



# 2013 Title III-B, D and E Funding Handbook

## I. General Information

### A. Purpose of Title III Funding

Title III of the Older Americans Act (OAA) consists of several parts:

- Part A – contains general provisions;
- Part B – authorizes funds for supportive services;
- Part C – authorizes funds for nutrition services including congregate and home delivered meals;
- Part D – authorizes funds for health promotion and disease prevention; and
- Part E – authorizes funds for the National Family Caregiver Support Program.

Area Agencies on Aging (AAAs) are authorized under Title III of the OAA to award grants/contracts to local public and/or non-profit organizations to develop or expand services for older people (60+) and their caregivers. Funds are to be used to expand the range of community-based programs and services designed to maintain the independence of older persons in a home environment, to fill gaps in existing services and to contribute to the development of a comprehensive and coordinated system of services.

The Minnesota River Area Agency on Aging<sup>®</sup>, Inc. (MNRAAA) is seeking grant applications/contract proposals for services under the following OAA Titles of funding:

**Title III-B Supportive Services** funding is designed to develop or expand a broad range of services for older people (60+). Funds are to be used to fill gaps in existing services and to develop a comprehensive and coordinated system of services. Services include:

- Chore
- Homemaker
- Legal Assistance/Legal Education
- Counseling
- Transportation
- Telephone Reassurance

#### NOTE:

- MNRAAA has identified Chore and Homemaker as priorities for Title III-B funding.
- Applications/proposals for Transportation, Counseling, Telephone Reassurance, and Legal Assistance/Legal Education will only be accepted from MNRAAA's existing Title III providers of these services.
- Telephone Reassurance, Counseling and new applicants for Homemaker and Chore will be funded as grants (Chore and Homemaker grants will be transitioned to contracts in subsequent project years.) Transportation, Legal Assistance/Legal Education and MNRAAA's existing Chore projects will be funded as contracts.

**Title III-D Health Promotion and Disease Prevention** funding is specifically designed to develop community-based programs and services that further health promotion and disease prevention for older people (60+).

Services include:

- Medication Management & Screening

**NOTE:**

- Application for Medication Management & Screening will only be accepted from MNRAAA's existing Title III provider of this service and will be funded as a grant.
- In order to comply with FY-2012 OAA requirement that Title III-D funding be used only for programs and activities which have been demonstrated to be evidence-based, only one-on-one Medication Management and Screening with a credentialed professional, i.e. pharmacist, pharmacy or nurse student intern, geriatric nurse practitioner or other licensed health professional qualified to administer medications, will be allowed as providing a unit of service.

**Title III-E National Family Caregiver Support Services** funding is designed to build an integrated caregiver service system that: supports and empowers family and informal caregivers; provides diverse and flexible service options to address caregivers' individual needs and preferences; reduces caregiver burden; and extends the time care can be provided at home. Services include:

- Counseling: Individual & Family Counseling and Coaching/Consulting
- Counseling: Support Groups and Training & Education
- Respite Care

**NOTE:**

- All Title III-E services will be funded as grants.

***All Title III-B, D and E services identified above are defined in Appendix A.***

**B. Eligible Persons**

Eligibility for services is controlled by federal and state laws and regulations including, but not limited to, those found in the OAA, MNRAAA Policy Manual, OMB Circulars, etc. Special emphasis must be placed on specific target populations as defined in C. below.

1. Title III-B and III-D Eligibility:

In general, persons 60 years of age or older are eligible for OAA services.

In addition, eligible clients for Homemaker services must have difficulty with one or more Instrumental activities of Daily Living (IADLs) and eligible clients for Chore services must have difficulty with the IADL of heavy housework (see Appendix A).

2. Title III-E Eligibility:

An eligible caregiver is an adult family member or another individual, who is an informal provider of in-home and community care to an older individual or to an individual, regardless of age, with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction. The caregiver does not necessarily live with the care recipient.

**C. Target Populations**

The Title III funding program is designed to meet the needs of all older people and their caregivers, however, the OAA places a special emphasis on:

1. individuals residing in rural areas

- a. "rural" means any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a

- census designated place with 20,000 or more inhabitants);
- 2. individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas)
  - a. "greatest economic need" means the need resulting from an income level at or below the federal poverty level;
- 3. individuals with greatest social need (with particular attention to low-income minority individuals and individuals residing in rural areas)
  - a. "greatest social need" means the need caused by non-economic factors, which include
    - i. physical and mental disabilities
    - ii. language barriers, and
    - iii. cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that
      - 1) restricts the ability of an individual to perform normal daily tasks
      - 2) threatens the capacity of the individual to live independently;
- 4. individuals at risk for institutional placement
  - a. "at risk for institutional placement" means having a limitation in at least 2 of the Activities of Daily Living;
- 5. individuals with severe disabilities;
- 6. individuals with limited English proficiency;
- 7. individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction.

