



*COST SHARING TOOL KIT FOR TITLE III SERVICE PROVIDERS**

Resource Materials to Assist Service Providers Funded by
Title III of the Older Americans Act Implement Cost Sharing Policies

of the Minnesota Board on Aging
and
the Minnesota River Area Agency on Aging®, Inc.

*Electronic files for the Toolkit can be accessed and downloaded
from the Minnesota River Area Agency on Aging®, Inc. web-site at
www.mnrAAA.org

Purpose of the Cost Sharing Tool Kit

The Cost Sharing Tool Kit is intended to assist Title III service providers with the implementation of cost sharing policies and procedures as required by the Older Americans Act and further defined by the Minnesota Board on Aging (MBA) and the Minnesota River Area Agency on Aging®, Inc. (MNRAAA). The Kit provides background, policies, sample materials and other helpful information to guide providers through the development and implementation of cost sharing policies and procedures for their Title III project(s).

Title III providers are free to use and or modify any of the **sample** forms and documents provided in letters F. – J. below.

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Cost Sharing & Voluntary Contributions Guidelines

Purpose:

This document serves as a guideline for Older Americans Act Title III service provider's in developing and implementing cost sharing and voluntary contributions policies and procedures. It clarifies regulations mandated by the Minnesota Board on Aging (MBA) in accordance with Section 315(a) of the Older Americans Act.

Background:

In March 2011, MBA approved an updated Title III policy regarding cost sharing and volunteer contributions. Implementation of the new policy is to begin in the 2012 project year.

Cost Sharing Policies:

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

- Information and assistance, outreach, benefits counseling, or other case management services;
- Ombudsman, elder abuse prevention, legal assistance, or other consumer protection services;
- Congregate and home delivered meals; and
- Any service delivered through tribal organizations.

Cost sharing should be applied to all individuals receiving any Title III required to implement cost sharing, except individuals:

- With incomes at or below 100 percent of the federal poverty level;
- Receiving services through a Medicaid Waiver Program (Community Alternative for Disabled Individuals (CADI), Community Alternative Care (CAC), Developmental Disabilities (DD), Elderly Waiver (EW) or Traumatic Brain Injury (TBI) or the Alternative Care Program (AC).

The Older Americans Act (Sec. 315a) and MBA guidance requires that Title III service providers have written cost sharing policies and procedures that describe how they will implement and administer the cost sharing policy, including how the provider will:

1. Protect the privacy and confidentiality of each individual, specifically with respect to the declaration or non-declaration of individual income and to any share of costs paid or not paid by an individual;
2. Establish appropriate procedures to safeguard and account for cost sharing payments;
3. Use cost sharing payments collected to expand the service for which the payment was given;

A. MNRAAA Policies

4. Account for cost sharing funds under a separate accounting in the general ledger and not co-mingle the funds with funds received under any other agreement;
5. Determine the unit of service cost as the basis for the cost sharing sliding scale;
6. Establish a sliding scale so as not to impose cost sharing for an individual whose income is at or below 100 percent of the Federal poverty guidelines, but provides them with an opportunity to make a voluntary contribution;
7. Inform individuals of their rights and responsibilities in relation to cost-sharing including cost of the service, recommended level of cost sharing, availability of the cost sharing sliding scale and information on availability of services if payment is not made due to inability or unwillingness to pay;
8. Determine eligibility for cost sharing based solely on a confidential declaration of gross income, with no requirement for verification;
9. Determine income level solely on the gross income of the individual who is 60 years and older, not considering assets, savings, or other property owned by an older individual, to determine whether cost sharing is permitted (In the case of a caregiver service, the income level will be based on the care receiver's income; where the caregiver and the care receiver live together and one is 60 years and older, use the two person household income and apply the two person household column on the sliding scale.);
10. Determine when cost sharing participation shall be waived for extreme hardship (e.g. high medical or living expenses) as determined by the AAA and the provider; and
11. Notify individuals of current cost sharing amount due (Cost sharing "statements" may be provided but must not carry forward a balance due amount.).

Cost Sharing Sliding Scale

MBA recommends a 50% cost sharing level of the service cost, or higher. For individuals unable or unwilling to cost share at the 50% level, the cost share amount is to be determined using a cost sharing sliding fee scale. The State of MN recommended scale is established on 10-25-50-100% of the cost of the service and applicable to the individual's income level at: greater than 100%, greater than 150%, greater than 200%, and greater than 250% of the Federal Poverty Guidelines (see Title III Cost-Share Sliding Scale Example). Providers must establish the scale based solely on the gross income level of the individual and cost of the service.

Providers must submit a copy of the sliding fee scale (s) and related client education and notification materials to MNRAAA for review, comment and approval. Variations in the scale that comply with the intent of the cost share policy and encourage financial contributions by users are allowed. Scales that vary from the recommended scale must be approved by MNRAAA prior to implementation.

Voluntary Contributions Policies:

All other Title III services, including those for which cost sharing is not required, are to establish and implement a voluntary contribution policy.

The Older Americans Act (Sec. 315a) and MBA guidance requires that providers will:

1. Provide individuals with an opportunity to voluntarily contribute to the cost of a service;
2. Clearly inform each individual that service will not be denied due to inability or unwillingness to pay;

A. MNRAAA Policies

3. Protect the privacy and confidentiality of each individual with respect to their contribution or lack of contribution;
4. Establish appropriate procedures to safeguard and account for all contributions;
5. Have in place a schedule of suggested contributions; and
6. Use all collected contributions to expand the service for which the contributions were given.

Providers who utilize voluntary contribution policies cannot:

- Mandate a fee or rate; or
- Means test for any service.

Note: MBA is allowing Area Agencies to phase in the implementation of Cost Sharing Policies. See MNRAAA Cost Sharing Implementation Timeline for when specific Title III services will begin implementation.

