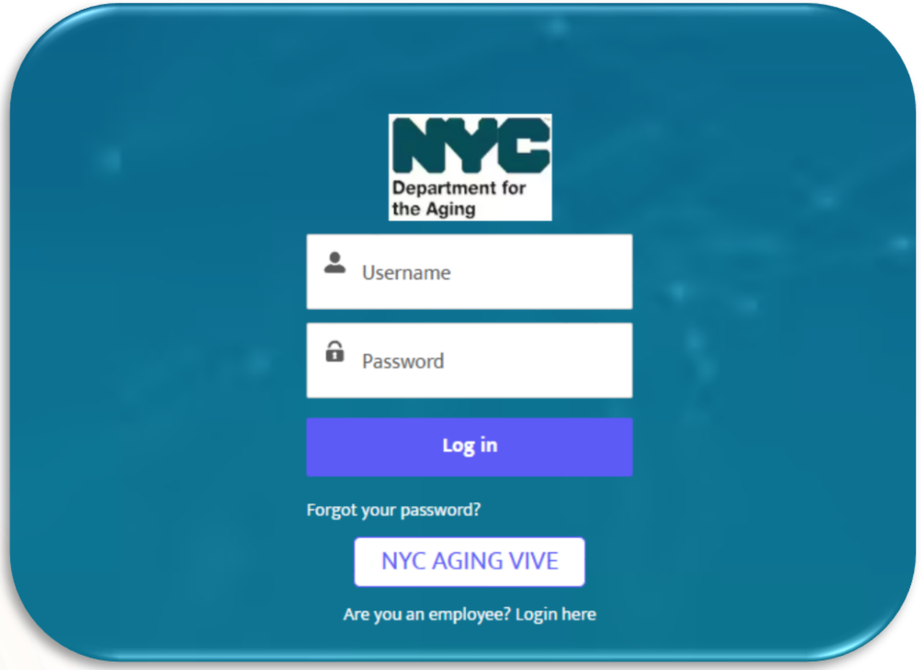


VIVÉ CMA LAB #8:

Financials & Cost Share: Relationship, Completion & Usage

Goal of VIVÉ "Labs"

To clarify and review specific CMA "workflow" functions in VIVÉ.

Definitions
Navigation
Functionality

VIVÉ: CMA Lab

QUICK "RELATIONSHIP" REMINDERS

FINANCIAL: AN OVERVIEW

COST SHARE:

1. *Three Tab Overview*
2. *Activating Cost Share*
3. *Inactivating Cost Share*

FINANCIAL & COST SHARE "RELATIONSHIP":

1. *Five Client Examples*

QUESTIONS & ANSWERS

Quick "Relationship" Reminders

1. **What is the relationship between the *Financial* and *Cost Share Plan*?**

   - The ***Financial*** form must be completed before the ***Cost Share Plan*** is developed. ***Information from the Financial section is prepopulated in the Cost Share Plan*** and is calculated to ***determine the cost share fee rate or contribution amount***. It is also used to determine a client's ***potential eligibility for Medicaid***.

2. **What is the relationship between the *Cost Share Plan* and the *Home Care Service Plan*?**

   - A ***Cost Share Plan*** is required in the generation of a ***Home Care Service Plan***. ***The relationship between the two is unique***. As such, every ***Home Care Service Plan*** requires its own **Cost Share Plan.**

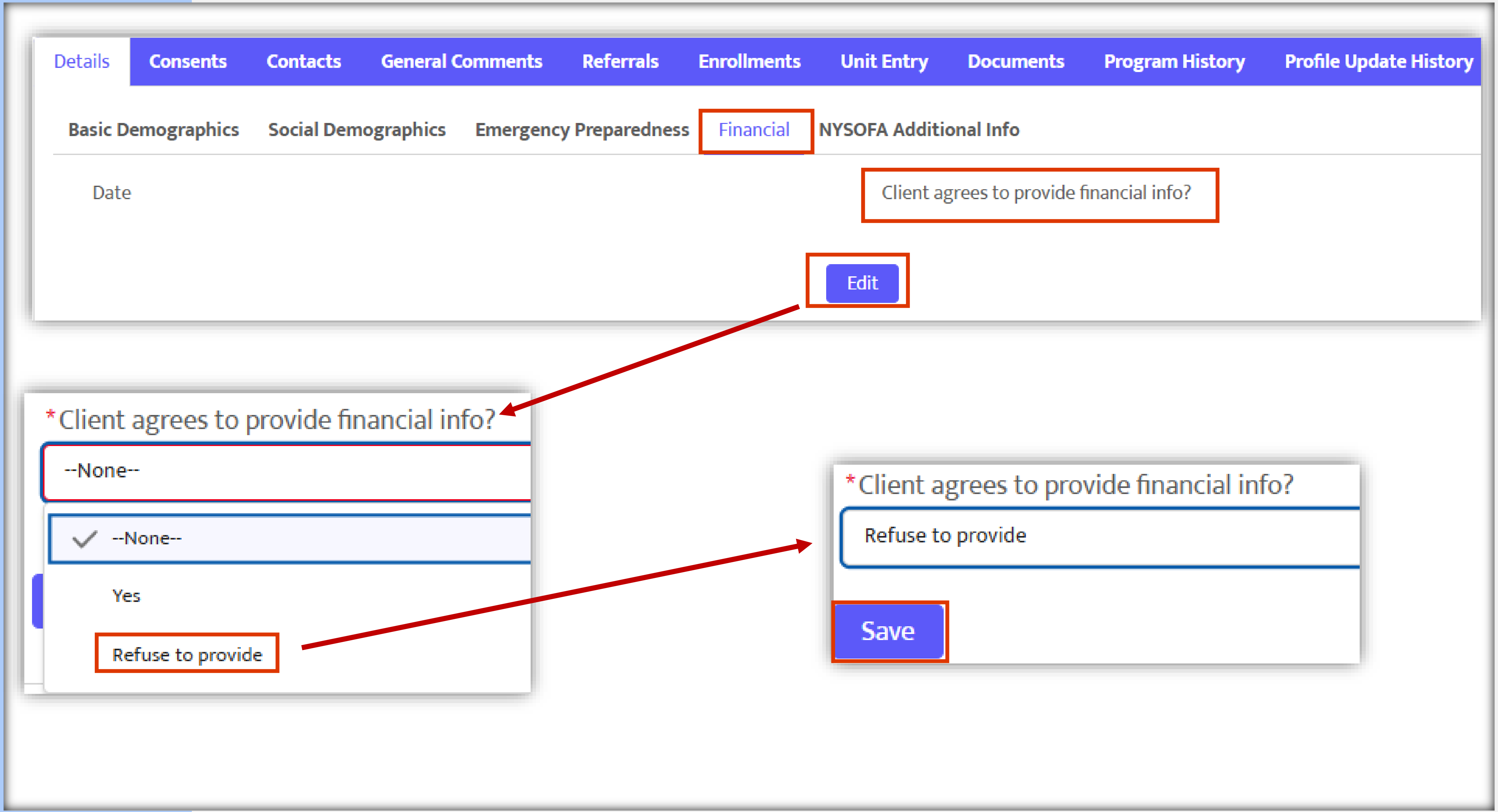
Financial: An Overview

Financial:
An Overview

- The ***Financial*** form is found on the ***Details*** tab's sub-menu. ***<u>This form is "conditional"</u>*** requiring the client to agree to provide financial information so the page can be opened for editing.

