

Division of Aging and Adult Services Manual

Consumer Contributions Policy and Procedures

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I. General Policy and Procedures Information

A. Purpose

The purpose of the Consumer Contributions Policy is to extend the availability of in-home and community based services administered by the North Carolina Division of Aging and Adult Services (DAAS) and the North Carolina Division of Social Services (DSS) by soliciting from recipients of specific services a portion of the cost for services rendered based upon their ability and willingness to contribute. Revenues collected from service recipients will be retained by the local service provider and used to increase services to existing clients and/or provide in-home and community based services to other individuals in need of such services.

B. Legal Base

1. Older Americans Act, 2000 Amendments, Section 315, Consumer Contributions (a) (b)
2. Social Services Block Grant. (http://www.access.gpo.gov/uscode/title42/chapter35_.html)
3. NC General Statute 143B-181.1 Division of Aging
4. NC General Statute 143B-153, Division of Social Services
5. 10A NC Administrative Code 05I.0101-.0205 (Aging)
(http://ncrules.state.nc.us/ncadministrativ_/title10ahealtha_/chapter05agingg_/default.htm)
6. 10A NC Administrative Code 71S.0101-.0203 (Social Services)
(http://ncrules.state.nc.us/ncadministrativ_/title10ahealtha_/chapter71adulta_/default.htm)

C. Services Impacted

The Consumer Contributions Policy applies to all services administered by the DAAS and six services (adult day care, adult day health, housing and home improvement, in-home aide services, personal and family counseling, and preparation and delivery of meals) administered by the DSS regardless of funding source (see Section IV – Solicitation of Consumer Contributions).

D. Background Information

Prior to July 1, 2005 there were two policies governing Cost Sharing: one of those was in the Home and Community Care Block Grant (HCCBG) Manual of the Division of Aging, and the other was in Chapter III of Volume VI, DSS Family Services Manual. The two policies are now merged into this policy.

The title for this policy has been changed from “Cost Sharing” to “Consumer Contributions.” The definition of cost sharing in the Older American’s Act has changed to have a voluntary contributions option. Therefore, “Consumer Contributions” more accurately reflects the intent of this policy. For a listing of terms and definitions used in this policy, please see below (Section I. E. Relevant Definitions).

Increasing consumer awareness of the importance of contributing voluntarily toward the cost of services received is the ultimate goal of this policy. For a Consumer Contributions effort to be understood by recipients and successfully carried out, it is critical that provider agencies and their staff understand and believe in the concept. According to the federal Older Americans Act, efforts to solicit and collect contributions must be non-coercive, offer choice, and be fairly and consistently administered. From an agency standpoint, the process should be reasonable to administer and worth the effort and expense in terms of resources generated for services.

The Consumer Contributions Policy integrates the provisions of the state and federal laws into a single set of policies and procedures. **The required actions of the local provider are found in bold print within each section.** This policy is intended to ensure that recipients of specific services are given the opportunity to contribute toward the cost of services rendered. The decision to share in the cost of services is ultimately the decision of the individual receiving services.

E. Relevant Definitions

Above Poverty The total adjusted household income which is \$1 or greater than the Federal Poverty Guideline established by the Office of Management and Budget. The current federal poverty guideline can be found at:

<http://aspe.hhs.gov/poverty/09poverty.shtml>

At or Below Poverty The total adjusted household income which is equal to or less than the Federal Poverty Guideline (as defined by the Office of Management and Budget and adjusted by the Secretary in accordance with section 9902(2) of this title). The current federal poverty guideline can be found at:

<http://aspe.hhs.gov/poverty/09poverty.shtml>

Consumer An individual who is eligible to receive services. This policy uses the term “service recipient”. The consumer may also be referred to as the client or participant.

Contribution A monetary amount voluntarily given to the service provider by the service recipient or their designated representative toward the cost of a specific service.

Cost Sharing In most states, the term cost sharing refers to determining the amount of cost to be shared by a service recipient and therefore the percent of the cost of service paid by the service recipient would be determined through the use of a “sliding fee” based on the service recipient’s income. This amount would be paid by the service recipient to receive services. The terminology established in the Older Americans Act allowed voluntary cost sharing by service recipients. Failure to contribute toward the cost of services received did not terminate the service, contrary to what the words “cost sharing” imply. The reauthorized Older Americans Act now separates “cost sharing” from “voluntary contributions”.

