

APPENDIX B

Co-Payment for Service Guidelines

Community Care For the Elderly Alzheimer's Disease Initiative

TABLE OF CONTENTS

<u>Section:</u>	<u>Topic</u>	<u>Page</u>
I.	Legal Authority	B-4
II.	Guidelines	B-5
III.	Overview	B-6
IV.	Determination of Client’s Ability to Pay	B-11
V.	Collection of Co-Payments	B-14
VI.	Termination of Services Due to Delinquent Payments of Assessed Co-Payment	B-16
VII.	Provider Annual Co-Payment Goal and AAA Holdback Procedures	B-18
VIII.	Review and Grievance Process	B-20
IX.	Provider Agency Records	B-22
X.	Area Agency Responsibilities	B-24
XI.	Attachments	
	1. CCE/ADI Eligibility/Financial Worksheet and Co-Payment Assessment Form	B-25
	2. Sample Co-Payment Schedule for Individual	B-28
	3. Sample Co-Payment Schedule for Couple	B-30

Department of Elder Affairs Based Programs and Services Handbook
Appendix B: Co-Payment for Service Guidelines—ADI and CCE Programs

Table of Contents

<u>Section:</u>	<u>Topic</u>	<u>Page</u>
4.	Instructions for Completion of Financial Worksheet	B-32
5.	Annual Co-Pay Collection Report	B-36

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

LEGAL AUTHORITY:

Florida Statutes, Section 430.204 (8)---Community Care for the Elderly Program. "Provider agencies are responsible for the collection of fees for services in accordance with rules adopted by the Department. Provider agencies shall assess fees for services rendered in accordance with those rules. To help pay for services received from Community Care for the Elderly, a functionally impaired elderly person shall be assessed a fee based on an overall ability to pay. The fee to be assessed shall be fixed according to a schedule established by the Department in cooperation with Agencies on Aging, Lead Agencies, and service providers."

Florida Statutes, Section 430.503---Alzheimer's Disease Initiative; fees and administrative expense. "Provider agencies are responsible for the collection of fees for services in accordance with rules adopted by the Department. Provider agencies shall assess fees for services rendered in accordance with those rules. To help pay for services received pursuant to the Alzheimer's Disease Initiative, a functionally impaired elderly person shall be assessed a fee based on an overall ability to pay. The fee to be assessed shall be fixed according to a schedule to be established by the Department. Services of a specified value may be accepted in lieu of a fee. The fee schedule shall be developed in cooperation with the Alzheimer's Disease Advisory Committee, Area Agencies on Aging, and service providers."

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

GUIDELINES:

Collecting co-payments for services from clients is an important step for providers of Community Care for the Elderly (CCE) and Alzheimer's Disease Initiative (ADI) services to undertake. General revenue resources to support services for the elderly cannot meet the growing need for services. Therefore, every eligible client must be given the opportunity to participate in the co-pay for services program. It is critical that case managers assess potential clients for their ability to participate in the cost of their care. It is equally important to identify potential Medicaid eligible clients and refer them to Department of Children and Families for a complete assessment of their income and assets. General revenue resources should not be utilized for clients who meet Medicaid waiver functional impairment criteria and are Medicaid eligible.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

OVERVIEW:

- A.** Co-payments (co-pay) shall be charged to all non-exempt CCE and ADI clients based on the client's ability to pay and include the income of the married, live-in spouse. Income from other family members or persons living in the household is not considered. Clients who receive Older Americans Act (OAA) services are not exempt from being assessed a co-payment under CCE or ADI. For ADI, services of a specified value may be accepted in lieu of a co-payment. Provider agencies shall develop their own written procedures for accepting services of a specified value.
- B.** Eligibility shall be by self-declaration of income. **"Self-declaration"** means a statement of income made by the person applying for CCE or ADI services. Self-declaration is all that is required for eligibility determination and does not include any documentation other than the signature of the individual making the statement on the Financial Worksheet and Co-Pay Assessment Form (Attachment 1). The self-declaration statement is assumed to be true at the time it is made. The person making the statement should be advised that the provider has the option of verifying the statement and that verification of income will be requested if there is a review or appeal of the provider's actions regarding co-pay.
- C.** Providers may ask clients who are exempt from co-payment assessment to contribute whatever amount they can on a voluntary basis. Voluntary contributions shall be handled in accordance with agency procedures.
- D.** Clients who are assessed a co-payment shall not pay an amount that exceeds the full cost of services received.
- E.** Clients wishing to contribute more for the services than the assessed co-payment, or who wish to pay the full cost of the services, may do so.
- F.** A client who is put on an assessed priority consumer list for services shall not be billed a co-payment for case management until services are commenced.
- G.** The co-payment to be charged is based on the gross income of the client or the client and live-in spouse.
- H.** To determine the co-payment to be assessed, add the applicable gross income amounts and compare the total to the sliding co-pay schedule (See Attachments 2 and 3 for sample schedules).

A client's gross income is income derived from the following:

1. Social Security;
 2. Veteran's Administration;
 3. Disability payments including workers' compensation;
 4. Retirement pensions (railroad, union, government);
 5. Interest, dividend, or annuity income including civil service;
 6. IRAs and CDs;
 7. Rental property income;
 8. Estate/trust fund income;
 9. Alimony;
 10. Regular contributions from another person; and
 11. Other income.
- I. Income information shall be considered confidential and shall be released only with written client consent or by court order.
- J. Clients may be terminated for non-payment of co-payments in accordance with procedures developed by the provider. Case managers should refer terminated clients to other service providers, if possible. The requirement to terminate client services for non-payment of co-payments can be waived by the agency director if the total amount of co-payments waived does not exceed 10% of the provider's targeted annual co-payment goal amount. (Refer to O below.)

