

# **Appendix B**

**Co-Payment for Service Guidelines for**

**Community Care for the Elderly  
and  
Alzheimer's Disease Initiative**

# DEPARTMENT OF ELDER AFFAIRS PROGRAMS AND SERVICES HANDBOOK

## Appendix B: Co-Payment for Service Guidelines – ADI and CCE Programs

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### Section I: Legal Authority

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#### **LEGAL AUTHORITY:**

- A.** Alzheimer’s Disease Initiative (ADI) Co-Pays:
  - 1. Florida Statutes, Section 430.503
  - 2. Chapter 58D-1, F.A.C.
  
- B.** Community Care for the Elderly (CCE) Co-Pays:
  - 1. Florida Statutes, Section 430.204(8)
  - 2. **F.A.C.** Chapter 58C-1, F.A.C.
  
- C.** must be

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### Section II: Guidelines

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#### **GUIDELINES:**

Collecting co-payments for services from clients is an important step for providers of CCE and ADI services to undertake. General revenue resources to support services for the elderly cannot meet the growing need for services. Every eligible client must be given the opportunity to participate in the co-pay for services. It is critical that case managers assess potential clients for their ability to participate in the cost of their care.

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### Section III: Overview

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#### **OVERVIEW:**

- A.** Co-payments (co-pay) shall be charged to all non-exempt CCE and ADI clients based on the client's ability to pay and include the gross income of the married, live-in spouse. Income from other family members or persons living in the household is not considered. Clients who receive Older Americans Act (OAA) services are not exempt from being assessed a co-payment under CCE or ADI. For ADI, services of a specified value may be accepted in lieu of a co-payment. Provider agencies shall develop their own written procedures for accepting services of a specified value.
- B.** No co-payments will be assessed on any CCE or ADI client whose income is at, or below, the federal poverty level (FPL) as established each year by the U.S. Department of Health and Human Services. The co-payment fee schedule will commence at \$1 above the established FPL each year.
- C.** Eligibility shall be by self-declaration of income. "**Self-declaration**" means a statement of income made by the person applying for CCE or ADI services. Self-declaration is all that is required for eligibility determination and does not include any documentation other than the signature of the individual making the statement on the Financial Worksheet and Assessed Co-Payment Form (Attachment 1). The self-declaration statement is assumed to be true at the time it is made. The person making the statement should be advised that the provider has the option of verifying the statement and that verification of income will be requested if there is a review or appeal of the provider's actions regarding co- pay.
- D.** Providers may ask clients who are exempt from co-payment assessment to contribute whatever amount they can on a voluntary basis. Voluntary contributions shall be handled in accordance with agency procedures.
- E.** Clients who are assessed a co-payment shall not pay an amount that exceeds the full cost of services received.
- F.** Clients wishing to contribute more for the services than the assessed co- payment, or who wish to pay the full cost of the services, may do so.
- G.** A client who is put on an assessed priority consumer list for services shall not be billed a co-payment for case management until services are commenced.

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- H. The co-payment to be assessed is based on the gross income of the client or the client and live-in spouse. Income is determined by completing the CCE/ADI Eligibility Financial Worksheet and Assessed Co-Payment Form (Attachment 1). See Attachment 2, Co-Pay Financial Worksheet Instructions for completing Attachment 1.
- I. To determine the co-payment to be assessed, add the applicable gross income amounts and compare the total to the sliding co-pay schedule (See Attachments 3 and 4 for schedules).
- J. Income information shall be considered confidential.
- K. Clients who are exempt from being assessed a co-payment are:
  - 1. Active HCE clients including clients who are on the assessed priority consumer list for HCE services only, unless CCE or ADI services are initiated while the client is waiting for HCE services;
  - 2. Active CCE clients who are caregivers for HCE clients;
  - 3. Active CCE or ADI clients in APPL status for SMMC LTC;
  - 4. Persons referred by Adult Protective Services staff of the Department of Children and Families as high risk for alleged abuse, neglect or exploitation, and who receive services for a period not to exceed 31 days (and within 30 days, a case manager needs to assess the client to determine if co-payments will be charged for ongoing CCE or ADI services); and
  - 5. No co-payments will be assessed on any CCE or ADI client whose income is at, or below, the federal poverty level (FPL) as established each year by the U.S. Department of Health and Human Services. The co-payment fee schedule will commence at \$1 above the established FPL each year.
  - 6. No CCE or ADI client may have their services terminated for inability to pay their assessed co-payments. Area Agencies on Aging, in conjunction with provider agencies, must establish procedures to remedy financial hardships associated with co-payments and ensure there is no interruption in service(s) for inability to pay..