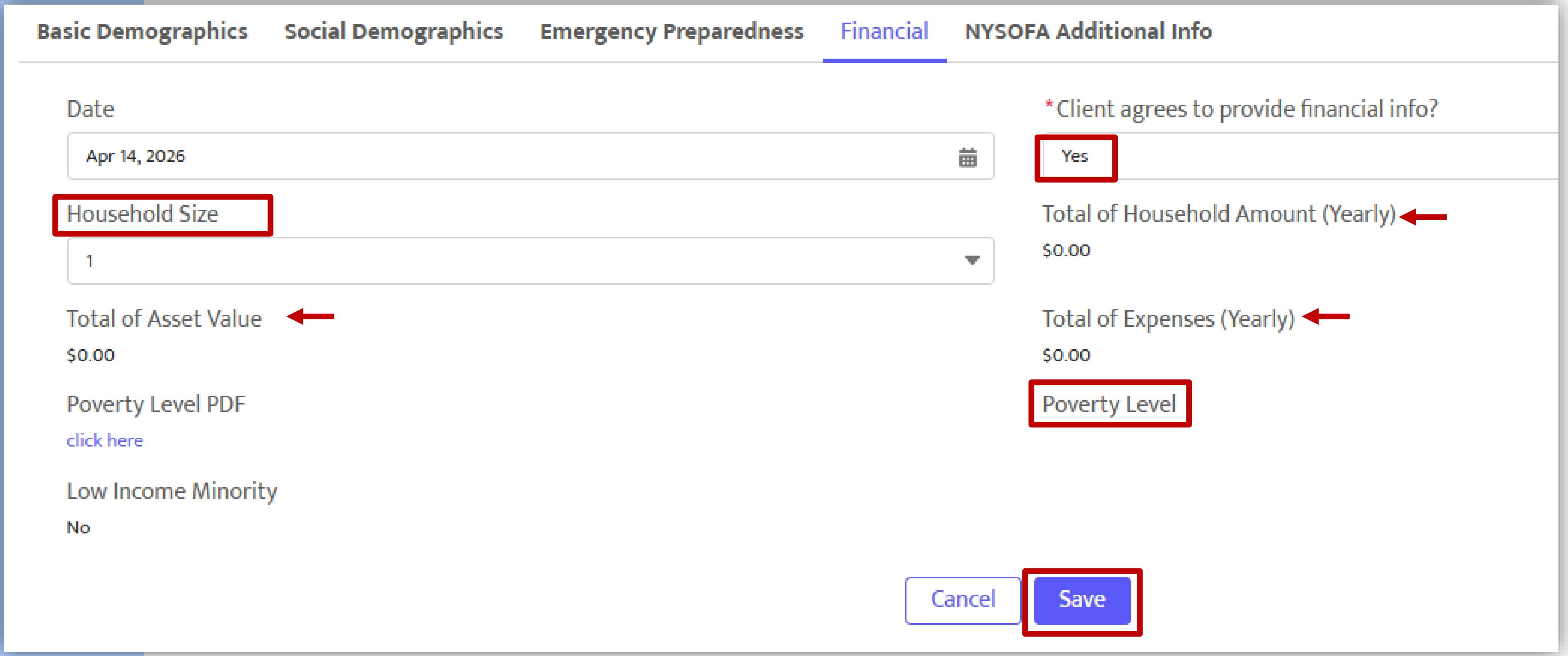
- ***<u>If the client "refuses to provide"</u>*** financial information, the form remains closed.

- ***<u>If the client agrees</u>*** to provide financial information, complete:
  - **Household Size**: Information is required to calculated the Poverty Level
  - **Incomes**: Monthly Income Amount for **<u>each</u>** Household Member
  - **Assets**: List of Resources/Assets for **<u>each</u>** Household Member
  - **Expenses**: Monthly Household Expenses and the Member who is responsible for it


Details
Consents
Contacts
General Comments
Referrals
Enrollments
Unit Entry
Documents
Program History
Profile Update History
Basic Demographics
Social Demographics
Emergency Preparedness
Financial
NYSOFA Additional Info
Date
Client agrees to provide financial info?
Edit
*Client agrees to provide financial info?
--None--
--None--
Yes
Refuse to provide
*Client agrees to provide financial info?
Refuse to provide
Save

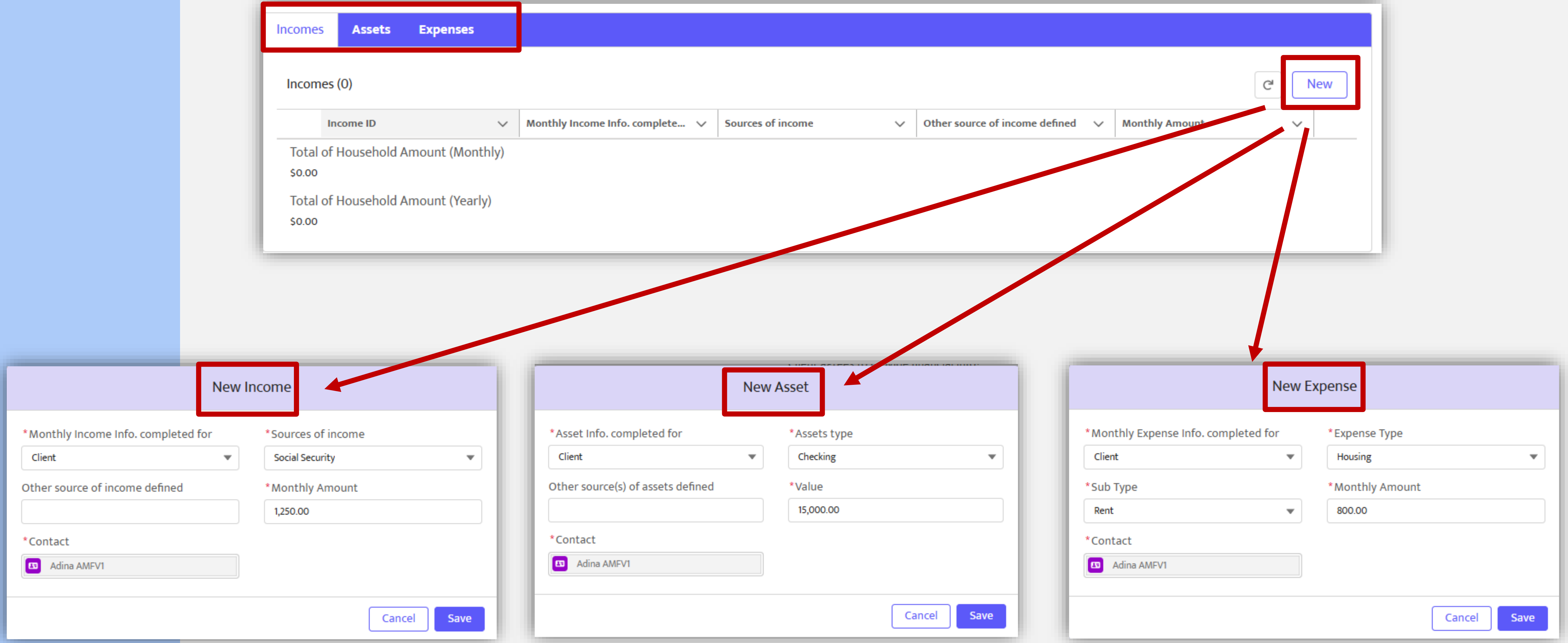
Top Portion of Financial:

Client says "Yes"



Bottom Portion of Financial:

Client says "Yes"



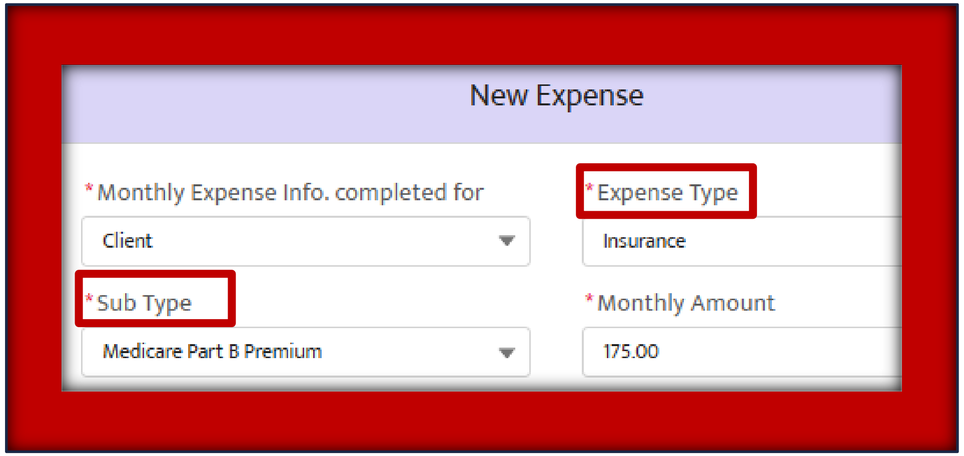
Expense Type Insurance:
Sub Type Warning

Monthly *Social Security* entered in the ***Financial*** tab is a "net" amount which means the premiums for *Medicare Parts A, B* and/or *D* have already been deducted from the gross.

When entering in the "*Expense Type – Insurance*" ***be sure not to choose* the "*Sub Type*" of Medicare Part A or B.**

If chosen, they will be deducted, once again, in the Cost Share calculations for both EISEP and Medicaid Prescreening. The result will be incorrect amounts in both sections.

