

New Jersey Department of Human Services  
Division of Aging Services  
Jersey Assistance for Community Caregiving (JACC)

**INSTRUCTIONS FOR COMPLETING THE CO-PAY WORKSHEET (CBSP-34)**

- Enter the participant's name and JACC ID number and the Care Manager's name.
- All of the lines within the chart must be filled out as applicable.
- Proof of all income and itemized deductions must be kept with the Co-Pay Worksheet in the participant's file.

**Income**

1. Enter the **net** monthly amount that the participant receives for Social Security Retirement.
2. Enter the **net** monthly amount that the participant receives for Social Security Disability.
3. Enter the **gross** monthly amount that the participant receives from pension(s).
4. Enter the **gross** monthly amount of interest that the participant earns on all accounts.
5. Enter the **gross** monthly amount that the participant receives from a VA pension. Do **not** include any income from VA Aid & Attendance.
6. Enter the **gross** monthly amount that the participant receives for alimony.
7. Enter the **gross** monthly amount that the participant receives for earnings, salary, and tips.
8. Enter the **gross** monthly amount that the participant receives for Workers' Compensation.
9. Enter the **net** monthly amount that the participant receives from rental income.
10. Enter the **gross** monthly amount that the participant receives for unemployment benefits.
11. Enter the **gross** monthly amount that the participant receives from disability income.
12. Enter the **gross** monthly amount that the participant receives from any other sources of income.
13. Enter the **total** monthly amount of all types (lines 1-12) of income that the participant's spouse receives.
14. Enter the **total** monthly amount of all types of income (lines 1-13).

**Deductions**

For the purpose of calculating co-pay amount, each JACC participant may use EITHER itemized medical expense deductions (lines 15-17) OR the standard deduction amount (line 18). No participant should be using both types of deductions.

If a participant is using itemized deductions for medical expenses, proof of each expense must be kept in the participant's file with the co-pay worksheet.

15. Enter the monthly amount that the participant pays for supplemental medical insurance.
16. Enter the monthly amount that the participant spends on prescribed medical expenses which are **not** covered by insurance.
  - Such expenses may include but are not limited to: prescription drugs, medical insurance deductibles, co-payments for treatments and doctor visits, x-rays and diagnostic tests, outstanding medical bills, hearing aid and hearing aid batteries, eyeglasses, routine exams and medical care.

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- **Do not count** a private pay home health aide, adult day services costs, and other custodial care costs as prescribed medical expenses for the purpose of calculating JACC co-pay amount.
17. Enter the **subtotal** of the participant's monthly cost for all itemized medical expenses (lines 15-17).

OR

18. Enter the correct standard deduction amount for an individual participant or for a couple.
- The standard deduction amount for a couple is selected whenever the participant is legally married, whether or not the participant's spouse is also a JACC participant.

### Countable Income

19. Subtract the deduction amount selected (EITHER line 17 for itemized deductions OR line 18 for the standard deduction amount) from the participant's total income (line 14).
20. Apply the amount in line 19 to the co-pay chart at the bottom of the Co-Pay Worksheet. For unmarried participants, use the left column titled "Individual." For married participants, choose the middle column titled "Couple." Find the range within which the participant's countable income (line 19) falls. The corresponding row in the right column titled "Monthly Co-Pay Amount" will reveal the participant's monthly co-pay obligation. Enter this amount on line 20.

### Signatures

- The participant must sign and date the co-pay worksheet.
- The Care Manager must sign and date the co-pay worksheet.