



## FINANCIAL INFORMATION & SERVICE AGREEMENT

### A. FINANCIAL INFORMATION

*The following information presents the current financial practices at Spring Lake Ranch. Please keep in mind that the Ranch likes to maintain flexibility in working with Residents and their families. Therefore this document serves only as a means of presenting general guidelines.*

#### **Fees:**

**Cuttingsville:** The Resident fee for Spring Lake Ranch is \$235 per day. This fee covers private room and board, program services, psychiatric services, and local transportation. It does not include expenses for medication, medical or dental visits, personal expenses, special transportation beyond 50 miles round trip, or temporary one-on-one staff coverage.

If the Resident is absent or on leave from the program, the standard fee will continue to be charged in the Resident's absence from the program to maintain the Resident's place in the program for up to 30 days; and if the Resident does not return or confirm in writing his desire to continue in the program, termination from the program will occur.

In the event that a Resident is discharged from the Ranch and the family wishes to hold a place at the Ranch in anticipation of returning, a charge of one-half the normal daily rate would be imposed.

#### **Billing:**

**Please come prepared to pay the first thirty day's fee (\$7050) on the day of the resident's arrival.** (We do not accept credit cards or Pay Pal payments) Because of the initial effort involved in admissions, fourteen (14) days of the fee or \$3525 is not refundable. Should a Resident come to the Ranch in the middle of a month, a portion of the initial fee will be credited to the Resident's second month.

Statements are sent out about the 25th of each month. A statement includes the fee for the coming month, as well as any expenses incurred

by the Resident in the previous month. We ask that all balances be paid by the 10th of the month. There is no charge for a Resident's first day and overnight; however, the last day of a Resident's stay is billed at the full rate regardless of the time of departure. A 1% per month service charge will be imposed on all balances unpaid forty-five days after the invoice date.

#### **Allowance:**

Most Residents receive a weekly allowance of spending money paid for by the family. This amount is determined at the discretion of the Resident and his/her family. The allowance for the month is billed in the monthly statement for the coming month. Please note that some months have five (5) Thursdays and will be billed accordingly.

#### **Health Insurance:**

The Ranch is willing to work with families and/or Residents by providing information in the pursuit of insurance reimbursement. For insurance purposes, the Ranch is classified as a Residential Treatment Center. If you are going to seek insurance reimbursement for the Ranch fee, it is very important that pre-authorization be obtained prior to arrival. This work usually entails interaction between Ranch staff, the Resident/family, and the insurance carrier before the Resident arrives at the Ranch. In the event that insurance does not cover the entire daily fee, families are responsible for the difference and will be billed accordingly.

In that the insurance claim process can be quite lengthy and might extend well beyond a Resident's stay, families remain responsible for the full financial obligation when it is due. The Ranch cannot wait for insurance payments whether they be to the individual, the family, or the Ranch itself.

**If a Resident has health insurance, please bring the health insurance card, a billing address and any pre-authorization information.** This information is very important if a Resident needs to see a medical doctor, dentist, therapist, or needs to go to the hospital. It is the responsibility of the Resident or family member to provide this information at the time of admission.

Some Residents come with Medicaid or Medicare or are eligible for these programs. Spring Lake Ranch needs to be aware of this information as well. Out of state Medicaid will not cover any expenses which are incurred in Vermont.

#### **Pharmacy:**

The Ranch fee does not cover pharmacy bills. The Ranch works primarily with one pharmacy in Rutland. The two most common ways of paying for

this expense are: for the pharmacy to bill the payer directly, or for the pharmacy to bill Spring Lake Ranch and for the Ranch to pay the bill and then to place it on the Resident's statement. If a Resident has insurance, the carrier shall be billed. However, often the pharmacy is unable to bill out of state insurance companies. In this case the Ranch will include a copy of the bill so that it can be submitted by the Resident or family.

#### **Medical Doctor Visits:**

Spring Lake Ranch has a full-time health coordinator, who is responsible for coordinating a Resident's doctor visits. If the Resident has health insurance we shall pass that information on to the doctor's office. Otherwise, the Ranch shall include the bill in the monthly statement.

#### **Therapy:**

The Ranch can assist Residents in finding local therapists. However, such treatment is considered to be separate from the Ranch program and will be treated in the same way as medical doctor visits.

#### **Miscellaneous:**

The Ranch charges Residents for long distance phone calls. Because of our phone company's billing cycle, the month that we bill for may be 2 months behind.

#### **Aftercare Fees:**

Many residents move from our residential program in Cuttingsville to greater independence using the continuum of services Spring Lake Ranch provides in Rutland. This may include a stay at our Royce Street transitional house, our Town House apartment complex, or independently rented apartments with individualized services.

