



Notice of Instruction

8929 Brittany Way
Tampa, FL 33619
(813) 7403888

Notice of Instruction Number: NOI #: 060216 2016 Co-Pay Information

TO: All PSA 6 Lead Agencies

FROM: Kristina Melling, Senior Program Planner & Quality Assurance Data Manager

DATE: June 2, 2016

SUBJECT: Notice of Instruction: 2016 Co-Pay Information

The purpose of this Notice is to disseminate updated co-pay assessment forms for clients receiving Community Care for the Elderly (CCE) and Alzheimer's Disease Initiative (ADI) services. There were no changes to the SSI-Related Programs Financial Eligibility Standards: April 2016, posted on the Department of Children and Families' website at:

http://www.dcf.state.fl.us/programs/access/docs/ssi_fin_elig_chart.pdf

Since there were no changes to the Financial Eligibility Standards, the monthly income range found on the co-pay schedules for both couples and individuals will remain the same from the previous year. The only information being updated on the forms is the date.

The following attachments are included with this notice:

- 2016 Co-pay Financial Worksheet and Assessed Co-pay Form (Attachment 1)
- 2016 Community Care for the Elderly and Alzheimer's Disease Initiative Co-pay Schedule for Individual (Attachment 2)
- 2016 Community Care for the Elderly and Alzheimer's Disease Initiative Co-pay Schedule for Couple (Attachment 3)
- 2016 Co-pay Financial Worksheet Instructions (Attachment 4)

Please forward this information to your staff with instructions to begin using the updated information effective July 1, 2016. Additionally, please update your co-pay collection goals for 2016-2017, and submit these goals to your contract manager no later than June 17, 2016.

Thank you for your continued cooperation. If you have questions, please contact this writer or your contract manager.

2016

COMMUNITY CARE FOR THE ELDERLY (CCE) and ALZHEIMER'S DISEASE INITIATIVE (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	\$	\$	
b. Supplemental Security Income (SSI)			
c. Veterans Administration (VA) benefits			
d. Disability Payments, including Worker's Compensation (Exclude disability payments reported under a. and c.)			
e. Retirement Pension (Railroad, Union, Government and Private)			
f. Interest/Dividend Income: Individual Retirement Accounts (IRAs); Certificates of Deposits (CDs); bank accounts and annuity income, including civil service			
g. Rental Property Income			
h. Estate/Trust Fund Income			
i. Alimony			
j. Regular Contributions from Another Person			
k. Temporary Assistance for Needy Families (TANF)			
l. Other Income			
Total Gross Monthly Income			

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

4. ASSET INFORMATION – Fill in all 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)			
Total Assets:			
Deduct up to \$2,500 in burial funds for an individual (up to \$5,000 in burial funds for a couple)			
Subtotal Assets:			