**D. Strategy For Use of Title III Funding**

MNRAAA, as a federally funded and state-designated AAA, seeks to ensure the development of a coordinated and comprehensive system of services for older people and their caregivers in Big Stone, Blue Earth, Brown, Chippewa, Cottonwood, Faribault, Jackson, Kandiyohi, Lac qui Parle, Le Sueur, Lincoln, Lyon, Martin, McLeod, Meeker, Murray, Nicollet, Nobles, Pipestone, Redwood, Renville, Rock, Sibley, Swift, Waseca, Watonwan and Yellow Medicine Counties. To accomplish this, MNRAAA coordinates, advocates for and funds services for older people and their caregivers.

The OAA allows for funding a broad range of services, but provides a limited amount of funds. In order to make the best possible use of the limited resources available, Title III Funding Priorities are established. These priorities assist MNRAAA to ensure Title III funds are awarded to projects which address the greatest service needs of older persons and their caregivers in southwest Minnesota.

**E. Availability of Funds**

In order to receive a Title III-B, D or E grant/contract award, funds for the service must be included in the budget of the Area Plan on Aging prepared by MNRAAA. Work on the plan begins in the summer, with a public hearing in the fall. The Area Plan will be presented for approval to the MNRAAA Board of Directors in September and the Minnesota Board on Aging (MBA) in December. The plan can be amended as necessary.

Technical assistance in applying for funds is available from MNRAAA's grant/contract manager and program directors.

## **F. Title III-B, D & E Grant/Contract Funding Policies**

1. Title III-B, D and E grant projects are funded annually for a period of twelve months contingent upon the availability of Title III funding, assurance that no other funding sources are or could be providing a significant portion of the project's budget, and satisfactory project performance. After the twelve month period is completed, each project must re-apply to determine if an additional year of grant funding will be awarded. In order to be considered, projects must have had satisfactory performance and have explored and/or exhausted any other means of funding for all or part of the project budget. In addition, projects will only be considered for funding beyond twelve months if sufficient Title III funds are available and a need for the service continues to exist.
2. Title III-B contract projects are funded annually for a period of twelve months contingent upon the availability of Title III funding, continued need for the service, assurance that no other funding sources are or could be providing a significant portion of the project's budget, and satisfactory project performance. MNRAAA has the option of extending the contract annually for up to two additional years for a total of three contract years. After three years, the procurement process must be completed again.
3. All proposed services must be a Title III-B, D or E service listed in Appendix A.
4. All applications/proposals must propose to provide services in all or a portion of the twenty-seven county service area in order to be funded.
5. MNRAAA will only accept applications/proposals requesting federal funds in the amount of \$6,000 or more.
6. Agencies, organizations and local units of government seeking funds under Title III-B, D or E must apply for those funds by using the forms, instructions and format prescribed by MNRAAA.
7. The OAA places a "maintenance of effort" requirement on Title III funding. Maintenance of effort means that Title III funds may NOT be used to supplant or replace other sources of funding. Any existing services funded with non-Title III funds, and their existing clients, must be maintained through sources of funding than Title III. (Note: Maintenance of effort is not required for all Titles of the OAA.)
8. Local support of each proposed project will be reviewed by the MNRAAA Funding Task Force.
9. Title III funds may not be used to fund services to persons who are eligible and within their maximum service limits allowable for Medicare, Elderly Waiver (EW), Alternative Care (AC) and/or Community Alternatives for Disabled Individuals (CADI) reimbursement. Title III funds may be used to provide services to persons not eligible for any reimbursement or who have exceeded their maximum service limits allowable.
10. In specific situations and conditions, any of the policies, requirements, criteria, etc. outlined in this section can be waived by the MNRAAA Board of Directors.

## **G. Funding Ratios/Matching Requirements**

### **Title III-B**

Local match of either cash and/or in-kind is required based on the following funding ratio:  
•85% federal (Title III-B) / 15% local (cash and/or in-kind)

**NOTE:** The federal share is the maximum percent allowed; however, the local match can exceed the percentage indicated in any given year, thereby reducing the federal share.