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

- L. Services Exempt from Co-Pay Assessment: information, referral/assistance, and intake services are exempt from the co-pay assessment requirement.
- M. Clients wishing to pay the full cost of the services, or who wish to contribute monthly an amount that meets or exceeds the co-pay amount they would be charged are not required to complete the eligibility determination process. All CCE and ADI clients are required to provide the case manager with a self-declared monthly income amount. This amount will be enough information for the case manager to determine if the contribution or full payment the client wishes to make meets or exceeds the co-payment that will be charged. A narrative entry in the client file, which describes the contribution or full payment for services arrangement, will suffice. Fiscal records must show receipt of a contribution or full payment for services from the client each month in accordance with the provider's billing procedures.
- N. The executive director of the provider agency may waive a client's co-payment. The total amount waived for all clients cannot exceed ten percent (10%) of the provider's targeted co-payment collection goal for the year. A written explanation for the waiver of the co-payment must be placed in the client file.
- O. Assets are self-declared by the client and include the following:
  - 1. More than one car (if the car is less than 7 years or more than 25 years old);
  - 2. Cash surrender value of life insurance policies (only if total face value is over \$2,500);
  - 3. Checking accounts;
  - 4. Savings accounts;
  - 5. Cash on hand;

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6. Certificates(s) of Deposit;
  7. IRAs;
  8. Revocable burial contracts;
  9. Trusts;
  10. Stocks/bonds/mutual funds; and
  11. Real property (not homestead).
- P. The provider shall develop written billing and collection procedures to ensure the existence of a clear audit trail between the co-payment assessed and that collected.
- Q. Clients in common between CCE and ADI must have one designated case manager from either the CCE or ADI program for billing purposes. AAAs shall work with providers to develop written procedures applicable to clients in common. The procedures shall address the methodology for projecting the annual goal, case management responsibilities, and billing and collection of co- payments.
- R. When determining a couple's co-pay obligation, if both persons are enrolled in either CCE or ADI, the intent is for a household couple to be assessed only one co-payment. A co-pay amount should be assessed utilizing the 'Co-Pay Schedule for Couple' form and attributed once to either of the couple's program enrollment.
- NOTE: The case file for the spouse of an enrolled client, for whom the couple's co-pay is being recorded, should contain a copy of the co-pay assessment forms, and a case note indicating that the couple's co- payment is being collected for an enrolled spouse.**
- S. Services Requiring Co-Payment:
1. **CCE:** Refer to Chapter 5, Community Care for the Elderly (CCE) Program for the CCE services subject to co-payments.
  2. **ADI:** Refer to Chapter 6, Alzheimer's Disease Initiative (ADI) Program for the ADI services subject to co-payments.



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#### Section IV: Determination of Client's Ability to Pay

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##### DETERMINATION OF CLIENT'S ABILITY TO PAY:

- A.** The case manager shall explain the co-payment assessment procedures to the client/responsible party with emphasis on the following points:
1. Co-payment is a requirement per state statutes (Chapters 430.204(8) and 430.503, F.S.) to be collected for CCE and ADI services in accordance with rules adopted by the Department and the client's ability to pay;
  2. It is collected to offset some or all the costs of the services received by the client;
  3. It is determined by completing the financial worksheet and assessed co- pay form;
  4. Income is and assets are self-declared;
  5. A co-pay amount for all the services received each month will be charged to clients with the ability to pay their assessed co-payment;
  6. Clients shall be informed of their right to request a review of their ability to pay the assessed amount; and
  7. Referral is made to the appropriate agency for a full eligibility determination if the client appears to be eligible for Medicaid or other assistance after a review of self-declared income and assets.
- B.** The case manager shall complete the assessment process in accordance with the Instructions for Completion of the Financial Worksheet and Assessed Co- Pay Form (Attachment 2) by following the steps below:
1. Determine whether the client is exempt from assessment, as detailed in Overview, Section L;
  2. Complete for all eligible clients during the initial assessment in CCE or ADI program;
  3. Obtain the client's signature on financial worksheet/and assessed co-pay form;
  4. Prepare the care plan; and
  5. Discuss the care plan and agency co-pay procedures with the client.