K. Clients who are exempt from being assessed a co-payment:

1. HCE Clients:

- a. New clients who do not receive services and are on the assessed priority consumer list for HCE services only should not be assessed a co-payment unless CCE or ADI services are initiated while the client is waiting for HCE services; and
- b. CCE clients who are caregivers for HCE clients will be exempt from being assessed a co-payment for CCE services.

2. Medicaid waiver clients.

3. Persons referred by Adult Protective Services staff of the Department of Children and Families as high risk for alleged abuse, neglect or exploitation and who receive services for a period not to exceed 30 days. Within 30 days, a case manager needs to assess the client to determine if co-payments will be charged for ongoing CCE or ADI services.

4. Individuals and couples with less than \$1.00 monthly income.

NOTE: It is not necessary to complete the Financial Worksheet/and Co-pay Assessment Form for a client who is exempt from being assessed a co-payment. Case managers should clearly note in the case file that the client is exempt and state the reason why.

- L.** Services Exempt from Co-Pay Assessment: Information and referral/assistance services are exempt from the co-pay assessment requirement.

- M.** Clients wishing to pay the full cost of the services, or who wish to contribute monthly an amount that meets or exceeds the co-pay amount they would be charged are not required to complete the eligibility determination process. All CCE and ADI clients are required to provide the case manager with a self-declared monthly income amount. This amount will be enough information for the case manager to determine if the contribution or full payment the client wishes to make meets or exceeds the co-payment that will be charged. A narrative entry in the client file, which describes the contribution or full payment for services

arrangement, will suffice. Fiscal records must show receipt of a contribution or full payment for services from the client each month in accordance with the provider's billing procedures.

- N.** Provider agencies, in conjunction with Area Agencies on Aging, shall establish an annual co-payment goal (amount to be collected from clients). Providers shall project the annual co-payments to be collected from each active client in all income ranges prior to the start of each fiscal year. Ten percent (10%) of the annual goal may be waived. The remaining 90% is the agency's annual co-payment goal. Agencies on Aging may hold back 5% of the provider's contract amount. The amount held back shall be released to the provider after 50% of the adjusted annual goal is collected, but no later than February 15th of the fiscal year. Hold back amounts not earned by providers as of February 15th may be reallocated to other providers meeting or exceeding 50% of their annual goal.
- O.** The executive director of the provider agency may **waive a client's co-payment**. The total amount waived for all clients cannot exceed 10% of the provider's targeted co-payment collection goal for the year. A written explanation for the waiver of the co-payment must be placed in the client file.
- P.** A review of assets is required for individuals and couples whose incomes fall below the Supplemental Security Income (SSI) range according to the current year's federal Financial Eligibility Standards for SSI-related programs. This information is compiled by the Department of Children and Families and is made available to AAAs and providers by the Department. The review will help determine if applicants for services may be eligible for Medicaid or other assistance. Clients (and their spouses, if applicable) who meet the income criteria and Medicaid waiver functional impairment criteria shall have their assets reviewed. These clients, or clients with spouses, shall be referred for a full eligibility determination. Assets are not, however, used in determination of the co-pay amount.
- Q.** Assets are self-declared by the client and include the following:
1. More than one car (if the car is less than 7 years or more than 25 years old);
 2. Cash surrender value of life insurance policies (only if total face value is over \$2,500);
 3. Checking accounts;

-
4. Savings accounts;
 5. Cash on hand;
 6. Certificates(s) of Deposit;
 - 7 IRAs;
 8. Revocable burial contracts;
 9. Trusts;
 10. Stocks/bonds/mutual Funds; and
 11. Real property (not homestead).
- R.** The provider shall develop written billing and collection procedures to ensure the existence of a clear audit trail between the co-payment assessed and that collected.
- S.** Clients in common between CCE and ADI must have one designated case manager from either the CCE or ADI program for billing purposes. AAAs shall work with providers to develop written procedures applicable to clients in common. The procedures shall address the methodology for projecting the annual goal, case management responsibilities, and billing and collection of co-payments.
- T. Services Requiring Co-Payment:**
1. **CCE:** Refer to Chapter 5, Community Care for the Elderly (CCE) Program and Appendix A, Service Descriptions and Standards for the CCE services subject to co-payments.
 2. **ADI:** Refer to Chapter 6, Alzheimer’s Disease Initiative (ADI) Program and Appendix A, Service Descriptions and Standards for the ADI services subject to co-payments.

DETERMINATION OF CLIENT'S ABILITY TO PAY:

Completion of the financial worksheet shall be the method used to determine the client's ability to pay. The completed financial worksheet constitutes documentation of the co-pay determination procedure. If the client is married and lives with the spouse, the spouse's income shall also be considered in the co-pay determination process. Fundamental to the success of this procedure is the client's understanding of the purpose and requirements of the co-payment assessment process.

- A.** The case manager shall explain the co-payment assessment procedures to the client/responsible party with emphasis on the following points:
1. Co-payment is a requirement per state statute (Chapters 430.204(8) and 430.503, F.S.) to be collected for CCE and ADI services;
 2. It is collected to offset some or all of the costs of the services received by the client;
 3. It is based on the client's ability to pay;
 4. It is determined by completing the financial worksheet and assessed co-pay assessment form;
 5. Income and assets are self-declared;
 6. A co-pay amount for all of the services received each month will be charged;
 7. Clients shall be informed of their right to request a review of their ability to pay the assessed amount;
 8. Clients shall be informed of their right to file a grievance relative to actions to terminate services due to non-payment of assessed co-payment; and
 9. Referral is made to the appropriate agency for a full eligibility determination if the client appears to be eligible for Medicaid or other assistance after a review of self-declared income and assets.

