

## Terms of Client Responsibility

The Washington Department of Social and Health Services (DSHS) requires some clients in the Consumer Directed Employer (CDE) program to pay for a portion of their care services. These clients pay a “Client Responsibility” or co-payment amount each month. The amount is determined by DSHS based on client income. This document outlines Consumer Direct Care Network Washington’s (CDWA) terms of service for processing your Client Responsibility.

### Background

- Client Responsibility amounts are determined by a DSHS, not CDWA.
- Contact DSHS if you have questions about the amount of your Client Responsibility.
- Payments are made to CDWA, not DSHS and not to your IP.
- Your Individual Provider’s (IP) pay is not affected.

### Processing

- CDWA will issue a Client statement monthly for accounts with an outstanding balance.
- We won’t bill you until the cost of your services exceeds your Client Responsibility amount, or at month-end if you have an outstanding balance.
- If your cost of care is less than your Client Responsibility amount, you will be issued a statement for the cost of care amount the following service month.
- We will send your client responsibility statement by mail or email.
- Your statement includes your Client Responsibility amount, outstanding balance, payments, and credits.
- Payments are due to CDWA within 30 days of the statement date.
- If payment is not received within 30 days of the statement date, your account will be past due.

### Past Due Accounts

- If your account is past due, you will receive a 30-day termination notice.
- Any past due balances not received prior to the termination date, will result in termination from CDE services.
- If terminated:
  - We will instruct your IPs to not work.
  - You must work with your Case Manager to arrange other services.
  - You may be reinstated for CDE program services upon full payment of your outstanding balance.
  - We may refer your delinquent account to a collections service.

### Payments

- We accept the following forms of payment:
  - Electronic Funds Transfer (EFT).
  - Credit or debit card.
  - Check.
- Electronic payments can be set up on a recurring schedule or as a one-time payment.
- CDWA does not accept cash or payments at our office locations. Contact us by mail, email, or phone to make a payment.
- If payment is rejected for non-sufficient funds (NSF), account closure, credit card rejection or any other reason, we will:
  - Attempt to process the charge again, and/or,
  - Contact you for a different payment method.

If you have any questions regarding your Client Responsibility statement(s), please contact us by email at [infoCDWA@consumerdirectcare.com](mailto:infoCDWA@consumerdirectcare.com) or by phone at 866-214-9899.



## Client Responsibility Timeline Example

### January Service Example

January 1 – Service begins.

<b>If your Client Responsibility is accrued by:</b>	<b>Your statement will be sent:</b>	<b>Payment is due</b>
January 8, 2022	January 13, 2022	February 12, 2022
January 15, 2022	January 20, 2022	February 19, 2022
January 22, 2022	January 27, 2022	February 26, 2022

- If your cost of care is less than your Client Responsibility amount, you will be issued a statement for the cost of care total the following service month.
- If payment is not received within 30 days of the statement date, your account will be past due, and you will receive a 30-day termination notice.
- Any past due balance not received by the termination date, will result in termination from CDE services.