per prescription	\$2	\$5	\$10	\$15	\$20	Full Fee
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**Weekly Income**

% of FPL		125%		150%		175%		200%		Full Fee
Family Size	Nominal Fee \$10	\$25		\$50		\$75		\$100		
	At or Below 100% of Poverty	From	To	From	To	From	To	From	To	
1	\$ 289.62	\$ 289.63	\$ 362.02	\$ 362.03	\$ 434.42	\$ 434.43	\$ 506.83	\$ 506.84	\$ 579.23	\$ 579.24
2	\$ 393.08	\$ 393.09	\$ 491.35	\$ 491.36	\$ 589.62	\$ 589.63	\$ 687.88	\$ 687.89	\$ 786.15	\$ 786.16
3	\$ 496.54	\$ 496.55	\$ 620.67	\$ 620.68	\$ 744.81	\$ 744.82	\$ 868.94	\$ 868.95	\$ 993.08	\$ 993.09
4	\$ 600.00	\$ 600.01	\$ 750.00	\$ 750.01	\$ 900.00	\$ 900.01	\$ 1,050.00	\$ 1,050.01	\$ 1,200.00	\$ 1,200.01
5	\$ 703.46	\$ 703.47	\$ 879.33	\$ 879.34	\$ 1,055.19	\$ 1,055.20	\$ 1,231.06	\$ 1,231.07	\$ 1,406.92	\$ 1,406.93
6	\$ 806.92	\$ 806.93	\$ 1,008.65	\$ 1,008.66	\$ 1,210.38	\$ 1,210.39	\$ 1,412.12	\$ 1,412.13	\$ 1,613.85	\$ 1,613.86
7	\$ 910.38	\$ 910.39	\$ 1,137.98	\$ 1,137.99	\$ 1,365.58	\$ 1,365.59	\$ 1,593.17	\$ 1,593.18	\$ 1,820.77	\$ 1,820.78
8**	\$ 1,013.85	\$ 1,013.86	\$ 1,267.31	\$ 1,267.32	\$ 1,520.77	\$ 1,520.78	\$ 1,774.23	\$ 1,774.24	\$ 2,027.69	\$ 2,027.70
Additional Per Family	\$ 85.00	\$ 106.25	\$ 127.50	\$ 148.75	\$ 170.00	\$ 191.25	\$ 212.50	\$ 233.75	\$ 255.00	\$ 276.25

\*\*For families /households with more than 8 persons, add the additional amount per person in each category

Pharmacy per prescription	\$2	\$5	\$10	\$15	\$20	Full Fee
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