

Authorizations: Financial Resources Record (FRR) and Cost to Live Subsidy Application

- ▶ This form MUST be completed as part of the plan review process if an individual receives a *Cost to Live Subsidy* or provider does money management.
- ▶ Verification of income & expenses must be reviewed by SA before approving any request that is for longer than 3 months.

Individual:	For Plan Period:
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Anticipated Monthly Income

Attach documentation to verify items below. If not applicable, state NA.	MONTHLY
Wages/Earnings - copy of pay stub from last three pay periods or printout from employer	
Supplemental Security (SSI) - copy of award letter or check, or computer printout from SSA	
Social Security Income (SSA/SSDI) - copy of award letter or check, or computer printout from SSA	
VA Benefits/Railroad Retirement - copy of check/stub	
Other Retirement Income - documentation as applicable	
SNAP food program (formerly Food Stamps) - copy of award or denial letter (application should be made)	
Trusts, Annuities - copy of trust fund or statement	
Family Contribution - written statement or copy of check	
Other (including documentation):	
A. Income TOTAL:	

Anticipated Monthly Expenses

Attach documentation to verify items below. If not applicable, state NA.	MONTHLY
Rent - copy of lease or latest cleared rent check (See page 2 for caps.)	
Gas (budget amount/average monthly cost) - copy of latest bill, or if averaging, last 6 months' bills	
Electric (budget/average monthly cost) - copy of latest bill, or if averaging, last 6 months' bills	
Telephone (basic service only, AT&T Lifeline; max = \$25/household) - copy of latest bill	
Internet - only for individuals with remote monitoring (cap = \$15 per household) - copy of latest bill	
Food/Household - this includes personal care items, cleaning supplies, laundry supplies, all items not covered in personal discretionary amt. (cap= \$240/person in a one-two bedroom, \$200/person in three-four bedroom)	
Laundry, IF coin-operated machines are used (cap = \$50/person)	
Transportation (must apply for senior/disabled pass. \$90 cap if pass is denied) - copy of documentation	
Medications not covered by insurance - provide documentation	
Medicaid Spend Down or Pt. Liability - copies of CCDJFS Medicaid spend down, patient liability notification, Medicaid buy in premium	
Insurance Premiums-Health/Renters - copy of premium notice	
Personal/Discretionary (recreation, leisure, hair care, cable (do not bundle), newspapers, internet, personal debt, as specified in plan; cap = \$100) *Include TOTAL above caps of other expense items (see p.2)	
Other (snow removal, garbage, lawn care, storage, etc.):	
B. Expenses TOTAL:	

Bank Accounts/Trusts (Provide copy of trust fund or other investments and information about status of trust, i.e. is there regular monthly payment from it, is it a protected trust, under what circumstances is money available?)

	Bank Name	Date	BALANCE
Checking Account			
Savings Account			
Trust Fund/Other	<i>Contact Info:</i>		

**** Date of Last MEDICAID Benefits Redetermination** _____

COMMENTS: (Include explanation of unusual circumstances or any expense item which exceeds cap.)

Prepared by: _____ Phone: _____ Date prepared: _____

Provider Agency: _____

Cost to Live Expense Caps

Only items where costs can be controlled will have a cap. For example, utilities and spend down/medical costs will not be capped. If costs exceed cap limits, the amount over the cap will be reflected as part of the discretionary costs budget. **A cap limit DOES NOT mean an individual is entitled to the full amount listed. Budgets must be established based on actual needs.**

Does ANY expense item exceed caps? _____

Expense Item	Amt. above cap
TOTAL amt. above caps:*	
*ADD to discretionary funds total on page 1	

AVERAGE MONTHLY DIFFERENCE

(FROM TOTALS ON PAGE 1)

A. Income TOTAL:	
B. Expenses TOTAL:	
A minus B = Surplus (Deficit):	

Housing costs not to exceed:

- \$400 efficiency apartment
- \$500 one-bedroom apartment
- \$900 two-bedroom apt./house (per household)

\$1,350 three-bedroom apt./house (per household)

\$1,800 four-bedroom house (per household)

*Exception: If rental is North Coast Community Homes, rent may exceed cap. Please indicate by "Rent" that this is a NCCH.

Cap to include water and sewer.

Procedures for distribution and reimbursement of Cost to Live Subsidy:

- A cost to live subsidy is approved in the ISP or via an addendum, and is authorized on a PAS.
- At the first of each month (or other date specified in the ISP/PAS) the provider issues a corporate check to the individual.
- The provider makes a photocopy of the check to record this action.
- The check must be deposited in the individual's bank account that is used to pay their expenses within five working days.
- The provider submits an invoice for reimbursement to CCBDD and a copy of the check is sent to Karen Theman as verification.

Considerations during review:

- If no income, why? Has application been made for resources? By whom, when?
- Are there any special circumstances i.e. expense amounts?
- Review bank balances: Are balances below Medicaid limits? If no, what steps are being taken so that Medicaid eligibility is not jeopardized? What planning has occurred?

Remember:

- Persons with savings account balances can maintain a cushion of \$300-\$400 without jeopardizing eligibility for subsidy. Any accrued savings beyond that amount must be identified for a specific purpose and approved if a subsidy is to continue.
- Budget billing for utilities is encouraged. Also consider HEAP as a resource.
- Individuals should receive their full SSI and SSDI amount unless they have significant work income or they are in a payback situation. That information may be obtained from Soc. Sec. by the rep. payee if their annual letters are not available. This situation may result in the need to pursue a review of benefits.
- Subsidies can be approved for any length of time up to one year. Subsidy requests are part of the planning process and should be reviewed as determined by plan and circumstances.
- Providers or designated persons assisting with money management are to complete the FRR in preparation for a planning meeting and indicate if a subsidy may be warranted. **This includes gathering the needed documentation.**

SA Checklist:

- _____ SA reviews FRR to ensure that anticipated costs are related to individual's needs as identified in ISP.
- _____ Supervisor reviews SA recommendation and supporting documentation and, if subsidy is approved, signs form.
- _____ Supervisor is responsible for any authorization.
- _____ Upon approval of subsidy by SA Supervisor, SA includes subsidy amount, effective date, and review schedule in plan or addendum. Copy of FRR is submitted along with the ISP or addendum.

Supporting documentation for income and expenses is attached and has been reviewed and verified:

SA Signature: _____ Date: _____

Approved Subsidy Amount:	Effective Date:
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I have reviewed FRR and supporting documentation. Approved by:

SA Supervisor Signature: _____ Date: _____