



General Relief Program Calculation Sheet

Client Information

Client Name:

Client DOB:

Client Number:

ALH DSM:

Current ALH Placement:

ALH Fax:

Daily Rate for Client Services

Regional Daily Base GR Rate:

\$

Approved Daily Augmented Rate:

\$

Total Daily Rate: \$

Note: This is the total amount that can be billed for General Relief services per day when client cost of care and General Relief payments are added together. Additional payment beyond this rate may not be collected for this service. If client income or resources change, the total daily rate stays the same, but the amounts the GR program pays and the client pays will change. Notify GR within ten days of an income or resource change to recalculate.

Cost of Care - To Be Paid By Client

Net monthly income:

\$

x12 months/365 days

Client Daily Rate: \$

Note: This is the total daily amount to be collected from the client for cost of care. It is the provider's responsibility to collect the client's cost of care from the client/representative directly. The State is not responsible for client non-payment.

Individual clients may have differing amount of personal spending money since some benefits cannot be counted as income for GR per regulations. Only use the above rate for client billing.

Cost of Care - To Be Paid By General Relief

Total Daily Rate:

\$

Client Daily Rate:

Minus

\$

GR Daily Rate: \$

Note: General Relief is the payer of last resort. If additional payments are received by the provider from the client or another program, this reduces the amount of the GR Rate for the time period of the income or resource change and may result in the provider needing to pay back the General Relief program. Always notify the GR program of client income or resource changes.

Authorization Dates

Start Date:

End Date:

Note: This calculation sheet is only good for this time period. If more than one calculation sheet is created during this time period, this new start date will end the rates of the prior authorization. Renewal paperwork must be submitted 15 days prior to the end date for benefits to continue without interruption. APS Emergency placements will require an initial application to be submitted 10 days prior to the end date.