ELLA BESAW CENTER POLICY

Department: Ella Besaw Center **Review Date:**

Policy Title and#: Fee Schedule and Payment **Effective:** 03/19/2024

Supersedes: None

REVIEW/APPROVAL PROCESS	
LEGAL: 12/12/2023	**TRIBALCOUNCIL: 3/19/2024**

Purpose: To establish a fee schedule for the residents of the Ella Besaw Center (EBC) that will be used to determine monthly payments.

Policy: The Ella Besaw Center will charge residents a sliding fee based on the resident's total income and insurance options. Residents will not be charged an amount exceeding the maximum rental rate and fees. Residents who would be charged less than the maximum rental rate and fees will be required to perform alternate resource screening at admission and once annually thereafter. If a resident qualifies for a no cost alternate resource, the resident must participate in that program. Residents participating in alternate resources will still be charged the sliding fee.

Procedure:

Full Time Residents

1. Setting the maximum monthly rental rate and fees.

    a) The maximum monthly rental rate and fees per full time resident will be calculated each year once budgets are approved by Tribal Council. The maximum monthly rent rate and fees per full time resident will be calculated by dividing the total budgeted cost of operations for the fiscal year by the total number of residents at the time of calculation, then divide by 12. This will be the maximum monthly rental rate and fees for that fiscal year.

2. Charging applicable private insurances.

    a) If a resident carries a private long-term care insurance that pays for assisted living in a CBRF, the insurance will be billed.

    b) Any amount paid by the resident's private insurance will be deducted from the maximum monthly rental rate and fees.

    c) The resident will have a new maximum monthly rental rate and fees calculated by subtracting the monthly insurance payment from the stated FY maximum monthly rental rate and fees.

    d) A resident with private long-term care insurance that pays for assisted living in a CBRF will not be required to complete the alternate resource screening.

3. Alternate resource screening.

a) All residents who do not carry private long-term care insurance or who will be charged less than the maximum monthly rent and fees will be required to complete an alternate resource screen at the time of admission and annually thereafter.

b) A resident may have to complete more frequent alternate resource screening if their income changes, if their health status/functional need changes, or if they stop carrying private long-term care insurance.

c) Administration at the CBRF will coordinate with the appropriate Tribal offices, county ADRC, and the resident or resident's PO A/guardian (if applicable) to complete the required alternate resource screening.

d) If an applicant is eligible for a no-cost alternate resource, the resident must accept and participate in that program. The resident will be charged a sliding fee in addition to alternate resources to cover the cost of room, board, and any other services that are not paid for 100% by the alternate resource.

4. Setting the sliding fee.

a) At the time of admission and annually thereafter, the resident shall work with CBRF administration to collect income information to calculate the total monthly rent and fees for that year. This information will be calculated using the Ella Besaw Center Resident Income/Rent and Fees worksheet (attachment A).

b) The resident or the resident's PO A/guardian (if applicable) shall list all sources of income and the monthly amount received. The listing shall include investment income received. Per capita payments made by the Stockbridge-Munsee Tribe will be the only excluded income. The resident or the resident's POA/guardian should list a tax amount for income that does not have a withholding associated with it.

c) The listed income will be totaled to identify the total monthly income available.

d) A sliding scale adjustment of $300 will be deducted from total monthly income to identify the total monthly rent and fees. If this amount is larger than the adjusted maximum rent, the adjusted maximum rate will be charged.

e) The Ella Besaw employee that reviews and assists in completing the Ella Besaw Center Resident Income/Rent worksheet shall print, sign, and date the form under the "prepared by" section.

f) The resident or the resident's PO A/guardian (if applicable) must sign the bottom of the Ella Besaw Center Resident Income/Rent and Fees worksheet to certify the accurateness of the worksheet and to agree to the set the monthly rent/fee amount.

g) If the resident moves in after the beginning of the month, the resident or the resident's POA/guardian (if applicable) must complete the prorated rent section of the worksheet.

Respite Residents

1. Setting the maximum daily rental rate and fees.

    a) The maximum daily rental rate and fees per respite residents will be calculated each year once budgets are approved by Tribal Council. The maximum daily rental and fees will be calculated by dividing the total budgeted cost of operations for the fiscal year by the total number of residents at the time of calculation, then divide by 365. This will be the maximum daily rental rate and fees for that fiscal year.