- B.** The case manager shall complete the assessment process in accordance with the Instructions for Completion of the Financial Worksheet and Co-pay Assessment Form (Attachment 1) by following the steps below:
1. Determine whether the client is exempt from assessment as detailed in Overview, Section K;
 2. Complete for all eligible clients during the initial assessment in CCE or ADI program;
 3. Obtain the client's signature on financial worksheet/and co-pay assessment form;
 4. Prepare the care plan; and
 5. Discuss the care plan and agency co-pay procedures with the client.
- C.** The case manager shall discuss problems that may arise with the client as follows:
1. **Client refusal to comply:** Services will be offered at full cost if client/responsible party refuses to provide information on income needed to determine ability to pay.
 2. **Client refusal to accept case management:** Core services cannot be offered without case management which, at a minimum, must include semi-annual and annual visits and other activities necessary to coordinate and document service delivery.
 3. **Client request for review from provider agency:** Each client/ responsible party has the right to question the co-payment assessment and request a re-determination of ability to pay.
 4. **Non-payment of Co-payments:** Failure to pay co-payments when billed shall result in termination of services.

- 5. Change in Financial Circumstances:** Determination of ability to pay shall be done annually and may be done at any time deemed necessary by the agency. Should the client's financial circumstances change, the client's or responsible party's written or verbal request accompanied by information pertinent to the change, may be used to change the co-payments by re-assessing the client.
- D.** If the case manager determines that a client cannot be assessed a co-payment, he/she may request approval of the agency executive director to **waive** the assessment. Agencies may waive up to 10% of the co-payment annual goal to be collected from clients.
1. The reason for the waiver shall be noted in the client file; and
 2. The agency executive director shall sign the client file entry waiving the co-payment assessment.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

COLLECTION OF CO-PAYMENTS:

The provider agency shall establish written procedures for billing and collecting client co-payments. There must be a clear audit trail between the amounts assessed and the amounts collected.

A. Method:

1. The provider agency shall establish written procedures for billing and collecting client-co-payments.
2. There shall be a clear audit trail between the amounts assessed and the amounts collected.

B. Designation and Billing of Responsible Parties:

1. The client's or the identified financially responsible party's name shall be recorded in the client's file.
2. Should the court appoint a guardian who is responsible for the client's finances, the bill for the assessed co-payments shall be sent in accordance with the court order.
3. Individuals, including parents and adult children, who have not been officially declared financially responsible for the client, shall not be billed unless they offer to pay on behalf of the client.

C. Role of the Voluntary Payer:

1. A voluntary payer is an individual, other than the client, guardian of the client, or court-appointed financially responsible party, who volunteers to pay the client's assessed co-payments.
2. As long as the voluntary payer continues to contribute an amount equal to or greater than the client's assessed co-payment(s), the client shall not be billed.
3. Should the voluntary payer cease to contribute an amount equal to or greater than the client's assessment, co-payments to be charged will be reviewed with the client prior to requesting payment.

- D. Contributions** (Applicable to clients who pay an amount equal to or greater than the co-payment for their income range):
1. Clients who wish to contribute more than the assessed co-pay may do so without receiving a bill.
 2. Client contributions shall be recorded in fiscal records when received.
 3. The financial worksheet and co-pay assessment form are not required to be completed, as long as the intake form includes the gross monthly income of the client, or the client and spouse, if applicable. However, the client file shall contain a narrative entry documenting the contribution arrangement.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

Termination of Services Due to Delinquent Payments of Assessed Co-Payments

TERMINATION OF SERVICES DUE TO DELINQUENT PAYMENTS OF ASSESSED CO-PAYMENTS:

- A.** For the purpose of co-payment collection, assessed co-payments will be considered delinquent when full payment has not been received **after 30 days from the billing date**, or according to the agency billing procedures.
- B.** Providers shall establish their own **procedures and timelines for recouping delinquent payments**. Consideration should be given to the cost of pursuing unpaid claims, the amount of unpaid claims, and whether it is worth the time and expense.
- C.** Providers will develop their own **termination procedures** for clients who do not pay assessed co-payments. Once a client is terminated, the action must be noted in the Client Information and Registration Tracking System (CIRTS) using the code “TRNP” (termination for non-payment).
- D.** Provider agency directors may elect to **waive** the assessed co-payment if it is felt that termination of services would not be in the best interests of the client. A written explanation for the waiver must be included in each individual client file. Up to 10% of the provider agency co-payment annual goal may be waived.
- E. Other considerations:**
 - 1.** If the client has been provided services on an emergency basis, **14 working days** shall be allowed for assessment. If the client, guardian, or responsible party refuses to provide information on income to determine the ability of the client to pay within those 14 days, services will be terminated unless the co-payment assessment is waived.
 - 2.** If the client has been provided services as a **high risk** Adult Protective Services referral, the assessment must be completed before the end of the **30-day** service period. If the client refuses to provide information on income to determine the ability to pay, services are terminated, unless the co-pay assessment is waived.

Department of Elder Affairs Programs and Services Handbook
Appendix B: Co-Payment for Service Guidelines—ADI and CCE Programs

Termination of Services Due to Delinquent Payments of Assessed Co-Payments

- 3.*** Acceptance of partial payment of assessed co-payments may affect termination procedures for the month in which partial payment is accepted. Partial payments are discouraged because services cannot legally be terminated. However, if extenuating circumstances exist, the agency may agree to establish a partial payment plan with specified start and end dates for receipt of full payment. Examples of extenuating circumstances include:
- a.** Client's retirement pension or other source of regular income was not received;
 - b.** Client is hospitalized and unable to pay bills timely; or
 - c.** Client has an increase in out-of-pocket expenses related to medical conditions.
- 4.** Clients who leave the program, e.g., nursing home placement, death, moves out of area, are still responsible for the co-payments owed. The provider agency may determine what course of action to take to recoup what is owed.

