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PI-20-03
REF: PI-19-01

PROGRAM INSTRUCTION

TO: Aging Service Access Point Executive Directors
FROM: Elizabeth C. Chen, Secretary, PhD, MBA, MPH
DATE: January 27, 2020
RE: Revised Cost Share Table for the Home Care Program

Purpose:

This Program Instruction (PI) transmits the Financial Eligibility Guidelines that take effect on March 1, 2020 for the Home Care Program, and sets out the voluntary co-payment, cost sharing, and over-income co-payment schedules.

Background:

The U.S. Social Security Administration recently announced a 1.6 percent Cost of Living Allowance (COLA) increase from calendar year 2019. Accordingly, monthly Social Security and SSI benefits will increase 1.6 percent in calendar year 2020.

As required under 651 CMR 3.04(4)(b), the Executive Office of Elder Affairs (EOEA) has adjusted the Financial Eligibility Guidelines to incorporate the COLA increase. By increasing these Financial Eligibility Guidelines, EOEA ensures anyone at or below Federal Poverty Level (FPL) will be excluded from cost sharing for services.

Revised Voluntary 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. Aging Services Access Points (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 March 1, 2020.

Contact:

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

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

Issue Date: 1/15/20

Effective Date: 3/01/20

VOLUNTARY CO-PAYMENT:

Family size	Annual Gross Income	Voluntary Monthly Co-Payment
1	\$12,848 or less	\$10.00
2	\$17,302 or less	\$18.00

COST SHARING FOR HOME CARE:

One Person		Monthly	Two Person Family		Monthly		
Annual Gross Income		Co-payment	Annual Gross Income		Co-payment		
\$12,849	-	\$15,486	\$10.00	\$17,303	-	\$21,343	\$18.00
\$15,487	-	\$18,272	\$13.00	\$21,344	-	\$25,654	\$23.00
\$18,273	-	\$20,182	\$27.00	\$25,655	-	\$27,824	\$52.00
\$20,183	-	\$21,626	\$39.00	\$27,825	-	\$29,989	\$78.00
\$21,627	-	\$23,067	\$49.00	\$29,990	-	\$32,160	\$92.00
\$23,068	-	\$24,505	\$69.00	\$32,161	-	\$34,333	\$110.00
\$24,506	-	\$25,950	\$90.00	\$34,334	-	\$36,497	\$120.00
\$25,951	-	\$27,386	\$125.00	\$36,498	-	\$38,670	\$139.00
\$27,387	-	\$28,865	\$141.00	\$38,671	-	\$40,842	\$152.00

COST SHARING FOR OVER INCOME:

One Person		Monthly	Two Person Family		Monthly		
Annual Gross Income		Co-payment	Annual Gross Income		Co-payment		
\$28,866	-	\$31,276	50%	\$40,843	-	\$42,225	50%
\$31,277	-	\$33,621	55%	\$42,226	-	\$44,568	55%
\$33,622	-	\$35,968	60%	\$44,569	-	\$46,918	60%
\$35,969	-	\$38,313	65%	\$46,919	-	\$49,262	65%
\$38,314	-	\$40,657	70%	\$49,263	-	\$51,607	70%
\$40,658	-	\$43,007	75%	\$51,608	-	\$53,952	75%
\$43,008	-	\$45,348	80%	\$53,953	-	\$56,299	80%
\$45,349	-	\$47,695	85%	\$56,300	-	\$58,644	85%
\$47,696	-	\$50,045	90%	\$58,645	-	\$60,988	90%
\$50,046	-	\$52,388	95%	\$60,989	-	\$63,337	95%
\$52,389	-	and over	100%	\$63,338	-	and over	100%