Designated Representative	A family member or individual who has been given the responsibility to represent a service recipient in personal or financial affairs. (i.e. caregiver, Power of Attorney, guardian).
Donation	<u>Donation</u> - <u>A donation is not reported as a Consumer Contribution because it is not earmarked to support any specific service.</u> A gift from a service recipient or their designated representative (i.e. churches, the general public, family members of the service recipients, etc.) may be consider a donation when it is <u>not</u> contributed toward a specific service the individual is receiving. Senior Center Operation funds are not considered to be a specific service that an individual receives; therefore, senior centers may accept donations from participants to be used for general senior center expenditures such as repairs, activities, furniture, etc. A donation can be in the form of cash, materials or other tangible items which have a defined value.
Household Income	The total income of a single individual or if married, the total income of both the husband and the wife.
Intake	The process used to gather demographic information to assist in determining eligibility. Intake forms include the Client Registration Form (DOA 101) or the Request for Service (DSS 5027).
Low Income	An individual who has a self-declared household income that is at or below the Federal Poverty Guidelines. This person would be defined as “economically needy”.
May/ should	The words “may” and “should” refer to tasks that are suggested but not required. Section A of this policy contains “practice guidelines” that are suggested practices which may be implemented by a local provider.
Means-testing	An individual’s eligibility for services based on individual or household annual income.
Must/ shall/will	The words “must”, “shall”, and “will” are synonymous for meaning something is required.
Poverty Level	The official Federal Poverty guideline (as defined by the Office of Management and Budget and adjusted by the Secretary in accordance with section 9902(2) of this title). The current federal poverty line can be found at: http://aspe.hhs.gov/poverty/09poverty.shtml
Recommended Contribution Schedule	A sliding scale chart for use by local providers to assist service recipients in determining a “fair share” amount to voluntarily contribute based on their self-declared income level.

Screening	Gathering demographic and economic information of potential service recipients to determine the need for service; if the individual meets the criteria for priority of service and target population; if the individual is currently receiving any other services; the need for new or additional service(s); and to determine if referral for services outside the agency is appropriate.
Target Population	A specific population identified to receive specific services. The target population is defined in each contract, service policy or service standard.
Waiting List	The list of persons who have been determined to be eligible for services but due to limited funding, staff limitations, location, etc. are unable to receive services at the current time and choose to be placed on the waiting list.
Voluntary	Ultimately, the decision to give or contribute is up to each service recipient or their designated representative.

II. Exclusions and Prohibited Activities

A. Exclusions

Adults or children receiving services as part of a Protective Services Plan will be excluded from any Consumer Contributions Policy requirements up to a maximum of 12 months.

Children in foster care, children who have been approved to receive adoption assistance, and clients receiving Work First assistance or clients applying for or receiving Supplemental Security Income (SSI) are exempt from the Consumer Contributions Policy when receiving any of the following six services:

- **Adult Day Care;**
- **Adult Day Health;**
- **Housing and Home Improvement (renovations or repairs and furnishings or appliance purchases only);**
- **In-Home Aide Services;**
- **Personal and Family Counseling;**
- **Preparation and Delivery of Meals.**

Individuals who receive transportation services funded through the NC Division of Social Services are exempt from the Consumer Contributions Policy. This exemption does not apply to Transportation funded through the Home and Community Care Block Grant.