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- C. The case manager shall discuss problems that may arise with the client as follows:
1. **Client refusal to comply:** Services will be offered at full cost if client/responsible party refuses to provide information on income needed to determine ability to pay.
  2. **Client refusal to accept case management:** Core services cannot be offered without case management which, at a minimum, must include semi-annual and annual visits and other activities necessary to coordinate and document service delivery.
  3. **Client request for review from provider agency:** Each client/ responsible party has the right to question the co-payment assessment and request a re-determination of ability to pay.
  4. **Refusal to pay co-payments:** Refusal (not due to inability to pay) may result in termination of services.
  5. **Change in financial circumstances:** Determination of ability to pay shall be done annually and may be done at any time deemed necessary by the agency. Should the client's financial circumstances change, the client's or responsible party's written or verbal request accompanied by information pertinent to the change, may be used to change the co-payments by re-assessing the client.
- D. If the case manager determines that a client cannot be assessed a co-payment, he/she may request approval of the agency executive director to **waive** the assessment. Agencies may waive up to ten percent (10%) of the co-payment annual goal to be collected from clients.
1. The reason for the waiver shall be noted in the client file; and
  2. The agency executive director shall sign the client file entry waiving the co-payment assessment.

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### Section V: Collection of Payments

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#### **COLLECTION OF CO-PAYMENTS:**

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

#### **A. Method:**

1. There shall be a clear audit trail displaying the amounts assessed, collected, and expended.

#### **B. Designation and Billing of Responsible Parties:**

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

#### **C. Role of the Voluntary Payer:**

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

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

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#### Section VI: Termination of Services Due Delinquent Payments

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

- A.** Assessed co-payments will be considered delinquent when full payment has not been received after 30 days from the billing date, or according to the agency billing procedures.
- B.** No client may have their services terminated for inability to pay their assessed co-payment. Area Agencies on Aging, in conjunction with provider agencies, must establish procedures to remedy financial hardships associated with co-payments and ensure there is no interruption in service(s) for inability to pay..
- C.** Providers will develop their own termination procedures for clients who refuse to pay assessed c-payments (not due to inability to pay). . Once a client is terminated, the action must be noted in the Client Information and Registration Tracking System (CIRTS) using the code “TRRP” (Terminated Refusal to Pay).
- D.** Provider agency directors may elect to waive the assessed co-payment, if it is believed that termination of services would not be in the best interests of the client. If a client’s co-payment is reduced or waived entirely, a written explanation for the change must be placed in the client file. .A written explanation for the waiver must be included in each individual client file. Up to ten percent (10%) of the provider agency co-payment annual goal may be waived.
- E.** Other considerations:
  - 1.** If the client has been provided services on an emergency basis, 14 working days shall be allowed for assessment. If the client, guardian or responsible party refuses to provide information on income to determine the ability of the client to pay within those 14 days, services will be terminated unless the co-payment assessment is waived. A written explanation for the waiver must be included in the client’s file.
  - 2.** If the client has been provided services because of a high-risk Adult Protective Services referral, CCE co-payments will be waived during the first 31 days of service or until the vulnerable adult’s crisis situation has been resolved as determined by the CCE Lead Agency and APS staff to determine the ability to pay, services will be terminated, unless the co- pay assessment is waived. A written explanation for the waiver must be included in the client’s file. For additional information about APS referrals, refer to the APS Referrals Operations Manual.

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#### Section VI: Termination of Services Due Delinquent Payments

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3. Clients who leave the program (e.g., nursing home placement, death, move out of area) are still responsible for the co-payments owed. The provider agency may determine what course of action to take to recoup what is owed.

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### Section VII: Review and Grievance Process

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#### **REVIEW AND GRIEVANCE PROCESS:**

- A. Please refer to Appendix D, entitled “Minimum Guidelines for Recipient Grievance Procedures,” in this Handbook.
  
- B. The method of review and grievance process customarily used by the individual provider agency shall apply in cases relevant to assessment of CCE and ADI clients; however, the following guidelines are to be incorporated and applied uniformly to all cases:
  - 1. A request for review of the assessed co-payments must be made by the client, guardian or other financially responsible person in writing or in person. The date of receipt of the request for review shall be noted and placed in the client's file.
  - 2. The client is responsible for producing documentation, which supports the request for review. Documentation could include proof that income sources used in the original determination were incorrect or any other source of documentation supporting the review request.
  - 3. The client, guardian or financially responsible person shall be informed of the review date and may be present to offer further documentation.
  - 4. Should the client wish to have services continue during the review process, he/she shall be responsible for payment of any co-payments based on the original financial worksheet and assessed co-pay form. If the provider agency is found to have been in error in the determination of the co-payment, an appropriate refund shall be made to the client.
  - 5. Should the provider agency confirm the individual's ability to pay, it shall establish retroactively the effective date from which the client shall make payment to the provider agency.
  - 6. If the client disagrees with the provider agency's finding, he/she may initiate a formal grievance through the AAA in the PSA.

