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Title 22@ Social Security

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Division 2@ Department of Social Services-Department of Health Services

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Part 2@ Health and Welfare Agency-Department of Health Services Regulations

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Subdivision 4@ Institutions and Boarding Homes for Persons Aged 16 and Above

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Chapter 2.5@ Maternity Home Care Program: Pregnancy Freedom of Choice Act

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Section 30307@ Request for Voluntary Contributions

## **30307 Request for Voluntary Contributions**

### **(a)**

The provider shall make a determination of whether or not an inquiry into the parent's ability and willingness to contribute financial support should be made based on the following: (1) A client shall be asked to indicate whether or not her parent(s) is aware of her pregnancy and her receipt of care and services provided under this program. (2) A client who indicates that her parent(s) is aware of her pregnancy and intent to reside in a maternity home until termination of her pregnancy shall be asked to indicate the occupation(s) of her parent(s), and whether or not the parent(s) is employed. (3) A client who indicates that her parent(s) is employed shall be informed that neither she nor her parent(s) is required to contribute financial support for her care and services. (4) A client shall be asked to indicate and explain any reasons she has for believing that an inquiry into the ability and willingness of her parent(s) to contribute would jeopardize her right to utilize the services of the maternity home.

### **(1)**

A client shall be asked to indicate whether or not her parent(s) is aware of her pregnancy and her receipt of care and services provided under this program.

### **(2)**

A client who indicates that her parent(s) is aware of her pregnancy and intent to reside in a maternity home until termination of her pregnancy shall be asked to indicate the

occupation(s) of her parent(s), and whether or not the parent(s) is employed.

**(3)**

A client who indicates that her parent(s) is employed shall be informed that neither she nor her parent(s) is required to contribute financial support for her care and services.

**(4)**

A client shall be asked to indicate and explain any reasons she has for believing that an inquiry into the ability and willingness of her parent(s) to contribute would jeopardize her right to utilize the services of the maternity home.

**(b)**

When an inquiry is appropriate, the provider shall make an inquiry into the parents' ability to financially contribute as follows: (1) Contact the parent(s) and inform them the client is receiving services of the maternity home; (2) Inform the parent that his or her financial participation is voluntary; and (3) Inform the parent(s) of the requirement that the provider examine the family's income tax return(s) for the previous year to determine the ability to contribute and the amount of the voluntary contribution. (4) Arrange a time and place to examine the parents' Form(s) 1040, Income Tax Return, for the previous year if the parent indicates a willingness to participate.

**(1)**

Contact the parent(s) and inform them the client is receiving services of the maternity home;

**(2)**

Inform the parent that his or her financial participation is voluntary; and

**(3)**

Inform the parent(s) of the requirement that the provider examine the family's income tax return(s) for the previous year to determine the ability to contribute and the amount

of the voluntary contribution.

**(4)**

Arrange a time and place to examine the parents' Form(s) 1040, Income Tax Return, for the previous year if the parent indicates a willingness to participate.

**(c)**

When the provider has received the parent(s)' income tax return(s), Form(s) 1040, for the previous year the provider shall perform the following: (1) Enter the current Federal Poverty Limits 200 Percent By Family Size chart published by the Department of Finance Data Center (see Handbook Section 30307(c)(a)(1) example for the chart effective August 1991), with the figures for Total Dependents, and Adjusted Gross Income, on the Form 1040 to determine whether or not annual income is in excess of 200 percent of the federal poverty level, adjusted for family size. If the annual income of the family is larger than the amount (Gross Annual Income) displayed in Table 1 for a matching Family Size, the family's annual income exceeds 200 percent of the federal poverty level and the parent(s) shall be requested to voluntarily contribute financial support for the care and services the applicant receives under this program. If the family's annual income is less than or identical to the amount shown in Table 1 for an equally sized family, financial contribution shall not be requested. (A) (Reserved.) (B) If the family's annual income is in excess of 200 percent of the federal poverty level, adjusted for family size, convert the annual income amount in a monthly amount (annual income/12 OR  $30.4 \times (\text{Annual Income}/365)$ ). Enter Table 2, (See Section 30314) Resident Fee Schedule, Maternity Home Care, with the Monthly Adjusted Gross Income and the total number of dependents (from the Form 1040) to determine the amount the parent(s) shall be requested to voluntarily contribute for each month the applicant remains in this program. (C) Monthly contributions shall

be permitted to be prorated for the first month and last month of the applicant's stay in the program. The formula to prorate is as follows: (MONTHLY CONTRIBUTION/30.4) x NUMBER OF DAYS IN THE PROGRAM DURING THE MONTH

**(1)**

Enter the current Federal Poverty Limits 200 Percent By Family Size chart published by the Department of Finance Data Center (see Handbook Section 30307(c)(a)(1) example for the chart effective August 1991), with the figures for Total Dependents, and Adjusted Gross Income, on the Form 1040 to determine whether or not annual income is in excess of 200 percent of the federal poverty level, adjusted for family size. If the annual income of the family is larger than the amount (Gross Annual Income) displayed in Table 1 for a matching Family Size, the family's annual income exceeds 200 percent of the federal poverty level and the parent(s) shall be requested to voluntarily contribute financial support for the care and services the applicant receives under this program. If the family's annual income is less than or identical to the amount shown in Table 1 for an equally sized family, financial contribution shall not be requested. (A) (Reserved.) (B) If the family's annual income is in excess of 200 percent of the federal poverty level, adjusted for family size, convert the annual income amount in a monthly amount (annual income/12 OR 30.4 X (Annual Income/365)). Enter Table 2, (See Section 30314) Resident Fee Schedule, Maternity Home Care, with the Monthly Adjusted Gross Income and the total number of dependents (from the Form 1040) to determine the amount the parent(s) shall be requested to voluntarily contribute for each month the applicant remains in this program. (C) Monthly contributions shall be permitted to be prorated for the first month and last month of the applicant's stay in the program. The formula to prorate is as follows: (MONTHLY CONTRIBUTION/30.4) x NUMBER OF DAYS IN THE PROGRAM DURING THE MONTH

**(A)**

(Reserved.)

**(B)**

If the family's annual income is in excess of 200 percent of the federal poverty level, adjusted for family size, convert the annual income amount in a monthly amount (annual income/12 OR  $30.4 \times (\text{Annual Income}/365)$ ). Enter Table 2, (See Section 30314) Resident Fee Schedule, Maternity Home Care, with the Monthly Adjusted Gross Income and the total number of dependents (from the Form 1040) to determine the amount the parent(s) shall be requested to voluntarily contribute for each month the applicant remains in this program.

**(C)**

Monthly contributions shall be permitted to be prorated for the first month and last month of the applicant's stay in the program. The formula to prorate is as follows:  $(\text{MONTHLY CONTRIBUTION}/30.4) \times \text{NUMBER OF DAYS IN THE PROGRAM DURING THE MONTH}$

**(d)**

By means of an agreement with each participating parent, the provider shall establish the time and methodology to collect financial contributions.

**(e)**

The amounts of any financial contributions collected from parents of recipients receiving services shall be recorded in the Other Funding Source And Amount column on the Claim for Reimbursement - Pregnancy Freedom of Choice AB 1069, Form SOC 331 (Rev. 3/82), and shall be deducted from the Allowable Expenditures for the purpose of offsetting costs of care and services provided to those recipients receiving services during that month.