

# **Independent Living/Assisted Living Benevolent Care Application Process**

The purpose of this Independent Living/Assisted Living Benevolent Care Application Process is to provide a unified process for the application, review, provision and management of Benevolent Care for United Church Homes' Residents pursuant to United Church Homes' Admission and Benevolent Care Policy Statement as supplemented by the Benevolent Care Allocations Policy, Section (A): Benevolent Care Funds to Independent Living/Assisted Living Residents unable to pay, with no third party financial support (no Medicaid eligibility).

1. Any resident or responsible party seeking Benevolent Care will be referred to the Executive Director/Administrator or his or her designee for an initial meeting. In all cases, the Executive Director/Administrator or designee shall be the primary contact for the resident and/or responsible party for information relating to the Benevolent Care Program.
2. All applicants will complete an Application which shall include a current financial disclosure form, including an indication as to when entrance into the program is requested. Incomplete or unsigned documents will not be acted upon until such time as all information is completed. Applications which remain incomplete for ninety (90) days will be returned to the resident and a new application completed for reconsideration.
3. Assistance with the application process may be given by the social services, business or admissions department as appropriate.
4. The initial application will be received by the Executive Director/Administrator. The resident applying for Benevolent Care must provide all the required supporting documentation listed in the Benevolent Care Application in order for their application to be considered. Additionally, the resident or their legal representative shall be required to sign information release forms authorizing verification of the information received. The Business Office/Finance Department representative shall be responsible for the initial verification and review.
5. Within thirty (30) days the verified application shall be submitted to the Executive Director/Administrator for review and recommendation.
6. Consideration should be given to comparison of information from the point of the resident's initial admission until the time of application for Benevolent Care. The evaluation of information should consider the length of time the resident has been in the community and the use of the resident's assets during the stay in the community.
7. The assets, income and expenses of the resident will be evaluated using the guidelines employed by the state Medicaid program at the time of the application. Residents who meet the Medicaid eligibility requirements in place at the time of application will be considered. Generally, those guidelines include total allowable assets, provision for burial, medical insurance and a modest spending allowance.
8. The Executive Director/ Administrator shall review and submit his/her recommendation regarding Benevolent Care within five business days, to the Sr. Vice President/CFO and VP of Finance and the Sr. Vice Pres./Chief Growth Officer (CGO) for review and recommendation. In the event the Executive Director/Administrator does not approve the resident's application for further consideration, the "not approved" determination shall be communicated by the Executive Director/Administrator to the resident and the community's business office; and if applicable,

collection efforts will be pursued on any current outstanding balance owed by the resident.

9. The Sr. V.P./CFO and Sr. V.P./CGO shall review and submit their recommendation regarding Benevolent Care within ten business days of their receipt of the Executive Director's/Administrator's recommendation, to the President/CEO. The President and CEO shall, within ten business days of his/her receipt of the Sr. V.P./CFO's and Sr. V.P./CGO's recommendation, give final approval or disapproval for all requests for Benevolent Care.
10. After all levels of review, recommendation and approval, the Sr. Vice President/CFO is responsible for returning the original, signed application to the Community Business Office, The Business Office Manager and the Staff Accountant - Collections will determine any necessary adjustment to the resident account and will make entries.
11. Only after the signed original application has been returned to the Community Business Office can the prospective benevolent care applicant be notified of the outcome. A copy of the approved application will also be sent to the Central Office Finance Department. It shall be the responsibility of the Executive Director/Administrator or designee to notify the resident or their responsible party of the determination.
12. Approval shall be granted for periods not to exceed one (1) year. All residents will be notified of the effective date of approval and the amount of the expected monthly payment. All approved residents will be allowed to keep approximately \$100.00 each month for personal incidentals such as telephone, cable, or professional hair care, not covered by the Community. The Community reserves the right to require health insurance be sought and/or maintained. The cost of the premiums will be included in the resident's monthly personal expense use for resource calculation.
13. All residents receiving benevolent care shall be required to notify the Business Office should their financial situation change by more than ten percent (10%). All residents in the benevolent care program shall reapply annually by providing updated income and/or asset information, e.g. changes in Social Security income, pension and the like. Additionally, the resident will provide changes in liabilities and expenses, such as health insurance premiums and extraordinary medical expenses.
14. All information relating to applicants and/or those receiving benevolent care will be treated in a confidential manner and will only be released to individuals whose employment function necessitates knowledge and access or to others as may be required by third party contract or law.
15. Use of the Medicaid guidelines as the foundation for determining qualification for benevolent care shall not in any way be considered as approval or acceptance or non-acceptance of Medicaid eligibility. Any part of the application procedure or process which may be in conflict with changing regulations and laws will be void.
16. Recipients of benevolent care, applicants for benevolent care, or their responsible parties will be required to make application for all State and Federal programs which provide assistance to seniors or residents in licensed nursing or assisted/residential living care.
17. Subject to a resident's right of provider choice, while covered by benevolent care, the community may select the providers of care, products, and services, which will be used by the resident. Generally, the Medical Director and other contracted providers will be used.

