

**MASSACHUSETTS HOME CARE PROGRAM
VOLUNTARY CO-PAYMENT AND COST SHARING SCHEDULES**

Issue Date: 12/2/2008
Effective Date: 1/1/2009

VOLUNTARY CO-PAYMENT:

<u>Family Size</u>	<u>Annual Gross Income</u>	<u>Voluntary Co-payment</u>
1	\$10,923 or less	\$7 /month
2	\$14,645 or less	\$10 /month

COST SHARING FOR HOME CARE:

<u>One Person</u>		<u>Monthly</u>	<u>Two Person Family</u>		<u>Monthly</u>
<u>Annual Gross Income</u>		<u>Co-payment</u>	<u>Annual Gross Income</u>		<u>Co-payment</u>
\$10,924 -	\$13,325	\$9	\$14,646 -	\$18,366	\$17
\$13,326 -	\$15,723	\$12	\$18,367 -	\$22,074	\$21
\$15,724 -	\$17,366	\$25	\$22,075 -	\$23,943	\$48
\$17,367 -	\$18,608	\$36	\$23,944 -	\$25,806	\$72
\$18,609 -	\$19,848	\$45	\$25,807 -	\$27,675	\$85
\$19,849 -	\$21,087	\$63	\$27,676 -	\$29,543	\$101
\$21,088 -	\$22,329	\$83	\$29,544 -	\$31,406	\$110
\$22,330 -	\$23,567	\$115	\$31,407 -	\$33,274	\$128
\$23,568 -	\$24,837	\$130	\$33,275 -	\$35,144	\$140

COST SHARING FOR RESPITE CARE:

<u>One Person</u>		<u>Monthly</u>	<u>Two Person Family</u>		<u>Monthly</u>
<u>Annual Gross Income</u>		<u>Co-payment</u>	<u>Annual Gross Income</u>		<u>Co-payment</u>
\$24,838 -	\$26,913	50%	\$35,145 -	\$36,333	50%
\$26,914 -	\$28,931	55%	\$36,334 -	\$38,350	55%
\$28,932 -	\$30,951	60%	\$38,351 -	\$40,372	60%
\$30,952 -	\$32,968	65%	\$40,373 -	\$42,388	65%
\$32,969 -	\$34,986	70%	\$42,389 -	\$44,406	70%
\$34,987 -	\$37,007	75%	\$44,407 -	\$46,425	75%
\$37,008 -	\$39,022	80%	\$46,426 -	\$48,444	80%
\$39,023 -	\$41,041	85%	\$48,445 -	\$50,461	85%
\$41,042 -	\$43,062	90%	\$50,462 -	\$52,481	90%
\$43,063 -	\$45,079	95%	\$52,482 -	\$54,501	95%
\$45,080	and over	100%	\$54,502	and over	100%