***NOTE:** A re-determination of co-payments could be done as opposed to negotiating a partial payment plan with the client experiencing financial hardship or extenuating circumstances.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

Provider Annual Co-Payment Goal and AAA Holdback Procedures

PROVIDER ANNUAL CO-PAYMENT GOAL AND AAA HOLDBACK PROCEDURES:

Provider agencies in conjunction with the Area Agency on Aging shall establish an annual co-payment target goal to collect from clients. Area Agencies on Aging may hold back contract funds until 50% of the annual goal is collected.

A. Provider agencies will project an annual co-payment goal using data from the monthly income amount of all active clients.

1. All of the active clients' monthly income amounts are compared to the ranges in the co-payment schedule to determine the monthly co-payment amount owed for the services prior to the start of each fiscal year.
2. An annual amount is projected by multiplying the number of clients (individuals and couples) in each income range times the co-pay amount times 12 months. The totals for each income range are then added together to establish the annual co-pay goal amount.

EXAMPLE:

<u>Range</u>	<u>Clients</u>		<u>Co-Pay Annual Amount</u>	=	<u>Total</u>
\$1-564	60	X	\$1 X 12	=	\$720
\$565-572	40	X	\$3 X 12	=	\$1,440

Complete for all clients (individuals and couples) income ranges and total annual amount column.

3. LAN administrators will provide a report for each provider showing the number of clients in each range based on the client monthly income data in CIRTSS. This report will be used to compute the annual goal.
4. Provider agencies may waive up to 10% of the annualized goal in co-payments for clients. The remaining 90% is the provider's annual co-payment target goal amount to be collected.

Provider Annual Co-Payment Goal and AAA Holdback Procedures

B. Area Agencies on Aging may holdback 5% of individual CCE and ADI provider contract amounts.

The 5% contract amount may be held back from one or more of the requests for payment in the first seven months of the fiscal year. If this is done, the following applies:

1. Providers meeting 50% of their annual target goal by February 15th will receive all of their held back funds.
2. If a provider does not meet 50% of the target goal by February 15, the Area Agency on Aging will reallocate held back funds to other providers in the PSA who have achieved their target goal. If no providers in a PSA have achieved their target goal, the Area Agency on Aging shall release the hold back amount to the Department for reallocation to other PSAs.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

REVIEW AND GRIEVANCE PROCESS:

Please refer to Appendix D entitled “Minimum Guidelines for Recipient Grievance Procedures.”

The method of review and grievance process customarily used by the individual provider agency shall apply in cases relevant to assessment of CCE and ADI clients; however, the following guidelines are to be incorporated and applied uniformly to all cases:

- A.** A request for review of the assessed co-payments must be made by the client, guardian or other financially responsible person in writing or in person. The date of receipt of the request for review shall be noted and placed in the client's file.
- B.** The client is responsible for producing documentation which supports the request for review. Documentation could include: proof that income sources used in the original determination were incorrect or any other source of documentation supporting the review request.
- C.** The client, guardian or financially responsible person shall be informed of the review date and may be present to offer further documentation.
- D.** Should the client wish to have services continue during the review process, he/she shall be responsible for payment of any co-payments based on the original financial worksheet and co-pay assessment form. If the provider agency is found to have been in error in the determination of the co-payment, an appropriate refund shall be made to the client.
- E.** Should the provider agency confirm the individual's ability to pay, it shall establish retroactively the effective date from which the client shall make payment to the provider agency.
- F.** If the client disagrees with the provider agency's finding, he/she may initiate a formal grievance through the Area Agency on Aging in the PSA.
- G.** If the provider agency determines that the client was overcharged, payment shall be made in either one of two ways:
 - 1.** If the client stays in the program, the client's account shall reflect the new charge, the deducted overcharge, and the new total with the client being advised in writing of the charges; or

2. If the client leaves the program, the overpayment shall be credited to the client's account and a refund (if necessary) sent to the client/responsible party by certified mail.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

PROVIDER AGENCY RECORDS:

Provider agency records must be maintained with proper documentation.

A. Client case files must contain the following:

1. Financial worksheet and co-pay assessment form, which documents the assessment of the client's ability to pay, or a statement in the case narrative of the reason for waiver of assessment of co-payments.
2. The co-pay form must have the assessed co-pay amount, the client's signature and date.
3. A copy of written or notation of verbal notice of change of financial circumstances, if applicable.
4. A statement in the case narrative regarding the client's non-payment of co-payments and date of termination of services or that a waiver was granted.

B. The following are required either in the client case file or in a separate file containing client reviews if there is non-payment of co-payments:

1. Documentation of provider's effort to resolve non-payment issues.
2. Documentation of date and detail of client's request for review of assessment.
3. Report of review action.
4. Evidence of payment to client by provider agency or to provider agency by client, if applicable.
5. Notice of client's appeal to Area Agency on Aging, if applicable.

C. The provider agency must also maintain the following information in fiscal records:

1. List of clients determined able to pay.
2. Master account of co-payments assessed, collected, owed for each fiscal year.