***Note*: Any other "Sub Type" can be chosen as needed.**



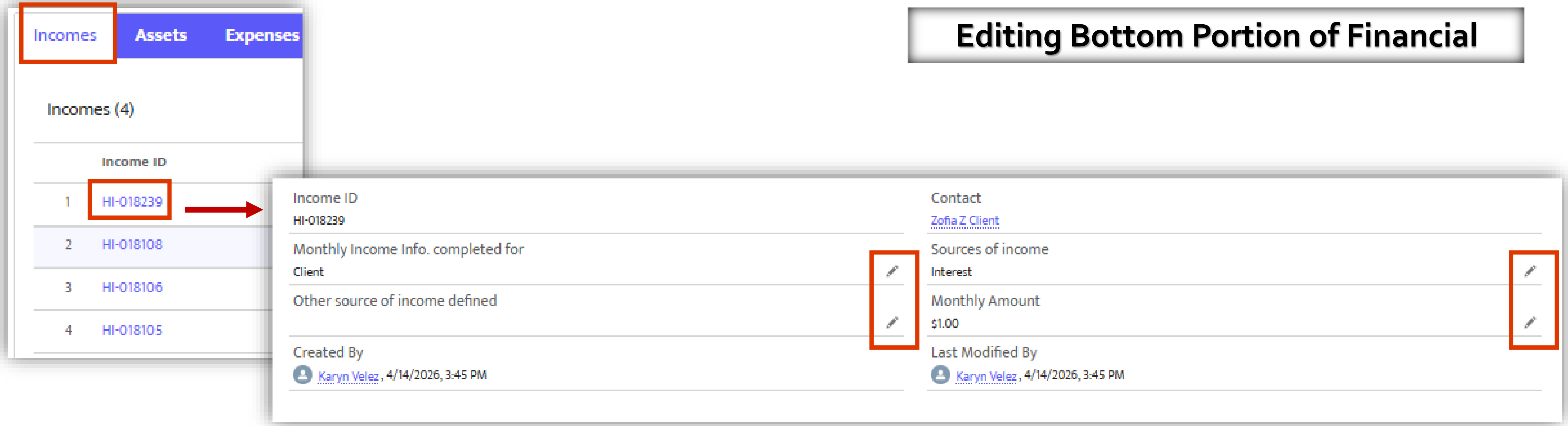
Financial:
An Overview

- **When updating existing financial information:**
  - Select the ***Edit*** button to update the **Date**, "**Client Agreement**" or **Household Size** fields
  - Select the ***Incomes***, ***Asset*** or ***Expenses*** tab, choose desired ***ID hyperlink*** and edit existing information
  - Select the **Incomes**, **Asset** or **Expenses** tab, choose ***New*** and add additional information

- **When deleting existing financial information**:
  - Select the ***Incomes***, ***Asset*** or ***Expenses*** tab, choose **dropdown arrow to far right** for desired ***ID hyperlink*** and select "**Delete**"

Editing Top Portion of Financial

Editing Bottom Portion of Financial



Important things to Remember

- Be sure to complete the ***Household Size*** field to generate accurate **Poverty Level** percentages.
- Be sure to include financial information for everyone in the Household – including spouses who are not applying for EISEP homecare and other household members.

  NOTE: *Information in this section is not only essential for **Cost Share** calculations, but also for understanding what other benefit or entitlement programs the client/household may be eligible for (i.e., SNAP, SCRIE, etc.)*.
- Remember to not include the monthly *Medicare Part A* or *B* premium in ***Expenses*** sub-tab.

- Clients who are requesting *Home Care* but refuse to provide financial information will be asked to pay the highest cost share rate.

Cost Share:

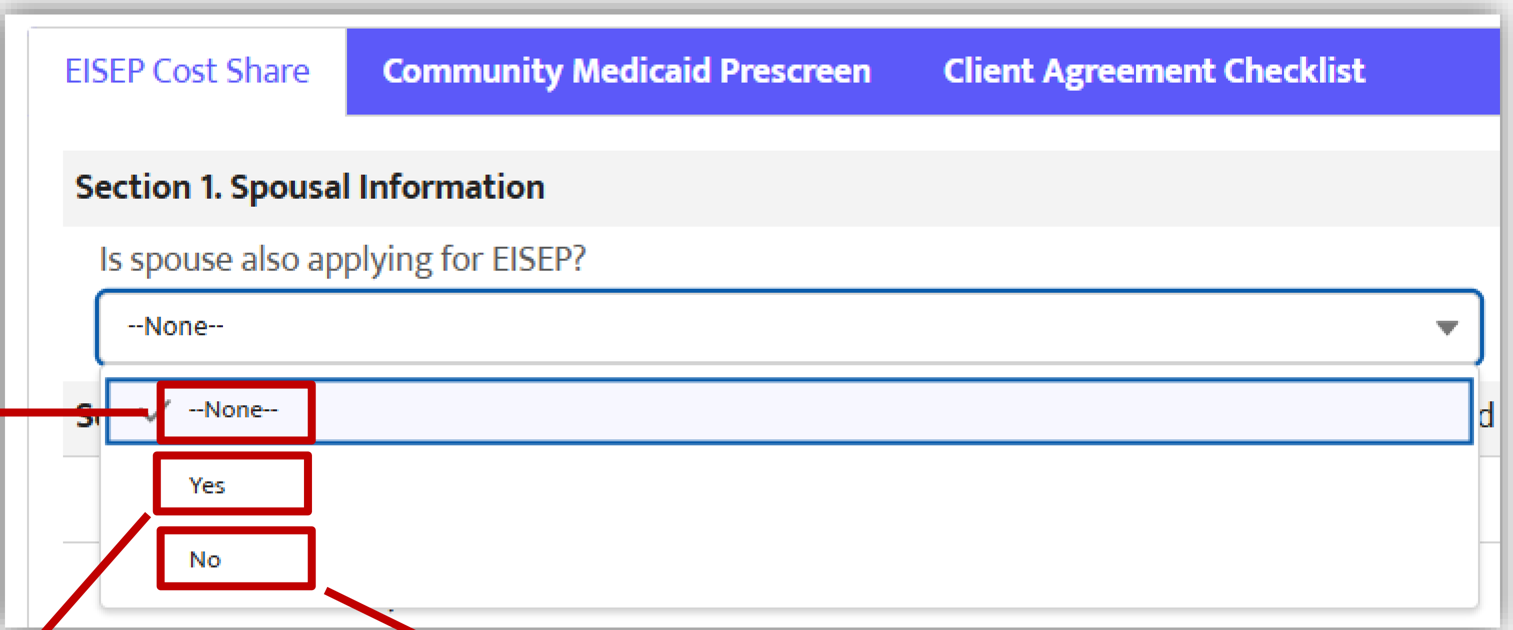
Three Tab Overview, Activating Cost Share & Inactivating Cost Share

Cost Share:
Three Tab Overview

- The top portion of the ***Cost Share Plan*** form includes general information pertaining to the date of the cost share, whose financial information was provided and whether the client is in receipt of SSI.
- The form has three sub-tabs – **EISEP Cost Share**, **Community Medicaid Prescreen** and **Client Agreement Checklist**. Each of these forms must be completed to generate a ***Cost Share Plan*** used in the creation of a ***Home Care Service Plan*** referral.
  - The ***EISEP Cost Share*** Form divided into six sections – **Spousal Information, Monthly Income, Housing, Housing Adjustment, Cost Share** and **Monthly Contribution**
  - The ***Community Medicaid Prescreen*** form has two editable fields pertaining to the make up of the household and three sections – **Resources, Income and Monthly Medical Expenses**
  - The ***Client Agreement Checklist*** form has four editable fields pertaining to the type of payment the client has agreed to.