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	Voluntary Contribution \$	Individual's Cost-Share Amount
\$932 – 1,396	\$1,262 – 1,891	10%	Voluntary Contribution \$ \$ 2
\$1,397 – 1,862	\$1,892 – 2,522	25%	\$ 5
\$1,863 – 2,327	\$2,523 – 3,152	50%	\$ 10
\$2,328+	\$3,153+	100%	\$ 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>

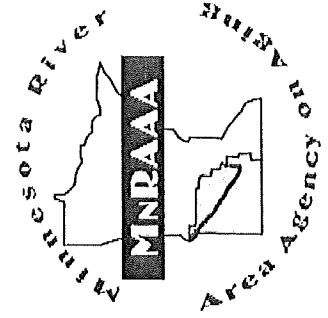
Minnesota River Area Agency on Aging, Inc.'s Cost Sharing Implementation Timeline

	Implementation of Cost Sharing Policies 2012	Implementation of Cost Sharing Policies 01.01.2013 ²	Services EXEMPT from Cost Sharing
TITLE III-B	1. Chore	1. Transportation	1. Information and Assistance
		2. Assisted Transportation	2. Legal Assistance
		3. Telephone Reassurance	3. Legal Education
		4. Counseling	
TITLE III-C			1. Congregate Meals
			2. Home Delivered Meals
TITLE III-D		1. Medication Management & Screening ³	
TITLE III-E	1. Counseling: Individual & Family	1. Group Counseling (Support Groups)	
	2. Counseling: Coaching/Consulting		
	3. Respite (including Self-Direct* & Consumer Choice)		
	4. Powerful Tools for Caregivers Series		

¹ Under this service category, clients will be given a budget which they can use to make their own arrangements for services - such as assisted transportation, chore and homemaker. Their plan may include hiring their own workers through a Fiscal Support Entity.

² Additional services may be added due to expanded Title III Funding Priorities and Awards.

³ One-to-one services only.



Service Clusters, Groups and Definitions

10/20/2008

Service Clusters and Definitions for Titles III-B, III-C, III-D

Cluster 1

01. *Personal Care* (1 hour) – Providing personal assistance, stand-by assistance, supervision or cues for persons having difficulties with one or more of the following activities of daily living (ADL):
 - a. eating
 - b. dressing
 - c. bathing
 - d. toileting
 - e. transferring in and out of bed
 - f. grooming
 - g. bed mobility
 - h. walking
02. *Homemaker* (1 hour) – 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)
03. *Chore* (1 hour) – 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).
04. *Home Delivered Meals* (1 meal) – Provision, to an eligible client or other eligible participant at the client's place of residence. A meal which:
 - a. complies with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture);
 - b. provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily Recommended Dietary Allowances (RDA) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences.
 - c. provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily RDA; although there is no requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and
 - d. provides, if three meals are served, together, 100 percent of the current daily RDA; although there is no requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second and third meals shall be balanced and proportional in calories and nutrients.

Self-Directed Home Delivered Meals (1 meal) – Provision, to an eligible client or other eligible participant at the client's place of residence. A meal which:

- a. meets the nutrition standards as outlined in 04. a - d and is purchased directly from a local school, hospital, restaurant/café, frozen meal vendor, individual (e.g. family, neighbors, etc.) or other entity as determined and managed by the client.

D Title III Service Definitions

05. *Adult Day Care/Adult Day Health* (1 hour) – Provision of personal care for dependent adults in a supervised, protective, congregate setting during some portion of a 24 (twenty-four) hour day. Services offered in conjunction with adult daily care/adult day health typically include social and recreational activities, training, counseling, meals for adult day care and services such as rehabilitation, medications assistance and home health aide services for adult day health.

Cluster 2

07. *Assisted Transportation* (1 one-way trip) – Provision of assistance, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.
08. *Congregate Meals* (1 meal) – Provision, to an eligible client or other eligible participant at a nutrition site, senior center or some other congregate setting, a meal which:
- complies with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture);
 - provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily Recommended Dietary Allowances (RDA) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences;
 - provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily RDA; although there is no requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and
 - provides, if three meals are served, together, 100 percent of the current daily RDA; although there is no requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second and third meals shall be balanced and proportional in calories and nutrients.

Self-Directed Congregate Meals (1 meal) – Provision, to an eligible client or other eligible participant a meal which:

- meets the nutrition standards as outlined in 08. a - d and is purchased directly from a local school, hospital, restaurant/café, frozen meal vendor, individual (e.g. family, neighbors, etc.) or other entity as determined and managed by the client.
09. *Nutrition Counseling* (1 session) – Provision of individualized advice and guidance to individuals who are at nutritional risk because of their health or nutritional history, dietary intake, chronic illnesses, medications use, or to caregivers, and addresses options and methods for improving nutritional status. Counseling is performed by a licensed dietician or other licensed professional in accordance with state law and policy.

Cluster 3

10. *Transportation* (1 one-way trip) – Provision of a means for going from one location to another. Does not include other activity.
11. *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.
12. *Nutrition Education* (1 session, individual or group) – A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietician or individual of comparable expertise. [NOTE: this is the only service of the listed services where the unit measure (one session) refers to either an individual or group service. In this case, for example, a group of people attending a session on

nutrition issues for the elderly would count as one unit of "Nutrition Education". Written nutrition education materials for HDM clients will be counted on a site basis as one session per site times the frequency of lessons provided (monthly or quarterly)].

13. *Information and Assistance* (1 contact) – A service for older individuals that (A) provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology; (B) assesses the problems and capacities of the individuals; (C) links the individuals to the opportunities and services that are available; (D) to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures. Information and assistance topics include, but are not limited to: Medicare, long-term care insurance, prescription drug programs, forms assistance, and pension rights. Information and assistance services can be provided through county coordinators on aging, Senior LinkAge Line®, or individual advocacy.
14. *Outreach* (1 contact) – Interventions initiated by an agency or organization for the purpose of identifying potential clients (or their caregivers) and encouraging their use of existing services and benefits. [NOTE: service units for outreach refer to individual, one-on-one contacts between a service provider and an elderly client or caregiver. An activity that involves a contact with several current or potential clients/caregivers (what is considered group services) should not be counted as a unit of outreach. Service units for group services in Minnesota should be counted as Education/Training (1 session) or Nutrition Education (1 session) or Counseling (1 hour) depending on the service provided.]

