

## Your Responsibility to Pay Towards Costs of Care at the Residential Habilitation Center

To:

From:

As a new resident at the Residential Habilitation Center (RHC), a part of the Department of Social and Health Services (DSHS), you may receive notice that you are responsible for paying for a part of your care. This is called a Notice of Finding of Responsibility (NFR) and what you owe is called participation. The NFR will be sent to you by the Community Services Office (CSO) initially and when your participation changes.

When your financial resources and expenses change it will affect the amount you owe as participation. The Community Service Office (CSO) will notify you when your participation amount changes.

There are three entities involved in managing the financial part of your stay at the RHC.

- 1) The RHC will provide services and supports during your residence. They will also be primary keeper of your daily financial records.
- 2) The Community Service Office (CSO) will determine your financial eligibility and determine your participation obligation.
- 3) The Office of Financial Recovery (OFR) is responsible for collecting your participation and maintains a full record of your account's transaction activities. A statement is mailed to you monthly by OFR.

DSHS will ask for information regarding your income and expenditures and based on this information the Community Services Office (CSO) will figure the amount you owe to be paid as participation. This participation is the amount you owe monthly for the cost of your care at the RHC. Your Notice of Finding of Responsibility will be sent to you with our Notice of Participation. Your Notice of Participation will include the amount you owe and the address to send your payment. You will receive a monthly billing statement with a return envelope and a coupon. The coupon needs to be included with your payment. If you have a legal representative they will be responsible for providing the information requested in order for your participation to be calculated.

The DSHS Community Service Office (CSO) calculates your obligation according to WAC 388-513-1380 and that amount is included in their letter. The CSO will determine your participation cost based on the examination of the following:

- Income and wages, including Supplemental Security Income (SSI)
- Resources above the \$2,000 limit, including sale or transfer of property
- State and/or federal taxes
- Court-ordered fees you pay to your legal guardian
- Spousal support
- Child support or family maintenance costs
- Medical expenses including health insurance premium changes
- The cost of maintaining a home in the community, under certain circumstances

The responsibility to pay towards your cost of care is spelled out in RCW 43.20B.430, 43.20B.435, and WAC 388-835-0940. If you fail to pay this debt, the department may take further collection action against you. If you do not agree with the findings you will be given an opportunity to request an administrative hearing.

By my signature below I assert that I have received and read this document:

\_\_\_\_\_  
CLIENT / LEGAL REPRESENTATIVE

\_\_\_\_\_  
DATE

## Instructions

### **When is this form used?**

The form is to be used when a new client is admitted as a long term stay client to a Residential Habilitation Center.

### **Who must receive this form?**

This form is intended to be handed out to the client and/or the client's representative during admission to the RHC. If the client representative is not present at admission the form should be mailed to them requesting return.

### **Who is responsible to ensure this form is received?**

The admissions coordinator will give the form out as part of this admissions package. They will ask the client and/or representative to read and sign the form, keep the original, and give a copy back to the representative.