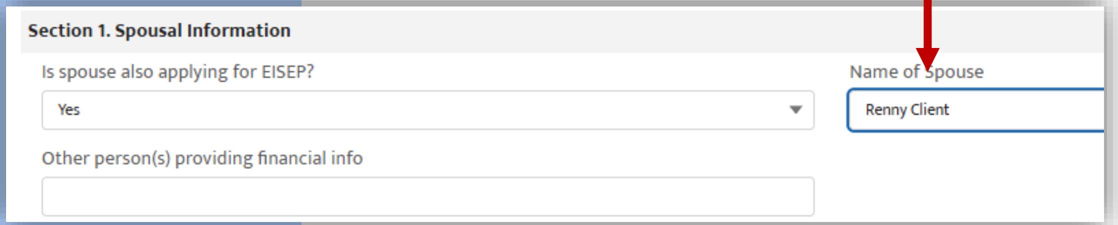
EISEP Cost Share:

Section 1. Spousal Information

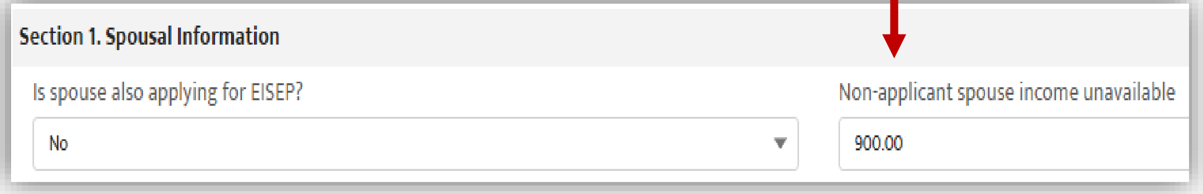


If the cost for EISEP services calculated is for an individual without a spouse, the field choice does not need to be changed

If the cost for EISEP services calculated is for a couple who are both applying for services, select the field choice **Yes**. This prompts a new field, **Name of Spouse**, to display. Then pick the spouse from the dropdown.



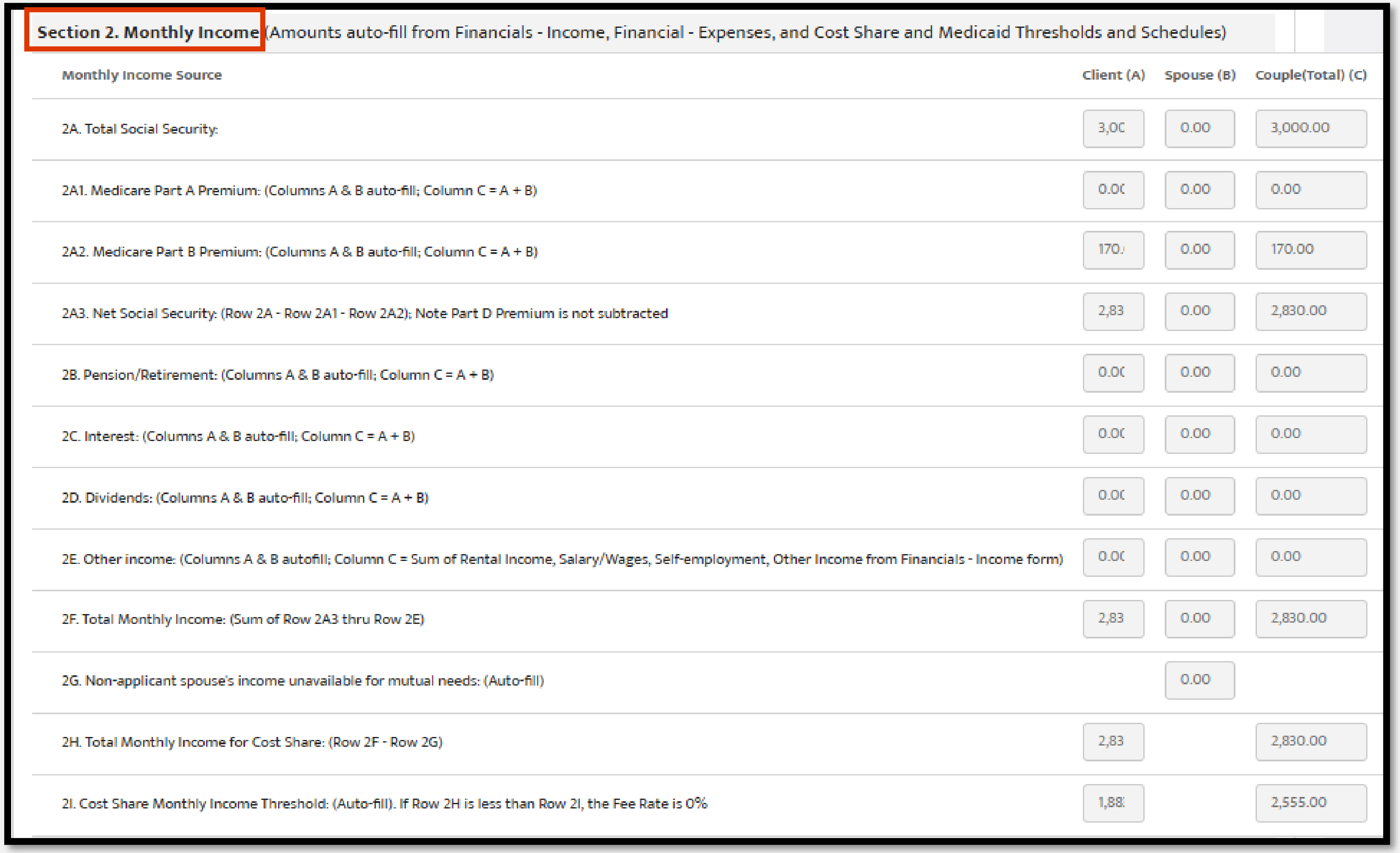
If the cost for EISEP services calculated is for an individual whose spouse is not applying for services, select the choice **No**. This prompts a new field, **Non-applicant spouse income unavailable**, to display. Fill in the applicable amount of income that the non-applicant spouse cannot share for their mutual benefit or the benefit of the client.



EISEP Cost Share:

Section 2. Monthly Income

Monthly Income has no editable fields. Fields are pre-populated with data from the **Incomes** and **Expenses** sub-tabs on the ***Financial*** form as well as other values associated with calculating and applicant (s) cost share. <u>This is why the ***Financial*** form must be completed ahead of time</u>.



Section 2. Monthly Income (Amounts auto-fill from Financials - Income, Financial - Expenses, and Cost Share and Medicaid Thresholds and Schedules)

Monthly Income Source	Client (A)	Spouse (B)	Couple(Total) (C)
2A. Total Social Security:	3,0C	0.00	3,000.00
2A1. Medicare Part A Premium: (Columns A & B auto-fill; Column C = A + B)	0.0C	0.00	0.00
2A2. Medicare Part B Premium: (Columns A & B auto-fill; Column C = A + B)	170.	0.00	170.00
2A3. Net Social Security: (Row 2A - Row 2A1 - Row 2A2); Note Part D Premium is not subtracted	2,83	0.00	2,830.00
2B. Pension/Retirement: (Columns A & B auto-fill; Column C = A + B)	0.0C	0.00	0.00
2C. Interest: (Columns A & B auto-fill; Column C = A + B)	0.0C	0.00	0.00
2D. Dividends: (Columns A & B auto-fill; Column C = A + B)	0.0C	0.00	0.00
2E. Other income: (Columns A & B autofill; Column C = Sum of Rental Income, Salary/Wages, Self-employment, Other Income from Financials - Income form)	0.0C	0.00	0.00
2F. Total Monthly Income: (Sum of Row 2A3 thru Row 2E)	2,83	0.00	2,830.00
2G. Non-applicant spouse's income unavailable for mutual needs: (Auto-fill)		0.00	
2H. Total Monthly Income for Cost Share: (Row 2F - Row 2G)	2,83		2,830.00
2I. Cost Share Monthly Income Threshold: (Auto-fill). If Row 2H is less than Row 2I, the Fee Rate is 0%	1,88		2,555.00

<u>NOTE</u>: Before the ***Cost Share Plan*** has been marked **Complete**, information that either may not have been entered in the ***Financial*** form or needs to be edited in the form, can be updated by selecting **Cancel** in the ***Cost Share Plan*** and returning to the ***Financial*** tab.

Once the desired information is added or edited, return to the ***Cost Share Plan*** and select the **Recalculate** button to update the financial data.

EISEP Cost Share:

Section 3. Housing

Housing has two editable fields. The remaining fields are pre-populated with data from the **Expenses** sub-tab on ***Financial***.

The editable fields amounts, even if added in the ***Financial*** form, will not pre-populate in ***Housing***. Associated value for each field must be added as needed.