**[Note: respite care services which offer temporary, substitute supports or living arrangements for older persons in order to provide a brief period of relief or rest for family members or other caregivers, should be assigned to the service which best matches the form of respite being offered – such as personal care. If the respite care service is designed to offer a temporary, alternative living arrangement, do not assign the respite care service to any of the listed services; rather, it should be listed in Other Services, category A. Services which address functional limitations.]*

99. Other Services

- A. Services which address functional limitations
- B. Services which maintain health
- C. Services which protect elder rights
- D. Services which promote socialization/participation
- E. Services which assure access and coordination
- F. Services which support other goals and purposes
- G. Self-directed services and supports

A. Services which address functional limitations

- A1. *Home Modification/Repair* (1 hour) – Improving or maintaining the independent living environment of an older person. It includes modifications to accommodate mobility impairments and to improve energy efficiency of the home. (III-B or III-D funded services)
- A2. *Respite* (1 hour) – Temporary substitute supports of living arrangements for older persons in order to provide a brief period of relief or rest for family members. This is to be distinguished from respite care #1-Personal Care or #5-Adult Day Care.

B. Services which maintain health

- B1. *Health Assessment/Screening* (1 hour) – Administering standard examinations, procedures or tests for the purpose of gathering information about a client to determine need and/or eligibility for services. Preadmission screening as well as routine health screening (blood

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pressure, glaucoma, cholesterol, cancer, vision, hearing and diabetes) activities are included. (III-B or III-D funded services)

- B2. *Treatment* (1 hour) – Care provided by a licensed health professional subsequent to assessment and diagnosis of a physical, oral, mental problem or condition. Includes rehabilitative care such as physical, speech/hearing, and occupational therapies. (III-B funded services)
- B3. *Health Promotion Programs* (1 session) – Programs to educate older adults about chronic disabling conditions (including osteoporosis and cardiovascular disease), prevention and reduction of effects, alcohol and substance abuse reduction, smoking cessation, weight loss and control, and stress management. (III-D funded services)

Home Injury Control Services (1 hour) – Screening of high-risk home environments and provision of educational programs on injury prevention (including fall and fracture prevention) in the home environment. This funding is for screening and education. It may not be used to pay for home modification and repair (e.g. building ramps, specialized equipment, etc.) (III-D funded services)

- B4. *Mental Health Screening/Referral* (1 hour) – Screening for the prevention of depression, provision of educational activities, and referral to psychiatric and psychological services. May include coordination of community mental health services. (III-D funded services)
- B5. *Medication Management and Screening* (1 hour) – Prevent incorrect medication and adverse drug reactions. Allowable services include: 1) Group education sessions to increase awareness about proper medication usage, safety and storage issues, drug interactions, side effects and other related information. May include public education and awareness campaigns; and 2) 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. (III-D funded services)

C. Services which protect elder rights

- C1. *Guardianship* (1 contact) – Performing legal and financial transactions on behalf of a client based upon a legal transfer or responsibility (e.g., as part of protective services). Includes conservatorship. (III-B funded services)
- C2. *Legal Education* (1 session) – A presentation to inform older persons of their legal rights/benefits and how to access the legal system. (III-B funded services)

D. Services which promote socialization/participation

- D1. *Recreation* (1 session) – To participate in activities, such as sports, performing arts, games, and crafts, either as a spectator or as a performer, facilitated by a provider. (III-B funded services)
- D2. *Visiting* (1 visit) – Providing regular visits to isolated, homebound or institutionalized elderly to reduce their isolation and loneliness. Letter writing, reading letters, and conversation and typical activities of friendly visitors. (III-B funded services)
- D3. *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. (III-B funded services)

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- D4. *Senior Center Facilities/Administration* (no unit) – For construction, renovation or repairs and/or senior center staff to manage, coordinate and facilitate services, educational programming and social activities for older adults. (III-B funded services)
- D5. *Education/Training* (1 session) – Providing formal or informal opportunities for individuals to acquire knowledge, experience or skills. Includes individual or group sessions designed to increase awareness in such areas as crime or accident prevention; promote personal enrichment, for example, through continuing education; to increase or gain skills in a specific craft, trade, job or occupation. Does not include wages or stipends. (III-B or III-D funded services)

E. Services which assure access and coordination

- E1. *Placement* (1 hour) – Assisting a person in obtaining a suitable place or situation such as employment, housing, institution, etc. (III-B funded services)
- E2. *Special Access* – Activities that link elders to community and government services that are not easily accessible due to language and/or cultural barriers. (III-B funded services)
 - 1. *Individual Services* (1 contact or 1 hour; 1 one-way ride) – Information and referral, advocacy, outreach, phone contact, escort, translation, home visit, form completion, service coordination, and limited case management. Transportation on a limited basis (for transportation not covered by other eligible transportation funding). (III-B funded services)
 - 2. *Group Services* (1 session or 1 hour) – Social and recreational activities, workshops, classes, and support groups, including cultural/diversity presentation and training to mainstream service providers to enable them to serve and/or improve services for minority elders. (III-B funded services)
- E3. *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. (III-B or III-D funded services)
- E4. *Organizational Advocacy* (1 session) – Services undertaken on behalf of older persons as a group to secure their rights/benefits (may include county coordinators on aging). (III-B funded services)

G. Self-directed services

- G1. *Self-directed services* (1 session) – 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.

Allowable Title III-B Services

- 01. Personal Care – Home Health Aide – In-home Respite Care – Cluster 1
- 02. Homemaker – Cluster 1
- 03. Chore – Cluster 1
- 05. Adult Day Care – Cluster 1
- 07. Assisted Transportation – Cluster 2
- 10. Transportation – Cluster 3

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- 11. Legal Assistance – Cluster 3
- 12. Nutrition Education – Cluster 3
- 13. Information and Assistance – Cluster 3
- 14. Outreach – Cluster 3

- A1. Home Modification/Repair – Cluster 3 (Other Services)
- A2. Respite – Cluster 3 (Other Services)

- B1. Health Assessment/Screening – Cluster 3 (Other Services)
- B2. Treatment – Cluster 3 (Other Services)

- C1. Guardianship – Cluster 3 (Other Services)
- C2. Legal Education – Cluster 3 (Other Services)

- D1. Recreation – Cluster 3 (Other Services)
- D2. Visiting – Cluster 3 (Other Services)
- D3. Telephone Reassurance – Cluster 3 (Other Services)
- D4. Senior Center Facilities/Administration – Cluster 3 (Other Services)
- D5. Education/Training – Cluster 3 (Other Services)

- E1. Placement – Cluster 3 (Other Services)
- E2. Special Access – Cluster 3 (Other Services)
- E3. Counseling (except Nutrition Counseling) – Cluster 3 (Other Services)
- E4. Organizational Advocacy – Cluster 3 (Other Services)