Individuals participating in the Senior Companion Program are exempt from any Consumer Contribution Policy requirements. (*Legal Base 14113 Federal Register / Vol. 64, No. 56 / 3/24/99 / Rules and Regulations Subpart L - Restrictions and Legal Rep 2551.121(c)(1) Page 10 of 11*)

B. Prohibited Activities

- 1. Service providers are prohibited from using the Recommended Contribution Schedule to solicit contributions from individuals with incomes at or below the federal poverty level, however, those individuals may make voluntary contributions for services received.**

Legal base: (OAA, Section 315, (a)(3), Add appropriate APA cites)

- 2. Service providers are prohibited from considering any assets, savings, or other property owned by individuals in regards to the Consumer Contributions Policy.**

Legal base: (OAA, Section 315, (a)(3), Add appropriate APA cites)

- 3. Service providers are prohibited from means testing for any service subject to the Consumer Contributions Policy or denying services to any individual who does not contribute to the cost of the service.**

Legal base: (OAA, Section 315 (b)(3), Add appropriate APA cites)

- 4. Use of a Recommended Contribution Schedule is not permitted for individuals receiving:**
 - **information and assistance, outreach, benefits counseling, or care management services;**
 - **ombudsman, elder abuse prevention, legal assistance, or other consumer protection services;**
 - **congregate and home delivered meals; or senior companion, or**
 - **any services delivered through tribal organizations.**

Legal base: (OAA, Section 315 (a)(2). Add appropriate APA cites)

III. Screening, Eligibility, and Service Categories

A. Screening and Eligibility Determination

Once screening and eligibility determination is completed (see Practice Guidelines, Appendix A) local providers will administer the Consumer Contributions Policy using the following information from the application for services (i.e. DOA 101- Client Registration Form, DSS 5027-Request for Service, or other intake form or application for services):

1. Self-declaration of the economic status of the client (i.e. at or below poverty), and
2. Name of the service (see Type I, II, III, IV or V below) to be provided to the client.

B. Service Categories and Related Requirements

The Consumer Contributions Policy applies to specific services administered by the DAAS and six services (adult day care, adult day health, housing and home improvement, in-home aide services, personal and family counseling, and preparation and delivery of meals) administered by the DSS regardless of funding source. The following chart provides an overview of the administrative requirements for services by “Type”:

Service Categories	Administrative Requirements Matrix		
Type I	Solicit and accept voluntary contributions.	Complete the Provider Assurance Form.	Provide Recommended Contribution Schedule to persons above poverty.
Type II	Solicit and accept voluntary contributions.	Complete the Provider Assurance Form.	
Type III	Solicit and accept voluntary contributions.	Maintain written documentation of the action taken.	
Type IV	Accept voluntary contributions only.		
Type V	None.		

Specific services are categorized by type in the chart below according to the administrative requirements for each:

Type	Services	Administrative Requirements
I	a. Adult Day Services (Day Care and Day Health Care)	All recipients of a service(s) under Type I shall be provided with the opportunity to voluntarily contribute to the cost of the service(s) received.