Section 3. Housing (Auto-fill amounts are from Financial - Expenses)

Monthly Housing Expenses	Total Amount ($)
3A. Rent: (Auto-fill)	1,500.00
3B. Mortgage: (Auto-fill)	0.00
3C. Maintenance/Common Charge: (Auto-fill)	0.00
3D. Electricity: (Auto-fill)	100.00
3E. Gas: (Auto-fill)	50.00
3F. Oil: (Auto-fill)	0.00
3G. Water/Sewage: (Auto-fill)	0.00
3H. Telephone: Basic phone service only. No internet or data plans. Must choose cell or landline, not both. If no phone, enter $0	60.00
3I. Property Taxes: In NYC school taxes are part of property tax	0.00
3J. Other: Keeps home physically habitable such as snow/garbage removal, yard cleaning, etc. If no other expenses, enter $0	10.00
3K. Monthly Housing Expense (Average Total): (Sum of Rows 3A thru 3J)	1,720.00

EISEP Cost Share:

Section 3. Housing – Line 3J. Other

3J. Other: Keeps home physically habitable such as snow/garbage removal, yard cleaning, etc. If no other expenses, enter $0

"Other" Expense Types Examples:
Acceptable

- Any repairs made to the home to make it safe and/or more habitable (i.e., plumbing, roof, flooring, electrical, walls, ceilings, etc.)
- Insurance paid to cover client's belongings in case of damage (i.e., home serve plans that cover repairs for specified belongings in a person's home or apartment)

Be sure ***these "Other" expenses are documented in the record in case notes***.

<u>For repairs a clear "justification" will be needed</u> and the cost would be divided by 12 to determine a monthly amount

"Other" Expense Types Examples:
<u>Not</u> Acceptable

- Security systems for client's safety/monitoring: PERS, ADT, or "monitoring" camera systems (i.e., for clients whose family want to ensure their safety because of a cognitive or physical impairment, etc.)

Based on how maintenance is defined by NYSOFA, ***<u>these systems are not related to the maintenance of the home</u>***.

EISEP Cost Share:

Section 4. Housing Adjustment

Section 4. Housing Adjustment (Auto-fill amounts are from Cost Share and Medicaid Thresholds and Schedules)

Housing Adjustment	Client (A)
4A. Housing Adjustment Threshold: (Auto-fill)	753.
4B. Excess Housing Expenses: (Row 3K - Row 4A). If the Housing Adj. Threshold (Row 4A) is greater than the Monthly Housing Exp. (Row 3K), client is not eligible for a housing adj.	967.
4C. Net Monthly Income: (Row 2H) (Auto-fill)	2,83
4D. Housing Adjusted Amount: (Either Row 4A or 4B, whichever is less)	753.
4E. Net Monthly Income Minus Excess Housing Expenses (Row 4C - Row 4D)	2,07
4F. Monthly Income Threshold: (Auto-fill)	1,88
4G. Adjusted Monthly Income (Maximum Monthly Fee): (Row 4E - Row 4F)	194.

Housing Adjustment has no editable fields. Fields are pre-populated with values associated with calculating an applicant(s) cost share.

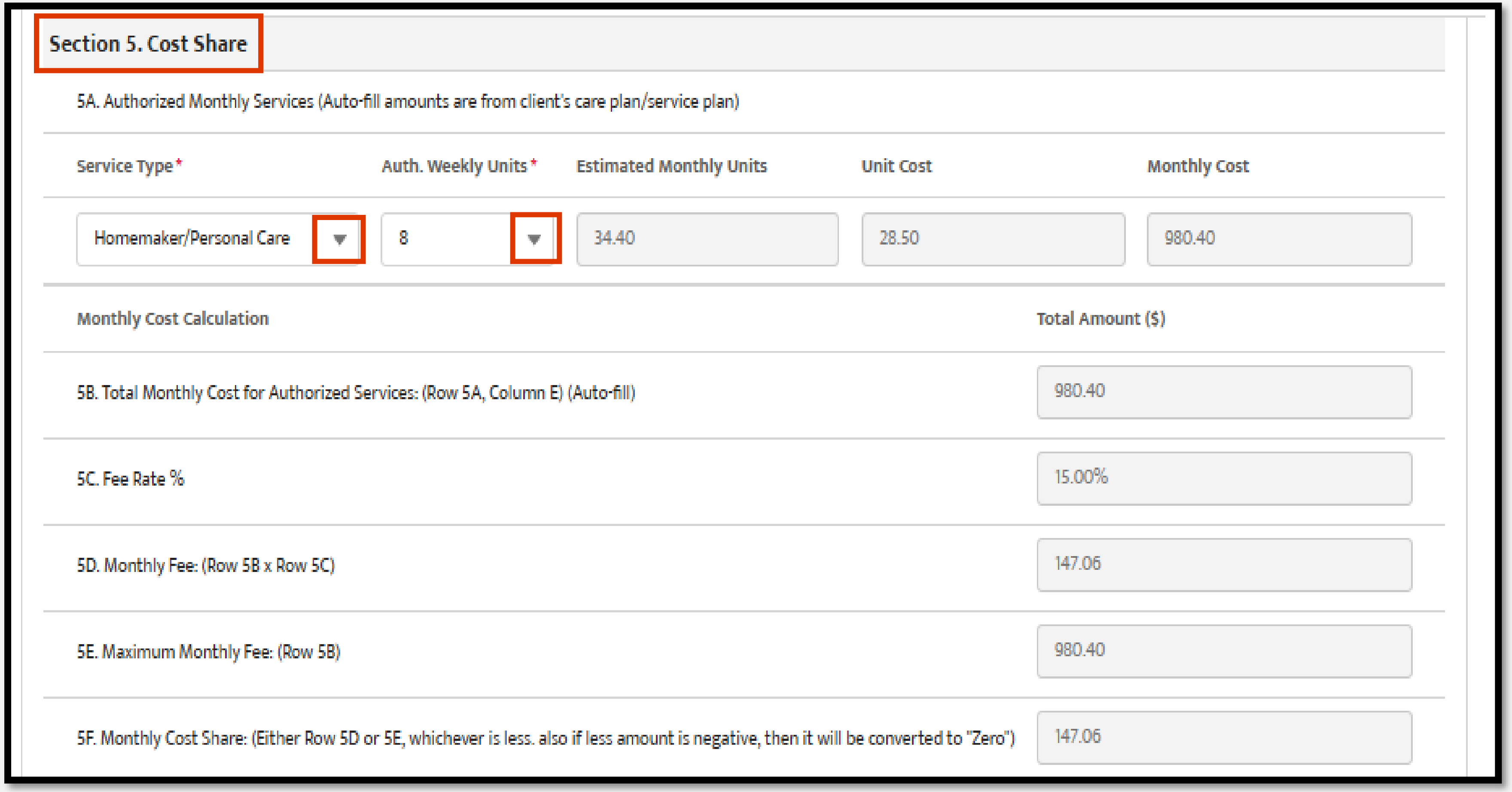
Note: Line 4G. ***Adjusted Monthly Income (Maximum Monthly Fee)*** on the EISEP Cost Share is equivalent to Line 15 on the Cost Share Worksheet – ***Adjusted Income & Maximum Monthly Fee***.

EISEP Cost Share:

Section 5. Cost Share

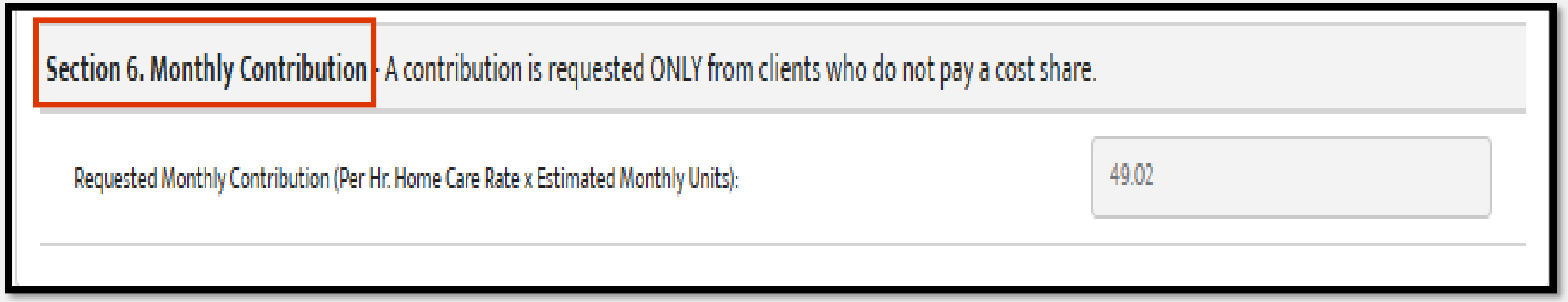
Cost Share has two required fields, **Service Type** and **Authorized Weekly Units**. The remaining fields are pre-populated with values associated with calculating cost share.