3. Names and amounts paid by clients wishing to contribute an amount equal to or more than an assessed co-payment.
 4. Billing accounts recorded in ledgers (in accordance with accepted accounting practice) with "accounts receivable" reflecting only the amount of co-payments owed.
 5. Number of clients terminated for non-payment of assessed co-payments.
 6. Number of clients waived from termination for non-payment of co-payments.
 7. Number of clients exempt from paying co-payments.
- D. Staff training in the implementation of co-pay assessment and collection procedures shall be documented and maintained in personnel or agency training files.**
- E. Each provider agency shall submit an annual co-payment collection report to the Area Agency on Aging by July 30th of each year. The report shall be prepared in accordance with the format in Attachment 5.**

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

AREA AGENCY RESPONSIBILITIES:

The Area Agency on Aging shall:

1. Distribute guidelines, summary of any changes made to the guidelines, and any other policy memos from DOEA.
2. Review provider agencies, as needed, to ensure the implementation of co-pay assessment with all eligible clients and compliance with co-pay guidelines.
3. Conduct regularly scheduled monitoring visits to provider agencies to review:
 - a. Co-pay assessment compliance;
 - b. Sampling of CCE and ADI clients' ability to pay as determined by the Financial Worksheet and co-pay assessment form; and
 - c. Assessed co-payments as based on co-pay amounts for total quantity of services received.

Note: Additional monitoring visits should be conducted by agency staff to correct any problems with the co-pay initiative.
4. Provide appeal procedure for those requesting an appeal of their determination to pay.
5. Ensure that all new and existing case managers are trained in the co-payment assessment procedures.
6. Submit a consolidated annual co-payment collections report (see Attachment 5) to the Department by August 30th of each year.

Department of Elder Affairs Programs and Services Handbook
Appendix B: Co-Payment for Service Guidelines—ADI and CCE Programs

Attachment 1: CCE/ADI Eligibility /Financial Worksheet Co-Payment Assessment Form

CCE/ADI ELIGIBILITY /FINANCIAL WORKSHEET AND ASSESSED CO-PAYMENT FORM

1. CLIENT NAME: _____ **SPOUSE NAME:** _____

2. MONTHLY INCOME INFORMATION: What is your monthly income? Please fill in all sources received:

	Individual	Spouse	Total
a. Social Security (SSA) including Medicare premium	\$	\$	\$
b. Supplemental Security Income (SSI)			
c. Veteran’s Administration (VA)			
d. Disability Payments including Worker’s Compensation (SSA and VA disability payments are under a or c)			
e. Retirement Pensions (Railroad, Union, Government, Private)			
f. Interest and Dividend (IRAs, CDs or Bank Accounts or Annuity Income including Civil Service			
g. Rental Property Income			
h. Estate/Trust Fund Income			
i. Alimony			
j. Regular Contributions from another person			
k. Temporary Assistance for Needy Families (TANF)			
l. Other income			
TOTAL GROSS MONTHLY INCOME			

3. ASSESSED CO-PAY MONTHLY AMOUNT (FROM ATTACHMENT 2 OR 3): \$ _____

EXEMPTIONS: Medicaid waiver, HCE, APS clients and other individual clients or couples with less than \$1.00 per month in income.

Attachment 1: CCE/ADI Eligibility /Financial Worksheet & Co-Payment Assessment Form

4. **ASSET INFORMATION:** Complete assessment information if the client (or couple) has income below the minimum income range of the co-pay schedule (see sample co-pay schedules - Attachments 2 and 3). Include the following:

	Individual	Spouse	Total
a. More than one car (if car is under 7 years old or over 25 years old)	\$	\$	\$
b. Cash surrender value of Life Insurance policies (only if total face value is over \$2,500)			
c. Checking Account(s)			
d. Savings Account			
e. Cash on hand			
f. Certificate(s) of Deposit			
g. Individual Retirement Account(s)			
h. Revocable Burial Contract			
i. Trust(s)			
j. Stocks/Bonds/Mutual Funds			
k. Real Property (not homestead)			
TOTAL ASSETS:			
Deduct \$2,500 for burial for an individual or \$5,000 for burial for a couple.			
SUBTOTAL ASSETS:			

NOTE: DOEA Will Distribute Updated Income And Asset Criteria Annually.

Attachment 1: CCE/ADI Eligibility /Financial Worksheet & Assessed Co-Payment Form

5. CLIENT STATEMENT AND SIGNATURE:

By my signature below, I do hereby swear or affirm that the income and asset information that I have provided is a true and correct statement of present financial circumstances. I also authorize and agree to release to any appropriate representative of either the Community Care for the Elderly or Alzheimer's Disease Initiative program, as applicable, any financial records needed to verify any financial information. I agree to pay the co-pay amount assessed for services delivered. The co-pay amount will not exceed the cost of the services I receive each month. I have been informed of my right to request a review by the provider agency to resolve any disagreements regarding the co-payments to be charged for services. If the resolution is still unsatisfactory to me, I can appeal to the Area Agency on Aging.