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### Section VII: Review and Grievance Process

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7. If the provider agency determines that the client was overcharged, payment shall be made in either one of two ways:
  - a. If the client stays in the program, the client's account shall reflect the new charge, the deducted overcharge, and the new total with the client being advised in writing of the charges; or
  - b. If the client leaves the program, the overpayment shall be credited to the client's account and a refund (if necessary) sent to the client/responsible party by certified mail.



# DEPARTMENT OF ELDER AFFAIRS PROGRAMS AND SERVICES HANDBOOK

## Appendix B: Co-Payment for Service Guidelines – ADI and CCE Programs

### Section VIII: Provider Agency Records

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#### **PROVIDER AGENCY RECORDS:**

Provider agency records must be maintained with proper documentation.

##### **A. Client case files must contain the following:**

1. Financial worksheet and assessed co-pay form with client's signature and date, which documents the assessment of the client's ability to pay, or a statement in the case narrative of the reason for exemption or waiver of assessment of co-payments.
2. A copy of written or notation of verbal notice of change of financial circumstances, if applicable.
3. A statement in the case narrative regarding the client's refusal to pay co-payment (not due to inability to pay) and date of termination of services or that a waiver was granted.

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

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

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

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

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#### Section VIII: Provider Agency Records

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3. Names and amounts paid by clients wishing to contribute an amount equal to or more than an assessed co-payment.
  4. Billing accounts recorded in ledgers (in accordance with accepted accounting practice) with "accounts receivable" reflecting only the amount of co-payments owed.
  5. Number of clients terminated for refusal to pay assessed co-payments (not due to inability to pay).
  6. Number of clients exempt or waived from termination for non-payment of co-payments.
  7. Number of clients exempt from paying co-payments.
- D. Staff training in the implementation of co-pay assessment and collection procedures shall be documented and maintained in personnel or agency training files.
- E. Each provider agency shall submit an annual co-payment collection report to the AAA by July 30 of each year. The report shall be prepared in accordance with the format in Attachment 4.

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### Section IX: Area Agency Responsibilities

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#### **AREA AGENCY RESPONSIBILITIES:**

The Area Agency on Aging shall:

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

**Note:** Additional monitoring visits should be conducted by agency staff to correct any problems with the co-pay initiative.

- D.** Provide appeal procedure for those requesting an appeal of their determination to pay.
- E.** Ensure that all new and existing case managers are trained in the co-payment assessment procedures.
- F.** Submit a consolidated annual co-payment collections report (see Attachment 4) to the Department no later than August 30 of each year.

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**Attachment 1: Eligibility Financial Worksheet and Assessed Co-Payment Form**

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COMMUNITY CARE FOR THE ELDERLY (CCE) and ALZHEIMER'S DISEASE INTITATIVE

(ADI) ELIGIBILITY FINANCIAL WORKSHEET AND ASSESSED CO-PAYMENT FORM

EXEMPTIONS: Completion of this form is not required for Adult Protective Services (APS) high-risk referrals and clients receiving Home Care for the Elderly.

1. **CLIENT'S NAME:** \_\_\_\_\_ **SPOUSE'S NAME:** \_\_\_\_\_

2. **MONTHLY INCOME INFORMATION** - Fill in all sources received.

	Individual	Spouse	Total
a. Social Security (SSA), including Medicare premium	\$	\$	\$
1 a). Supplemental Security Income (SSI)	\$	\$	\$
2 a). Social Security Disability Insurance (SSDI)	\$	\$	\$
b. Veterans Administration (VA) benefits	\$	\$	\$
c. Disability Payments, including Worker's Compensation (Exclude disability payments reported under a. and b above)	\$	\$	\$
d. Retirement Pension (Railroad, Union, Government and Private)	\$	\$	\$
e. Interest/Dividend Income: Individual Retirement Accounts (IRAs); Certificates of Deposits (CDs); bank accounts and annuity income, including civil service	\$	\$	\$
f. Rental Property Income	\$	\$	\$
g. Estate/Trust Fund Income	\$	\$	\$
h. Alimony	\$	\$	\$
i. Regular Contributions from Another Person	\$	\$	\$
j. Temporary Assistance for Needy Families (TANF)	\$	\$	\$
k. Other Income	\$	\$	\$
<b>Total Gross Monthly Income</b>	\$	\$	\$