Allowable Title III-D Services

- 09. Nutritional Counseling – Cluster 2

- B1. Health Assessment/Screening – Cluster 3 (Other Services)
- B3. Health Promotion Programs – Cluster 3 (Other Services)
Home Injury Control Services – Cluster 3 (Other Services) should be reported under D5
Education/Training).
- B4. Mental Health Screening/Referral – Cluster 3 (Other Services)
- B5. Medication Management and Screening – Cluster 3 (Other Services)

- E3. Counseling (not Nutritional Counseling) – Cluster 3 (Other Services)

Title III-E Service Groups and Definitions

Revised 10.20.08

Group 1

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 caregiver 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

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

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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.
 - a. *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.
 - b. *Facility-based Respite* – This includes services provided in a licensed nursing facility or hospital or registered housing site that has services provided by a licensed home care agency.
 - 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.
03. *Supplemental Services* – (Registered) Services provided on a limited basis to ease the burden of care or to complement the care provided by caregivers. This includes: home modifications and technology, miscellaneous services, and self-directed services. (Note: Funding limited to no more than 20% of Title III-E allocation.)
- a. *Home Modifications and Technology (unit – 1 project)* This includes the purchase of goods or services for home modification (e.g., fenced yard, wheelchair ramp, improved lighting or floor surface, doorway expansion) or for technology (e.g., home monitoring devices, security system, computer, videophone, medication dispensing systems, phone line) that are directly related to the provision of care.
 - b. *Miscellaneous Services* – This includes personal care, homemaking, transportation, chore services, legal services and adult day care according to existing definitions. Units should be assigned and reported according to the service provided.
 - c. *Self-directed Services* – This includes any of the services listed in item b. that are purchased directly from individuals (e.g. family, neighbors, etc.), businesses, or organizations as determined, and employed and/or managed by the caregiver.
 - d. *Telephone Reassurance (unit – 1 call)* This includes regular, on-going contacts with family caregivers to insure their continued well-being and to provide social contact.

Group 2

04. *Access Assistance* (1 contact) – (Unregistered) Service that assists caregivers in obtaining access to available services and resources within their communities. To the maximum extent

D Title III Service Definitions

practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. Information and assistance to caregivers is an access service, that:

- a. provides individuals with information on services available within the communities;
 - b. links individuals to the services and opportunities that are available within the communities; and
 - c. establishes adequate follow-up procedures. Internet web site hits are to be counted only if information is requested and supplied. These caregiver-related services include outreach, transportation, assisted transportation, legal assistance, and other professional business services required for accessing self-directed services.
05. *Information services (1 activity)* – (Unregistered) Service for caregivers that provides the public and individuals with information about available resources and services statewide. Note: service units are for activities directed at large audiences of current or potential caregivers (e.g. large group sessions, distribution of consumer materials, media campaigns, caregiver fairs or conferences).

Note: For purposes of reporting Information and Assistance in NAPIS, a "contact" only refers to a one-on-one contact between the service provider and the consumer.

Title III E Groups

- Group 1
1. Counseling
 2. Respite Care
 3. Supplemental Services
- Group 2
4. Access Assistance
 5. Information Services

Example

Group 1 Counseling (one session per participant):

If there are 7 people attending a weekly support group meeting then the unit count would be 7, the unduplicated count of persons served is 7. If during the second weekly support group meetings, 4 people return from the first meeting, and 4 new people join then the unit count for the month to date would be 15 (7 in the 1st week + 8 in the 2nd week), and the unduplicated count of persons served is 11 (7 in the 1st week + 4 (new) in the 2nd week).

2012 Poverty Guidelines - U.S. Dept. of Health and Human Services

ONE PERSON		
% of Poverty	Annual Income Range	Monthly Income Range
100%	\$11,170	\$931
101-150%	\$11,171 - \$16,755	\$932 - \$1,396
151-200%	\$16,756 - \$22,340	\$1,397 - \$1,862
201-250%	\$22,341 - \$27,925	\$1,863 - \$2,327
250% +	\$27,926 +	\$2,328

TWO PERSON		
% of Poverty	Annual Income Range	Monthly Income Range
100%	\$15,130	\$1,261
101-150%	\$15,131 - \$22,695	\$1,262 - \$1,891
151-200%	\$22,696 - \$30,260	\$1,892 - \$2,522
201-250%	\$30,261 - \$37,825	\$2,523 - \$3,152
250% +	\$37,826 -	\$3,153

Issued 1/26/2012

We Care, Inc. – Policies and Procedures

Subject: Cost Sharing for Caregiver Respite and Caregiver Consultant Services

Need for the Policy

The number of older adults needing help is growing and public resources used to pay for this help are diminishing. To help sustain We Care, Inc.'s services for a growing aging population and to comply with grant funders requirements (Minnesota Board on Aging) families / individuals participating in We Care's Respite and Caregiver Consultant Programs, will be asked to share in the cost of the service – or a portion of the cost, based on ability to pay.

Sliding Fee Scale and Basis of Service Fee

Suggested cost sharing fees will be based on the care receiver's gross income as well as household size (and relationships) using the following sliding fee scales and using the following service costs as the base fee.

Respite: \$14.00/hour

Caregiver Consultant Services - \$100 per year - includes assessment, development of personal plan and all follow-up contacts. Initial contact is free. If participants wish, they may use caregiver consultant services on hourly fee bases of \$30.00 hour.

(Note to Providers: Your agency has flexibility in deciding how you want to structure your service fees – this is just one example. They should be based either on the actual unit costs (the above respite example assumes that it actually costs We CARE, Inc. \$14.00/hour to provide respite) – or based on what you think the market will bear (such as with the annual caregiver consultant fee example). Title III funded agencies are encouraged to set the rate at the actual per unit cost of service, when possible. If you do not use the actual unit cost, you may want to consider telling your client what the real unit cost is and explain that some- but not all - of that cost is subsidized by other funding source. This allows you to educate your clients about the real cost of the service.)