2. Charging applicable private insurances.

    a) If a resident carries a private insurance that pays for respite care in a CBRF, the insurance will be billed.

    b) Any amount paid by the resident's private insurance will be deducted from the maximum daily rental rate and fees.

    c) The resident will have a new maximum daily rental rate and fees calculated by subtracting the daily insurance payment from the stated FY maximum daily rental rate and fees.

    d) A resident with private insurance that pays for respite care in a CBRF, will not be required to complete the alternate resource screening.

3. Alternate resource screening.

    a) All residents who do not carry private insurance that pays for respite care in a CBRF or who will be charged less than the maximum daily rent and fees will be required to complete an alternate resource screen at prior to admission.

    b) Administration at the CBRF will coordinate with the appropriate Tribal offices, county ADRC, and the resident's PO A/guardian (if applicable) to assist in completing the required alternate resource screen.

    c) If an applicant is eligible for a no cost alternate resource, the resident must accept and participate in that program. The resident will be charged a sliding fee in addition to alternate resources to cover the cost of room, board, and any other services that are not paid for 100% by the alternate resource.

4. Setting the sliding fee.

    a) Prior to admission the respite resident shall work with CBRF administration to collect income information to calculate the total daily rent and fees for that year. This information will be calculated using the Ella Besaw Center Resident Income Daily Rent and Fees worksheet (attachment B).

    b) A new worksheet must be completed for each stay in respite care.

c) The resident or the resident's PO A/guardian (if applicable) shall list all sources of income and the monthly amount received. The listing shall include investment income received. Per capita payments made by the Stockbridge-Munsee Tribe will be the only excluded income. The resident or resident's PO A/guardian shall list a tax amount for income that does not have a withholding associated with it.

d) The listed income will be totaled to identify the total yearly income available.

e) A sliding scale adjustment of $3,600 will be deducted from total yearly income to identify the sliding rent and fees based on a yearly basis.

f) The yearly identified rent and fees will be divided by 365 to calculate the daily rent and fees.

g) The resident or the resident's POA/guardian shall identify the number of consecutive days to be spent in respite care. Per Policy, Admission and Retention, a respite care resident cannot exceed 14 consecutive days.

h) The Ella Besaw employee that reviews and assists in completing the Ella Besaw Center Resident Income Daily Rent Worksheet shall print, sign, and date the form under the prepared by section.

i) The resident or the resident's POA/guardian (if applicable) shall sign the bottom of the Ella Besaw Center Resident Income Daily Rent and Fees worksheet to certify the accurateness of the worksheet and to agree to the set the rent and fees per stay.

Hospice Residents

1. Setting the maximum monthly rental rate and fees.

a) The maximum monthly rental rate and fees per full time resident will be calculated each year once budgets are approved by Tribal Council. The maximum monthly rent rate and fees per full time resident shall be calculated by dividing the total budgeted cost of operations for the fiscal year by the total number of residents at the time of calculation, then divide by 12. This will be the maximum monthly rental rate and fees for that fiscal year.

2. Charging applicable private insurances.

a) If a resident carries a private insurance that pays for hospice care in a CBRF, the insurance will be billed.

b) Any amount paid by the resident's private insurance will be deducted from the maximum monthly rental rate and fees.

c) The resident shall have a new maximum monthly rental rate and fees calculated by subtracting the monthly insurance payment from the stated FY maximum monthly rental rate and fees.

d) A resident with private insurance that pays for hospice in a CBRF, will not be required to complete the alternate resource screening.

3. Alternate resource screening.

a) All residents who do not carry insurance, or who will be charged less than the maximum monthly rent and fees shall be required to complete an alternate resource screen at the time of admission.

b) A resident may have to complete more frequent alternate resource screening if their income changes, if their health status/functional need changes, or if they stop carrying insurance.

c) Administration at the CBRF shall coordinate with the appropriate Tribal offices, county ADRC, and the resident's PO A/guardian (if applicable) to complete the required alternate resource screening.

d) If an applicant is eligible for a no cost alternate resource, the resident shall accept and participate in that program. The resident shall be charged a sliding fee in addition to alternate resources to cover the cost of room, board, and any other services that are not paid for 100% by the alternate resource.