Use the dropdown arrows to pick the choice that corresponds with the client's care plan.



EISEP Cost Share:

Section 6. Monthly Contribution

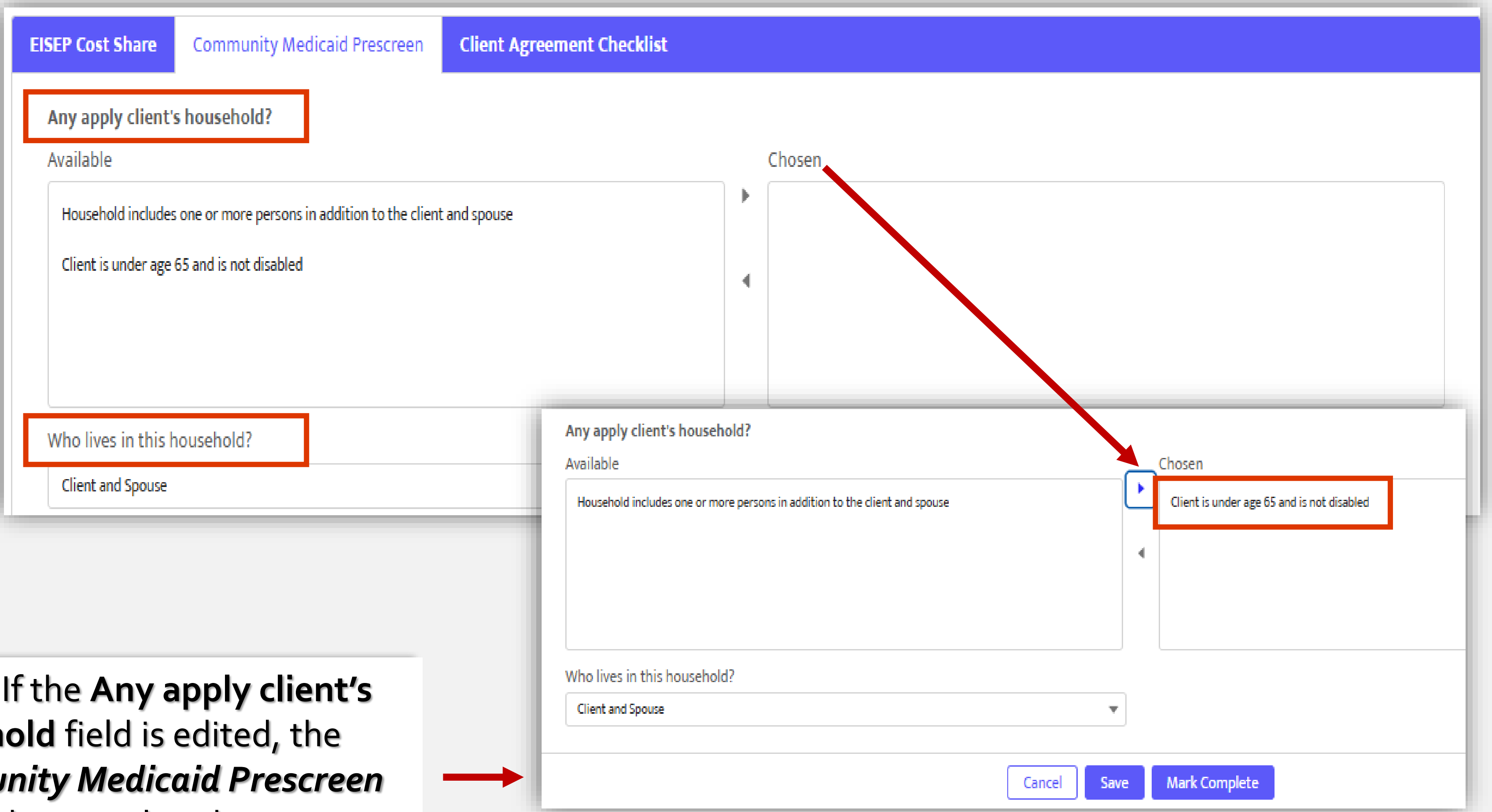


Monthly Contribution has no required fields. The field is pre-populated with a value associated with cost share contribution amounts.

Community Medicaid Prescreen: *"Household Information"*

The top portion of the ***Community Medicaid Prescreen*** form has two editable fields – **Any apply client's household** and **Who lives in this household?**

For <u>proper budget calculations be sure to answer the field,</u> **<u>Who lives in this household?</u>**



<u>NOTE</u>: If the **Any apply client's household** field is edited, the ***Community Medicaid Prescreen*** will not be completed.

If you believe the client maybe eligible for Medicaid, consult with NYC HRA.

Community Medicaid Prescreen:

Sections 1 – 3

Section 1. Resources (Amounts auto-fill from Financial - Income and Cost Share and Medicaid Thresholds and Schedules)

Section 1: Resources has no editable fields. Fields are pre-populated with data from the **Assets** and **Expenses** sub-tabs on the ***Financial*** form as well as other values associated with screening for Medicaid financial eligibility.

Section 2. Income (Amounts auto-fill from EISEP Cost Share, Financial - Expenses and Cost Share and Medicaid Thresholds and Schedules)

Section 2: Income has no editable fields. Fields are pre-populated with data from the **Incomes** and **Expenses** sub-tabs on the ***Financial*** form as well as other values associated with screening for Medicaid financial eligibility.

Section 3. (Amounts auto-fill from EISEP Cost Share, Financial - Expenses)

Section 3: Monthly Medical Expenses has no editable fields. Fields are pre-populated with data from the **Expenses** sub-tabs on the ***Financial*** form as well as other values associated with screening for Medicaid financial eligibility. ***Provides "difference" between full EISEP Cost Share and Medicaid Excess Income.***

Cost Share:
Activating Cost Share Plan

- If a ***Cost Share Plan*** needs to be reviewed before it is activated, complete the form and select the **Save** button. The plan will then be held in **Draft** status and can be edited by:

  1. Updating information in the ***Financial*** tab
  2. Selecting the draft ***Cost Share Plan*** hyperlink
  3. Selecting the **Recalculate** button to update the ***Cost Share Plan*** form

- To activate a ***Cost Share Plan***, select the ***Mark Complete*** button to open the **Confirm Mark Complete** pop-up window.

  Select **Yes** if all sub-sections are completed. You return to the ***Cost Shares*** List View, and the cost share will have a status of **Complete** and is ready to use in the ***Home Care Service Plan*** referral process.

EISEP Cost Share:

Activating Cost Share

Cancel Save Mark Complete

Confirm Mark Complete

Have you completed all these forms: EISEP Cost Share, Community Medicaid Prescreen, and the Client Agreement Checklist? Click Yes or No.

No Yes

Cost Shares (1)

New

	Name	Who is providing financial records?	Cost Share Date	Status	Created Date
1	CS-09384	Client	04/20/2026	Complete	04/20/2026

Showing 1 of 1 Page(s)

« First ‹ Previous Next › Last »