RESPITE - \$14.00/HOUR IS BASIS FOR FEE STRUCTURE

Fee as a Percent of Cost of Service	Percent of 2012 Poverty Guidelines	Monthly Income of Care Receiver Living in a <u>One Person</u> 60+Household or in a Multiple Non-spousal Household	Monthly Income Range of Care Receiver Living in a <u>Two Person</u> Spousal Household (At least One is 60+)	Respite Cost Sharing Fee
0	100% of Poverty	Under \$931	\$1,261	Voluntary Contribution
10 %	101-150%	\$932 - \$1,396	\$1,262 - \$1,891	\$1.40/Hour
25 %	151-200%	\$1,397 - \$1,862	\$1,892 - \$2,522	\$3.50/Hour
50 %	201- 250%	\$1,863 - \$2,327	\$2,523 - \$3,152	\$7.00/Hour
100 %	251 % +	\$2,328 +	\$3,153+	\$14.00/hour

CAREGIVER COUNSULTANT SERIVCES - \$100.00/YEAR IS BASIS FOR FEE STRUCTURE

Fee as a Percent of Cost of Service	Percent of 2012 Poverty Guidelines	Annual Income of Care Receiver Living in a One Person 60+Household or in a Multiple Non-spousal Household	Annual Income Range of Care Receiver Living in a Two Person Spousal Household (At least One is 60+)	Caregiver Consultant Services Fee
0	100% of Poverty Level	Under \$931	\$1,261	Voluntary Contribution
10 %	101-150%	\$932 - \$1,396	\$1,262 - \$1,891	\$10.00/Year
25 %	151-200%	\$1,397 - \$1,862	\$1,892 - \$2,522	\$25.00/Year
50 %	201- 250%	\$1,863 - \$2,327	\$2,523 - \$3,152	\$50.00/Year
100 %	250 % +	\$2,328 +	\$3,153+	100.00/Year

Participants who choose the alternate fee structure based on \$30.00/ hour for Caregiver Consultant Services will have that fee applied to the same sliding scale as above.

(Note to Providers: Agencies also have flexibility in setting up the sliding fee scale. The 10-25-50-100% of fee scale is recommended, but you may submit other versions to the Area Agency on Aging for approval.)

Determining Income

Cost sharing participation will be based solely on the gross income of the care receiver. Personal assets, savings or other property will not be considered when determining income levels. Income will be determined solely by confidential declaration of income by the care receiver or caregiver, on behalf of the care receiver, and with no requirement for verification.

Low Income and Cost Sharing

Cost Sharing will not be implemented for an individual whose income is at or below the federal poverty line. In such cases, the family /caregiver will be given the opportunity to make a voluntary contribution to the program.

Hardship Exemptions

An individual may be waived from cost sharing participation for reasons of hardship, such as high medical or living expenses – or in the case of the care receiver’s income dipping below the poverty level.

When to Inform the Participant of Cost Sharing / Contribution Policy

Participants will be informed of We Care, Inc.’s Cost Sharing Policies at in-take or as close to in-take as deemed appropriate by agency professionals working with the client. Policies will be explained verbally and in print.

No Denial of Service

Caregivers who are unable or unwilling to pay specified fees based on the sliding fee scale or who do not wish to make a voluntary contribution to the program will not be denied service. This will be explained verbally and in print to participants at the same time other fee information is reviewed with the prospective client.

Collection of Cost Sharing Fees

Respite clients eligible for cost sharing will receive a quarterly mailed reminder of cost share fees due, based on the hours of respite received.

Clients eligible for cost sharing who are receiving Caregiver Consultant services will receive an annual mailed reminder of cost share fees due.

Both of the above mailings will state that no one will be denied service based on inability or unwillingness to pay. We Care, Inc. will not carry forward any balance due from one period to the next.

We Care, Inc. will assure that cost share payments are made and can be accounted for in a confidential manner.

(Here again Title III-E funded agencies have significant flexibility in setting up the policies and process for receiving cost share payments – The above are just examples of how this can be done.)

Accounting for Cost Sharing Fees

We Care, Inc. will account for Cost Share payments separate from contributions, as required by funders (MN Board on Aging and Arrowhead Area Agency on Aging).

Use of Cost Sharing Fees

All cost share fees and contributions received by We Care, Inc. will be used to or expand program services.

Other Primary Sources of Payment

When possible, other primary sources of payment (other than Title III-E), including home and community-based Medicaid waiver programs and Minnesota's Alternative Care Program, will be explored and maximized to pay for We Care, Inc. Respite and Caregiver Consultant Services.

We Care, Inc. – Policies and Procedures

Subject: Cost Sharing for Assisted Transportation and Chore, and Homemaker Services

Need for the Policy

The number of older adults needing help is growing and public resources used to pay for this help are diminishing. To help sustain We Care, Inc.'s services for a growing aging population and to comply with grant funders requirements (Minnesota Board on Aging) individuals participating in We Care's Assisted Transportation, Chore and Homemaker Programs, will be asked to share in the cost of the service – or a portion of the cost, based on ability to pay.

Cost-Share Sliding Scale and Basis of Service Fee

Cost-sharing fees will be based on the person's gross income as well as household size (and relationships) using the following cost-share sliding scales and by using the following service costs as the base fee.

Assisted Transportation: \$.555 per mile

Chore and Homemaker Services: \$25.00 per hour

(Note to Providers: Your agency has flexibility in deciding how you want to structure your service fees – this is just one example. They should be based either on the actual unit costs or on what you think the market will bear. Title III-funded agencies are encouraged to set the rate at the actual per unit cost of service, when possible. If you do not use the actual unit cost, you may want to consider telling your client what the real unit cost is and explain that some- but not all - of that cost is subsidized by other funding source. This allows you to educate your clients about the real cost of the service.