	<p>b. Family Caregiver Support (Respite Care and Supplemental Services – unless the specific supplemental service is listed as another type of service.)</p> <p>c. Group Respite</p> <p>d. Home Health (skilled services)</p> <p>e. Housing and Home Improvement</p> <p>f. In-Home Aide Services (Level I, II, III, & IV)</p> <p>g. Institutional Respite</p> <p>h. Mental Health Counseling</p> <p>i. Personal and Family Counseling</p> <p>j. Preparation and Delivery of Meals (SSBG and other funds administered by NC DSS only)</p> <p>k. Supportive Services contracted through Care Management (<i>See guidelines for each specific service.</i>)</p> <p>*Note: Recipients of Housing and Home Improvement Services are to be offered the opportunity to contribute at the beginning of service provision and at the completion of the improvement.</p>	<p>Upon the initiation of the provision of service(s) subject to consumer contributions, and at least annually thereafter, (*with the exception of Housing and Home Improvement) the service provider will:</p> <ol style="list-style-type: none"> 1) Inform each recipient or designated representative that the contribution is entirely voluntary and that there is no obligation to contribute. 2) Inform the recipient or designated representative that all contributions collected will be used to expand the service(s). 3) Inform the client or designated representative that information about the client’s participation in consumer contributions shall be confidential. 4) Inform each recipient or designated representative of who should be contacted, including the telephone number, if there are questions regarding consumer contributions. 5) Inform the recipient or designated representative of the total cost of the service (actual or per unit). 6) Inform the recipient or designated representative that services will not be reduced or terminated for failure to contribute. 7) Maintain the completed Provider Assurance Form (Appendix D) in each client’s file verifying that the above information was provided to the service recipient or designated representative. <p><u>For those recipients of service(s) under Type I, who are above the federal poverty guideline, the provider will:</u></p> <ol style="list-style-type: none"> 1) Provide the service recipient or designated representative with the Recommended Contribution Schedule (Appendix B) showing the recommended contribution amount based on the service recipient’s self-declared income. <p>Note: Providers are prohibited from using the Recommended Contribution Schedule with service recipients who are at or below the federal poverty line.</p>
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Type	Services	Administrative Requirements
<p>II</p>	<p>a. Care Management (HCCBG and Family Caregiver Support) b. Home Delivered Meals/Home Delivered Supplemental Meals c. Home Delivered Meals – Family Caregiver Support d. Legal Assistance e. Legal – Family Caregiver Support f. NSIP-only meals</p>	<p>All recipients of service(s) under Type II, <u>regardless of income</u>, will be provided the opportunity to voluntarily contribute to the cost of the service(s) received.</p> <p>Upon the initiation of the provision of service(s) subject to consumer contributions and at least annually thereafter, the service provider will:</p> <ol style="list-style-type: none"> 1) Inform each recipient or designated representative that the contribution is entirely voluntary and that there is no obligation to contribute. 2) Inform the recipient or designated representative that all contributions collected will be used to expand the service(s). 3) Inform the client or designated representative that information about the client’s participation in consumer contributions shall be confidential. 4) Inform each recipient or designated representative of who should be contacted, including the telephone number, if there are questions regarding consumer contributions. 5) Inform the recipient or designated representative of the total cost of the service (actual or per unit). 6) Inform the recipient or designated representative that services will not be reduced or terminated for failure to contribute. 7) Maintain the completed Provider Assurance Form (Appendix D) in each client’s file verifying that the above information was provided to the service recipient or designated representative.

Type	Services	Administrative Requirements
<p>III</p>	<p>a. Congregate Nutrition/ Congregate Supplemental Meals b. Congregate Nutrition – (Family Caregiver Support) c. Family Caregiver Support Program (Counseling/Support Groups/Training only) d. Health Promotion/ Disease Prevention e. Health Screening f. Transportation (General or Medical funded through the HCCBG) g. Volunteer Respite (Family Caregiver Support Program)</p>	<p>All recipients of service(s) under Type III, <u>regardless of income</u>, will be provided the opportunity to voluntarily contribute to the cost of the service(s) received.</p> <p>Upon the initiation of the provision of service(s) subject to consumer contributions and at least annually thereafter, the service provider will:</p> <ol style="list-style-type: none"> 1) Inform each recipient or designated representative that the contribution is entirely voluntary and that there is no obligation to contribute. 2) Inform the recipient or designated representative that all contributions collected will be used to expand the service(s). 3) Inform the client or designated representative that information about the client’s participation in consumer contributions shall be confidential. 4) Inform each recipient or designated representative of who should be contacted, including the telephone number, if there are questions regarding consumer contributions. 5) Inform the recipient or designated representative that services will not be reduced or terminated for failure to contribute. 6) Maintain written documentation that the above actions are completed (see Practice Guidelines, Appendix A).

Type	Services	Administrative Requirements
IV	a. Family Caregiver Support Program Services (Information or Assistance only) b. Information and Assistance c. Medication Management d. Senior Center Operations*	Services under Type IV are provided to groups of individuals or in a manner other than face to face contact. Solicitation is encouraged, but there are no requirements. Service Providers are required to accept voluntary contributions if received.

** Example: If a senior center participant wants to give money to the senior center, it should be considered a donation because the money is not being given specifically for a discrete service, therefore, it cannot be tracked and accounted for in this manner. The gift could be used for repairs, activities, furniture, etc. If a senior center participant indicates the gift should be for a specific service or activity supported by Senior Center Operations funds, then it should be considered a consumer contribution which would require the accounting that goes with collection of consumer contributions, i.e. ARMS entries, etc.*

Type	Services	Administrative Requirements
V	a. Senior Companion b. Transportation (SSBG and funds administered by the NC DSS only)	Contributions cannot be solicited or accepted, therefore, there are no administrative requirements.