### **Title III-D**

Local match of either cash and/or in-kind is required based on the following funding ratio:  
•85% federal (Title III-D) / 15% local (cash and/or in-kind)

**NOTE:** The federal share is the maximum percent allowed; however, the local match can exceed the percentage indicated in any given year, thereby reducing the federal share.

### **Title III-E**

Local match of either cash and/or in-kind is required based on the following funding ratio:  
•75% federal (Title III-E) / 25% local (cash and/or in-kind)

## **H. Cost Sharing, Voluntary Contributions and Program Income Policy**

### **Cost Sharing**

Background:

In March 2011, the MBA approved an updated Title III policy regarding cost sharing and voluntary contributions. See Appendix B for sample cost share sliding scale. Implementation of the new policy began with the 2012 project year.

Implementation:

Cost sharing is required for all Older Americans Act Title III funded services except:

- 1) Information and assistance, outreach, benefits counseling, or other case management services.
- 2) Ombudsman, elder abuse prevention, legal assistance, or other consumer protection services.
- 3) Congregate and home delivered meals.
- 4) Any service delivered through tribal organizations.
- 5) Persons at or below the federal poverty level.
- 6) Persons receiving services through a Medicaid Waiver Program (CADI, CAC, DD, EW, TBI) or the Alternative Care Program.

For those services for which cost sharing is required:

- The recommended level of cost sharing is 50%. For those individuals unable to cost share at the 50% level, a cost share sliding scale – based solely on gross income levels and cost of delivering services (total cost per unit) – provided by MNRAAA shall be used to determine the cost share amount. Each grantee/contractor must identify their unit of service cost (total cost per unit) as the basis for the cost share sliding fee scale.
- Variations to the sliding scale provided by MNRAAA that comply with the intent of the

policy and encourage financial contributions by users are allowed. For example, if a grantee/contractor has been successful in generating higher levels of cost sharing through use of a different scale, the grantee/contractor may continue to use that scale. Scales that vary from the MNRAAA provided scale must be approved by MNRAAA prior to implementation.

- The grantee/contractor must publish the cost share sliding scale and advise clients of the opportunity to contribute towards the cost of the service. The grantee/contractor shall submit a copy of the cost share sliding scale and related client education and notification materials to MNRAAA within the first month of the project year for review, comment and approval.
- The grantee/contractor must protect the privacy and confidentiality of each individual (with respect to the declaration or non-declaration of individual income and to any share of costs contributed or not contributed by an individual).
- Participant income level will be based on self-reported gross income of the older adult service recipient. Personal assets, savings, and/or other property are not to be considered. Income verification is not allowed. A means test shall not be utilized to determine eligibility for Title III services.
- Related to Title III-E caregiver services, in cases where the caregiver and the care receiver are married and at least one is 60+ years old, both incomes will be used to determine the cost share amount. The two person household income column on the cost share sliding scale will be used to determine the cost share amount.
- The grantee/contractor may not deny service to any individual unable or unwilling to make a contribution for service.
- All primary sources of payment, including home and community-based Medicaid waiver programs and the Alternative Care Program, should be maximized and used first for qualifying clients.
- MNRAAA may waive individuals from cost sharing participation for extreme hardship on a case-by-case basis. An exemption would waive the cost share sliding scale for clients who are experiencing extreme hardship. Exemption decisions should be documented in client files.
- Cost sharing “statements” may be provided to clients but must not carry forward a balance due amount.
- The grantee/contractor shall have written policies and procedures on how they will implement and administer the cost sharing policy.
- The grantee/contractor shall establish and maintain separate fund codes established through the general ledger for the funds provided under the grant/contract award and income generated by the project. The funds shall not be co-mingled with funds received under any other agreement. The grantee/contractor is responsible for regular deposit of program income.

- Cost sharing revenue shall be used to expand the service for which the payment was given.

### **Voluntary Contributions**

Voluntary contributions are still allowed for all Title III services. Voluntary contributions, however, do not replace the cost sharing policy outlined above.

The grantee/contractor shall have available a schedule of suggested contributions and shall advise clients who are exempt from cost sharing or unwilling to participate in cost sharing, of the opportunity to contribute towards the cost of the service. In no case shall the grantee/contractor deny the provision of service to a consumer who is unwilling to make a contribution. Voluntary contributions shall be used to expand the service for which the contribution was given.

