

## Caroline Medical Adult Day Services

## **FINANCIAL APPLICATION**

| Client:  |                        | Date:   |   |
|--|------------------------|---|---|
|  | Relationship           |   |   |
| Report all Income (including spouse Allowable Adjustments (medical dec   | ductions) must be able |   |   |
| CLIENT &SPOUSE INCOME<br>(MONTHLY X 12 = ANNAL)  |                        | MEDICAL DEDUCTIONS<br>(MONTHLY X 12 = ANNUAL) |   |
|  |                        |   |   |
|  |                        |   |   |
|  |                        |   |   |
|  |                        |   |   |
| Total Income \$  |                        | Total Medical Deductions \$                   |   |
| Gross Income:  |                        | Daily Rate: \$                                |   |
| I understand that should I fail to pay<br>delinquent and my billing record tra-<br>there may be a collection fee added | nsferred to Maryland C | entral Collection for further action. I       |   |
| Representative or Client Signature:  |                        | Date:   |   |
| MADC Interviewers Signature:   |                        | Date:   | _ |
| (For Office Use)  Gross Income: \$ (de If fee is reduced below schedule rat  |                        | = \$  | _ |



## <u>Instructions for Completing Application for Day Care Services</u>

- 1. All schedules should have an allowance for family size. Family size is determined by the number of individuals
- 2. .in the household dependent on the income considered. For example, in the case of a participant living with adult children, only the participants income is considered unless the participant's income goes to the support of the adult children. A participant who lives with a spouse is considered as a family of two and the income of both is considered. If there are dependent children, they are also included in the family unit.
- 3. The basis for fee determination is the **GROSS INCOME** of the family unit. Income refers to salaries, pensions, interest on savings, etc. It does not include consideration of assets. Sliding schedules may be designed utilizing monthly or annual income.
- 4. Fees may be waived or reduced, if there is financial hardship. Any unusual expenses which influence a participant's ability to pay may be considered. Examples are medical expenses such as doctor or pharmacy bills, medical supplies or the cost of services provided in the home such as respite or personal care. Ordinary living expenses should generally not be a basis for reduction of fees. The basis for waiving or reducing fees must be clearly documented in the participant's records. Providers must maintain sufficient documentation to support the amount of "discount" allowed for each participant.
- 5. Redetermination of ability to pay should be performed annually or more frequently, if warranted by changes in a participant's financial status.
- 6. All income must be verified via tax records, award letters, copies of benefit checks, etc. <u>A</u> participant's oral statement or declaration of inability to pay is not sufficient verification.
- 7. Any provider who uses a sliding schedule must have a published schedule of its full (non-discounted) charges, maintain written policies for its process of making participant indigence determinations.
- 8. All schedules must be submitted using percentage categories rather than solely using actual dollar amounts. This will eliminate the need to submit a revised schedule each time the provider's daily charge changes. Providers may maintain schedules with dollar amounts for internal use to facilitate fee determinations.

**Revised 01/2017**