IV. Solicitation of Consumer Contributions

A. Recommended Contribution Schedule

The DAAS is required by North Carolina General Statute 143B-181.1(a)(10) to establish a fee schedule to cover the cost of providing in-home and community based services. The law allows the fee schedule to vary on the basis of the type of service provided and the ability and willingness of the service recipient to contribute toward the cost of service(s).

The Recommended Contribution Schedule (Appendix B) is a tool used to determine what a reasonable and fair voluntary contribution amount would be based on an individual's household income. **Service recipients who self-declare as being above the federal poverty line and who also receive a Type I service(s) are required to receive a copy of the Recommended Contribution Schedule at the beginning of service provision, and at least annually thereafter. Recipients of Housing and Home Improvement are to be offered the opportunity to contribute at the beginning of the service provision and at the completion of the improvement only.**

Ultimately, the decision to contribute and in what amount is up to each service recipient. To help a service recipient determine whether they are above or below the federal poverty level, the following income sources are to be considered:

- Wages, pensions, retirement benefits;
- Dividends/interest from savings, bonds, and stocks;
- Income from estates, trusts, royalties, and rental property;
- Unemployment/worker's compensation; and
- Alimony.

However, income needs to be considered in the context of other recipient expenses which, in effect, would adjust the income downward. Some examples of expenses that the recipient may consider are:

- Medical expenditures;
- Prescription drug costs; and
- Special needs costs (i.e. medical equipment, home modifications, caregiving costs, etc.)

By July 1 of each year the DAAS will release an update of the Recommended Contribution Schedule, which is based on the annual update of the Federal Poverty Guidelines. The current Schedule is available at the DAAS web site at:

<http://www.ncdhhs.gov/aging/consumercontributions.htm>

B. Solicitation of Consumer Contributions

Voluntary contributions are allowed and may be solicited provided that the method of solicitation is non-coercive. To keep service recipients well informed of the value of the service(s) received, local providers may use notices (i.e. monthly, quarterly) summarizing the total cost of services utilized. Refer to the “Model Letter” (Appendix C) as an example of an appropriate notice for distribution.

There are a variety of methods that may be employed to share the message of Consumer Contributions including pamphlets, posters, inserts in mailings, newsletters, or group discussions (refer to Appendix E – Model Group Discussion). **To ensure the method of solicitation is non-coercive, solicitation materials distributed to service recipients must include the following information:**

- 1. Contributions collected will be used to expand services.**
- 2. There is no obligation to contribute and the contribution is entirely voluntary.**
- 3. Services will not be reduced or terminated for failure to contribute.**
- 4. Contact information for questions about the Consumer Contributions Policy.**
- 5. Each contribution or lack of contribution will remain confidential.**

C. Provider Assurance Form

Appendix D is a model Provider Assurance Form intended to document that the provider agency has discussed the Consumer Contributions Policy with the recipient or designated representative. Initially and at least annually thereafter, this form is used to record the recipient’s decision regarding contributions. **The form must be signed and dated by an agency representative after each discussion. The documentation will remain in the client record and must be updated annually;** however the form allows documentation of multiple years.

Providers may use this form (it may be duplicated for agency use) or modify it to address agency specific needs; however, **the items in this form must be covered fully.** A copy of this form is also available at <http://www.dhhs.state.nc.us/aging/arms/csupdat2.htm>.

V. Reporting

A. Reporting of Consumer Contributions Revenues

Providers reporting reimbursements through Aging Resources Management System (ARMS) will report the net amount of consumer contributions monthly. Providers reporting reimbursement through the DSS 1571 process will utilize procedures found in the DSS Fiscal Manual, Section III.E.7. Providers have the option of deducting any “reasonable and necessary” costs incurred to generate consumer contribution revenues. If applicable, the net amount may equal the total amount of contribution revenues collected minus any reasonable and necessary costs which may include any of the following:

1. Cost of printing brochures/flyers for the explicit purpose of explaining Consumer Contributions Policy. (This does not include the cost of printing general brochures that describe agency services and operations.)
2. Cost of postage to mail notices requesting voluntary contributions from service recipients; and
3. Cost of administrative/clerical time necessary to prepare notices.