3. **ASSESSED CO-PAYMENT MONTHLY AMOUNT (FROM CO-PAYMENT SCHEDULE) \$** \_\_\_\_\_

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

**4. ASSET INFORMATION – Include all assets sources.**

	Individual	Spouse	Total
a. More than one car (if car is less than 7 years old or over 25 years old)	\$	\$	\$
b. Cash Surrender Value of Life Insurance Policies (only if total face value is over \$2,500)	\$	\$	\$
c. Checking Account(s)	\$	\$	\$
d. Saving Account(s)	\$	\$	\$
e. Cash on hand	\$	\$	\$
f. Certificate(s) of Deposit (CDs)	\$	\$	\$
g. Individual Retirement Account(s) (IRAs)	\$	\$	\$
h. Revocable Burial Contract	\$	\$	\$
i. Trust(s)	\$	\$	\$
j. Stocks/Bonds/Mutual Funds	\$	\$	\$
k. Real Property (not homestead)	\$	\$	\$
<b>Total Assets:</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Deduct up to \$2,500 in burial funds for an individual (up to \$5,000 in burial funds for a couple)	\$	\$	\$
<b>Subtotal Assets:</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**5. CLIENT'S STATEMENT AND SIGNATURE**

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

\_\_\_\_\_  
**Signature of Client or Responsible Party**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Worksheet Preparer**

\_\_\_\_\_  
**Date**

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**Appendix B: Co-Payment for Service Guidelines**

**Attachment 2: 2020 Co-Pay Financial Worksheet Instructions**

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**NOTE: Completion of the co-pay financial worksheet is required for clients receiving Community Care for the Elderly (CCE) and Alzheimer’s Disease Initiative (ADI) services only. Adult Protective Services (APS) high-risk referrals and clients receiving Home Care for the Elderly are exempt from co-pay assessment.**

1. Enter the name of the client and the client’s spouse, as applicable. Information is to be reported on spouses only if they reside in the home with the client.
2. Monthly Income Information: Enter the gross monthly amounts for the client and the client’s spouse, if applicable. Use even dollar amounts (50 cents or less is 0; 51 cents or more is \$1.00).
  - a. Social Security (SSA): Include the amount of the Social Security check after deductions. If a Medicare premium was deducted, add it back in.
    - o Supplemental Security Income (SSI): Include the amount of the monthly SSI check.
    - o Social Security Disability Insurance (SSDI): Include the amount of the monthly SSDI check.
  - b. Veterans Administration (VA) benefit: Include the monthly amount of the benefits check.
  - c. Disability Payments: Include Worker’s Compensation and the monthly amount of any private disability insurance payments received. Disability payments that are excluded include Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI) and Veterans Administration (VA) benefits.
  - d. Retirement Pension (Railroad, Union, Government and Private): Include the monthly amount of any retirement check received. The amount of the check is likely to be a net amount after deductions are taken. If the client has a check stub or knows the gross amount, enter the gross amount. If the pension check is received quarterly or annually, divide the amount by the appropriate number to obtain a monthly income amount.
  - e. Interest/Dividend Income: Include income received from Individual Retirement Accounts (IRAs), Certificates of Deposit (CDs), bank accounts and annuities, including civil service. If payments are received quarterly or annually, divide the amount by the appropriate number to obtain a monthly income amount.
  - f. Rental Property Income: Include any income from rental property (must be at fair market value).
  - g. Estate/Trust Fund Income: Include any income received on a monthly basis from estate and/or trust fund accounts. If payments are received quarterly or annually, divide the amount by the appropriate number to obtain a monthly income amount.

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**Attachment 2: 2020 Co-Pay Financial Worksheet Instructions**

