# Pennsylvania State / Monthly Liability Determination Application

**A "Monthly Liability Determination" is the <u>maximum</u> monthly amount a household will be charged for Community Mental Health and Intellectual Disability services at Lenape Valley Foundation (LVF). It is for uninsured individuals or clients with a cost share after insurance is paid based on household size and income. Formulas are created by Pennsylvania State.**

**Most children under the age of 18, who receive services at LVF, are eligible for Medical Assistance coverage for physical and behavioral health care needs, regardless of household size and income. Contact LVF Patient Accounts for more information.**

**The monthly family income shall be determined on an annualized basis. Clients' liability is based on their adjusted family income but is capped at the actual cost of services, or 12.5% of total monthly family income if that is lower. Insurance is billed first, and the remaining balance up to the determined liability is billed to the client.**

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**Client Name:** _____ Client Age: _____ Client Date of Birth: _____

Client's Primary Residence: _____ (Street)
_____ (Apt)
_____ (City, State, Zip)

## HOUSEHOLD INFORMATION

**Adult Applicants** (age 18 and older):
Check and complete all that apply…

- ☐ I live alone
- ☐ I live with my legally married spouse, their name is _____.
- ☐ I live with legally dependent children (under the age of 18), their name(s) is/are:

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- ☐ I live in a residence associated with a mental health program or intellectual disabilities program. My residence is associated with this organization: _____.

**Child/Adolescent Applicants** (dependents under the age of 18):
Legally responsible adult(s) check and complete all that apply…

- ☐ Adults living in the residence, who by law are responsible for the child/adolescent:

  Name: _____ Relationship: _____

  Name: _____ Relationship: _____

- ☐ Legally dependent children of the above adults, living in the household:



Rev: 10/15/2025

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☐ Adolescent is emancipated

## Income Information

**Adult Applicants:**
Living Alone – include only your income information.
Living with a legally married spouse – include your combined income information.

**Child/Adolescent Applicants:**
Include income or combined income of the adult(s) legally responsible for the child/adolescent applicant.

**Income** (documentation of income sources is required for this application)

1. Most recent IRS Tax return, year _____, provide a copy
2. Wages, _____, provide 2 current pay stubs
   **EX:** Wages, salaries, fees, commissions, tips, bonuses, net rental income, net business income and other income subject to Federal income taxation.
3. Interest Income, _____
   **EX:** Interest income including, but not limited to, interest received from accounts with banks, savings and loan associations, money market funds, credit unions or bonds
4. Dividends, _____
   **EX:** Dividends received from corporate stock holdings or cash dividends from life insurance policies
5. Benefits, _____
   **EX:** Including but not limited to unemployment compensation, Social Security payments, Supplemental Security Income received by clients 18 years or older, public assistance, pensions, black lung benefits and railroad retirement pensions.
   **Note:** Food Stamps are not counted as income.
6. Alimony, _____
7. Net Capital Gains, _____
   **EX:** Total capital gain less the total capital loss for the year.

**Deductions** (documentation of deductions is required for this application)

1. _____, Actual Federal, State, and local taxes paid.
2. _____, Mandatory payroll deductions.
3. _____, Real estate taxes on the principal residence.
4. _____, Health insurance premiums.
5. _____, Verified medical expenses exceeding 5% of total family income.
6. _____, Verified childcare costs, up to Internal Revenue Service limits.
7. _____, Child support payments for the client made directly to the facility in which the child is in residence.
8. _____, Net business losses claimed on the previous year's Internal Revenue Service form.

Number of individuals that are currently eligible to be claimed as spouse or dependent on IRS Tax return: ____

**I hereby certify that the information provided on this form is true and correct to the best of my knowledge and beliefs. I have provided written documentation supporting my income and deductions, such as income tax statements, current paystubs, and any other acceptable documentation. Whereas written documentation is not available, my signature and this completed form will serve as an affidavit and evidence of the information I have provided.**

**Print Full Name: _____**

**Signature: _____ Date: _____**

## FURTHER INFORMATION AND REFERENCES

Pennsylvania law pertaining to Liability Determinations is found in:
**TITLE 55, CHAPTER 4305. LIABILITY FOR COMMUNITY MENTAL HEALTH AND INTELLECTUAL DISABILITY SERVICES**

The law requires that:

- Income and deductions shall be verified by written documentation, such as income tax statements, pay stubs, written employer statements or by affidavit.
- If the liable person fails to provide written verification of income and deductions, Lenape Valley Foundation shall bill for the full cost of service.
- At the time the liability is determined, a written notice of the liability shall be given to the liable person.
- The liable person has the right to request adjustment of liability, requests shall be made within 30 calendar days of the time that conditions warranting the adjustment occur.

Complete information regarding Liability Determination laws can be found at:
55 Pa. Code Chapter 4305. Liability For Community Mental Health And Intellectual Disability Services (pacodeandbulletin.gov)

Your application may be returned by postal mail, Email, or Fax:

Mail: Lenape Valley Foundation/Billing Department
500 N West St
Doylestown, PA 18901

Fax: 267-893-5100

Email: PatientAccounts@lenapevf.org

You may also drop off information in our reception areas:

500 N West St
Doylestown, PA 18901

499 Bath Rd
Bristol, PA 19007

To speak with a Billing Specialist please call 267-893-5050.



Rev: 10/15/2025