For purposes of federal regulatory compliance, if the provider agency chooses to deduct these costs, documentation must be maintained by the provider to verify the amount of the deductions taken.

B. Utilization of Consumer Contributions Revenues

The net amount of consumer contribution revenues collected will be retained by the service provider and is deducted from the amount of reimbursement due for the month being reported. Contribution revenues collected will not decrease the total allocation available for the fiscal year to provide a given service. In order for a service provider to utilize the full budgeted allocation, the total number of units provided or the total expenditures for non-unit services must increase during the fiscal year. In the event that contribution revenues collected prevent a service provider from utilizing the entire annual allocation for a given service, allocated resources may be re-budgeted during the current fiscal year to support other services.

C. Collections Procedures and Financial Management

Solicitation and collection of consumer contributions will be carried out by the agency that receives the funding and authorizes the service for recipients, or by the sub-contracting service provider. If the sub-contractor is responsible, this duty must be included in the service contract.

Service providers must have written procedures to account for and safeguard all contributions. In developing these procedures, refer to the Practice Guidelines in Appendix A.

Appendices

Appendix A: Practice Guidelines

Appendix B: Recommended Consumer Contribution Schedule

Appendix C: Model Letter

Appendix D: Model Provider Assurance Form

Appendix E: Model Group Discussion

Appendix A: Practice Guidelines

These Practice Guidelines are provided to assist local service providers effectively administer the Consumer Contributions Policy and are not a list of requirements. Ultimately, each agency is to make the determination which of these guidelines will be useful tools and procedures.

1) Screening and Eligibility Determination

Ideally, service providing agencies should formally or informally screen potential service recipients. Screening can be accomplished through a variety of instruments such as the Adult Services Intake/Inquiry Tool or the Services Outcomes Screen (SOS Profile). Regardless of the method or instrument used, screening is encouraged by DAAS to ensure local providers accomplish the following:

- a. Assess the need for service;
- b. Determine if the individual meets the criteria for priority of service and target population;
- c. Determine if the individual is currently receiving any other services;
- d. Determine the need for new or additional service(s); and
- e. Determine if referral for services outside the agency is appropriate.

For Home and Community Care Block Grant (HCCBG) Clients Only: If an individual is determined to need service(s) funded under the HCCBG, the service provider should:

- a. Determine if the client is to be placed on a waiting list. If there is no waiting list for the needed service, go to item c.
- b. If the client is placed on a waiting list, determine if the client would have the ability or willingness to pay privately for the service(s) needed.
- c. If there is no waiting list for the service needed, complete the Client Registration Form (DOA 101) which includes a self-declaration of income.

2) Collection Procedures and Financial Management

- a. Type II and III Services:
For these services, solicitation of contributions is required, but the provider may use other methods than one to one or face to face contacts with the service recipient. These methods include:
 - Send a letter by mail (see sample letter in Appendix C) explaining the Consumer Contributions Policy.
 - Discuss the Consumer Contributions Policy over the phone when a Transportation ride is scheduled.

- Display a poster explaining the Consumer Contributions Policy in the bus, van or automobile used for transportation.
- Give participants a handout or letter at the meal site explaining voluntary contributions and suggest ways to contribute.
- Display a poster in the nutrition site explaining the Consumer Contributions Policy.
- Distribute a brochure or flyer explaining the Consumer Contributions Policy.
- Hold an annual group discussion with recipients at the nutrition site (see sample discussion format in Appendix E).

As required, documentation of the solicitation method used is maintained by the provider for review during compliance monitoring visits.

Congregate Nutrition and General or Medical Transportation

Providers of services listed as Type III are not required to provide the service recipient or their designated with the total cost of the service (actual or per unit). However, providers are not prohibited from sharing the unit rate for Congregate Nutrition or General or Medical Transportation.

b. Recording and Documenting Contributions:

Agencies receiving consumer contributions should have a scheduled time for counting revenues, which is typically on a daily basis, and for making deposits (weekly or bi-weekly) as prescribed in the agency's policy.