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**

2016 CO-PAY SCHEDULE FOR INDIVIDUAL

Monthly Income Range		Co-Pay	Percent of Income	Monthly Income Range		Co-Pay	Percent of Income
From	To			From	To		
\$1	\$733	\$1	0.14%	\$2,021	\$2,053	\$48	2.33%
\$734	\$766	\$9	1.17%	\$2,054	\$2,086	\$49	2.34%
\$767	\$799	\$10	1.17%	\$2,087	\$2,119	\$50	2.35%
\$800	\$832	\$11	1.25%	\$2,120	\$2,152	\$51	2.36%
\$833	\$865	\$12	1.32%	\$2,153	\$2,185	\$52	2.37%
\$866	\$898	\$13	1.39%	\$2,186	\$2,218	\$53	2.38%
\$899	\$931	\$14	1.45%	\$2,219	\$2,251	\$54	2.39%
\$932	\$964	\$15	1.50%	\$2,252	\$2,284	\$55	2.40%
\$965	\$997	\$16	1.56%	\$2,285	\$2,317	\$56	2.41%
\$998	\$1,030	\$17	1.60%	\$2,318	\$2,350	\$57	2.42%
\$1,031	\$1,063	\$18	1.65%	\$2,351	\$2,383	\$58	2.43%
\$1,064	\$1,096	\$19	1.69%	\$2,384	\$2,416	\$59	2.43%
\$1,097	\$1,129	\$20	1.73%	\$2,417	\$2,449	\$60	2.44%
\$1,130	\$1,162	\$21	1.77%	\$2,450	\$2,482	\$61	2.45%
\$1,163	\$1,195	\$22	1.81%	\$2,483	\$2,515	\$62	2.46%
\$1,196	\$1,228	\$23	1.84%	\$2,516	\$2,548	\$63	2.47%
\$1,229	\$1,261	\$24	1.87%	\$2,549	\$2,581	\$64	2.47%
\$1,262	\$1,294	\$25	1.90%	\$2,582	\$2,614	\$65	2.48%
\$1,295	\$1,327	\$26	1.93%	\$2,615	\$2,647	\$66	2.49%
\$1,328	\$1,360	\$27	1.96%	\$2,648	\$2,680	\$67	2.49%
\$1,361	\$1,393	\$28	1.99%	\$2,681	\$2,713	\$68	2.50%
\$1,394	\$1,426	\$29	2.01%	\$2,714	\$2,746	\$69	2.51%
\$1,427	\$1,459	\$30	2.03%	\$2,747	\$2,779	\$70	2.51%
\$1,460	\$1,492	\$31	2.06%	\$2,780	\$2,812	\$71	2.52%
\$1,493	\$1,525	\$32	2.08%	\$2,813	\$2,845	\$72	2.52%
\$1,526	\$1,558	\$33	2.10%	\$2,846	\$2,878	\$73	2.53%
\$1,559	\$1,591	\$34	2.12%	\$2,879	\$2,911	\$74	2.54%
\$1,592	\$1,624	\$35	2.14%	\$2,912	\$2,944	\$75	2.54%
\$1,625	\$1,657	\$36	2.16%	\$2,945	\$2,977	\$76	2.55%
\$1,658	\$1,690	\$37	2.17%	\$2,978	\$3,010	\$77	2.55%
\$1,691	\$1,723	\$38	2.19%	\$3,011	\$3,043	\$78	2.56%
\$1,724	\$1,756	\$39	2.21%	\$3,044	\$3,076	\$79	2.56%
\$1,757	\$1,789	\$40	2.22%	\$3,077	\$3,109	\$80	2.57%
\$1,790	\$1,822	\$41	2.24%	\$3,110	\$3,142	\$81	2.57%
\$1,823	\$1,855	\$42	2.25%	\$3,143	\$3,175	\$82	2.58%
				\$3,176 +		3 percent of income	3.00%
\$1,856	\$1,888	\$43	2.26%				
\$1,889	\$1,921	\$44	2.28%				
\$1,922	\$1,954	\$45	2.29%				
\$1,955	\$1,987	\$46	2.30%				
\$1,988	\$2,020	\$47	2.32%				

ATTACHMENT 3

2016 CO-PAY SCHEDULE FOR COUPLE

Monthly Income Range		Co-Pay	Percent of Income	Monthly Income Range		Co-Pay	Percent of Income
From	To			From	To		
\$1	\$1,100	\$1	0.09%	\$2,669	\$2,696	\$71	2.62%
\$1,101	\$1,128	\$15	1.33%	\$2,697	\$2,724	\$72	2.63%
\$1,129	\$1,156	\$16	1.33%	\$2,725	\$2,752	\$73	2.64%
\$1,157	\$1,184	\$17	1.38%	\$2,753	\$2,780	\$74	2.65%
\$1,185	\$1,212	\$18	1.44%	\$2,781	\$2,808	\$75	2.66%
\$1,213	\$1,240	\$19	1.49%	\$2,809	\$2,836	\$76	2.67%
\$1,241	\$1,268	\$20	1.53%	\$2,837	\$2,864	\$77	2.68%
\$1,269	\$1,296	\$21	1.58%	\$2,865	\$2,892	\$78	2.69%
\$1,297	\$1,324	\$22	1.62%	\$2,893	\$2,920	\$79	2.70%
\$1,325	\$1,352	\$23	1.66%	\$2,921	\$2,948	\$80	2.71%
\$1,353	\$1,380	\$24	1.70%	\$2,949	\$2,976	\$81	2.71%
\$1,381	\$1,408	\$25	1.74%	\$2,977	\$3,004	\$82	2.72%
\$1,409	\$1,436	\$26	1.78%	\$3,005	\$3,032	\$83	2.73%
\$1,437	\$1,464	\$27	1.81%	\$3,033	\$3,060	\$84	2.74%
\$1,465	\$1,492	\$28	1.84%	\$3,061	\$3,088	\$85	2.75%
\$1,493	\$1,520	\$29	1.88%	\$3,089	\$3,116	\$86	2.75%
\$1,521	\$1,548	\$30	1.91%	\$3,117	\$3,144	\$87	2.76%
\$1,549	\$1,576	\$31	1.94%	\$3,145	\$3,172	\$88	2.77%
\$1,577	\$1,604	\$32	1.97%	\$3,173	\$3,200	\$89	2.77%
\$1,605	\$1,632	\$33	2.00%	\$3,201	\$3,228	\$90	2.78%
\$1,633	\$1,660	\$34	2.02%	\$3,229	\$3,256	\$91	2.79%
\$1,661	\$1,688	\$35	2.05%	\$3,257	\$3,284	\$92	2.79%
\$1,689	\$1,716	\$36	2.07%	\$3,285	\$3,312	\$93	2.80%
\$1,717	\$1,744	\$37	2.10%	\$3,313	\$3,340	\$94	2.81%
\$1,745	\$1,772	\$38	2.12%	\$3,341	\$3,368	\$95	2.81%
\$1,773	\$1,800	\$39	2.14%	\$3,369	\$3,396	\$96	2.82%
\$1,801	\$1,828	\$40	2.17%	\$3,397	\$3,424	\$97	2.83%
\$1,829	\$1,856	\$41	2.19%	\$3,425	\$3,452	\$98	2.83%
\$1,857	\$1,884	\$42	2.21%	\$3,453	\$3,480	\$99	2.84%
\$1,885	\$1,912	\$43	2.23%	\$3,481	\$3,508	\$100	2.84%
\$1,913	\$1,940	\$44	2.25%	\$3,509	\$3,536	\$101	2.85%
\$1,941	\$1,968	\$45	2.27%	\$3,537	\$3,564	\$102	2.86%
\$1,969	\$1,996	\$46	2.29%	\$3,565	\$3,592	\$103	2.86%
\$1,997	\$2,024	\$47	2.30%	\$3,593	\$3,620	\$104	2.87%
\$2,025	\$2,052	\$48	2.32%	\$3,621	\$3,648	\$105	2.87%
\$2,053	\$2,080	\$49	2.34%	\$3,649	\$3,676	\$106	2.88%
\$2,081	\$2,108	\$50	2.36%	\$3,677	\$3,704	\$107	2.88%
\$2,109	\$2,136	\$51	2.37%	\$3,705	\$3,732	\$108	2.89%
\$2,137	\$2,164	\$52	2.39%	\$3,733	\$3,760	\$109	2.89%
\$2,165	\$2,192	\$53	2.40%	\$3,761	\$3,788	\$110	2.90%
\$2,193	\$2,220	\$54	2.42%	\$3,789	\$3,816	\$111	2.90%
\$2,221	\$2,248	\$55	2.43%	\$3,817	\$3,844	\$112	2.91%
\$2,249	\$2,276	\$56	2.45%	\$3,845	\$3,872	\$113	2.91%
\$2,277	\$2,304	\$57	2.46%	\$3,873	\$3,900	\$114	2.92%
\$2,305	\$2,332	\$58	2.47%	\$3,901	\$3,928	\$115	2.92%
\$2,333	\$2,360	\$59	2.49%	\$3,929	\$3,956	\$116	2.93%

