



The Commonwealth of Massachusetts
Executive Office of Elder Affairs
One Ashburton Place, Boston, MA 02108

DEVAL L. PATRICK
Governor

TIMOTHY P. MURRAY
Lieutenant Governor

ANN L. HARTSTEIN
Secretary


SANDRA K. ALBRIGHT
Undersecretary

Tel: (617) 727-7750
Fax: (617) 727-9368
TTY/TTD 1-800-872-0166
www.mass.gov/elder

PI-13-02
REF: PI-11-13

PROGRAM INSTRUCTION

TO: ASAP Executive Directors

FROM: Ann L. Hartstein 

DATE: February 1, 2013

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 1, 2013 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 2012. Accordingly, monthly Social Security and SSI benefits will increase 1.7 percent in calendar year 2013.

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

Revised Co-payment and Cost Share Schedule:

Elder Affairs 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 SSI FBR (Supplemental Security Income Federal Benefit Rate) are 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 consumer's ability to pay.

Effective Date:

The effective date of this Program Instruction is February 1, 2013.

Contact:

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

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

Issue Date: 2-1-13

Effective Date: 2-1-13

VOLUNTARY CO-PAYMENT:

<u>Family size</u>	<u>Annual Gross Income</u>	<u>Voluntary Monthly Co-Payment</u>
1	\$11,509 or less	\$9
2	\$15,510 or less	\$17

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>		
\$11,510	-	\$14,040	\$9	\$15,511	-	\$19,350	\$17
\$14,041	-	\$16,566	\$12	\$19,351	-	\$23,258	\$21
\$16,567	-	\$18,297	\$25	\$23,259	-	\$25,227	\$48
\$18,298	-	\$19,606	\$36	\$25,228	-	\$27,189	\$72
\$19,607	-	\$20,913	\$45	\$27,190	-	\$29,158	\$85
\$20,914	-	\$22,217	\$63	\$29,159	-	\$31,127	\$101
\$22,218	-	\$23,526	\$83	\$31,128	-	\$33,090	\$110
\$23,527	-	\$24,830	\$115	\$33,091	-	\$35,058	\$128
\$24,831	-	\$26,168	\$130	\$35,059	-	\$37,028	\$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>		
\$26,169	-	\$28,356	50%	\$37,029	-	\$38,281	50%
\$28,357	-	\$30,483	55%	\$38,282	-	\$40,406	55%
\$30,484	-	\$32,610	60%	\$40,407	-	\$42,536	60%
\$32,611	-	\$34,736	65%	\$42,537	-	\$44,661	65%
\$34,737	-	\$36,861	70%	\$44,662	-	\$46,787	70%
\$36,862	-	\$38,991	75%	\$46,788	-	\$48,914	75%
\$38,992	-	\$41,114	80%	\$48,915	-	\$51,041	80%
\$41,115	-	\$43,241	85%	\$51,042	-	\$53,167	85%
\$43,242	-	\$45,370	90%	\$53,168	-	\$55,294	90%
\$45,371	-	\$47,496	95%	\$55,295	-	\$57,423	95%
\$47,497	-	and over	100%	\$57,424	-	and over	100%