

**STATE-FUNDED IN-HOME CARE PROGRAMS**  
**Cost Share Schedule\***  
**2/1/2024**

<b>Annual Income – Individual</b>	<b>Annual Income – Individual &amp; Spouse</b>	<b>FAIR In-Home Cost Share Per Hour</b>	<b>FAIR Congregate Cost Share Per Hour</b>	<b>Lighthouse Cost Share Per Hour</b>
Up to \$30,120*	Up to \$40,880*	\$1.50	\$1.50	\$1.50
\$30,121 to \$35,120	\$40,881 to \$47,880	\$1.75	\$1.50	\$2.00
\$35,121 to \$40,120	\$47,881 to \$54,880	\$3.50	\$2.00	\$4.00
\$40,121 to \$45,120	\$54,881 to \$61,880	\$5.25	\$3.00	\$6.00
\$45,121 to \$50,120	\$61,881 to \$68,880	\$7.00	\$4.00	\$8.00
\$50,121 to \$55,120	\$68,881 to \$75,880	\$8.75	\$5.00	\$10.00
\$55,121 to \$60,120	\$75,881 to \$82,880	\$10.50	\$6.00	\$12.00
\$60,121 to \$65,120	\$82,881 to \$89,880	\$12.25	\$7.00	\$14.00
\$65,121 and up	\$89,881 and up	\$14.00	\$8.00	\$16.00

- State Funded Programs – Fees paid should be carried over and expensed for additional services in the first six months of the next state fiscal year.
- County policy on non-payment of cost share may result in service termination.
- \*Scale based on 200% of current U.S. Federal Poverty Guidelines.
- Income is self-declared.
- **Allowance must be made for medical expenses by reducing income in the amount of the annual expenses incurred.** (Example: Individual income \$35,000 minus Annual Medical Expenses \$8,000 = Income would be reduced to \$27,000, and fee would be \$1.50 per hour.)
- The Agency is still responsible for averaging \$1.00/hour for each hour of service provided.