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 and
Maintain Cost Sharing Policies of
the Minnesota Board on Aging
and
the Dancing Sky Area Agency on Aging

*Electronic files for the Toolkit can be accessed by contacting Judi Weiss at judi@nwrdc.org.

Originally prepared by Arrowhead Area Agency on Aging, January, 2012
Adapted by Dancing Sky Area Agency on Aging, June, 2018
Purpose of the Cost Sharing Tool Kit

The Cost Sharing Tool Kit is intended to assist Title III service providers with the implementation and maintenance 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 Dancing Sky Area Agency on Aging (DSAAA). 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 below.

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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: $20.00/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.)
We Care, Inc. – Policies and Procedures

Subject: Cost Sharing for Assisted Transportation, 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: $.56 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.)
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. The yearly fee includes assessment, development of personal plan and all follow-up contacts. 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.

**Remember: NO one will be denied services 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 service.

What does 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 fees are 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.

**Remember: NO one will be denied services 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 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 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.

**Remember: NO one will be denied services based on inability or unwillingness to pay.**
We Care, Inc. – Medical 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 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 assisted transportation services?
The cost of the medical assisted transportation service is $.56 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.

**Remember: NO one will be denied services based on inability or unwillingness to pay.**
We Care, Inc.

Cost Sharing Agreement - Chore Services

Payments to share in the cost of We Care’s Chore Services 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.

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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. Assisted Transportation Program

Re: Cost Share payment

We trust that the transportation 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 mile (or trip).

Based on your income, your cost share amount is $_______ per mile (or trip).

Your trip to ________ was ________ miles. The cost to the We Care Assisted 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. 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 listing each trip - 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. Chore Program

Re: Cost Share payment

We trust that the chore 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 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.

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)