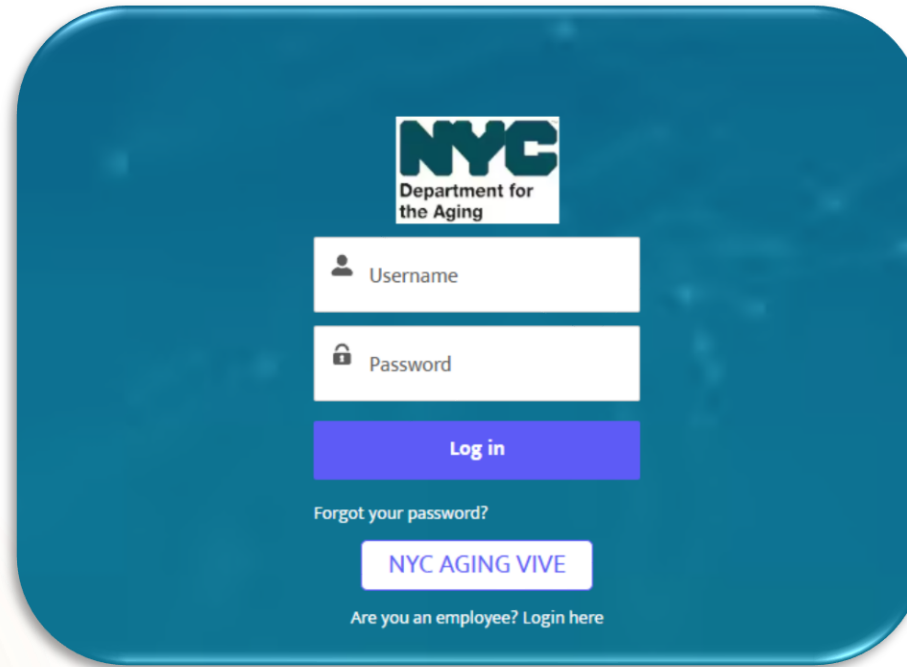




The image shows a login interface for the NYC Department for the Aging VIVE system. It features a blue background with a white login form. The form includes a logo at the top, followed by input fields for 'Username' and 'Password', a 'Log in' button, a 'Forgot your password?' link, and a 'NYC AGING VIVE' button. At the bottom, there is a link for employees to login.

NYC
Department for
the Aging

 Username

 Password

Log in

[Forgot your password?](#)

NYC AGING VIVE

[Are you an employee? Login here](#)

VIVÉ CMA LAB #9:

Mini-Cost Share, Home Care Service Plan & Service Agreement

Goal of VIVÉ “Labs”

*To clarify and review
specific CMA “workflow”
functions in VIVÉ.*



**Definitions
Navigation
Functionality**

VIVÉ: CMA Lab

QUICK "RELATIONSHIP" OVERVIEW:

1. *Cost Share, Home Care Service Plan & Service Agreement*



COST SHARE WORKSHEET & VIVE COMPARISONS

1. *Adjusted Income & Maximum Monthly Fee*
2. *Fee Rate Percentage & Fee Rate*
3. *Average Monthly Cost to Client*



HOME CARE REFERRAL & COST SHARE

1. *PeerPlace (STARS)*
2. *VIVE*



QUESTIONS & ANSWERS



Quick “Relationship” Overview

1. 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*
 - Certain information on the *Home Care Service Plan* is pre-populated from the *Cost Share Plan* and cannot be edited.
2. What is the relationship between the *Cost Share Plan* and the *Service Agreement*?
 - There are three pieces of information on the *Cost Share Plan* that are required to be added to the *Service Agreement* for a client who has a cost share: **1) the fee rate per hour, 2) the average monthly cost for the service and 3) the maximum amount the client will be asked to pay within a month.**



Cost Share Worksheet & VIVE Comparisons

NYSOFA/ NYC Aging Cost Share

A Cost Share Worksheet is completed when a client is requesting housekeeping or home personal care services. It helps to determine the amount the client would be responsible to pay if they received the agreed upon services

Cost Share Worksheet - Detailed - Blank Template [Print-ready - effective April 1, 2026] This is meant to be done by hand.

Line	Income	Individual [not married, married but not living with their spouse, or married and living with a spouse who is not participating in EISEP]	Spouse [who lives with applicant but not participating in EISEP]	Married Couple who are both participating in EISEP
1a.	Social Security			
1b.	Supplemental Security Income			
1c.	Pension/Retirement Income			
1d.	Interest Income (Monthly)			
1e.	Dividends Income (Monthly Average)			
1f.	Salary/Wages			
1g.	Other			
	Comment on Other:			
2	Total Monthly Income of Individual, and Total Monthly Income of Spouse, or Net Income of Married Couple			
3	Total Monthly Income of Individual and Spouse [Add Total Monthly Income of Individual and Spouse together. If no Spouse, enter 0]			
4	Amount of non-client Spouse's income not available for mutual needs [if no Spouse, enter 0]			
	Specify why income is not available:			
5	Net Monthly Income for Individual [Subtract Line 4 - from Line 3, if applicable]			
	Housing Expense	Individual	Married Couple	
6	Monthly Rent or Mortgage Payment			
7a.	Electricity			
7b.	Other heating & Cooking fuels			

Abbie G. Client is requesting four hours of home personal care services twice weekly.

Hours are available through the Home Care Service Program.

The Cost Share has been completed (both paper and electronic), and the Service Agreement has been shared.

A Home Care Service Plan has also been completed and will be sent out today.

ABBIE G. CLIENT



Adjusted Income & Maximum Monthly Fee

1. The monthly bill for home care recipients can **never exceed** the ***Maximum Monthly Fee***.
2. ***Maximum Monthly Fee*** is found on **Line 15 of the paper worksheet** and **Row 4G of the EISEP Cost Share in VIVE.**

Cost Share Worksheet - Detailed - Blank Template [Print-ready - effective April 1, 2026] This is meant to be done by hand.

	Income Adjustment	Individual	Married Couple
13	Net Monthly Income	2750	
14	Enter Housing Adjustment from Line 12	102	
15	Subtract Line 14 from Line 13	2648	
14	Income Threshold	1,995	2,705
15	Adjusted Income & Maximum Monthly Fee [Subtract Line 14 from Line 15: if the difference is zero or less, there is no Cost Share and only a Voluntary Contribution is requested]	653	

4C. Net Monthly Income: (Row 2H) (Auto-fill)

2,750.00

4D. Housing Adjusted Amount: (Either Row 4A or 4B - whichever is less)

102.00

4E. Net Monthly Income Minus Excess Housing Expenses (Row 4C - Row 4D)

2,648.00

4F. Monthly Income Threshold: (Auto-fill)

1,995.00

4G. Adjusted Monthly Income (Maximum Monthly Fee): (Row 4E - Row 4F)

653.00

Fee Rate Percentage & Fee Rate per Hour

1. **Adjusted Income & Maximum Monthly Fee** determines the **Fee Rate percentage and Fee Rate per hour** for the individual or couple.
2. If no financial information is presented but home care is requested, the **highest fee rate** amount will be applied.
3. **Fee Rate Percentage** is found on **Line 17 of the paper worksheet** and **Row 5C of the EISEP Cost Share in VIVE**.

NOTE: The **Fee Rate per Hour** will be calculated in the Home Care Service Plan.

15	Adjusted Income & Maximum Monthly Fee [Subtract Line 14 from Line 15: If the difference is zero or less, there is no Cost Share and only a Voluntary Contribution is requested]	653	Compare this number with the Fee Rate Schedule against either the Individual Column or Couple Column)
----	--	-----	---

17 COST-SHARE
If Line 15 is greater than 0, determine the % rate and rate per hour

Fee Rate = %

Rate per hour = \$

5C. Fee Rate %	50.00%
----------------	--------

Average Monthly Cost to Client

- Average Monthly Cost** to Client is the amount client's bill would average each month. It is determined by multiplying several **Monthly Units** of service, **Maximum Rate per Hour**, and **Cost Share Fee Rate percentage**.
- Average Monthly Cost to Client** is calculated on Line 18 of the paper worksheet and found on Row 5F of the EISEP Cost Share in VIVE.