Total Records: 1

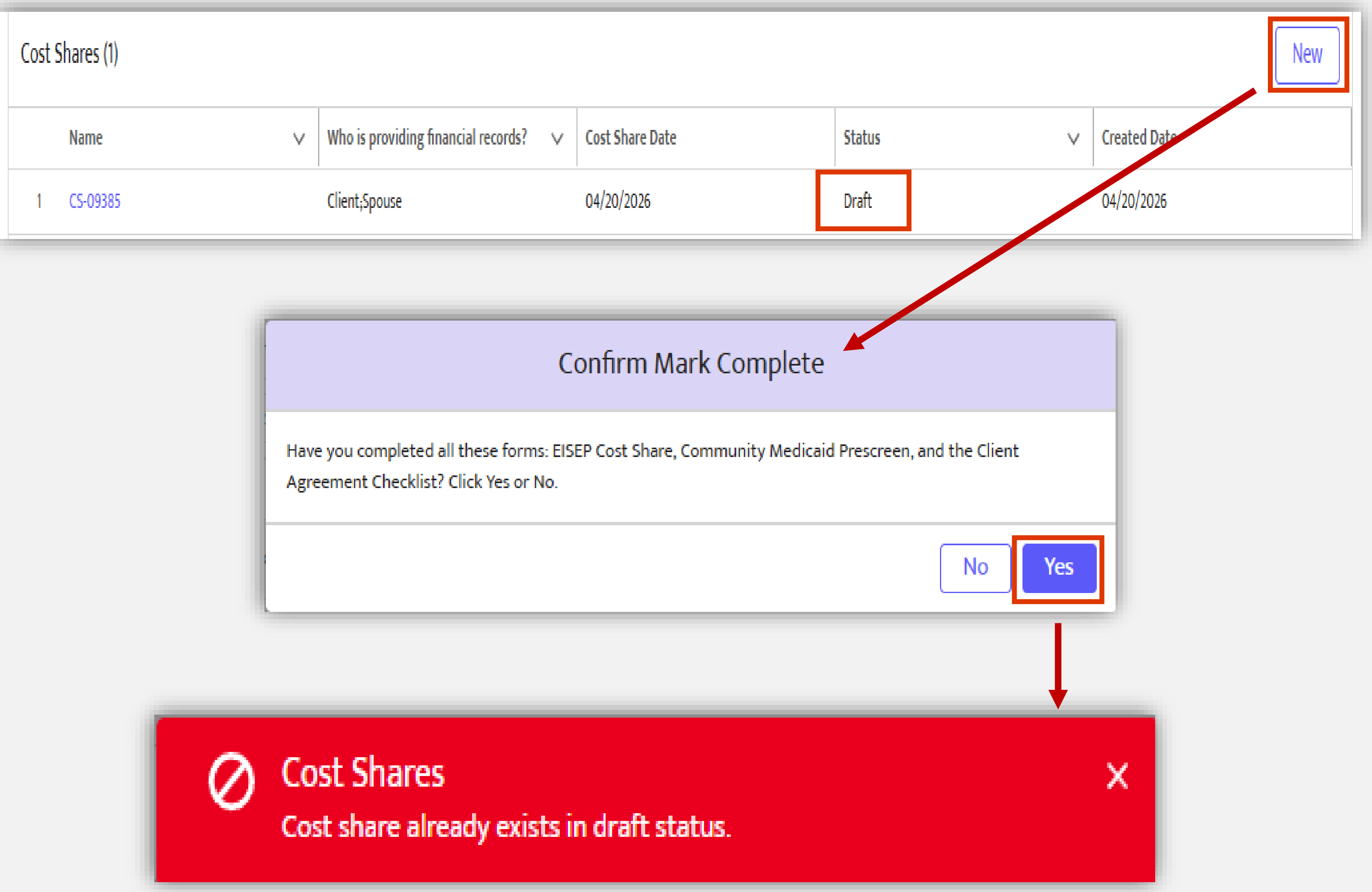
EISEP Cost Share:

Draft Status & "New" Cost Share

NOTE: A ***new* Cost Share Plan** cannot be created if a cost share is listed in **Draft** status.

The error message, **"Cost share already exists in draft status"** appears and you cannot complete the process.

A new ***Cost Share Plan*** can only be completed when previous Cost Shares are listed in **Completed** or **Inactive** status.



COST SHARE PLAN:
Marking a Cost Share Plan "Inactive"

When would you **<u>NOT</u>** mark a ***Cost Share Plan*** "**Inactive**"?

1. **<u>DO NOT</u>** select **Mark Inactive** button if the ***Cost Share Plan*** has already been <u>selected for a ***Home Care Service Plan*** and the referral is pending</u>.

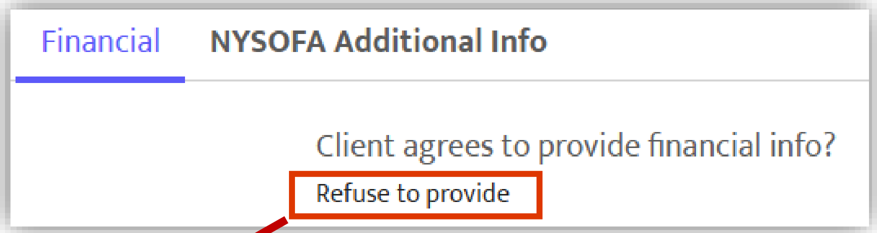
2. **<u>DO NOT</u>** select **Mark Inactive** button if the ***Cost Share Plan*** has already been <u>selected for a ***Home Care Service Plan*** and a referral has been sent to the Home Care Agency.</u>

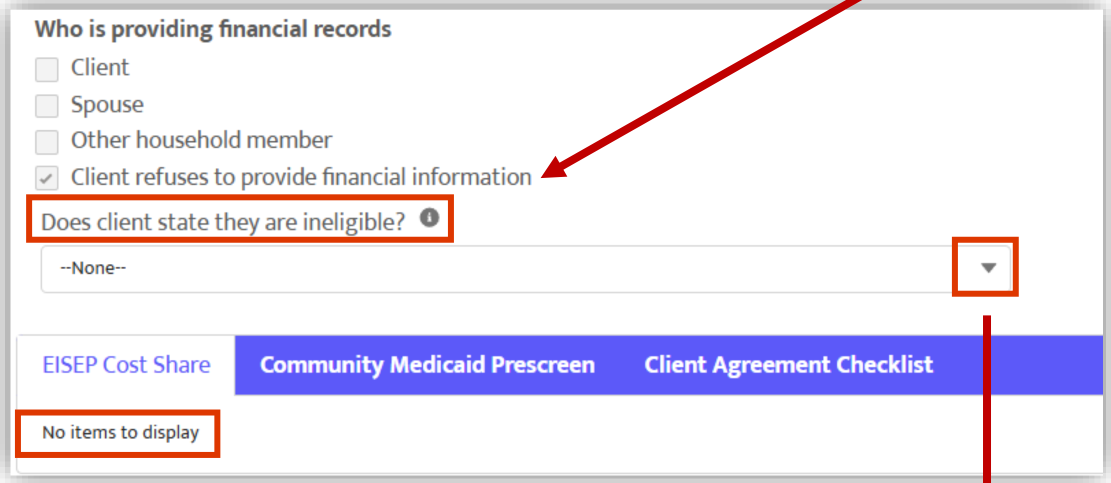
3. **<u>DO NOT</u>** select **Mark Inactive** button on previous Cost Share Plans <u>when creating a new ***Cost Share Plan*** to attach to a new ***Home Care Service Plan.***</u>

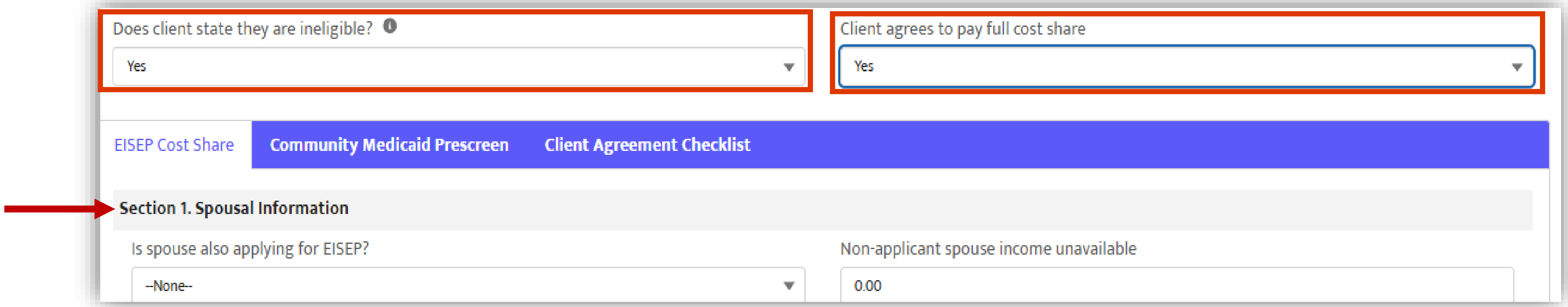
Financial & Cost Share "Relationship":

Five Client Examples

Case Example #1
Abbie G Client:
"Refusal to provide Financial information"







Case Example #2
Alistar Cook:
"Receiving Social Security & SSI"

Incomes (2)

New

	Income ID	Monthly Income Info. complete...	Sources of income	Other source of income defined	Monthly Amount
1	HI-018103	Client	Supplemental Security Income (SSI)		$231.00
2	HI-017472	Client	Social Security		$850.00

Cost Share

Client Name: Alistar Cook

*Cost Share Date: Apr 22, 2026

*Prepared By: Karyn Velez

Does the client receive SSI? Yes

Who is providing financial records

- [x] Client
- [ ] Spouse
- [ ] Other household member
- [ ] Client refuses to provide financial information

EISEP Cost Share | **Community Medicaid Prescreen** | **Client Agreement Checklist**

No items to display

Assets (2)

New

	Asset ID	Asset Info. completed for	Assets type	Other source(s) of assets defined	Value
1	FA-145038	Client	Checking		$15,789.33
2	FA-144777	Client	Savings		$28,563.25

Who lives in this household?