### **Program Income**

Program Income, as defined in 45 CFR 74 (or 45 CFR 92) (<http://www.gpoaccess.gov/cfr/index.html>), includes, but is not limited to, client donations, cost share revenue and other income received by or due to the grantee/contractor organization, as a result of activities wholly or partially supported by funds from the Title III award. Grantee/contractor organizations must report all program income to MNRAAA per the signed Notification of Grant Awarded (NGA)/contract.

### **MNRAAA'S Implementation of MBA's Policy**

1. The following services implemented cost sharing in 2012:
  - Title III-B – Chore
  - Title III-E – Counseling: Coaching/Consulting & Individual/Family
  - Title III-E – Respite Care (including Consumer Choice)
  - Title III-E – Powerful Tools for Caregivers Series
2. The following services must implement cost sharing on January 1, 2013:
  - Title III-B – Homemaker
  - Title III-B – Assisted Transportation
  - Title III-B – Transportation
  - Title III-B – Counseling
  - Title III-B – Telephone Reassurance
  - Title III-D – Medication Management and Screening (one-on-one services only)

Note: Cost sharing for services indicated in numbers 1 and 2 above continue to be under discussion by MBA and AAAs to further refine guidelines. Additional information will be provided as it becomes available.

3. The following services will not implement cost sharing at this time:
  - Services specifically excluded in the Older Americans Act as noted above.
  - Services provided as group events, i.e., group training and education, support groups.

These services are required to solicit and collect voluntary contributions.

Note: Services provided as group events indicated in number 3 above continue to be under consideration for cost sharing by MBA. Additional information will be provided as it becomes available.

► Contact MNRAAA's grant/contract manager for technical assistance related to cost sharing and voluntary contributions. ◀

## **II. Review Process**

### **A. Funding Task Force**

A Funding Task Force will be established and will make recommendations for Title III funding awards. Task Force members have the authority and autonomy to recommend awards based on a variety of factors, i.e., current funding priorities, funding criteria, application/proposal content, applicant/proposer interview (if required).

### **B. Application and Review**

Agencies and organizations interested in competing in the Title III Funding Cycle are required to submit a Letter of Interest to MNRAAA. MNRAAA will provide agencies and organizations that submit a Letter of Interest with directions and application/proposal forms. Only those submitting a Letter of Interest will be allowed to compete in the Title III Funding Cycle.

All applicants/proposers are required to submit an application/proposal, plus one copy, in the format and by the deadline specified by MNRAAA. MNRAAA's grant/contract manager will undertake a systematic review of the form and content of the application/proposal. The application/proposal will be reviewed for mathematical accuracy, programmatic content and conformity to funding criteria.

After such review, the grant/contract manager will make comments to the applicant/proposer. Revisions and/or responses to comments will be required to be submitted to MNRAAA by a specified date.

MNRAAA's grant/contract manager and/or program directors will provide technical assistance in developing applications/proposals; however, all responsibility for the development and submission of the application/proposal rests with the applicant/proposer.

All applications/proposals will be reviewed by the Funding Task Force.

Applicants/proposers may be required to attend one Funding Task Force meeting, present their proposed project and respond to questions. Based on the application/proposal review and the applicant/proposer presentation, the Funding Task Force will evaluate the applications/proposals, develop funding recommendations for each application/proposal and submit the recommendations to the MNRAAA board.

The MNRAAA board will review the Task Force recommendations at a regularly scheduled meeting. The board will make funding awards based on review of the Task Force recommendations and consideration of applications/proposals that are in the overall best interest of the twenty-seven county service area. MNRAAA's grant/contract manager will notify applicants/proposers in writing of the action taken by the MNRAAA board and of their right to appeal. MNRAAA reserves the right to reject any or all applications/proposals.



**NOTE:** Advisory Councils on Aging will not vote on funding recommendations.

**C. Appeal**

In the event that an applicant/proposer for Title III funds under the OAA is dissatisfied with MNRAAA's action, the applicant/proposer may appeal following the Appeal Procedure outlined in Section III. below.

### **III. Appeal Procedure**

Unsuccessful applicants/proposers have the right to appeal following MNRAAA's Appeal Procedure – Revised 5.5.11. Written notification of a request for an appeal hearing must be received by the executive director of MNRAAA within 10 working days of written notification of the decision. The request for hearing must describe the adverse action taken, who took the action, and the reason for believing the action to be in error. Notice by electronic media such as facsimile (FAX) transmittal or email will not be accepted. **The hearing shall consider procedural grounds only, and shall not consider issues of merit.**

### **IV. Reporting Requirements**

All Title III grantees/contractors are required to complete reports directed by MNRAAA, including format and deadlines.