Client or Responsible Party Signature

Date

Worksheet Prepared By

Date

Department of Elder Affairs Programs and Services Handbook
Appendix B: Co-Payment for Service Guidelines—ADI and CCE Programs

Attachment 2: Sample Co-Pay Schedule for Individual

Income Range		Co-Pay	Percent of Income	Income Range		Co-Pay	Percent of Income
From	To			From	To		
\$1	\$564	\$1	0.18%	\$1,574	\$1,606	\$35	2.18%
\$565	\$572	\$3	0.52%	\$1,607	\$1,639	\$36	2.20%
\$573	\$583	\$4	0.69%	\$1,640	\$1,672	\$37	2.21%
\$584	\$616	\$5	0.81%	\$1,673	\$1,705	\$38	2.23%
\$617	\$649	\$6	0.92%	\$1,706	\$1,738	\$39	2.24%
\$650	\$682	\$7	1.03%	\$1,739	\$1,771	\$40	2.26%
\$683	\$715	\$8	1.12%	\$1,772	\$1,804	\$41	2.27%
\$716	\$748	\$9	1.20%	\$1,805	\$1,837	\$42	2.29%
\$749						\$43	2.30%
\$782						\$44	2.31%
\$815						\$45	2.32%
\$848						\$46	2.34%
\$881						\$47	2.35%
\$914	\$946	\$15	1.59%	\$2,005	\$2,037	\$48	2.36%
\$947	\$979	\$16	1.63%	\$2,036	\$2,068	\$49	2.37%
\$980	\$1,012	\$17	1.68%	\$2,069	\$2,101	\$50	2.38%
\$1,013	\$1,045	\$18	1.72%	\$2,102	\$2,134	\$51	2.39%
\$1,046	\$1,078	\$19	1.76%	\$2,135	\$2,167	\$52	2.40%
\$1,079	\$1,111	\$20	1.80%	\$2,168	\$2,200	\$53	2.41%
\$1,112	\$1,144	\$21	1.84%	\$2,201	\$2,233	\$54	2.42%
\$1,145	\$1,177	\$22	1.87%	\$2,234	\$2,266	\$55	2.43%
\$1,178	\$1,210	\$23	1.90%	\$2,267	\$2,299	\$56	2.44%
\$1,211	\$1,243	\$24	1.93%	\$2,300	\$2,332	\$57	2.44%
\$1,244	\$1,276	\$25	1.96%	\$2,333	\$2,365	\$58	2.45%
\$1,277	\$1,309	\$26	1.99%	\$2,366	\$2,398	\$59	2.46%
\$1,310	\$1,342	\$27	2.01%	\$2,399	\$2,431	\$60	2.47%
\$1,343	\$1,375	\$28	2.04%	\$2,432	\$2,464	\$61	2.48%
\$1,376	\$1,408	\$29	2.06%	\$2,465	\$2,497	\$62	2.48%
\$1,409	\$1,441	\$30	2.08%	\$2,498	\$2,530	\$63	2.49%
\$1,442	\$1,474	\$31	2.10%	\$2,531	\$2,563	\$64	2.50%
\$1,475	\$1,507	\$32	2.12%	\$2,564	\$2,596	\$65	2.50%
\$1,508	\$1,540	\$33	2.14%	\$2,597	\$2,629	\$66	2.51%
\$1,541	\$1,573	\$34	2.16%	\$2,630	\$2,662	\$67	2.52%

SAMPLE

Department of Elder Affairs Programs and Services Handbook
Appendix B: Co-Payment for Service Guidelines—ADI and CCE Programs

Attachment 2: Sample Co-Pay Schedule for Individual

Income Range			Percent of Income	Income Range			Percent of Income
From	To	Co-Pay		From	To	Co-Pay	
\$2,663	\$2,695	\$68	2.52%	\$2,960	\$2,992	\$77	2.57%
\$2,696	\$2,728	\$69	2.53%	\$2,993	\$3,025	\$78	2.58%
\$2,729	\$2,761	\$70	2.54%	\$3,026	\$3,058	\$79	2.58%
\$2,762	\$2,794	\$71	2.54%	\$3,059	\$3,091	\$80	2.59%
\$2,795	\$2,827	\$72	2.55%	\$3,092	\$3,124	\$81	2.59%
\$2,828	\$2,860	\$73	2.55%	\$3,125	\$3,157	\$82	2.60%
\$2,861	\$2,893	\$74	2.56%	\$3,158	\$3,190	\$83	2.60%
\$2,894	\$2,926	\$75	2.56%	\$3,191+			3% of income
\$2,927	\$2,959	\$76	2.57%				

THIS FORM CHANGES ANNUALLY

Department of Elder Affairs Programs and Services Handbook
Appendix B: Co-Payment for Service Guidelines—ADI and CCE Programs