18. Neither United Church Homes nor the community will assume any liability for funeral expenses and/or non-UCH healthcare or living expenses provided by other third-party provider services for residents covered under the benevolent care program. Further, United Church Homes nor the community will assume liability for expenses or debts incurred prior to or after the time of application and approval.
19. Residents may not be eligible for Benevolent Care if they have gifted or otherwise transferred a material amount of their assets and/or failed to reasonably manage their assets in a conservative manner within a five-year period prior to their application.
20. Benevolent Care is provided at the sole discretion of United Church Homes and may be limited or denied if the provision of Benevolent Care may impair the ability of the community to operate on a sound financial basis and maintain the facilities and services for other residents at the community now and in the future.

# Benevolent Assistance Application

(CONFIDENTIAL)

Community \_\_\_\_\_

Date \_\_\_\_\_

Resident Name \_\_\_\_\_

Resident No. \_\_\_\_\_

Admission Date \_\_\_\_\_

Level of Care \_\_\_\_\_

## ASSETS

### Bank Deposits

Checking Acct# \_\_\_\_\_ \$ \_\_\_\_\_

Passbook or Time Deposit \$ \_\_\_\_\_

Savings Accounts \$ \_\_\_\_\_

401k or 403b \$ \_\_\_\_\_

### Savings and Loans Associations

Passbook \$ \_\_\_\_\_

Acct # \_\_\_\_\_

Certificate of Deposit \$ \_\_\_\_\_

### Stocks and Bonds (Attach List)

Approximate Current Value \$ \_\_\_\_\_

Fund in Trust \$ \_\_\_\_\_

Real Estate \$ \_\_\_\_\_

Describe: \_\_\_\_\_

Life Insurance \$ \_\_\_\_\_

Other Assets \$ \_\_\_\_\_

List: \_\_\_\_\_

TOTAL ASSETS: \$ \_\_\_\_\_

## LIABILITIES

Home Mortgage \$ \_\_\_\_\_

Monthly Payments \$ \_\_\_\_\_

Other (list) \$ \_\_\_\_\_

Net Worth (Assets-Liabilities) \$ \_\_\_\_\_

### Monthly Income – Rental prop, dividends, interest

Social Security \$ \_\_\_\_\_

Private Pension \$ \_\_\_\_\_

Annuities \$ \_\_\_\_\_

Life Estate \$ \_\_\_\_\_

Interest Income \$ \_\_\_\_\_

Trust Income \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total Monthly Income \$ \_\_\_\_\_

Monthly Net income \$ \_\_\_\_\_

### Monthly Personal Expenses:

Medications \$ \_\_\_\_\_

Health Insurance \$ \_\_\_\_\_

Phone \$ \_\_\_\_\_

Personal Items \$ \_\_\_\_\_

Newspaper \$ \_\_\_\_\_

Doctor, Dentist, etc. \$ \_\_\_\_\_

Other (list) \$ \_\_\_\_\_

Total Monthly Expense \$ \_\_\_\_\_

**Benevolent Assistance Application  
(Confidential)**

1. If someone other than you administers, has access to, or controls your finances and/or obligations, please list that person's name, address and phone number.

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2. Have any resources/assets been transferred, gifted, or established within a trust in the last sixty (60) months? If so, please explain.

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3. When do you expect to need benevolent care assistance? \_\_\_\_\_  
Month/Year

I hereby declare that all statements made herein are true and complete according to my best knowledge and belief. In witness whereof! hereunto set my hand to this application.

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Signature of Applicant

Date

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For Office Use Only

Amount approved for monthly care ..... \$.\_\_\_\_\_

Administrator Signature. \_\_\_\_\_

Date Approved: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Dear

Your benevolent care application dated ----- has been approved.

This approval will remain in effect for a period of one year.

Our records show you have countable net monthly income of \$ \_\_\_ \_\_\_ \_\_\_ available for care.  
Please remit \$ \_\_\_\_\_ for care with monthly billing statement.

Should your financial situation change, please advise the Business Office as soon as possible.  
You may be requested to provide us with updated information on an annual basis so we may adequately provide you with assistance.

Please feel free to contact me should you have questions.

Sincerely,

Administrator