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- h. Alimony: Include any income received monthly from court-ordered alimony support payment.
  - i. Regular Contributions from Another Person: Include any income received on a regular basis (monthly, quarterly, annually). Do not include any gift income, regardless of frequency or amount. Gift income is defined as income from a person, family, or friend not legally obligated to provide such to the client. Payment of bills (e.g., phone, electric, gas) by someone on the client's behalf is not considered a regular contribution.
  - j. Temporary Assistance for Needy Families (TANF): Include the amount of assistance.
  - k. Other Income: Include other regularly received income not included in any of the above categories. For example, if the spouse is employed, enter the gross monthly amount earned as "other income."
    - Total Gross Monthly Income: Total each entry to arrive at the figure.
3. Refer to the co-pay charts (Attachments 3 and 4) to find the income range for individual client or couple and enter the co-pay amount for the client's income range.
4. Asset Information:
- a. Include the declared value of the client's additional car(s), only if the car is less than seven years old or over 25 years old. One car is excluded no matter the age or type. A couple, if both are receiving services, may own two cars.
  - b. If the total face value of life insurance policies exceeds \$2,500.00, count the cash value of the policies as an asset. These policies may be designated
  - c. Include the balance of the client's checking account(s) on the day of the application. If the client jointly holds an account with another person ("and"), the funds and any interest received are equally divided. If the client has unrestricted access to the funds (\_\_\_\_\_"or"\_\_), the entire balance and all interest received are considered the client's.
  - d. Include the balance of the client's savings account(s) on the day of the application. If the client jointly holds an account with another person ("and"), the funds and any interest received are equally divided. If the potential client has unrestricted access to the funds (\_\_\_\_\_"or"\_\_), the entire balance and all interest received are considered the client's.

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- e. The cash that is “on hand” should be included. Cash from a regular source of income that has already been included on the financial worksheet (i.e., money from a cashed Social Security check) should not be included.
- f. Include the cash surrender value of Certificates of Deposit (CDs), minus any penalties for early withdrawal. Certificates of Deposit (CDs) can also be designated as burial funds.
- g. Include the cash surrender value of Individual Retirement Accounts (IRAs), minus any penalties for early withdrawal. Individual Retirement Accounts (IRAs) cannot be designated as burial funds.
- h. Include the cash value of a revocable burial contract.
- i. Include the total balance of a trust account if the trust was set up by the client for his/her benefit, or if the spouse set up a trust for the client, Include the total balance of a trust account if the trust was set up by the client for his/her benefit, or if the spouse set up a trust for the client, regardless of availability. Trust money or property held by a trustee for the benefit of an individual who is the beneficiary should not be included. The principal balance of such trusts is not usually available to the beneficiary; thus, it is not considered an asset.
- j. Include the value of any stocks, bonds, and mutual fund shares owned by the client. The value of stocks is determined by the closing price as of the date of application. This information can be found in newspapers and on the Internet. The value of bonds and mutual fund shares can be verified through a stockbroker. Verification of the value of United States (US) Savings Bonds can be obtained from a bank.
- k. Include the value of real property owned in Florida or elsewhere. This includes land and other associated buildings on land in which the client has an ownership interest, such as mineral rights, timber rights, leasehold, or an allotment to farm on a piece of land. If ownership is shared, the value is divided equally among the owners. If rental income of a fair market value is received, the property is not counted as an asset.

Enter the total/subtotal assets. Clients may designate up to \$2,500 (individual) or \$5,000 (couple) as burial funds to help bring their assets within limit.

- 5. Have the client or responsible party sign and date form after reading the affirmation statement. Complete information as indicated for the person preparing the worksheet.



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**2019 CO-PAY SCHEDULE FOR INDIVIDUAL**