Attachment 3: Sample Co-Pay Schedule for Couple

Income Range		Co-Pay	Percent of Income	Income Range		Co-Pay	Percent of Income
From	To			From	To		
\$1	\$846	\$1	0.12%	\$2,435	\$2,462	\$63	2.56%
\$847	\$866	\$6	0.69%	\$2,463	\$2,490	\$64	2.57%
\$867	\$894	\$7	0.78%	\$2,491	\$2,518	\$65	2.58%
\$895	\$922	\$8	0.87%	\$2,519	\$2,546	\$66	2.59%
\$923	\$950	\$9	0.95%	\$2,547	\$2,574	\$67	2.60%
\$951	\$978	\$10	1.02%	\$2,575	\$2,602	\$68	2.61%
\$979	\$1,006	\$11	1.09%	\$2,603	\$2,630	\$69	2.62%
\$1,007	\$1,034	\$12	1.16%	\$2,631	\$2,658	\$70	2.63%
\$1,035	\$1,062	\$13	1.22%	\$2,659	\$2,686	\$71	2.64%
\$1,063	\$1,090	\$14	1.28%	\$2,687	\$2,714	\$72	2.65%
\$1,091	\$1,118	\$15	1.34%	\$2,715	\$2,742	\$73	2.66%
\$1,119	\$1,146						2.67%
\$1,147	\$1,174						2.68%
\$1,175	\$1,202						2.69%
\$1,203	\$1,230						2.70%
\$1,231	\$1,258						2.71%
\$1,259	\$1,286						2.71%
\$1,287	\$1,314	\$22	1.67%	\$2,911	\$2,938	\$80	2.72%
\$1,315	\$1,342	\$23	1.71%	\$2,939	\$2,966	\$81	2.73%
\$1,343	\$1,370	\$24	1.75%	\$2,967	\$2,994	\$82	2.74%
\$1,371	\$1,398	\$25	1.79%	\$2,995	\$3,022	\$83	2.75%
\$1,399	\$1,426	\$26	1.82%	\$3,023	\$3,050	\$84	2.75%
\$1,427	\$1,454	\$27	1.86%	\$3,051	\$3,078	\$85	2.76%
\$1,455	\$1,482	\$28	1.89%	\$3,079	\$3,106	\$86	2.77%
\$1,483	\$1,510	\$29	1.92%	\$3,107	\$3,134	\$87	2.78%
\$1,511	\$1,538	\$30	1.95%	\$3,135	\$3,162	\$88	2.78%
\$1,539	\$1,566	\$31	1.98%	\$3,163	\$3,190	\$89	2.79%
\$1,567	\$1,594	\$32	2.01%	\$3,191	\$3,218	\$90	2.80%
\$1,595	\$1,622	\$33	2.03%	\$3,219	\$3,246	\$91	2.80%
\$1,623	\$1,650	\$34	2.06%	\$3,247	\$3,274	\$92	2.81%
\$1,651	\$1,678	\$35	2.09%	\$3,275	\$3,302	\$93	2.82%
\$1,679	\$1,706	\$36	2.11%	\$3,303	\$3,330	\$94	2.82%
\$1,707	\$1,734	\$37	2.13%	\$3,331	\$3,358	\$95	2.83%
\$1,735	\$1,762	\$38	2.16%	\$3,359	\$3,386	\$96	2.84%
\$1,763	\$1,790	\$39	2.18%	\$3,387	\$3,414	\$97	2.84%
\$1,791	\$1,818	\$40	2.20%	\$3,415	\$3,442	\$98	2.85%
\$1,819	\$1,846	\$41	2.22%	\$3,443	\$3,470	\$99	2.85%

SAMPLE

Department of Elder Affairs Programs and Services Handbook
Appendix B: Co-Payment for Service Guidelines—ADI and CCE Programs

Attachment 3: Sample Co-Pay Schedule for Couple

Income Range		Co-Pay	Percent of Income	Income Range		Co-Pay	Percent of Income
From	To			From	To		
\$1,847	\$1,874	\$42	2.24%	\$3,471	\$3,498	\$100	2.86%
\$1,875	\$1,902	\$43	2.26%	\$3,499	\$3,526	\$101	2.86%
\$1,903	\$1,930	\$44	2.28%	\$3,527	\$3,554	\$102	2.87%
\$1,931	\$1,958	\$45	2.30%	\$3,555	\$3,582	\$103	2.88%
\$1,959	\$1,986	\$46	2.32%	\$3,583	\$3,610	\$104	2.88%
\$1,987	\$2,014	\$47	2.33%	\$3,611	\$3,638	\$105	2.89%
\$2,015	\$2,042	\$48	2.35%	\$3,639	\$3,666	\$106	2.89%
\$2,043	\$2,070	\$49	2.37%	\$3,667	\$3,694	\$107	2.90%
\$2,071	\$2,098	\$50	2.38%	\$3,695	\$3,722	\$108	2.90%
\$2,099	\$2,126	\$51	2.40%	\$3,723	\$3,750	\$109	2.91%
\$2,127	\$2,154	\$52	2.41%	\$3,751	\$3,778	\$110	2.91%
\$2,155	\$2,182	\$53	2.43%	\$3,779	\$3,806	\$111	2.92%
\$2,183	\$2,210	\$54	2.44%	\$3,807	\$3,834	\$112	2.92%
\$2,211	\$2,238	\$55	2.46%	\$3,835	\$3,862	\$113	2.93%
\$2,239	\$2,266	\$56	2.47%	\$3,863	\$3,890	\$114	2.93%
\$2,267	\$2,294	\$57	2.48%	\$3,891	\$3,918	\$115	2.94%
\$2,295	\$2,322	\$58	2.50%	\$3,919	\$3,946	\$116	2.94%
\$2,323	\$2,350	\$59	2.51%	\$3,947	\$3,974	\$117	2.94%
\$2,351	\$2,378	\$60	2.52%	\$3,975	\$4,002	\$118	2.95%
\$2,379	\$2,406	\$61	2.54%	\$4,003	\$4,030	\$119	2.95%
\$2,407	\$2,434	\$62	2.55%	\$4,031	\$4,058	\$120	2.96%
				\$4,059+		3 percent of income	

THIS FORM CHANGES ANNUALLY

**INSTRUCTIONS FOR THE COMPLETION OF THE FINANCIAL WORKSHEET AND D
CO-PAYMENT ASSESSMENT FORM**

Worksheet, Page 1:

1. Enter the **client's name** and the **client's spouse name**, if applicable. Information is to be reported on spouses only if they reside in the home with the client.

