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PI-08-13
Ref: PI-07-16
PI-03-13

PROGRAM INSTRUCTION

TO: ASAP Executive Directors

FROM: Michael E. Festa

DATE: December 2, 2008

RE: Increased Co-payments for Home Care Program Services

Purpose:

This Program Instruction (PI) transmits the Financial Eligibility Guidelines that take effect on January 1, 2009 for the Home Care Program and sets out the voluntary co-payment, cost sharing, and Respite Care co-payment schedules.

Revised Co-payment and Cost Share Schedule:

Elder Affairs is implementing co-payment and cost share increases effective January 1, 2009.

Elder Affairs will continue to request a voluntary donation from elders whose income is at or below the income eligibility guidelines for Medicaid. (Medicaid waiver clients, regardless of income, continue to be exempt from all co-payments, including voluntary co-payments.) Aging Services Access Points will continue to have the ability to waive and reduce fees based on hardships that impact the client's ability to pay.

Additionally, the U.S. Social Security Administration recently announced a 5.8% Cost of Living Allowance (COLA) increase in monthly Social Security and SSI benefits beginning January 1, 2009. As required under 651 CMR 3.03(3)(a), Elder Affairs has adjusted its Financial Eligibility Guidelines to incorporate this COLA percentage increase and prevent any unintended displacement of clients who would otherwise become ineligible due to increases in family income.

The revised co-payment and cost sharing table is attached. These revised Financial Eligibility Guidelines will soon be accessible at the Elder Affairs' Internet website <http://www.mass.gov/elder>, indexed under Regulations and Home Care.

Effective Date:

The effective date of this Program Instruction is January 1, 2009.

Contact:

If you have questions about this PI, please contact Elizabeth Clifford, Home Care Program Coordinator, at Elizabeth.clifford@state.ma.us.

**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%