**Grade Reading Level: 8.5**

**{LETTERHEAD}**

Mary Smith Account Number: {XXXXXX}

101 Main Street

Boston, MA 02111 {DATE}

Dear Mary Smith:

**RESIDENTIAL SERVICES AND SUPPORTS CHARGE NOTICE**

**Residential Services and Supports Charge**. Department of Mental Health (DMH) regulations require us to charge you for services and supports that you receive while in a residential program in the community. These charges are calculated with a formula that DMH set.

If you get any payments on a recurring basis such as money from work, veteran’s benefits, or SSI payments, the formula will count these payments to help determine your charge. The charge formula:

* Counts 75% of most payments you receive
* Counts 50% of your money from paid work. This is to encourage you to look for or keep a job, if that is your goal; and,
* Makes sure that you keep $200 of your payments each month.

If you do not get any recurring payments, the formula counts any liquid assets you have. The formula makes sure that you keep $1000 of your assets.

The formula also makes sure your charge is no more than {$STATEWIDE MEDIAN} each month. This number is set by DMH. It is called the monthly residential service and support cost.

The formula may adjust your charge to let you keep money for certain expenses. For example, if you have health insurance premiums or child support payments, your charge may be reduced so you can pay these expenses.

**What is My Charge Amount?** Your charge is **${AMOUNT}** each month.

**How Was My Charge Amount Calculated?** Go to the pages at the end of this notice to see how your charge was calculated.

**When Must I Pay My Charge?** You must pay your charge by the 5th day of every month. This charge amount begins on {mm/dd/yyyy}.

Payments must be made as follows:

{PROGRAM PROCEDURE}

Some individuals have a legally authorized representative that helps them with their money. If you have a legally authorized representative, that person must pay your charge for you each month.

**Your Responsibilities.** You or your legally authorized representative must pay your charges on time each month.

If your income, assets, or expenses change by 10% or more than what you previously reported, you or your legally authorized representative must report the change within 10 days of learning about the change. Changes must be reported by {PROVIDER PROCEDURE}.

You or your legally authorized representative must also provide information on your income, assets and expense to DMH or {PROGRAM} if asked for this information.

**What If I Disagree with My Charge?** If you disagree with your charge, you can challenge the charge. You can challenge your charge only if:

* Your charge was miscalculated;
* You have been wrongly identified as the individual receiving residential services and supports or wrongly identified as the legally authorizes representative for such an individual
* Your charge was not adjusted to account for allowed expenses under DMH regulations.

You must contact {PROGRAM CONTACT} within 7 days of receipt of this notice in order to challenge the charge.

You may ask for a copy of the financial information used to calculate your charge. If you believe the charge was incorrectly calculated or that incomplete financial data was used, you may request that it be re-calculated. If the charge dispute cannot be resolved, you can request review by the DMH Area Director for the area where you live.

**Appeal Rights.** If the program and the DMH Area Director cannot resolve the charge dispute, you may appeal the charge to the DMH Commissioner. You must appeal in writing within 30 days of being notified of your charge amount.

Your appeal letter must state the name of the program assessing the charge and the reason for your appeal. The reason must be one or more of the reasons for challenge above.

While your appeal is in process, you will continue to be billed at the charge amount.

You must send your appeal to this address:

Commissioner

Department of Mental Health

25 Staniford Street

Boston, MA 02114

**Questions?** Please contact {NAME OR ROLE} {at CONTACT INFO} if you have any questions about your charge or if you have trouble reading or understanding this notice.

**Regulations:** The charge regulation is found in 140 CMR 430.06. You can find the regulation online here: <https://www.mass.gov/service-details/regulations>.