ASSISTED TRANSPORTATION- \$.555/MILE IS BASIS FOR FEE STRUCTURE

Fee as a Percent of Cost of Service	Percent of 2012 Poverty Guidelines	Monthly Income 1 Person 60 years plus in a single or multiple person, <i>non-spousal</i> household	Monthly Income 2 Person <i>spousal</i> household (at least 1 is 60+)	Assisted Transportation Services Fee - Based on cost of \$.555 per mile
0	100% of Poverty Level	Under \$932	Under \$1,262	Voluntary Contribution
10 %	101-150%	\$932 - \$1,396	\$1,262 - \$1,891	\$.056/Mile
25 %	151-200%	\$1,397 - \$1,862	\$1,892 - \$2,522	\$.139/Mile
50 %	201- 250%	\$1,863 - \$2,327	\$2,523 - \$3,152	\$.278/Mile
100 %	250% +	\$2,328+	\$3,153+	\$.555/Mile

F-2 Sample Agency Policies – Transportation, Chore and Homemaker Services

CHORE AND HOMEMAKER- \$25.00/HOUR IS BASIS FOR FEE STRUCTURE

Fee as a Percent of Cost of Service	Percent of 2012 Poverty Guidelines	Monthly Income 1 Person 60 years plus in a single or multiple person, <i>non-spousal</i> household	Monthly Income 2 Person <i>spousal</i> household (at least 1 is 60+)	Chore Services Fee – Based on cost of \$25 per hour
0	100% of Poverty Level	Under \$932	Under \$1,262	Voluntary Contribution
10 %	101-150%	\$932 - \$1,396	\$1,262 - \$1,891	\$2.50/Hour
25 %	151-200%	\$1,397 - \$1,862	\$1,892 - \$2,522	\$6.25/Hour
50 %	201- 250%	\$1,863 - \$2,327	\$2,523 - \$3,152	\$12.50/Hour
100 %	250% +	\$2,328+	\$3,153+	\$25.00/Hour

(Note to Providers: Agencies also have flexibility in setting up the sliding fee scale. The 10-25-50-100% of fee scale is recommended, but you may submit other versions to the Area Agency on Aging for approval.)

Determining Income

Cost sharing participation will be based solely on the gross income of the person served. Personal assets, savings or other property will not be considered when determining income levels. Income will be determined solely by confidential declaration of income by the individual with no requirement for verification.

Low Income and Cost Sharing

Cost Sharing will not be implemented for an individual whose income is at or below the federal poverty line. In such cases, the individual will be given the opportunity to make a voluntary contribution to the program.

Hardship Exemptions

An individual may be waived from cost sharing participation for reasons of hardship, such as high medical or living expenses – or in the case of the person’s income dipping below the poverty level.

When to Inform the Participant of Cost Sharing / Contribution Policy

Participants will be informed of We Care, Inc.’s Cost Sharing Policies at in-take or as close to in-take as deemed appropriate by agency professionals working with the client. Policies will be explained verbally and in print.

No Denial of Service

Individuals who are unable or unwilling to pay specified fees based on the cost-share sliding scale or who do not wish to make a voluntary contribution to the program will not be denied service.

F-2 Sample Agency Policies – Transportation, Chore and Homemaker Services

This will be explained verbally and in print to participants at the same time other fee information is reviewed with the prospective client.

Collection of Cost-Share Fees

Individuals eligible for cost-sharing will receive a mailed reminder of cost share fees due, based on mileage costs for assisted transportation.

Individuals eligible for cost-sharing will receive a mailed reminder of cost share fees due, based on the hours of service received for chore and homemaker.

Both of the above mailings will state that no one will be denied service based on inability or unwillingness to pay. We Care, Inc. will not carry forward any balance due from one period to the next.

We Care, Inc. will assure that cost share payments are made and can be accounted for in a confidential manor.

(Here again Title III-B funded agencies have significant flexibility in setting up the policies and process for receiving cost share payments – The above are just examples of how this can be done.)

Accounting for Cost Sharing Fees

We Care, Inc. will account for Cost Share payments separate from contributions, as required by funders (MN Board on Aging and Arrowhead Area Agency on Aging).

Use of Cost Sharing Fees

All cost share fees and contributions received by We Care, Inc. will be used to or expand program services.

Other Primary Sources of Payment

When possible, other primary sources of payment (other than Title III-B), including home and community-based Medicaid waiver programs and Minnesota's Alternative Care Program, will be explored and maximized to pay for We Care, Inc. Assisted Transportation, Chore and Homemaker Services.

We Care, Inc. - Caregiver Consultant Services
Sharing in the Cost

Why do we ask participants to share in the cost of this service?

The number of older adults needing help is growing and public resources used to pay for this help are diminishing. To help sustain service for a growing aging population caregiver support programs funded by federal Older Americans Act funds are asked by the Minnesota Board on Aging to share costs with families who can afford to pay for the services.

What is the fee for the services of the Caregiver Consultant?

The initial contact for Caregiver Consultant Services is free and thereafter we ask persons using the service to pay an annual fee of \$100 – or a portion of this fee based on the care receiver's monthly gross income and household size using the sliding fee scale shown below. Individual assets, property or savings are not considered when determining fees.

The cost sharing fee is not required if the care receivers monthly gross income is at or below the federal poverty line (see scale below). In that case, the family will be given the opportunity to make an affordable voluntary contribution to the program. Fees may be waived for hardship situations (high medical or living expenses.)

How do I learn about the details of cost sharing ?

We Care's Consultant will inform families verbally and in writing of the sliding fee scale policy and our process for collecting co-payments. We Care will also send a payment reminder 1 time per year, but will not carry forward balances due from one period to the next.

What if I don't pay?

Persons who choose not to pay specified fees based on the sliding fee scale will not be denied service for unwillingness or inability to pay. If a participant does not want to pay the full \$100.00 for the year, We Care, Inc. offers the option of paying \$30.00 per hour for consultant services.

Sliding Fee Scale

Fee as a Percent of Cost of Service	Percent of 2012 Poverty Guidelines	Monthly Income of Care Receiver Living in a One Person 60+Household or in a Multiple Non-spousal Household	Monthly Income of Care Receiver Living in a Two Person Spousal Household (At least One is 60+)	Caregiver Consultant Services Fee - Based on Full Price of \$100.00 per Year
0	100% of Poverty Level	\$931 or Less	\$1,261	Voluntary Contribution
10 %	101-150%	\$932 - \$1,396	\$1,262 - \$1,891	\$10.00/Year
25 %	151-200%	\$1,397 - \$1,862	\$1,892 - \$2,522	\$25.00/Year
50 %	201- 250%	\$1,863 - \$2,327	\$2,523 - \$3,152	\$50.00/Year
100 %	250 % +	\$2,328 +	\$3,153+	\$100.00/Year

Remember – No one will be denied service based on inability or unwillingness to pay.

We Care, Inc. – Respite Services
Sharing in the Cost

Why do we ask participants to share in the cost of this service?

The number of older adults needing help is growing and public resources used to pay for this help are diminishing. To help sustain service for a growing aging population caregiver support programs funded by federal Older Americans Act funds are asked by the Minnesota Board on Aging to share costs with families who can afford to pay for the services.