**Attachment 3**

Monthly Income Range				Monthly Income Range			
From	To	Co-Pay	Percent of Income	From	To	Co-Pay	Percent of Income
\$0	\$1,041	\$0	0.00%	\$2,239	\$2,361	\$57	2.41%
\$1,042	\$1,074	\$18	1.68%	\$2,362	\$2,394	\$58	2.41%
\$1,075	\$1,107	\$19	1.68%	\$2,395	\$2,427	\$59	2.42%
\$1,108	\$1,140	\$20	1.72%	\$2,428	\$2,460	\$60	2.43%
\$1,141	\$1,173	\$21	1.75%	\$2,461	\$2,493	\$61	2.44%
\$1,174	\$1,206	\$22	1.79%	\$2,494	\$2,526	\$62	2.45%
\$1,207	\$1,239	\$23	1.82%	\$2,527	\$2,559	\$63	2.45%
\$1,240	\$1,272	\$24	1.86%	\$2,560	\$2,592	\$64	2.46%
\$1,273	\$1,305	\$25	1.89%	\$2,593	\$2,625	\$65	2.47%
\$1,306	\$1,338	\$26	1.92%	\$2,626	\$2,658	\$66	2.48%
\$1,339	\$1,371	\$27	1.94%	\$2,659	\$2,691	\$67	2.48%
\$1,372	\$1,404	\$28	1.97%	\$2,692	\$2,724	\$68	2.49%
\$1,405	\$1,437	\$29	1.99%	\$2,725	\$2,757	\$69	2.50%
\$1,438	\$1,470	\$30	2.02%	\$2,758	\$2,790	\$70	2.50%
\$1,471	\$1,503	\$31	2.04%	\$2,791	\$2,823	\$71	2.51%
\$1,504	\$1,536	\$32	2.06%	\$2,824	\$2,856	\$72	2.52%
\$1,537	\$1,569	\$33	2.08%	\$2,857	\$2,889	\$73	2.52%
\$1,570	\$1,602	\$34	2.10%	\$2,890	\$2,922	\$74	2.53%
\$1,603	\$1,635	\$35	2.12%	\$2,923	\$2,955	\$75	2.53%
\$1,636	\$1,668	\$36	2.14%	\$2,956	\$2,988	\$76	2.54%
\$1,669	\$1,701	\$37	2.16%	\$2,989	\$3,021	\$77	2.54%
\$1,702	\$1,734	\$38	2.18%	\$3,022	\$3,054	\$78	2.55%
\$1,735	\$1,767	\$39	2.19%	\$3,055	\$3,087	\$79	2.55%
\$1,768	\$1,800	\$40	2.21%	\$3,088	\$3,120	\$80	2.56%
\$1,801	\$1,833	\$41	2.22%	\$3,121	\$3,153	\$81	2.56%
\$1,834	\$1,866	\$42	2.24%	\$3,154	\$3,186	\$82	2.57%
\$1,867	\$1,899	\$43	2.25%	\$3,187		3% of Income	3.00%
\$1,900	\$1,932	\$44	2.26%				
\$1,933	\$1,965	\$45	2.28%				
\$1,966	\$1,998	\$46	2.29%				
\$1,999	\$2,031	\$47	2.30%				
\$2,032	\$2,064	\$48	2.31%				
\$2,065	\$2,097	\$49	2.33%				
\$2,098	\$2,130	\$50	2.34%				
\$2,131	\$2,163	\$51	2.35%				
\$2,164	\$2,196	\$52	2.36%				
\$2,197	\$2,229	\$53	2.37%				
\$2,230	\$2,262	\$54	2.38%				
\$2,263	\$2,295	\$55	2.39%				
\$2,296	\$2,328	\$56	2.40%				

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**Appendix B: Co-Payment for Service Guidelines**