Counting revenues

Two individuals should always complete the counting of revenues. Both should count the funds and initial the completed documentation. Documentation includes deposit slips and written statements of the revenue. It may also include accounts of contributions, by recipient.

Making deposits

Documentation of consumer contributions received corresponds to deposits recorded in the agency bank records. Documented amounts are recorded by service and by month. The amount of contributions in the agency's accounts receivable records should tally with the agency bank records.

Documentation

The individual(s) who open the mail should log all cash receipts. The log should be a simple list of individual receipts and document what was received. The log should indicate the program the contribution is intended to benefit. The receipts should equal the amount submitted to ARMS by service code less any deductions (see Section V - Reporting) or submitted to the county finance office (see the DSS Fiscal Manual).

c. **Safeguarding Contributions:**

Safeguarding revenues received until the scheduled time for making deposits is an essential role of agency staff. Appropriate safeguarding methods include use of one or more of the following:

- Locked box (fire proof)
- Safe or locker
- Lockable desk, closet or other non-movable container

Keys to lockable containers should be maintained by a designated staff member(s) and by the administrative office of the service provider. Records of individual contributions also should be stored in locked containers and only be available to designated staff and to recipients, on request.

Consumer contribution revenues should remain at the service provision site or in the administrative offices of the service provider agency until the scheduled time of the deposit. Revenues should never be used to make change for participants or staff. Revenues should be stored according to agency policy. Staff should be prohibited from storing consumer contributions overnight in their automobiles, homes, or with their personal possessions.

Where possible, service recipients should be provided with pre-addressed envelopes to mail consumer contributions and as much as possible, limit In-Home Aides or volunteers from accepting contributions.

3) Appropriate Written Documentation

As required under Section III, Solicitation of Consumer Contributions, providers are to maintain documentation that verifies all recipients of service(s) under Type II and III, regardless of income, are provided the opportunity to voluntarily contribute to the cost of the service(s) received. Examples of written documents that providers should maintain on file include:

- a. The poster or handout provided to service recipients.
- b. A letter sent to service recipients requesting voluntary contributions (see Appendix C).
- c. A written copy of the group discussion with service recipients about voluntary contributions (see Appendix E).
- d. Any other written material that acknowledges the administrative requirements for consumer contributions under Type I (such as the Provider Assurance Form).

Appendix B

Recommended Consumer Contribution Schedule

NC Division of Aging and Adult Services
Recommended Contribution Schedule
 Based on the 2011 US Poverty Guidelines

Service Recipient's Name: _____

Service #1 _____ Rate \$ _____ Service #2 _____ Rate \$ _____

Service #3 _____ Rate \$ _____

% of Poverty	Monthly Income of:		Suggested Percentage of the Cost of Service	Recommended Contribution Amount per Unit of Service		
	Individual	Couple		Service #1	Service #2	Service #3
100%	\$908 - \$1,133	\$1,226 - \$1,531	10%			
125%	\$1,134 - \$1,360	\$1,532 - \$1,838	20%			
150%	\$1,361 - \$1,587	\$1,839 - \$2,144	30%			
175%	\$1,588 - \$1,814	\$2,145 - \$2,451	40%			
200%	\$1,815 - \$2,041	\$2,452 - \$2,757	50%			
225%	\$2,042 - \$2,268	\$2,758 - \$3,064	60%			
250%	\$2,269 - \$2,495	\$3,065 - \$3,370	70%			
275%	\$2,496 - \$2,722	\$3,371 - \$3,677	80%			
300%	\$2,723 - \$3,175	\$3,678 - \$4,289	90%			
350%	\$3,176 -- above	\$4,290 -- above	100%			

The Recommended Consumer Contribution Schedule may only be shared with service recipients who are above poverty and receive a Type I service(s). * Voluntary contributions made toward the cost of services received are not tax deductible.

Appendix C Model Letter

Date _____

Dear _____,

We hope you are benefiting from the _____ service(s) you are receiving. The money that pays for this service is a combination of federal, state and county/local funds, plus consumer contributions from other service recipients. The monetary value of the service you receive is \$_____ per _____.