What does the Respite Service Cost?

The cost of We Care Respite is \$14.00 per hour – or a portion of this cost based on the care receiver's monthly gross income and household size using the sliding fee scale shown below. Assets, property or savings are not considered when determining fees.

The cost sharing fee is not applied if the care receiver's monthly gross income is at or below the federal poverty line (see scale below). In that case, the family will be given the opportunity to make an affordable voluntary contribution to the program. Cost share fees may be waived for hardship situations (high medical or living expenses.)

How do I learn about the details of cost sharing?

We Care's Respite Coordinator will inform families verbally and in writing of the sliding fee scale policy and our process for collecting co-payments. We Care will also send a monthly payment reminder (statement), but will not carry forward balances due from one period to the next.

What if I don't pay?

Persons who choose not to pay specified fees based on the sliding fee scale will not be denied service for unwillingness or inability to pay.

Cost-Share Fee Scale

Fee as a Percent of Cost of Service	Percent of 2012 Poverty Guidelines	Monthly Income of Care Receiver Living in a One Person 60+Household or in a Multiple Non-spousal Household	Monthly Income of Care Receiver Living in a Two Person Spousal Household (At least One is 60+)	Respite Service Fee – Based on Full Price of \$14.00 per Hour
0	100% of Poverty Level	\$931 or Less	\$1,261 or Less	Voluntary Contribution
10 %	101-150%	\$932 - \$1,396	\$1,262 - \$1,891	\$1.40 per hour
25 %	151-200%	\$1,397 - \$1,862	\$1,892 - \$2,522	\$3.50 per hour
50 %	201- 250%	\$1,863 - \$2,327	\$2,523 - \$3,152	\$7.00 per hour
100 %	250 % +	\$2,328 or More	\$3,153+	\$14.00 per hour

Remember ...

No one will be denied service based on inability or unwillingness to pay.

We Care, Inc. - Chore Services
Sharing in the Cost

Why do we ask participants to share in the cost of this service?

The number of older adults needing help is growing and public resources used to pay for this help are diminishing. To help sustain service for a growing aging population, programs funded with federal Older Americans Act funds are asked by the Minnesota Board on Aging to share costs with persons who can afford to pay for the services.

What is the fee for chore services?

The cost of the chore service is \$25.00 per hour. Your fee is based on your monthly gross income and household size using the cost-share sliding scale shown below. Individual assets, property or savings are not considered when determining fees.

The cost sharing fee is not required if your monthly gross income is at or below the federal poverty line (see scale below). In that case, you will be given the opportunity to make a voluntary contribution to the program. Fees may be waived for hardship situations (high medical or living expenses.)

How do I learn about the details of cost sharing?

We Care will inform participants verbally and in writing of the sliding fee scale policy and our process for collecting co-payments. We Care will also send a payment reminder (specify whether monthly or after each time service is provided), but will not carry forward balances due from one period to the next.

What if I don't pay?

Persons who choose not to pay specified fees based on the sliding fee scale will not be denied service for unwillingness or inability to pay.

Cost-Share Sliding Scale

Fee as a Percent of Cost of Service	Percent of 2012 Poverty Guidelines	<u>Monthly Income</u> 1 Person 60 years plus in a single or multiple person, <i>non-spousal</i> household	<u>Monthly Income</u> 2 Person <i>spousal</i> household (at least 1 is 60+)	Chore Services Fee – Based on cost of \$25 per hour
0	100% of Poverty Level	Under \$932	Under \$1,262	Voluntary Contribution
10 %	101-150%	\$932 - \$1,396	\$1,262 - \$1,891	\$2.50/Hour
25 %	151-200%	\$1,397 - \$1,862	\$1,892 - \$2,522	\$6.25/Hour
50 %	201- 250%	\$1,863 - \$2,327	\$2,523 - \$3,152	\$12.50/Hour
100 %	250% +	\$2,328+	\$3,153+	\$25.00/Hour

Remember ...

No one will be denied service based on inability or unwillingness to pay.

*We Care, Inc. – Assisted Transportation Services
Sharing in the Cost*

Why do we ask participants to share in the cost of this service?

The number of older adults needing help is growing and public resources used to pay for this help are diminishing. To help sustain service for a growing aging population, programs funded with federal Older Americans Act funds are asked by the Minnesota Board on Aging to share costs with persons who can afford to pay for the services.

What is the fee for assisted transportation services?

The cost of the medical transportation service is \$.555 per mile. Your fee is based on your monthly gross income and household size using the cost-share sliding scale shown below. Individual assets, property or savings are not considered when determining fees.

The cost sharing fee is not required if your monthly gross income is at or below the federal poverty line (see scale below). In that case, you will be given the opportunity to make a voluntary contribution to the program. Fees may be waived for hardship situations (high medical or living expenses.)

How do I learn about the details of cost sharing?

We Care will inform participants verbally and in writing of the sliding fee scale policy and our process for collecting co-payments. We Care will also send a payment reminder (specify whether monthly or after each time service is provided), but will not carry forward balances due from one period to the next.

What if I don't pay?

Persons who choose not to pay specified fees based on the sliding fee scale will not be denied service for unwillingness or inability to pay.

Cost-Share Sliding Scale

Fee as a Percent of Cost of Service	Percent of 2012 Poverty Guidelines	<u>Monthly Income</u> 1 Person 60 years plus in a single or multiple person, <i>non-spousal</i> household	<u>Monthly Income</u> 2 Person <i>spousal</i> household (at least 1 is 60+)	Assisted Transportation Services Fee – Based on cost of \$.555 per mile
0	100% of Poverty Level	Under \$932	Under \$1,262	Voluntary Contribution
10 %	101-150%	\$932 - \$1,396	\$1,262 - \$1,891	\$.056/Mile
25 %	151-200%	\$1,397 - \$1,862	\$1,892 - \$2,522	\$.139/Mile
50 %	201- 250%	\$1,863 - \$2,327	\$2,523 - \$3,152	\$.278/Mile
100 %	250% +	\$2,328+	\$3,153+	\$.555/Mile

Remember ...

No one will be denied service based on inability or unwillingness to pay.

We Care, Inc.