Client Only

Section 1. Resources (Amounts auto-fill from Financial - Income and Cost Share and Medicaid Thresholds and Schedules)

Resources	Client (A)	Spouse (B)	Couple (C)
1A. Checking Accounts: (Auto-fill):	15,789.33	0.00	15,789.33
1B. Savings Accounts: (Auto-fill):	28,563.25	0.00	28,563.25
1C. Stocks, Bonds, Mutual Funds: (Auto-fill):	0.00	0.00	0.00
1D. Other Cash and Liquid Assets: (Auto-fill)	0.00	0.00	0.00
1E. Total Liquid Assets: (Sum of Row 1A thru Row 1E)	44,352.58		44,352.58
1F. Real Property - (Auto-fill) Market value of second home, land, or rental property. Exclude primary home and one automobile	0.00	0.00	0.00
1G. Burial Fund(Auto fill)	1,500.00		3,000.00
1H. Face Value of Life Insurance: (Auto-fill) Enter amount only if the face value of all policies is LESS than $1500 per person	0.00	0.00	0.00
1I. Cash Value of Life Insurance - (Aut-fill) Enter amount only if the cash value of all policies is GREATER than $1500	0.00	0.00	0.00
1J. Total Adjusted Liquid Assets: (Row 1E - Sum of Rows 1F thru Row 1I). Term life insurance is excluded from this calculation and does not count as a resource	42,852.58		41,352.58
1K. Medicaid Allowable Resource Limit - (Auto-fill) If amount in Row 1I is greater than Row 1J, client appears ineligible for Community Medicaid	33,038.00		44,796.00

Section 2. Income (Amounts auto-fill from EISEP Cost Share, Financial - Expenses and Cost Share and Medicaid Thresholds and Schedules)

No items to display

Section 3. (Amounts auto-fill from EISEP Cost Share, Financial - Expenses)

No items to display

Case Example #3 Celeste Client:

"Resources above Medicaid Limit"

Total Adjusted Liquid Assets is greater than Medicaid Allowable Resource Limit

How NYS Medicaid considers IRA Retirement Accounts in the Budgeting Process

"Payout Status" Account

IRA retirement account that is distributed on a regular basis. (Required Minimum Distributions – RMD)

NYS Medicaid ***considers the regular distributions*** from an IRA ***as "Countable Income"***. <u>These account types are deemed to be in "payout status".</u>

An IRA that is in "payout status" ***will now be "Exempt" from Medicaid's asset limit test.***

"Non-Payout Status" Account

IRA retirement account that is *<u>not</u>* distributed on a regular basis.

NYS Medicaid ***considers IRA accounts where regular distributions are not being made "Countable Assets."***

Case Example #4
Davina D Client:
"IRA in Payout Status"

Incomes | Assets | Expenses

Incomes (3)

New

	Income ID	Monthly Income Info. complete...	Sources of income	Other source of income defined	Monthly Amount
1	HI-018096	Client	Interest		$0.15
2	HI-018095	Client	Other Income (please specify below)	IRA Distribution	$150.00
3	HI-018094	Client	Social Security		$3,200.00

In ***Financial*** sub-tab, ***Incomes***, be sure to choose *"Other Income (please specify below)"* from the **Sources of Income** dropdown.

Then make a note in the *"Other source of income defined"* field that describes the distribution.

Incomes | Assets | Expenses

Assets (3)

New

	Asset ID	Asset Info. completed for	Assets type	Other source(s) of assets defined	Value
1	FA-144948	Client	IRA	IRA distributions occur monthly - listed under income	$60,000.00
2	FA-144947	Client	Savings		$5,000.00
3	FA-144946	Client	Checking		$10,000.00

In ***Financial*** sub-tab, **Assets**, be sure to choose *"IRA"* from the **Assets type** dropdown.

Then make a note in *"Other sources(s) of assets defined"* field that describes the distribution.

Case Example #4 Davina D Client: *"IRA in Payout Status"*

EISEP Cost Share | Community Medicaid Prescreen | Client Agreement Checklist

Section 2. Income (Amounts auto-fill from EISEP Cost Share, Financial - Expenses and Cost Share and Medicaid Thresholds and Schedules)

Income	Client (A)
2A. Monthly Income: (Autofills from EISEP Cost Share - Row 2F)	3,350.15

In *Cost Share* sub-tab, **Community Medicaid Prescreen**, the IRA $150 monthly distribution is included in the total Monthly Income.

Section 1. Resources (Amounts auto-fill from Financial - Income and Cost Share and Medicaid Thresholds and Schedules)

Resources	Client (A)
1A. Checking Accounts: (Auto-fill):	10,000.00
1B. Savings Accounts: (Auto-fill):	5,000.00
1C. Stocks, Bonds, Mutual Funds: (Auto-fill):	0.00
1D. Other Cash and Liquid Assets: (Auto-fill)	0.00
1E. Total Liquid Assets: (Sum of Row 1A thru Row 1E)	15,000.00

In *Cost Share* sub-tab, **Community Medicaid Prescreen**, the IRA account balance of $60,000 is **not** noted as one of the resource types.

Case Example #5
Corey Client:
"IRA not in Payout Status"

Incomes | Assets | Expenses

Incomes (1)

	Income ID	Monthly Income Info. complete...	Sources of income	Other source of income defined	Monthly Amount
1	HI-018216	Client	Social Security		$1,852.00

In ***Financial*** sub-tab, ***Incomes***, no income is noted for IRA.

Incomes | Assets | Expenses

Assets (2)

	Asset ID	Asset Info. completed for	Assets type	Other source(s) of assets defined	Value
1	FA-145039	Client	Other (please specify below)	Liquid Asset - IRA that is not being paid out monthly	$60,000.00
2	FA-145025	Client	Checking		$45,896.00

In ***Financial*** sub-tab, **Assets**, be sure to choose *"Other (please specify below)"* from the **Assets type** dropdown.

Then make a note in *"Other sources(s) of assets defined"* field that describes the distribution.

Case Example #5 Corey Client:

"IRA __not__ in Payout Status"

EISEP Cost Share | Community Medicaid Prescreen | Client Agreement Checklist

Section 1. Resources (Amounts auto-fill from Financial - Income and Cost Share and Medicaid Thresholds and Schedules)

Resources	Client (A)
1A. Checking Accounts: (Auto-fill):	45,896.00
1B. Savings Accounts: (Auto-fill):	0.00
1C. Stocks, Bonds, Mutual Funds: (Auto-fill):	0.00
1D. Other Cash and Liquid Assets (Auto-fill)	60,000.00
1E. Total Liquid Assets: (Sum of Row 1A thru Row 1E)	105,896.00

In ***Cost Share*** sub-tab, **Community Medicaid Prescreen**, the IRA account balance of $60,000 is noted under the resource type of *"Other Cash and Liquid Assets"* and added to the "Total Liquid Assets".

This total is then compared to the Medicaid Asset Limit.

Section 2. Income (Amounts auto-fill from EISEP Cost Share, Financial - Expenses and Cost Share and Medicaid Thresholds and Schedules)

No items to display

In ***Cost Share*** sub-tab, **Community Medicaid Prescreen**, there are *"No items to display"* in Section 2. Income.

Questions & Answers

VIVÉ SUPPORT

Reference Guides & Videos On-line

https://vivesupport.cityofnewyork.us/

VIVÉ "Labs"

VIVÉ Office Hours & 1 to 1 Meetings

Program Officer

VIVÉ Ticketing System

UPCOMING "LAB" TOPICS

- Reassessments & the Assessment Form: CAGE, Assistive Devices, Medical Information & Others

UPCOMING VIVÉ OFFICE HOUR

Wednesday, May 6th from 2:00 p.m. to 3:00 p.m.

Teams link forthcoming.