We would like to be able to expand the availability of this service to as many people as possible. One way we expand the service is through voluntary consumer contributions. Last year we were able to serve _____ additional people from contributions.

We are asking you to consider making a voluntary contribution toward the cost of the service you receive. This money would be used to serve others. We would appreciate any amount you can afford.

We also realize that not all people can afford to contribute and that an individual's financial situation can change. You are under no obligation to contribute; it is entirely voluntary. Your continued receipt of this service is not dependent on your willingness to contribute.

If you would like to make a contribution toward the cost of your service, please: (possible options):

1. Contact _____ at 000-0000 to arrange how you would like to make your contribution.
2. Mail a check (monthly, if possible) made out to _____ and address it to: _____.
3. Use the self-addressed envelope provided by our agency to mail your contribution.
4. You may take your contribution in an envelope to _____ (agency) and put it in the contribution box.

Our agency, _____, will keep an accurate accounting of all contributions. However, they are not tax deductible because you are receiving service. The amount that you contribute, or do not contribute, will remain confidential.

Thank you for considering making a voluntary contribution, whatever your decision. We look forward to continuing to serve you.

Sincerely,

Consumer Contributions Policy and Procedures
Effective Date: 09/01/2005
Last Update: 09/24/2011

Appendix D

Model Provider Assurance Form

This is to certify that the opportunity to voluntarily contribute to the cost of services received has been discussed with: _____ (*print service recipient's name*).

The discussion included informing the client or designated representative of the following items:

1. Contributions are entirely voluntary and that there is no obligation to contribute.
2. All contributions collected will be used to expand the service(s).
3. Information about the client's participation in consumer contributions shall be confidential.
4. Who the service recipient or designated representative should contact, including the telephone number, if there are questions regarding consumer contributions.
5. The total cost of the service (actual or per unit), if applicable.
6. Services will not be reduced or terminated for failure to contribute.
7. They have an opportunity to voluntarily decide whether or not to contribute toward the cost of the service and the process by which contributions will be collected.

Assessment Date mm/dd/yyyy	Service(s) Received	Actual Cost/Unit Rate	Notes
	1. 2. 3.	1. 2. 3.	
	1. 2. 3.	1. 2. 3.	
	1. 2. 3.	1. 2. 3.	

Agency	Date	Agency Representative Signature

Appendix E

Model Group Discussion

This method of sharing information about voluntary contributions is particularly applicable for recipients of Congregate Nutrition, but may also work well for recipients/family of Adult Day Services when they are meeting at the center, or any other natural group of persons receiving services.

The presenter can plan to have this discussion at regular intervals (e.g., quarterly) or when there are a significant number of new participants/service recipients. It can be part of a planned program, or brought up at any time that is convenient for recipients and staff.

Components of Discussion:

1. *Why we need to discuss voluntary Consumer Contributions*

We would like to be able to expand the availability of this service to as many people as possible. The only way we can expand the service is through voluntary consumer contributions. Last year we were able to serve ____ additional clients due to generous contributions.

2. *Where the money comes from for the service received*

The money that pays for this service is a combination of federal, state and county/local funds, plus voluntary contributions from other service recipients. The monetary value of the service you receive, _____, is \$ _____ per _____.

3. *Request for contributions*

We hope you are benefiting from the _____ service you are receiving. If you are, we are asking you to consider making a voluntary contribution toward the cost of the service you (or your family member) receive. This money would be used to serve someone. Any amount you can afford will be greatly appreciated.

4. *Why it is important that contributions be voluntary?*

We also realize that not all people can afford to contribute, and that an individual's financial situation can change. You are under no obligation to contribute; it is entirely voluntary. Your continued receipt of this service is not dependent on your willingness to contribute.

5. *Method(s) for making contributions:*

Envelopes for mailing contributions or the location of the contributions box.

6. *Agency accounting for contributions; confidentiality; where the money goes*

Our agency will keep accurate records of the contributions received. They are not tax deductible because you are receiving a service. The amount that you contribute or do not contribute will remain confidential. All contributions are used to expand the service to additional persons.

7. *Questions/discussion from participants/recipients*