Title III grantees/contractors providing "Registered" services (see Appendix A) must agree to work with service participants to complete National Aging Program Information System (NAPIS) registration forms and ensure that current, accurate and comprehensive participant data is obtained and either entered into the MBA approved NAPIS data system or reported to MNRAAA by the specified due date. The NAPIS data is used for meeting the requirements of the U.S. Administration on Aging, participant targeting and service planning, and verification of participant eligibility. Particular attention must be given to 1) collecting complete and accurate information for basic eligibility determination and client demographics (date of birth, income level, race/ethnicity, etc.) and 2) determining limitations in Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). Each person receiving "Registered" services must be assessed, preferably in person, prior to or within 10 working days after the beginning of service delivery. Reassessment shall occur as needed, but at least annually.

### **V. Appendix**

- A. 2013 MNRAAA Older Americans Act Title III B, D & E Service Definitions
- B. Sample Title III Cost Share Sliding Scale

## 2013 MNRAAA Service Definitions and Units of Service

### Title III-B Supportive Services

### Title III-D Health Promotion and Disease Prevention

### Title III-E National Family Caregiver Support Program

(Based on MBA 10/20/2008 Revised)

#### Definitions/Units for Titles III-B

01. *Homemaker* (1 hour) (Registered) – Providing assistance to persons having difficulty with one or more of the following instrumental activities of daily living (IADL). Includes services such as:
  - a. preparing meals
  - b. shopping for food and other personal items
  - c. managing money
  - d. answering or making telephone calls
  - e. routine housekeeping (dusting or sweeping)
02. *Chore* (1 hour) (Registered) – Providing assistance to persons having difficulty with one or more of the following instrumental activities of daily living (IADL): heavy housework (laundry, yard work, snow shoveling).
03. *Assisted Transportation* (1 one-way trip) (Registered) – Provision of assistance, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.
04. *Transportation* (1 one-way trip) – Provision of a means for going from one location to another. Does not include other activity.
05. *Legal Assistance* (1 hour) – Provision of legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney. Does not include legal education.
06. *Legal Education* (1 session) – A presentation to inform older persons of their legal rights/benefits and how to access the legal system.
07. *Telephone Reassurance* (1 call) – Regular telephone contacts with isolated older persons to insure continued well being of the individual and to provide social contact. Contact is made by volunteers at a prescheduled time on a regular basis.
08. *Counseling* (except Nutrition Counseling) (1 session) – Via interview, discussion, or supportive listening to advise and to enable the older person and/or their family to resolve problems or to relieve temporary stress. May be done on a one-to-one basis or on a group basis and may be conducted by paid, donated and/or volunteer staff. May include Support Planning for Self-Directed Services.
09. *Self-Directed Services* (1 session) (Registered) – Includes self-directed services or goods, both registered and unregistered, with the exception of home delivered and congregate meals, that are purchased directly from individuals (e.g. family, neighbors, etc.), businesses, or organizations as determined and managed by the client or caregiver.

### Definitions for Titles III-D

01. *Medication Management and Screening* (1 hour) – Prevent incorrect medication and adverse drug reactions. Allowable service includes: One-to-one medication screening and counseling sessions to review medications, identify drug interactions, potential side effects and address individual questions and concerns and referral to physicians. These services are performed by a registered pharmacist, a pharmacy or nurse student intern, a geriatric nurse practitioner or other licensed health professional qualified to administer medications.

### Definitions for Titles III-E

01. *Counseling* (One session per participant) – Services under the category assist family caregivers in making decisions and solving problems related to their caregiving roles. This includes: individual or family counseling, coaching, support groups, training and education, and self-directed support services. These services may be provided in person, by telephone or via the internet depending on the needs of the caregiver/s.
  - a. *Individual or Family Counseling (Registered service)*. Professional consultation to assist caregivers in making decisions and solving problems related to their caregiving roles. Counseling may include: identification of needs and preferences, development of individualized approaches and plans, developing an informal support network; family counseling, conflict resolution, accessing resources and coordinating caregiver tasks; referrals; exploring personal lifestyle and the impact of caregiving on health status, relationships and finances.
  - b. *Coaching/Consulting (Registered service)*. An individualized support service that equips caregivers with the knowledge, skills and tools to perform their caregiving role.