**2019 CO-PAY SCHEDULE FOR COUPLE**

**Attachment 4**

Monthly Income Range				Monthly Income Range			
From	To	Co-Pay	Percent of Income	From	To	Co-Pay	Percent of Income
\$0	\$1,410	\$0	0.00%	\$2,979	\$3,006	\$82	2.72%
\$1,411	\$1,438	\$26	1.81%	\$3,007	\$3,034	\$83	2.73%
\$1,439	\$1,466	\$27	1.81%	\$3,035	\$3,062	\$84	2.74%
\$1,467	\$1,494	\$28	1.84%	\$3,063	\$3,090	\$85	2.74%
\$1,495	\$1,522	\$29	1.87%	\$3,091	\$3,118	\$86	2.75%
\$1,523	\$1,550	\$30	1.91%	\$3,119	\$3,146	\$87	2.76%
\$1,561	\$1,578	\$31	1.94%	\$3,147	\$3,174	\$88	2.77%
\$1,579	\$1,606	\$32	1.96%	\$3,175	\$3,202	\$89	2.77%
\$1,607	\$1,634	\$33	1.99%	\$3,203	\$3,230	\$90	2.78%
\$1,635	\$1,662	\$34	2.02%	\$3,231	\$3,258	\$91	2.79%
\$1,663	\$1,690	\$35	2.05%	\$3,259	\$3,286	\$92	2.79%
\$1,691	\$1,718	\$36	2.07%	\$3,287	\$3,314	\$93	2.80%
\$1,719	\$1,746	\$37	2.10%	\$3,315	\$3,342	\$94	2.81%
\$1,747	\$1,774	\$38	2.12%	\$3,343	\$3,370	\$95	2.81%
\$1,775	\$1,802	\$39	2.14%	\$3,371	\$3,395	\$96	2.82%
\$1,803	\$1,830	\$40	2.16%	\$3,399	\$3,426	\$97	2.83%
\$1,831	\$1,858	\$41	2.19%	\$3,427	\$3,454	\$98	2.83%
\$1,859	\$1,886	\$42	2.21%	\$3,455	\$3,482	\$99	2.84%
\$1,887	\$1,914	\$43	2.23%	\$3,483	\$3,510	\$100	2.84%
\$1,915	\$1,942	\$44	2.25%	\$3,511	\$3,538	\$101	2.85%
\$1,943	\$1,970	\$45	2.27%	\$3,539	\$3,566	\$102	2.85%
\$1,971	\$1,998	\$46	2.28%	\$3,567	\$3,594	\$103	2.86%
\$1,999	\$2,026	\$47	2.30%	\$3,595	\$3,622	\$104	2.87%
\$2,027	\$2,054	\$48	2.32%	\$3,623	\$3,650	\$105	2.87%
\$2,055	\$2,082	\$49	2.34%	\$3,651	\$3,678	\$106	2.88%
\$2,083	\$2,110	\$50	2.35%	\$3,679	\$3,706	\$107	2.88%
\$2,111	\$2,138	\$51	2.37%	\$3,707	\$3,734	\$108	2.89%
\$2,139	\$2,166	\$52	2.30%	\$3,735	\$3,762	\$109	2.89%
\$2,167	\$2,194	\$53	2.40%	\$3,763	\$3,790	\$110	2.90%
\$2,195	\$2,222	\$54	2.42%	\$3,791	\$3,818	\$111	2.90%
\$2,223	\$2,250	\$55	2.43%	\$3,819	\$3,846	\$112	2.91%
\$2,251	\$2,278	\$56	2.44%	\$3,874	\$3,874	\$113	2.91%
\$2,279	\$2,306	\$57	2.46%	\$3,875	\$3,902	\$114	2.92%
\$2,307	\$2,334	\$58	2.47%	\$3,903	\$3,930	\$115	2.92%
\$2,335	\$2,362	\$59	2.49%	\$3,931	\$3,958	\$116	2.93%
\$2,363	\$2,390	\$60	2.50%	\$3,953	\$3,986	\$117	2.93%
\$2,391	\$2,418	\$61	2.51%	\$3,987	\$4,014	\$118	2.94%
\$2,419	\$2,446	\$62	2.52%	\$4,015	\$4,042	\$119	2.94%
\$2,447	\$2,474	\$63	2.53%	\$4,043	\$4,070	\$120	2.94%
\$2,475	\$2,502	\$64	2.55%	\$4,071	+	3% of Income	3.00%
\$2,503	\$2,530	\$65	2.56%			3% of Income	3.00%
\$2,531	\$2,558	\$66	2.57%			3% of Income	3.00%
\$2,559	\$2,586	\$67	2.58%			3% of Income	3.00%
\$2,587	\$2,614	\$68	2.59%			3% of Income	3.00%
\$2,615	\$2,642	\$69	2.60%			3% of Income	3.00%
\$2,643	\$2,670	\$70	2.61%			3% of Income	3.00%
\$2,671	\$2,698	\$71	2.62%			3% of Income	3.00%
\$2,699	\$2,726	\$72	2.63%			3% of Income	3.00%
\$2,727	\$2,754	\$73	2.64%			3% of Income	3.00%
\$2,755	\$2,782	\$74	2.65%			3% of Income	3.00%
\$2,783	\$2,810	\$75	2.66%			3% of Income	3.00%
\$2,811	\$2,838	\$76	2.67%			3% of Income	3.00%
\$2,839	\$2,866	\$77	2.68%			3% of Income	3.00%
\$2,867	\$2,894	\$78	2.69%			3% of Income	3.00%
\$2,895	\$2,922	\$79	2.70%			3% of Income	3.00%
\$2,923	\$2,950	\$80	2.70%			3% of Income	3.00%
\$2,951	\$2,978	\$81	2.71%			3% of Income	3.00%

**DEPARTMENT OF ELDER AFFAIRS PROGRAMS AND SERVICES HANDBOOK**  
**Appendix B: Co-Payment for Service Guidelines**

**Attachment 4:**

**Annual Co-Pay Collection Report**

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

<b>PROVIDER NAME, ADDRESS &amp; PHONE #:</b>	<b>CONTRACT #:</b>  <b>CONTRACT PERIOD:</b>  <b>PSA:</b>	<b>REPORT PERIOD:</b>  <b>FROM:</b>  <b>TO:</b>
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1. Number of persons assessed co-payments:
2. Number of persons terminated for non-payment of assessed co-payments:
3. Number of persons waived from termination for non-payment of co-payments:
4. Number of persons waived from assessment of co-payments:
5. Number of persons exempt from paying co-payments:
6. Total amount of co-payments assessed:
7. Total amount of co-payments, contributions or full payments collected:
8. Total amount of co-payments expended:

I certify that the above report is a true reflection of the period's activities.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE