Policies and Procedures

Subject: Funding and Billing

Policy Number: CMC-06

Purpose: Courter Memory Center understands the importance of making Adult Day Services accessible to all in the community. In addition to private pay, there are multiple funding sources available to members of the Kalamazoo County, and surrounding communities. Courter Memory Center will assist in connecting guests and their families to these resources.

A Financial Agreement will be completed upon admission for each guest. This form must be updated upon changes to guest schedules.

Private pay: The private pay rate for adult day services at Courter Memory Center is $18.50 an hour. Guests will be billed weekly.

Deposit: A $65 deposit, per CMC participant, is due at the time of enrollment. This deposit is non-refundable.

Limited financial assistance may be available in the form of cost-share based upon guest need and center funding. Cost-share information is available from the Center Director.

***Courter Memory Center is contracted with the MIChoice Waiver Program through Milestone Senior Services, CareWell Senior Services, the Area Agency on Aging Region 3A, and various health insurance programs. For more information, please contact the CMC Director.*

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CMC Financial Agreement

Guest Full Name: _____

Date: _____ Start Date: _____ Registration Fee Date: _____

I have been informed of the charges for Courter Memory Center noted below.

- Registration Fee: $65
- Hourly rate $18.50/hour
- Meals on Wheels: $8.50 each (yes/no)

	Drop Off Time:	Pick Up Time:
Monday:	In at _____	Out at _____
Tuesday:	In at _____	Out at _____
Wednesday:	In at _____	Out at _____
Thursday:	In at _____	Out at _____
Friday:	In at _____	Out at _____

Weekly billing statements will be available through the Brightwheel app. All invoice balances are due within 5 days of receipt, as indicated on each invoice. Billing is based on hours attended, regardless of schedule.

Please note: Late pick-ups 15 minutes after scheduled pick-up time will be charged an additional $1 per minute. Late pick-ups after 5:00pm will be charged an extra $5 per minute.

All enrolled guests commit to an initial period of continued attendance lasting 90 days, during which an elective discharge at the choice of the family or guest not related to illness progression will result in a $75 fee.

By signing below, I accept full financial responsibility for the adult day services provided to the guest named above. I understand that a non-refundable registration fee is required at the time of enrollment, and that weekly payments are due no later than the due date shown on the invoice. I acknowledge that it is my responsibility to pick up the guest by the scheduled pickup time, and I agree to pay the late fee for any pickup after that time. I also understand that failure to make timely payments may result in suspension or termination of services.

Billing Access (list all people): _____

Signature of Financially Responsible Party: _____

Printed Name of Financially Responsible Party: _____

Received and Reviewed by CMC Staff: _____ Date: _____

Courter Memory Center

Discharge Policy

Participant Name: _____

Policy: Courter Memory Center reserves the right to request the discharge of a participant if the Courter Memory Center can no longer meet the needs of that particular participant, or if the behavior of the participant endangers the care and / or safety of other participants.

Possible Reasons for Discharge:

A. **Participants may be discharged from Courter Memory Care for:**

- Persistent, uncontrolled bowel and blader problems
- Persistent disruptive behavior
- Need of physical care beyond the capabilities of this program
- Failure to comply with billing agreements or failure to pay for service in a reasonable and timely manner

B. And or their caregiver may **choose to discontinue attendance** at any time (after initial 90 days) they believe it is necessary; reasons may include permanent placement of a participant in a foster care or nursing home setting, or increased availability of informal supports.

C. In any case of discharge, whether it is on the part of Courter Memory Center or the caregiver and participant, a **two-week notice should be given** whenever possible. Failure to give a two-week notice may result in charges up to the total amount for scheduled visits. The final amount will be determined by staff, and family will be notified when discharge paperwork is signed. Exceptions to this policy will be made at the discretion of the admin staff. Courter Memory Center **may determine immediate dismissal** if necessary for the safety and well-being of all concerned.

D. Caregivers/participants have the right to file a complaint of discrimination, and to question any decision that determines eligibility for serve and termination of service. Appeals may be made to the Executive Director of the Comstock Community Center (269) 345-8556. Individuals who are dissatisfied have the right to file a discrimination complaint to Area Agency on Aging and or Michigan Office of Services to the Aging or the Office of Civil Rights or the Michigan Department of Civil Rights.

Signature upon Enrollment:

Participant or Caregiver signature: _____

Date: _____

CMC Staff: _____

Date: _____

Participant Discharge:

In the event of a participant discharge from the program per request of the participant and or the caregiver, a signature is required. The Courter Memory Care staff will accept the verbal wishes to be discharged from the program. Verbal wishes to Discontinue: _____

Signature :_____ Date: _____ End date:

Reason for Discontinuation:

____Death ___ NH Placement ___Disruptive Behavior ___ AL Placement

____Moved ____ Failure to Pay for Services ___ Declined to Continue

____Stable/Temp ADC _____Family or HC Assisting ___ Medical decline

Additional Comments:

_____.

Cost Share

Subject: Cost Share

Policy Number: CMC-036

Purpose: Through generous donations, community partnerships, and grants, Courter Memory Center has limited funds available to provide financial assistance to support individuals who would not otherwise be able to access our services. The following guidelines are in place to ensure equitable distribution of such funds.

Policy: CMC understands that cost is always a factor when selecting support services. We never want participation in our program to be a financial burden. Each case is considered individually based on need and the availability of funds. Final decision regarding cost share awards is at the discretion of the CMC director and is based on the availability of funds.

1. Upon initial enrollment at the center, guest/family ability to pay will be assessed and a referral to all appropriate community resources will be made.

2. In the event a guest does not qualify for funding through available outside community resources, a scholarship application will be completed. A guest may be asked to provide proof of denial from outside community resources.

3. Scholarship applications are reviewed by the Center Director and/or the Comstock Community Center Executive Director. Decisions regarding partial or full financial assistance will be provided in writing to the guest.

4. A guest may apply for financial assistance at any time during their enrollment with Courter Memory Center as financial circumstances change.

Courter Memory Center
Cost Share Policy

Participant Name: _____ Date: _____

Policy: The Courter Memory Center understands that cost is always a factor when selecting support services. We never want participation in our program to be a financial burden. Due to generous community support and grants from the Area Agency on Aging Region 3A/Kalamazoo Senior Millage, the Courter Memory Center offers a generous cost share program to help offset the costs associated with participation in our program. Each case is considered individually based on need and the availability of funds. Please contact us to discuss your specific needs.

2026 Cost Share Program Details:

A. **Area Agency on Aging Region 3A/Kalamazoo Senior Millage:**
   - Open to any resident of Kalamazoo County
   - Up to 85% of billed amount covered for up to 8 hours of care per week

2026 Cost Share Application Process:

A. Statement of need by family to include:
   - Number of hours per week of care requested
   - Reason(s) for seeking care
   - Amount of cost share able to pay per week (100% of cost share is $18.50 per hour)
B. Meet with CMC Director
C. Cost Share Agreement signed
D. Cost share application reviewed by CMC quarterly

Cost share arrangement:

Family Contribution: _____ + Scholarship Contribution: _____ = 100%

Family contribution will be billed weekly the week after services are received, and payment will be due immediately upon receipt of the invoice.

Participant/Caregiver Name: _____ Date: _____

Participant/Caregiver Signature: _____

Staff Name/Title: _____ Date: _____

Staff Signature: _____

Policy reviewed: 09/01/2026