The rate for Royce Street is \$175 per day and includes room & board, program services, and psychiatric services. Those in independent apartments and the Town House pay a services-based fee which includes psychiatric and individualized program services that are tallied monthly and families are billed accordingly.



**B. SERVICE AGREEMENT**

\_\_\_\_\_ (Name) has agreed to participate in the program and services offered by Spring Lake Ranch Inc. (a Therapeutic Community Residence with aftercare services available, as appropriate, at the Royce Street Transitional Program and Independent Apartment Living Program, as part of the “Spring Lake Ranch Program”). The start date for services is: \_\_\_\_\_.

1. Consent and authorization: The Resident and Resident’s family have been informed of the nature and the scope of the professional services being provided by Spring Lake Ranch and have been provided a copy of Spring Lake Ranch’s philosophy statement. The services are voluntary in nature, and the Resident and Resident’s family are aware that some of the services are provided in an open and rural setting. The Resident and Resident’s family also understand that there are certain inherent and other risks associated with treatment in this type of setting, not limited to the possibility that the Resident may leave the care/area of a Spring Lake Ranch Program. The Resident consents to care and treatment by Spring Lake Ranch and authorizes Spring Lake Ranch to provide and/or arrange for such mental health treatment deemed appropriate.

The Resident agrees to refrain from disruptive acts, including but not limited to: physical violence/threats towards themselves or others, use of illegal drugs, and abuse of alcohol or other substances while enrolled and participating in the Spring Lake Ranch program. Residents are not allowed to bring alcohol on the premises or consume alcohol during any Spring Lake Ranch sponsored activity. Residents are to maintain abstinence from alcohol and other drugs during their stay at any Spring Lake Ranch Program for many reasons, including but not limited to: interference with medications, sensitivity to Residents who struggle with addiction issues, and possibility of disruptive behavior; which could result in termination from the program.

2. Payment for program, services, and related fees: In consideration for the services provided, program fees and expenses will be paid in a timely fashion and in accordance with the fee structure described in the “Financial Information Document” attached hereto.

3. Notice of intent to terminate program participation by Resident/Resident’s family: Resident and Resident’s family recognize that in order to provide said services, Spring Lake Ranch will incur liabilities and will commit staff time for the services period. Therefore, Resident and Resident’s family agree to provide Spring Lake Ranch with advance notice of intention to terminate services.

4. Termination by Spring Lake Ranch: Spring Lake Ranch may take whatever steps they deem necessary, including termination of this agreement at any time, if such steps or termination are deemed reasonably necessary by Spring Lake Ranch to insure the physical and emotional security and safety of the Resident, other Residents, or staff. The Resident and Resident’s family agree to arrange for the safe,

immediate departure of the Resident from the Spring Lake Ranch Program, if he or she is required to leave for such medical, psychiatric, legal or behavioral reasons. If they do not arrange for such departure, Spring Lake Ranch will make arrangements, and the Resident/Resident's family will be responsible for the costs incurred. The Resident and Resident's family acknowledge that if Spring Lake Ranch Program services are terminated that there is no guarantee State or local community resources will be able to step in and provide services. It may be appropriate for the Resident to return to his/her home/home state should the need to leave a Spring Lake Ranch Program arise.

5. Resident and Resident's Family agree: that Mental Health care is not an exact science and that no guarantees are made as to results, nor should that be expected. Further, the Resident and Resident's family understand that an Action Plan will be developed in concert with the Resident, which Plan will be the focus of the Resident's program at the Ranch. A discharge and/or aftercare plan will be developed as appropriate. The Resident/Resident's family understands that Spring Lake Ranch will use its best efforts in accordance with the terms of this agreement to provide mental health services to the Resident. All Resident information will be maintained in confidence and only be shared with those outside of the Ranch programs as necessary, and/or with the informed consent of the Resident. The consulting Psychiatrist, as the primary treating psychiatrist, is an integral part of the treatment team, and as such, participates in the decision making and sharing of information necessary to treat. While additional, outside consultations may be beneficial or helpful; the Resident/Resident's family further agrees not to engage in

any alternative or other treatments without the consultation of the Resident's treatment team during their participation in Spring Lake Ranch programs.

6. **Acknowledgment:** By signing this document, the Resident and/or Family acknowledges that they have received and read the Financial Information Document, have been informed of the services available through Spring Lake Ranch, and are entering the Spring Lake Ranch program with full knowledge of and agreement to comply with all terms and conditions of or necessarily inferred from this Agreement.

Signatures:

\_\_\_\_\_  
RESIDENT  
Financially Responsible? (Y / N)

DATE \_\_\_\_\_

\_\_\_\_\_  
FAMILY MEMEBER  
Financially Responsible? (Y / N)

DATE \_\_\_\_\_

\_\_\_\_\_  
SPRING LAKE RANCH

DATE \_\_\_\_\_