

STATE FUNDED IN-HOME CARE PROGRAMS

(May include Budgeted LIFE Funds)

Cost Share Schedule

2/1/2018

Cost Share Percent	FAIR In-Home Cost Share Per Hour	FAIR Congregate Cost Share Per Hour	Lighthouse Cost Share Per Hour	Annual Income – Individual	Annual Income – Individual & Spouse
Minimum	\$1.50	\$1.50	\$1.50	Up to \$24,280*	Up to \$32,920*
12.5%	\$1.75	\$1.50	\$2.00	\$24,281 to \$29,280	\$32,921 to \$39,920
25.0%	\$3.50	\$2.00	\$4.00	\$29,281 to \$34,280	\$39,921 to \$46,920
37.5%	\$5.25	\$3.00	\$6.00	\$34,281 to \$39,280	\$46,921 to \$53,920
50.0%	\$7.00	\$4.00	\$8.00	\$39,281 to \$44,280	\$53,921 to \$60,920
63.5%	\$8.75	\$5.00	\$10.00	\$44,281 to \$49,280	\$60,921 to \$67,920
75.0%	\$10.50	\$6.00	\$12.00	\$49,281 to \$54,280	\$67,921 to \$74,920
87.5%	\$12.25	\$7.00	\$14.00	\$54,281 to \$59,280	\$74,921 to \$81,920
100%	\$14.00	\$8.00	\$16.00	\$59,281 and up	\$81,921 and up

- State Funded Program – Fees paid can be carried over and expensed in the next State fiscal year for additional services.
- County Policy on non-payment of fee may result in service termination.
- Scale based on *200% U.S. Poverty Guidelines.
- Income is self-declared.
- Allowances must be made for medical expenses by reducing income in the amount of the annual expense incurred. (Example: Income \$29,000 minus Annual Medical Expenses \$8,000 = Income would be reduced to \$21,000.)
- The Agency is still responsible for \$1.00/hour for each hour of service provided.