

# STATE FUNDED IN-HOME CARE PROGRAMS

## Cost Share Schedule\*

May include budgeted LIFE funds

2/1/2023

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 \$29,160*	Up to \$39,440*
	\$1.75	\$1.50	\$2.00	\$29,161 to \$34,160	\$39,441 to \$46,440
25.0%	\$3.50	\$2.00	\$4.00	\$34,161 to \$39,160	\$46,441 to \$53,440
37.5%	\$5.25	\$3.00	\$6.00	\$39,161 to \$44,160	\$53,441 to \$60,440
50.0%	\$7.00	\$4.00	\$8.00	\$44,161 to \$49,160	\$60,441 to \$67,440
63.5%	\$8.75	\$5.00	\$10.00	\$49,161 to \$54,160	\$67,441 to \$74,440
75.0%	\$10.50	\$6.00	\$12.00	\$54,161 to \$59,160	\$74,441 to \$81,440
87.5%	\$12.25	\$7.00	\$14.00	\$59,161 to \$64,160	\$81,441 to \$88,440
100%	\$14.00	\$8.00	\$16.00	\$64,161 and up	\$88,441 and up

- State Funded Programs – Fees paid should be carried over and expensed in the first six months of the next state fiscal year for additional services.
- County policy on non-payment of fee may result in service termination.
- \*Scale based on 200% of U.S. Federal 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 averaging \$1.00/hour for each hour of service provided.