\$2,361	\$2,388	\$60	2.50%		\$3,957	\$3,984	\$117	2.93%
\$2,389	\$2,416	\$61	2.51%		\$3,985	\$4,012	\$118	2.94%
\$2,417	\$2,444	\$62	2.52%		\$4,013	\$4,040	\$119	2.94%
\$2,445	\$2,472	\$63	2.54%		\$4,041	\$4,068	\$120	2.95%
\$2,473	\$2,500	\$64	2.55%		\$4,069	+	3 percent of income	3.00%
\$2,501	\$2,528	\$65	2.56%					
\$2,529	\$2,556	\$66	2.57%					
\$2,557	\$2,584	\$67	2.58%					
\$2,585	\$2,612	\$68	2.59%					
\$2,613	\$2,640	\$69	2.60%					
\$2,641	\$2,668	\$70	2.61%					

**2016
CO-PAY FINANCIAL WORKSHEET
INSTRUCTIONS**

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.
 - b. Supplemental Security Income (SSI): Include the amount of the monthly SSI check.
 - c. Veterans Administration (VA) benefit: Include the monthly amount of the benefits check.
 - d. Disability Payments: Include Worker's Compensation and the monthly amount of any payments received, excluding Supplemental Security Income (SSI) and Veterans Administration (VA) benefits.
 - e. 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.
 - f. 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.
 - g. Rental Property Income: Include any income from rental property (must be at fair market value).
 - h. 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.

- i. Alimony: Include any income received monthly from court ordered alimony support payment.
 - j. Regular Contributions from Another Person: Include any income received on a regular basis (monthly, quarterly, annually). Do not include any gift income, regardless of frequency or amount. Gift income is 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.
 - k. Temporary Assistance for Needy Families (TANF): Include amount of assistance.
 - l. Other Income: Include other regularly received income not included in any of the above categories. For example, if the spouse is employed, enter the gross monthly amount earned as "other income."
 - Total Gross Monthly Income: Total each entry to arrive at the figure.
3. Refer to the co-pay chart (Attachment A) to find the income range for individual client or couple and enter the co-pay amount for the client's income range on line 3.
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 as burial funds.
 - 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.

- 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, 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 particular piece of land. If ownership is shared, the value is divided equally among the owners. If rental income of a fair market value is received, the property is not counted as an asset.
 - 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 client or responsible party sign and date form after reading the affirmation statement. Complete information as indicated for person preparing the worksheet.