

**STATE FUNDED IN-HOME CARE PROGRAMS
(May include Budgeted LIFE Funds)**

Cost Share Schedule

2/1/2020

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 \$25,520*	Up to \$34,480*
12.5%	\$1.75	\$1.50	\$2.00	\$25,521 to \$30,520	\$34,481 to \$41,480
25.0%	\$3.50	\$2.00	\$4.00	\$30,521 to \$35,520	\$41,481 to \$48,480
37.5%	\$5.25	\$3.00	\$6.00	\$35,521 to \$40,520	\$48,481 to \$55,480
50.0%	\$7.00	\$4.00	\$8.00	\$40,521 to \$45,520	\$55,481 to \$62,480
63.5%	\$8.75	\$5.00	\$10.00	\$45,521 to \$50,520	\$62,481 to \$69,480
75.0%	\$10.50	\$6.00	\$12.00	\$50,521 to \$55,520	\$69,481 to \$76,480
87.5%	\$12.25	\$7.00	\$14.00	\$55,521 to \$60,520	\$76,481 to \$83,480
100%	\$14.00	\$8.00	\$16.00	\$60,521 and up	\$83,481 and up

- State Funded Program – Fees paid should 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.