

**BLUE WATER DEVELOPMENTAL HOUSING, INC.  
POLICIES AND PROCEDURES: INDIVIDUALS SUPPORTED INFORMATION**

<b>SUBMITTED BY:</b> Kathleen Swantek	<b>DATE SUBMITTED:</b> 04/13/11	<b>SECTION:</b> Accounting	
<b>BOARD APPROVED ON:</b> 04/13/11	<b>DATE REVISED:</b> 05/26/17, 04/18/18, 01/01/2020, 08/18/21	<b>SUBJECT:</b> Individuals Supported Fee Refund	
<b>ANNUAL REVIEW BY EXECUTIVE DIRECTOR:</b> 04/18/18, 05/15/19, 05/20/2020, 08/18/21		<b>POLICY #:</b> IA-001	<b>PAGE #:</b> 1 of 2

**I. APPLICATION**

The provisions stated herein shall apply to all individuals supported by Blue Water Developmental Housing Inc. (BWDH).

**II. POLICY**

It shall be the policy of BWDH to refund the unused portion of the monthly charge indicated in the fee statement, *Resident Care Agreement (BCAL-3266)*. The refund will be given to the individual supported or his/her designated representative under the following conditions:

1. Completion of a discharge notice by the licensee and the discharge of the individual supported. *Licensing Rule R 400.14302 Resident admission and discharge criteria.*
2. Completion of discharge requested by the individual supported or his/her representative.
3. Emergency discharge as in rule 302.
4. Resident at risk (Adult Protective Services).
5. Resident at risk due to substantial noncompliance leading to provisional license or adverse action.
6. Death of an individual supported.

The amount of the monthly charge that is returned shall be pro-rated based on the number of days that the individual supported lived in the home during that month.

**III. NOTIFICATION/PROCEDURE**

**WHO**

Program Supervisor

**DOES WHAT**

1. At time of admission the designated representative will sign the *Resident Refund Agreement*.

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2. The original will remain in the resident's record located at the program. A copy of the agreement will be given to the designated representative.
3. Notify the Fiscal Analyst at time of discharge or death by using the *Placement/Status Change Form*.

Fiscal Analyst

4. Will reimburse the individual or his/her designated representative within 30 days.

**IV. EXHIBITS**

Resident Refund Agreement  
Placement/Status Change Form

**V. REFERENCES**

Licensing Rule for Adult Foster Care Family Homes