

Dear Alternative Care Facility or Supported Living Program Providers,

The Member Contact Center within the Department of Health Care Policy & Financing (the Department) will be reaching out to Alternative Care Facilities (ACFs) and Supported Living Program (SLP) providers over the next month. This is in an effort to gain member income verification and information for Post Eligibility Treatment of Income (PETI) calculations for all applicable members. This will assist Case Management Agencies (CMAs) in collecting this vital information for members and ensure accurate information is provided. These efforts will confirm correct daily rates for providers, as well as Room and Board and Personal Needs Allowance amounts for members.

This requires cooperation and immediate attention from providers to collect this information as soon as possible. Provide the Member Contact Center with the following information:

1. Total Monthly Gross Income (from all sources) for each member

2. Long Term Care Insurance Amount the member is receiving a payment for (if applicable)

- 3. Maintenance Allowance for Other Family Member:
  - This may include member income used for costs associated with a spouse living at home.
  - This may include member income used for costs associated with an empty residence.
  - Both of these amounts will need to be noted for the Maintenance Allowance for Other Family Member(s).
- 4. Allowance for Non-Covered Medical Needs:
  - This may include member income used for items such as prescription drugs, supplies, or other medical bills their insurance did not cover.
  - Include the total amount for all medical items the member needs.

- 5. Tax Allowance:
  - This may include a monthly payment the member owes the IRS towards their taxes.

Please note that failure to provide this information or incorrect information will result in the CMA needing to complete a revision to the PETI. This could result in delays in billing, incorrect daily rates and the need to void or adjust claims. Please ensure the information provided is as accurate as possible.

Thank you for your cooperation and assistance with this matter.

Sincerely,

Department of Health Care Policy & Financing