At minimum, the caregiver coach/consultant service includes a comprehensive caregiver assessment to identify the caregiver's needs and values related to their caregiving role, and development of a customized plan that includes goal setting, and problem solving, coaching, and ongoing support to reach established goals. Support may be provided as education, skills development including self-advocacy, coping and disease management; coaching skills such as cognitive reframing, crisis management, problem solving, family meetings and resource information.

A comprehensive caregiver assessment addresses the caregiver's needs, risk factors, strengths and abilities, and informal support network, as well as, key domains and constructs outlined in **Caregiver Assessment: Principles, Guidelines and Strategies** found at:

[http://www.caregiver.org/caregiver/jsp/content/pdfs/v1\\_consensus.pdf](http://www.caregiver.org/caregiver/jsp/content/pdfs/v1_consensus.pdf)

Caregiver coaches/consultants meet state Title III-E Caregiver Coach standards and competencies [Revised 07.05.07], complete the Caregiver Coach basic training using state owned curriculum, and participate in state or locally sponsored coach training.

- c. *Support Groups (Registered service)*. Group sessions that offer caregiver education, information about community resources, or emotional support and networking with other caregivers. Title III-E funded support groups must include an educational component as a part of sessions.
- d. *Caregiver Training and Education*. Individual or group sessions (Registered service) that build caregiver capacity to provide, manage, and cope with caring for an older adult or other eligible person, and promote or preserve their own health and well-being. These services may include training or education on managing risk factors

(e.g., caregiver stress and depression), caregiver role development and identity change, family dynamics, direct care skills, disease management, managing difficult behaviors, communicating with health care providers, navigating health and long-term care systems, building a support network, and financial and legal issues.

- e. *Self-Directed Support Services*. Individual or group (Registered service) professional business consultation sessions that assist caregivers in developing and monitoring a self-directed plan, accessing community resources, employing workers, understanding payroll tax compliance, unemployment and workers compensation, and liability requirements when purchasing self-directed supports with either private and/or public funds.

02. *Respite Care* (1 hour) – (Registered) Services that offer temporary, substitute care, supervision, support, or living arrangements to older persons in order to provide a brief period of relief or rest for informal caregivers. Respite Care includes: (1) in-home respite; (2) out-of-home respite; (3) facility-based respite; (4) self-directed respite.

- a. *In-home Respite* – This includes personal care, homemaker, chore, companion, supervision, or nursing care provided by an organization or agency, or self-directed respite. Trained volunteers may be utilized to provide companionship respite (e.g., assistance with meals, medications reminders and general supervision). Respite volunteers are screened, trained and matched with older adults and supervised by provider.
- b. *Out-of-Home Non-Facility Respite* – This option may include licensed Adult Day Services, licensed adult foster care, services by a family, friend, neighbor, or volunteer in a non-licensed private residence, or escorted transportation to medical appointments or community activities.
- c. *Self-Directed Respite* – This includes any of the services listed in items a-c that are purchased directly from individuals (e.g. family, neighbors, etc.) or organizations as determined, and employed and/or managed by the caregiver.

**TITLE III COST-SHARE SLIDING SCALE EXAMPLE\***

Monthly Income 1 person 60 years + In a single or multiple person, <i>non-spousal</i> household	Monthly Income 2 person <i>spousal</i> household (at least 1 is 60 years +)	Individual Cost-Share as Percentage of Service Unit Price or Budget Amount	Sample: Cost-Share for a \$20 Service Unit Price or Budget Amount
Under \$931	Under \$1,261	<b>Voluntary Contribution \$</b>	<b>Individual's Cost-Share Amount</b> Voluntary Contribution \$
\$932 – 1,396	\$1,262 – 1,891	<b>10%</b>	\$ 2
\$1,397 – 1,862	\$1,892 – 2,522	<b>25%</b>	\$ 5
\$1,863– 2,2327	\$2,523 – 3,152	<b>50%</b>	\$ 10
\$2,328+	\$3,153+	<b>100%</b>	\$ 20

\* For Title III, the cost-share percentage is based on the gross monthly income of the qualifying older person(s) and is translated into a percentage of FPG and the cost of the service unit and/or amount of a self-directed services budget. It does not consider any assets, savings or other property owned by the older person(s). A sample service price of \$20 is used as an example. Title III funded projects will customize this cost-share sliding scale and reflect actual service unit price.

The monthly income figures are based on the 2012 Federal Poverty Guidelines: <http://aspe.hhs.gov/poverty/12poverty.shtml>