COST-SHARE FEE SCALE FOR SERVICES

	CHORE SERVICE	ASSISTED TRANSPORTATION	RESPIRE SERVICE	CAREGIVER CONSULTANT SERVICE
	Cost is \$25 per hour	Cost is .555 per mile	Cost is \$14 per hour	\$100 Annual Fee
2012 RATE				
MONTHLY INCOME (% of Total Fee Client Pays)				
Household of One				
Under \$932	Contribution	Contribution	Contribution	Contribution
\$932 – \$1,396 (10%)	\$2.50	.056 per mile	\$1.40	\$10.00
\$1,397 – \$1,862 (25%)	\$6.25	.139 per mile	\$3.50	\$25.00
\$1,863 – \$2,327 (50%)	\$12.50	.278 per mile	\$7.00	\$50.00
\$2,328 + (100%)	\$25.00	.555 per mile	\$14.00	\$100.00
Household of Two				
Under \$1,262	Contribution	Contribution	Contribution	Contribution
\$1,262 – 1,891 (10%)	\$2.50	.056 per mile	\$1.40	\$10.00
\$1,892 – 2,522 (25%)	\$6.25	.139 per mile	\$3.50	\$25.00
\$2,523 – 3,152 (50%)	\$12.50	.278 per mile	\$7.00	\$50.00
\$3,153+ (100%)	\$25.00	.555 per mile	\$14.00	\$100.00

We Care will NOT refuse service on inability to pay. For Title III, the cost-share percentage is based on the gross annual income of the qualifying older person defined as a percentage of Federal Poverty Guidelines and the price of the service unit. It does not consider assets, savings or other property owned by the older person.

We Care, Inc.
Cost Sharing Agreement- Chore Services

Payments to share in the cost of We Care's Respite Service are needed and gratefully accepted.

After you discuss the cost of service and cost sharing scale with the We Care Chore Service Coordinator and decide how much you are able to pay toward the cost of the service, please complete the information below. Thank you.

I have been informed of the cost of Chore Services provided to me by We Care, Inc. and agree to share in the cost of services in the amount of \$ _____ per hour of service provided. I understand that I will receive a monthly cost sharing statement showing the amount of service I have received and the amount I have agreed to pay for that service.

Client Signature : _____

Client Name : _____

Client Address: _____

Proxy Signature (if applicable) : _____

Proxy Name: _____

Send Statement to (if other than client): _____

Address: _____

Date: _____

We Care, Inc. Staff : _____

We Care, Inc. - Caregiver Respite Services
Sharing in the Cost

To: _____ (Recommend addressing the memo to a person)

From: We Care, Inc. Respite Program

Re: Cost Share payment

We trust that the respite service you are receiving is supporting you to provide care. This service is funded with a combination of federal, state and local funds, plus cost share payments from service recipients.

The full cost of the service that you receive is \$ _____ per hour.

Based on your income, your cost share amount is \$ _____ per hour.

During the month of _____ you received _____ hours of respite care. The cost to the We Care Respite program was \$ _____. Your total cost share amount is \$ _____.

To make your payment, enclosed is a self-addressed stamped envelope or call us at 218-xxx-xxxx to make other arrangements. Service is not denied due to inability or unwillingness to make payment.

Information regarding specific payments will remain confidential.

Please contact us at any time with questions or concerns. Thank you. We look forward to continuing to serve you

(Note: Could be sent out monthly – which makes sense for respite services - or after each time service is provided)

*We Care, Inc. – Assisted Transportation Services
Sharing in the Cost*

To: _____ (Recommend addressing the memo to a person)

From: We Care, Inc. Medical Transportation Program

Re: Cost Share payment

We trust that the transportation service you received is assisting you. This service is funded with a combination of federal, state and local funds, plus cost share payments from service recipients.

The full cost of the service that you receive is \$._____ per mile.

Based on your income, your cost share amount is \$._____ per mile.

Your trip to _____ was _____ miles. The cost to the We Care Medical Transportation Program was \$_____. Your total cost share amount is \$_____.

To make your payment, enclosed is a self-addressed stamped envelope or call us at 218-xxx-xxxx to make other arrangements. Service is not denied due to inability or unwillingness to make payment.

We keep an accurate record of all payments. Information regarding specific payments will remain confidential.

Please contact us at any time with questions or concerns. Thank you. We look forward to continuing to serve you

(Note: Should be sent out after each time service is provided)

We Care, Inc. - Chore Services
Sharing in the Cost

To: _____ (Recommend addressing the memo to a person)

From: We Care, Inc. Chore Program

Re: Cost Share payment

We trust that the chore service you are receiving is assisting you. This service is funded with a combination of federal, state and local funds, plus cost share payments from service recipients.

The full cost of the service that you receive is \$____ per hour.

Based on your income, your cost share amount is \$_____ per hour.

During the month of _____ you received ___ hours of chore service. The cost to the We Care Chore program was \$____. Your total cost share amount is \$_____.

To make your payment, enclosed is a self-addressed stamped envelope or call us at 218-xxx-xxxx to make other arrangements. Service is not denied due to inability or unwillingness to make payment.

We keep an accurate record of all payments. Information regarding specific payments will remain confidential.

Please contact us at any time with questions or concerns. Thank you. We look forward to continuing to serve you

(Note: Could be sent out monthly or after each time service is provided)

Minnesota River Area Agency on Aging®, Inc.
Title III Annual Cost Sharing Observations Reporting Form

Due: January 10, 2013

Compete and submit this report with your fourth quarter reports.

The Minnesota River Area Agency on Aging®, Inc. (MNRAAA) is interested in the experiences you've had in developing and implementing Title III cost sharing policies and the impact it's had on your project and your clients. Please share your experiences and observations by answering the following questions:

1. Did your project implement cost sharing policies and practices as outlined in the cost sharing plan you submitted to MNRAAA? How would you describe the implementation process and the impact of cost sharing? Would you consider it a success? Explain.
2. What is your perception of how cost sharing is received by your clients? Describe evidence you have that supports these perceptions?
3. Overall, are you seeing any detectable trends in the collection of revenue from clients? Describe.
4. How many, if any, clients do you believe have not enrolled or have disengaged from your Title III service(s) since the implementation of cost sharing? Provide documentation that supports this belief.
5. What are the biggest lessons project staff has learned about cost sharing and their discussions with clients about sharing in the cost of Title III services?
6. Additional comments/observations: