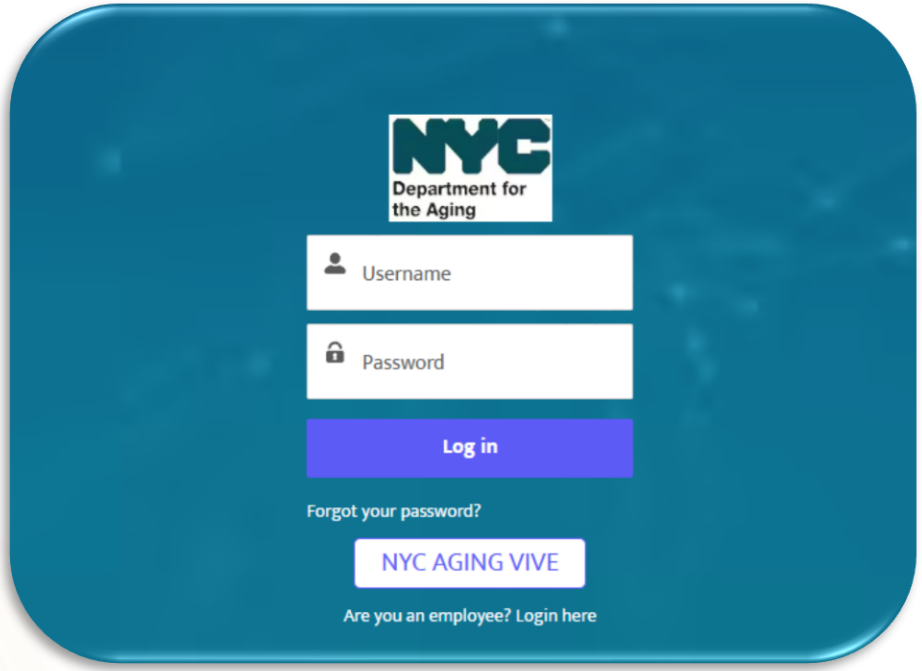


VIVÉ CMA LAB #9:

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

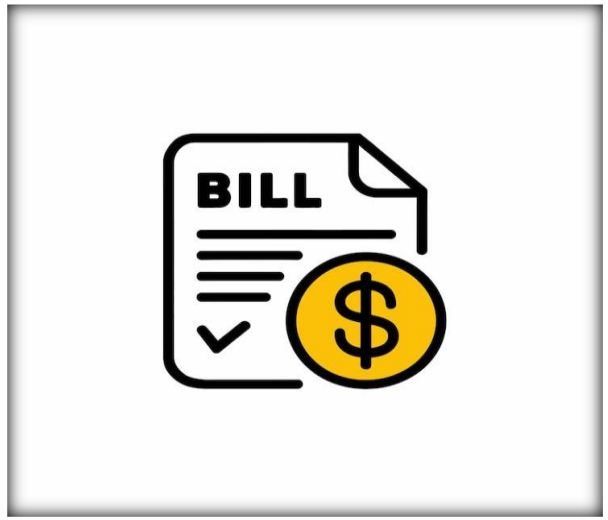
1. *PeerPlace (STARS)*
2. *VIVE*

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.***

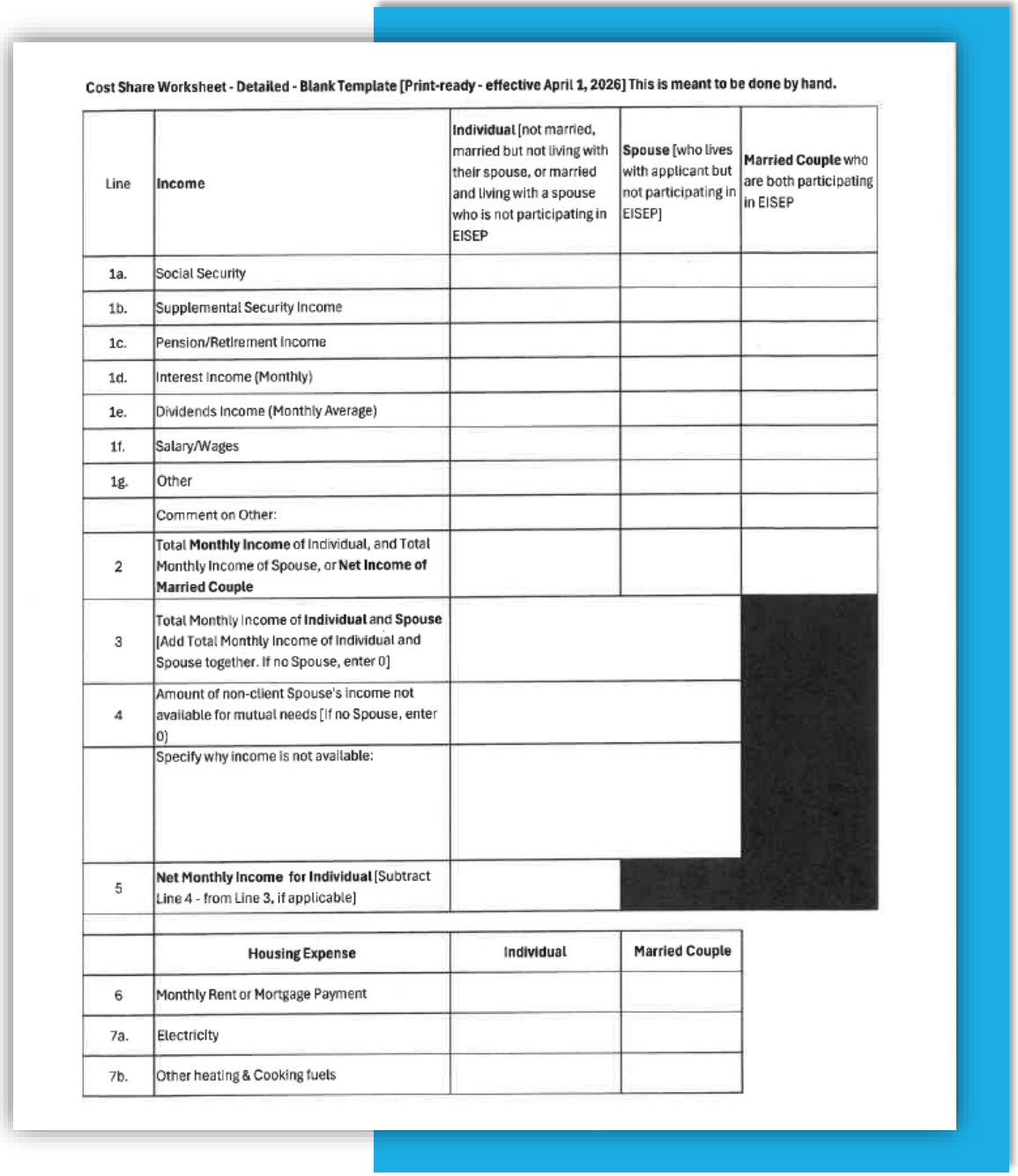
2. **What is the relationship between the *Cost Share Plan* and the *Service Agreement*?**
   - There are three pieces of information on the ***Cost Share Plan*** that are required to be added to the ***Service Agreement*** for a client who has a cost share: ***1) the fee rate per hour, 2) the average 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.

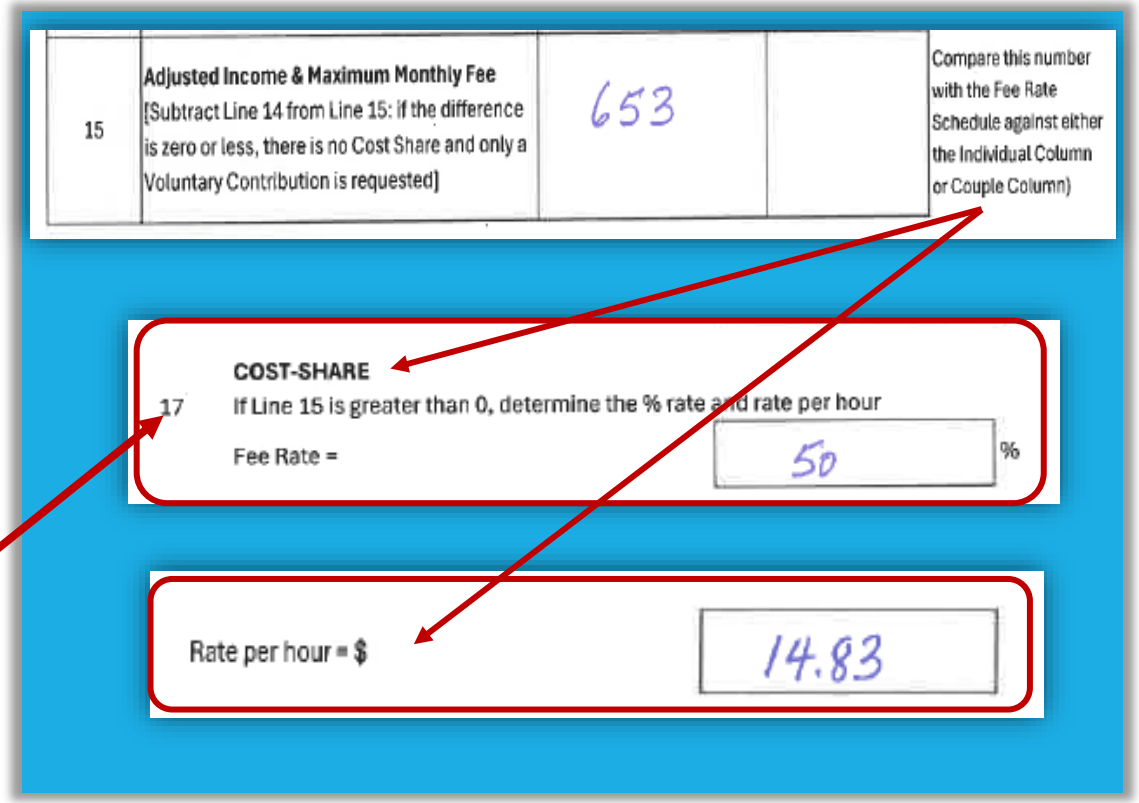
	Income Adjustment	Individual	Married Couple
13	Net Monthly Income	2750	
14	Enter Housing Adjustment from Line 12	102	
15	Subtract Line 14 from Line 13	2648	
14	Income Threshold	1,995	2,705
15	**Adjusted Income & Maximum Monthly Fee** [Subtract Line 14 from Line 15: if the difference is zero or less, 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.*

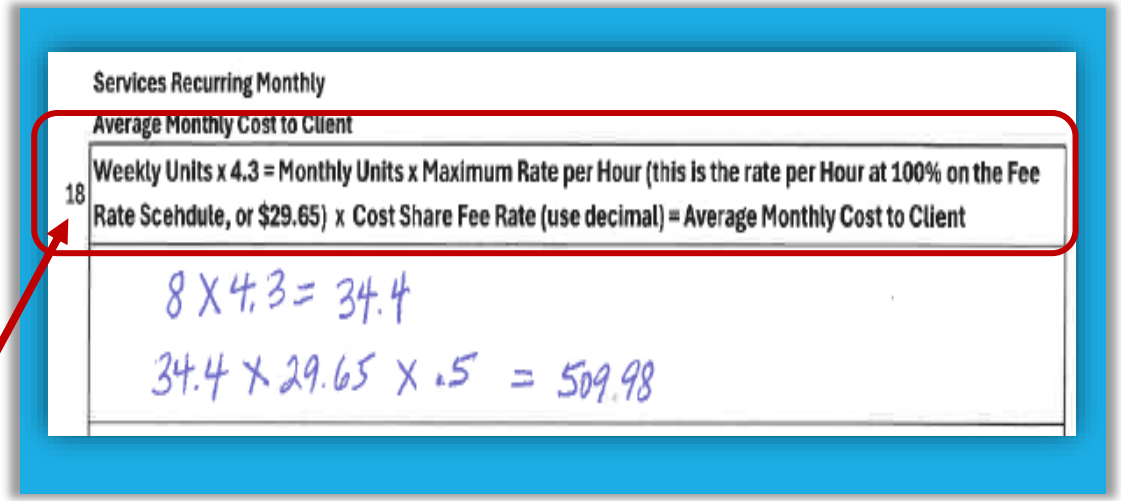
   NOTE: The ***Fee Rate per Hour*** will be calculated in the Home Care Service Plan.

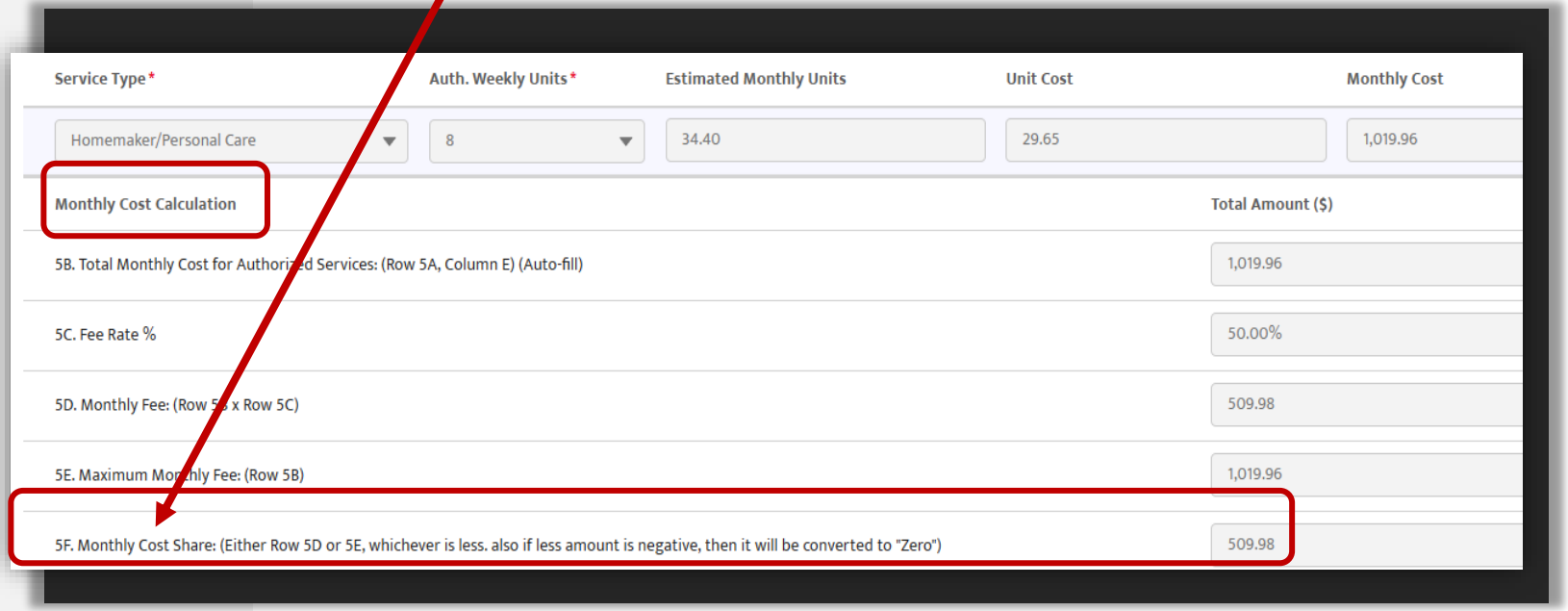


Average Monthly Cost to Client

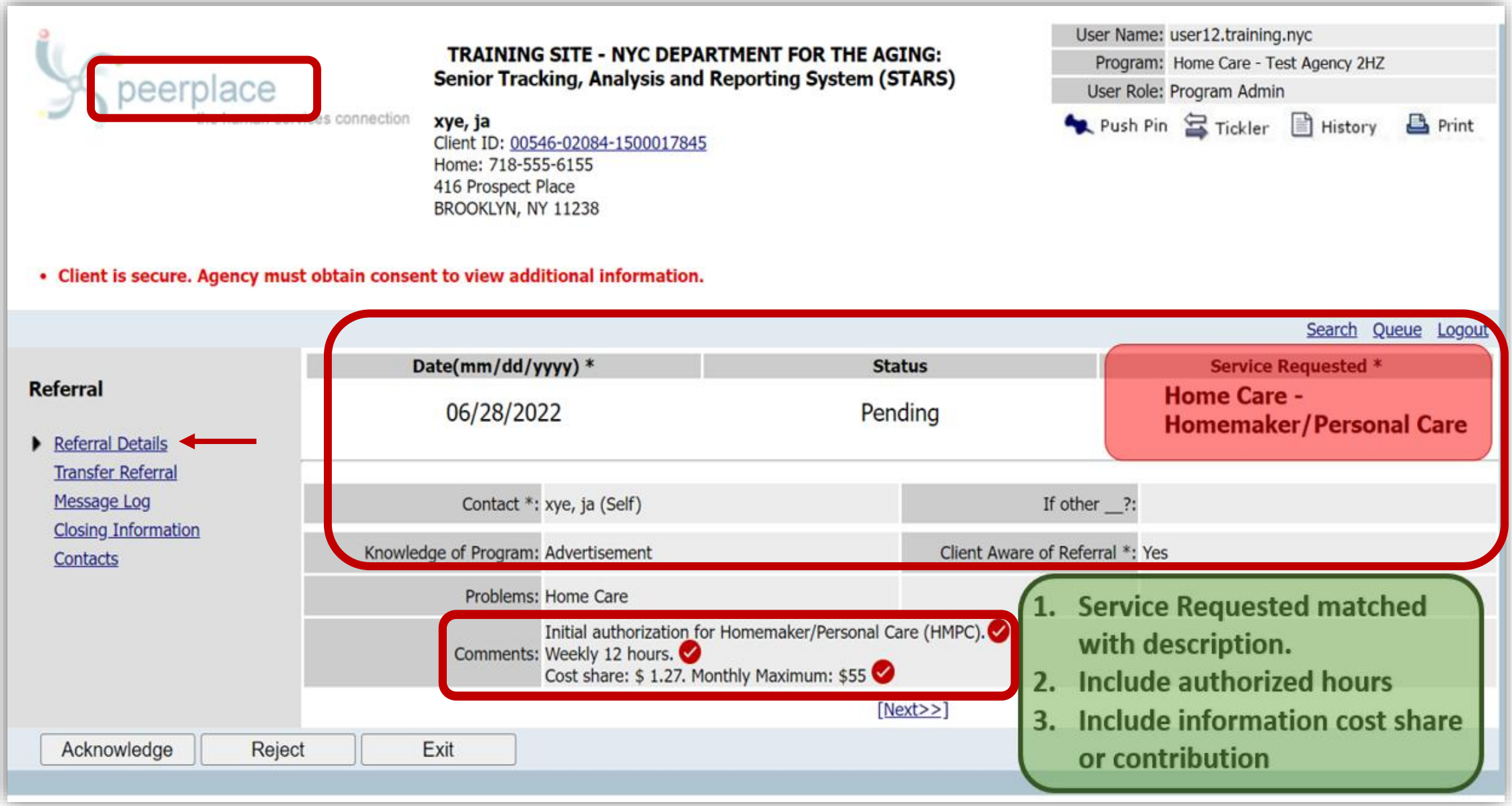
1. ***Average Monthly Cost*** to Client is the amount client's bill would average each month. It is determined by multiplying several ***Monthly Units*** of service, ***Maximum Rate per Hour***, and ***Cost Share Fee Rate percentage***.

2. ***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.*

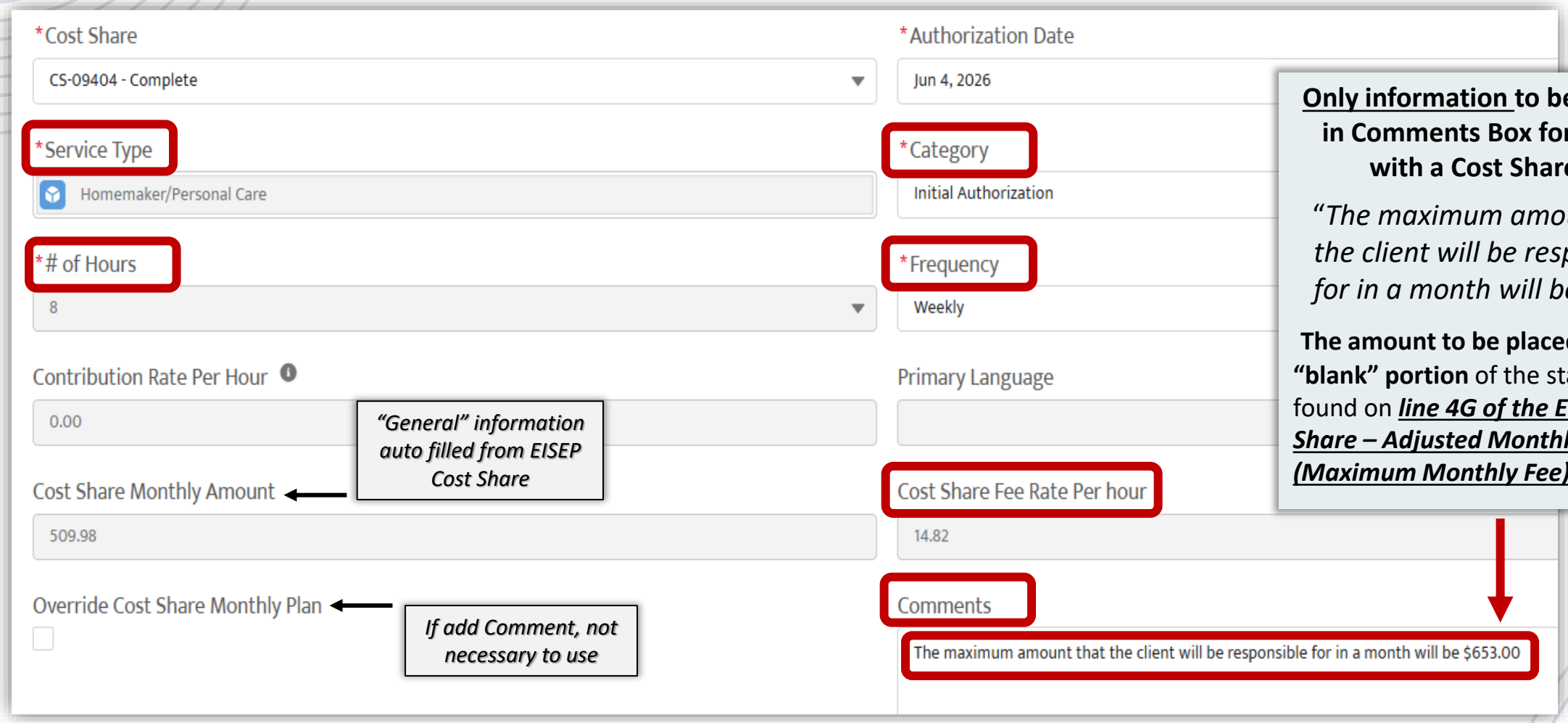




Home Care Referral & Cost Share


peerplace
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.
Search
Queue
Logout
Referral
Referral Details
Transfer Referral
Message Log
Closing Information
Contacts
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



"General" information auto filled from EISEP Cost Share

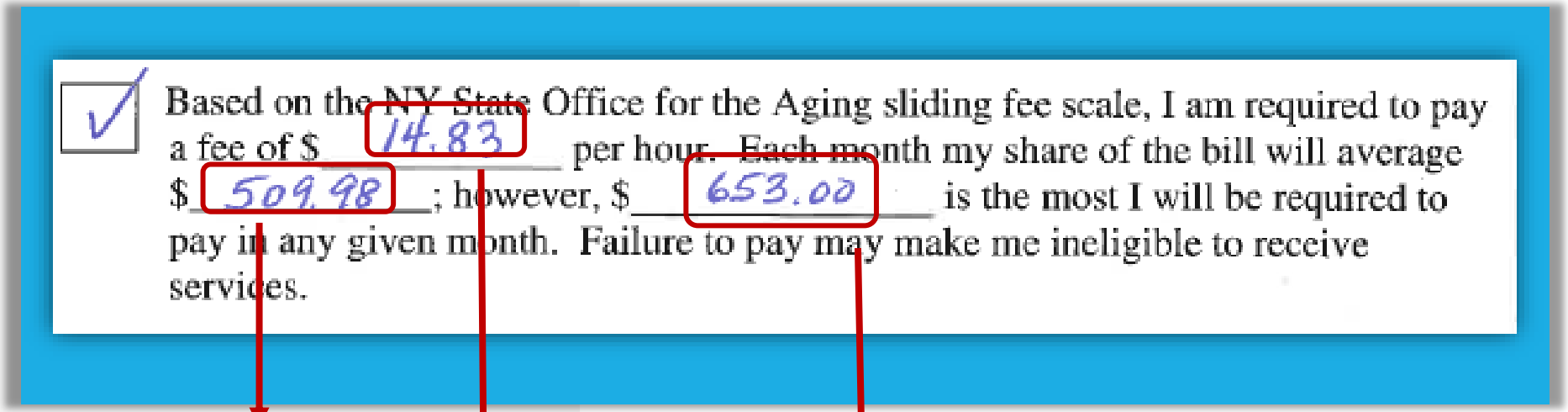
If add Comment, not necessary to use

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?



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