Services Recurring Monthly

Average Monthly Cost to Client

18 Weekly Units x 4.3 = Monthly Units x Maximum Rate per Hour (this is the rate per Hour at 100% on the Fee Rate Schedule, or \$29.65) x Cost Share Fee Rate (use decimal) = Average Monthly Cost to Client

$8 \times 4.3 = 34.4$

$34.4 \times 29.65 \times .5 = 509.98$

Service Type*	Auth. Weekly Units*	Estimated Monthly Units	Unit Cost	Monthly Cost
Homemaker/Personal Care	8	34.40	29.65	1,019.96
Monthly Cost Calculation				Total Amount (\$)
5B. Total Monthly Cost for Authorized Services: (Row 5A, Column E) (Auto-fill)				1,019.96
5C. Fee Rate %				50.00%
5D. Monthly Fee: (Row 5C x Row 5C)				509.98
5E. Maximum Monthly Fee: (Row 5B)				1,019.96
5F. Monthly Cost Share: (Either Row 5D or 5E, whichever is less, also if less amount is negative, then it will be converted to "Zero")				509.98



Home Care Referral & Cost Share



TRAINING SITE - NYC DEPARTMENT FOR THE AGING:
Senior Tracking, Analysis and Reporting System (STARS)

User Name: user12.training.nyc

Program: Home Care - Test Agency 2HZ

User Role: Program Admin

Push Pin Tickler History Print

xye, ja
Client ID: [00546-02084-1500017845](#)
Home: 718-555-6155
416 Prospect Place
BROOKLYN, NY 11238

• Client is secure. Agency must obtain consent to view additional information.

Referral

- ▶ [Referral Details](#) ←
- [Transfer Referral](#)
- [Message Log](#)
- [Closing Information](#)
- [Contacts](#)

[Search](#) [Queue](#) [Logout](#)

Date(mm/dd/yyyy) *	Status	Service Requested *
06/28/2022	Pending	Home Care - Homemaker/Personal Care

Contact *: xye, ja (Self)	If other __?:
Knowledge of Program: Advertisement	Client Aware of Referral *: Yes
Problems: Home Care	
Comments: Initial authorization for Homemaker/Personal Care (HMPC). ✓ Weekly 12 hours. ✓ Cost share: \$ 1.27. Monthly Maximum: \$55 ✓	

[\[Next>>\]](#)

Acknowledge

Reject

Exit

1. Service Requested matched with description.
2. Include authorized hours
3. Include information cost share or contribution

Key Details Needed by Home Care Service Providers for Cost Share Clients

*Cost Share

CS-09404 - Complete

*Authorization Date

Jun 4, 2026

*Service Type

Homemaker/Personal Care

*Category

Initial Authorization

*# of Hours

8

*Frequency

Weekly

Contribution Rate Per Hour ⓘ

0.00

*"General" information
auto filled from EISEP
Cost Share*

Primary Language

Cost Share Monthly Amount ←

509.98

Cost Share Fee Rate Per hour

14.82

Override Cost Share Monthly Plan ←

☐

*If add Comment, not
necessary to use*

Comments

The maximum amount that the client will be responsible for in a month will be \$653.00

**Only information to be entered
in Comments Box for clients
with a Cost Share is:**

*"The maximum amount that
the client will be responsible
for in a month will be ____."*

**The amount to be placed in the
"blank" portion of the statement is
found on line 4G of the EISEP Cost
Share – Adjusted Monthly Income
(Maximum Monthly Fee).**

How would this all look on the Service Agreement?

☒ Based on the NY State Office for the Aging sliding fee scale, I am required to pay a fee of \$ 14.83 per hour. Each month my share of the bill will average \$ 509.98; however, \$ 653.00 is the most I will be required to pay in any given month. Failure to pay may make me ineligible to receive services.

Line 18 of Worksheet
or Row 5F of EISEP
Cost Share

Line 17 of Worksheet
or Cost Share Fee Rate
per Hour of Home
Care Service Plan

Line 15 of Worksheet
or Row 4G of EISEP
Cost Share

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