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PI-15-01
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PI 13-02
PI-11-13

PROGRAM INSTRUCTION

TO: Aging Service Access Point Executive Directors
FROM: Susan Thomson *ST*
DATE: February 6, 2015
RE: Revised Cost Share Table for the Home Care Program

Purpose:

This Program Instruction (PI) transmits the Financial Eligibility Guidelines that take effect on February 10, 2015 for the Home Care Program, and sets out the voluntary co-payment, cost sharing, and Respite Care co-payment schedules.

Background:

The U.S. Social Security Administration recently announced a 1.7 percent Cost of Living Allowance (COLA) increase from calendar year 2014. Accordingly, monthly Social Security and SSI benefits will increase 1.7 percent in calendar year 2015.

As required under 651 CMR 3.03(3)(a), the Executive Office of Elder Affairs (EOEA) has adjusted the Financial Eligibility Guidelines to incorporate the COLA percentage increase. By increasing these Financial Eligibility Guidelines, EOEA will prevent any unintended displacement of consumers who would otherwise become ineligible due to increases in family income.

Revised Co-payment and Cost Share Schedule:

EOEA will continue to request a voluntary donation from consumers whose income does not exceed the amounts set forth in the Voluntary Copayment section of the Financial Eligibility Guidelines. MassHealth members with any coverage type whose income is at or below 300% of Supplemental Security Income Federal Benefit Rate (SSI FBR) are exempt from all co-payments, including voluntary co-payments. ASAPS will continue to have the ability to waive and reduce fees based on hardships that impact the consumer's ability to pay.

Effective Date:

The effective date of this Program Instruction is February 10, 2015.

Contact:

If you have questions about this PI, please contact Susan Tompkins-Hunt Assistant Director of Home and Community Programs at Susan.Tompkins-hunt@state.ma.us.

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

Issue Date: 2/6/15

Effective Date: 2/10/15

VOLUNTARY CO-PAYMENT:

Family size	Annual Gross Income	Voluntary Monthly Co-Payment
1	\$11,881 or less	\$9.00
2	\$16,011 or less	\$17.00

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>		
\$11,882	-	\$14,493	\$9.00	\$16,012	-	\$19,974	\$17.00
\$14,494	-	\$17,100	\$12.00	\$19,975	-	\$24,008	\$21.00
\$17,101	-	\$18,887	\$25.00	\$24,009	-	\$26,040	\$48.00
\$18,888	-	\$20,238	\$36.00	\$26,041	-	\$28,066	\$72.00
\$20,239	-	\$21,588	\$45.00	\$28,067	-	\$30,098	\$85.00
\$21,589	-	\$22,933	\$63.00	\$30,099	-	\$32,131	\$101.00
\$22,934	-	\$24,285	\$83.00	\$32,132	-	\$34,157	\$110.00
\$24,286	-	\$25,630	\$115.00	\$34,158	-	\$36,189	\$128.00
\$25,631	-	\$27,013	\$130.00	\$36,190	-	\$38,222	\$140.00

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>		
\$27,014	-	\$29,270	50%	\$38,223	-	\$39,516	50%
\$29,271	-	\$31,466	55%	\$39,517	-	\$41,709	55%
\$31,467	-	\$33,662	60%	\$41,710	-	\$43,908	60%
\$33,663	-	\$35,856	65%	\$43,909	-	\$46,102	65%
\$35,857	-	\$38,050	70%	\$46,103	-	\$48,296	70%
\$38,051	-	\$40,249	75%	\$48,297	-	\$50,492	75%
\$40,250	-	\$42,440	80%	\$50,493	-	\$52,688	80%
\$42,441	-	\$44,636	85%	\$52,689	-	\$54,882	85%
\$44,637	-	\$46,834	90%	\$54,883	-	\$57,077	90%
\$46,835	-	\$49,028	95%	\$57,078	-	\$59,275	95%
\$49,029	-	and over	100%	\$59,276	-	and over	100%