2. **Monthly Income Information:** Enter the gross monthly amounts for the client and the client's spouse, if applicable. Use even dollar amounts (50 cents or less is 0; 51 cents or more is \$1.00).
 - a. **Social Security (SSA):** Include the amount of the Social Security check after deductions. If a Medicare premium was deducted, add it back in.
 - b. **Supplemental Security Income (SSI):** Include the amount of monthly SSI check.
 - c. **Veteran's Administration (VA):** Include the monthly amount of the benefit check.
 - d. **Disability Payments, including Worker's Compensation** (not to include SSA or VA): Include the monthly amount of any payments received.
 - e. **Retirement Pensions (Railroad, Union, Government, Private):** Include the monthly amount of any retirement check received. The amount of the check is likely to be a net amount after deductions are taken. If the client has a check stub or knows the gross amount, enter the gross amount. If the pension check is received quarterly or annually, divide the amount by the appropriate number to obtain a monthly income amount.
 - f. **Interest, Dividends** (IRAs, CDS or Bank Accounts) or **Annuity Income** including Civil Service: Include any income received from any of these investment and/or savings accounts. If payments are received quarterly or annually, divide the amount by the appropriate number of months to obtain a monthly income amount.
 - g. **Rental Property Income:** Include any income from rental property. This must be at fair market value.
 - h. **Estate/Trust Fund Income:** Include any income received on a monthly basis from either of these accounts. If payments are received quarterly or annually, divide the amount by the appropriate number of months to obtain a monthly income amount.

Attachment 4: Instructions for Completing Worksheet

- i. Alimony:** Include all alimony income received on a regular basis.
 - j. Regular Contributions** from another person: Include any income received on a regular basis (monthly, quarterly, annually). Do not include any gift income, regardless of frequency or amount. Gift income is any income from any person, family, or friend not legally obligated to provide such to the client. Payment of bills (e.g., phone, electric, gas) by someone on the client's behalf is not considered a regular contribution.
 - k. Temporary Assistance for Needy Families** (formerly known as Aid to Families with Dependent Children—AFDC)
 - l. Other Income:** Include other regularly received income not included in any of the above categories. For example, if the spouse is employed, enter the gross monthly amount earned as "other income."
- 3. Total Gross Monthly Income:** Total each entry to arrive at the figure.
 - 4.** Refer to the **co-pay amount chart** (See sample charts in Attachment 2—Individual or Attachment 3—Couple) to find the income range of the client or the client and spouse.
 - 5. Enter the co-payment amount** from the chart to be assessed each month for services received on line 3.
 - 6. Review of self-declared assets:** The case manager is required to complete the value of assets section on page 2 only if the client or couple has income below the SSI amount (the first income range on the co-pay schedule).

Worksheet, Page 2:

- 1.** Information to use in the review of **Value of Assets:**
 - a.** The declared value of the client's **additional car(s)** only if the car is less than 7 years old or more than 25 years old. One car is excluded no matter the age or type. Couples who are both receiving services may own two cars.
 - b.** If the total face value of life insurance policies **exceeds \$2,500.00**, then the cash value of the policies is counted as an asset. These policies may be designated as burial funds.

Attachment 4: Instructions for Completing Worksheet

c. Include the balance of the client's checking account(s) on the day of the application. If a client jointly holds an account with another person (___"and"___), the funds and any interest received are equally divided. If the potential client has unrestricted access to the funds (___"or"___), the whole balance and all interest received is considered to be the client's.

d. Include the balance of the client's savings account(s) on the day of the application. If a client jointly holds an account with another person (___"and"___), the funds and any interest received are equally divided. If the potential client has unrestricted access to the funds (___"or"___), the whole balance and all interest received is considered to be the client's.

e. The **cash that is "on hand"** shall be included. Cash from a regular source of income that has already been included on the financial worksheet (i.e., money from a cashed Social Security check) shall not be included.

f. Include the cash surrender value of **Certificates of Deposit (CDs)**, minus any penalties for early withdrawal. IRAs are for retirement and, therefore, cannot be designated as burial funds.

g. Include the cash surrender value of **Individual Retirement Accounts (IRAs)**, minus any penalties for early withdrawal. IRAs are for retirement and, therefore, cannot be designated as burial funds.

h. Include the cash value of a **revocable burial contract**.

i. Include the total balance of a **trust account** if the trust was set up by the client for his/her benefit, or if the spouse set up a trust for the client. Trust money or property held by a trustee for the benefit of an individual who is the beneficiary should not be included. The principal balance of such trusts is not usually available to the beneficiary; thus, it is not considered an asset.

j. Include the value of any **stocks, bonds, and mutual fund shares** owned by the client. The value of stocks is determined by the closing price as of the date of the application. This information can be found in newspapers and on the Internet. The value of bonds and mutual fund shares can be verified through a stockbroker. Verification of the value of U.S. Savings Bonds can be obtained from a bank.

Attachment 4: Instructions for Completing Worksheet

- k.** Include the value of **real property** owned in Florida or elsewhere. This includes land and other associated buildings on land in which the client has an ownership interest, such as mineral rights, timber rights, leasehold, or an allotment to farm on a particular piece of land. If ownership is shared, the value is divided equally among the owners. If rental income of a fair market value is received, the property is not counted as an asset.
- 2.** Enter the total assets. Clients may designate up to \$2,500 (individual) or \$5,000 (couple for burial purposes to help bring their assets within limit. Individuals with \$2,000 or less in assets and couples with \$3,000 or less in assets should be referred for Medicaid eligibility determination.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

**COMMUNITY CARE FOR THE ELDERLY AND ALZHEIMER'S DISEASE INITIATIVE
 ANNUAL CO-PAY COLLECTION REPORT**

PROVIDER NAME, ADDRESS & PHONE #: 	CONTRACT #: CONTRACT PERIOD: PSA:	REPORT PERIOD: FROM: TO:
1. Number of persons assessed co-payments.		
2. Number of persons terminated for non-payment of assessed co-payments.		
3. Number of persons waived from termination for non-payment of co-payments.		
4. Number of persons waived from assessment of co-payments,		
5. Number of persons exempt from paying co-payments.		
6. Total amount of co-payments assessed.		
7. Total amount of co-payments, contributions or full payments collected		
I certify that the above report is a true reflection of the period's activities.		
SIGNATURE	TITLE	DATE