4. Setting the sliding fee.

a) At the time of admission, the resident shall work with CBRF administration to collect income information to calculate the total monthly rent and fees for that year. This information shall be calculated using the Ella Besaw Center Resident Income/Rent and Fees worksheet (attachment A).

b) The resident or the resident's PO A/guardian (if applicable) shall list all sources of income and the monthly amount received. The listing shall include investment income received. Per capita payments made by the Stockbridge-Munsee Tribe will be the only excluded income. The resident or POA/guardian shall list a tax amount for income that does not have a withholding associated with it.

c) The listed income shall be totaled to identify the total monthly income available.

d) A sliding scale adjustment of $300 shall be deducted from total monthly income to identify the total monthly rent and fees.

e) The Ella Besaw employee that reviews and assists in completing the Ella Besaw Center Resident Income/Rent worksheet shall print, sign, and date the form under the "prepared by" section.

f) The resident or the resident's PO A/guardian (if applicable) shall sign the bottom of the Ella Besaw Center Resident Income/Rent and Fees worksheet to certify the accurateness of the worksheet and to agree to the set the monthly rent/fee amount.

g) If the resident moves in after the beginning of the month, the resident or the resident's POA/guardian (if applicable) must complete the prorated rent section of the worksheet.

Rent and Fees Due Date

1. Rent and fees excluding those made by insurance for full time and hospice residents are due on the 1st of each month.

2. If payments for full time and hospice residents are received after the 5th of each month they shall be considered late and a $25 late fee will be assessed to the resident. Mailed items postmarked by the 3rd of the month will not be considered late.

3. The prorated rent and fees (if applicable) for full time residents and hospice residents are due at time of admission.

4. Rent and fees, excluding those made by insurance for respite care residents, are due at time of admission.

ELLA BESAW CENTER

Resident Income/Rent and Fees Worksheet

Resident Name:_____ DOB:_____

Date Prepared:_____ for calendar year_____

1) Maximum Rental rate per month $_____
2) Monthly payments from long-term care insurance $_____
3) Monthly payments from Alternate Resource $_____

Adjusted Maximum Rental rate per month (line #1-line #2-line#3) $_____

INCOME DETAIL

Income Source:_____ Monthly Benefit: $_____

Income Source:_____ Monthly Benefit: $_____

Income Source:_____ Monthly Benefit: $_____

Income Source:_____ Monthly Benefit: $_____

Estimated federal tax for items without a withholding. Monthly Tax ($_____)

Estimated state tax for items without a withholding. Monthly Tax ($_____)

Total Monthly Income: $_____

RENT DETAIL

Total Monthly Income: $_____

Sliding Scale Adjustment: ($300.00)

Adjusted Monthly Income: $_____

Total Monthly Rent and Fees $_____

(the smaller of adjusted maximum rental rate per month or adjusted monthly income)

PARTIAL MONTH ADJUSTMENT

Total Monthly Rent and fees:_____x 12 months = $_____/365 days = $_____

Move-In Date_____Total Daily Rate:_____x_____days

Rent due upon move-in $_____

Prepared By

Printed Name:_____ Title:_____

Signature:_____ Date:_____

Verified By

Resident Signature:_____ Date:_____

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Resident Income/Rent and Fees Worksheet

Resident Name:_____ DOB:_____

Date Prepared:_____ for calendar year_____

4) Maximum Rental rate per month $_____
5) Monthly payments from long-term care insurance $_____
6) Monthly payments from Alternate Resource $_____

Adjusted Maximum Rental rate per month (line #1-line #2-line#3) $_____

INCOME DETAIL

Income Source:_____ Monthly Benefit: $_____

Income Source:_____ Monthly Benefit: $_____

Income Source:_____ Monthly Benefit: $_____

Income Source:_____ Monthly Benefit: $_____

Estimated federal tax for items without a withholding. Monthly Tax ($_____)

Estimated state tax for items without a withholding. Monthly Tax ($_____)

Total Monthly Income: $_____

RENT DETAIL

Total Monthly Income: $_____

Sliding Scale Adjustment: ($300.00)

Adjusted Monthly Income: $_____

Total Monthly Rent and Fees $_____

(the smaller of adjusted maximum rental rate per month or adjusted monthly income)

PARTIAL MONTH ADJUSTMENT

Total Monthly Rent and fees:_____x 12 months = $_____/365 days = $_____

Move-In Date_____Total Daily Rate:_____x_____days

Rent due upon move-in $_____

Prepared By

Printed Name:_____ Title:_____

Signature:_____ Date:_____

Verified By

Resident Signature:_____ Date:_____