

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 ABILITY TO PAY SCHEDULE FY2014
 (ADULT DAY CARE SERVICES ONLY)**

EFFECTIVE 07/1/13

GROSS ANNUAL INCOME		NUMBER OF FAMILY MEMBERS					
BOTTOM	TOP	1	2	3	4	5	
0	4,700		MAY BE ELIGIBLE FOR MEDICAL ASSISTANCE				
4,701	6,200						
6,201	7,500						
7,501	9,000						
9,001	9,200						
9,201	11,490						
11,491	12,639	10%		2013 FEDERAL POVERTY LEVEL			
12,640	13,500	20%					
13,501	15,510	30%					
15,511	16,970	40%	30%				
16,971	19,530	50%	40%				
19,531	23,550	60%	50%	40%			
23,551	27,570	70%	60%	50%	40%		
27,571	31,590	80%	70%	60%	50%	40%	
31,591	35,610	90%	80%	70%	60%	50%	
35,611	39,630	100%	90%	80%	70%	60%	
39,631	43,650	100%	100%	90%	80%	70%	
43,651	47,670	100%	100%	100%	90%	80%	
47,671	51,270	100%	100%	100%	100%	90%	
51,271	+	100%	100%	100%	100%	100%	

NO ONE WILL BE DENIED SERVICE DUE TO INABILITY TO PAY.

THE FEE AS DETERMINED BY THIS ABILITY TO PAY SCALE SHALL BE THE PERCENTAGE APPLIED TO THE RATE PER DAY AS ESTABLISHED BY THE DIVISION OF COST ACCOUNTING & REIMBURSEMENT

A THERAPEUTIC FEE OF \$6.00 FOR A DAY OF CARE MAY BE ASSESSED FOR PARTICIPANTS TO BE SERVED UNDER THE OFFICE OF HEALTH SERVICES FUNDING AGREEMENTS.

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 ABILITY TO PAY SCHEDULE FY2016
 (ADULT DAY CARE SERVICES ONLY)**

EFFECTIVE 07/1/15

GROSS ANNUAL INCOME

NUMBER OF FAMILY MEMBERS

BOTTOM		TOP		1	2	3	4	5
0	5,700							
5,701	6,200							
6,201	7,200							
7,201	8,376							
8,377	9,240							
9,241	10,250							
10,251	11,770	10%						
11,771	13,500	20%						
13,501	15,930	30%						
15,931	16,970	40%	30%					
16,971	20,090	50%	40%					
20,091	24,250	60%	50%	40%				
24,251	28,410	70%	60%	50%	40%			
28,411	32,570	80%	70%	60%	50%	40%		
32,571	36,730	90%	80%	70%	60%	50%		
36,731	40,890	100%	90%	80%	70%	60%		
40,891	45,050	100%	100%	90%	80%	70%		
45,051	49,210	100%	100%	100%	90%	80%		
49,211	52,810	100%	100%	100%	100%	90%		
52,811	+	100%	100%	100%	100%	100%	100%	100%

MAY BE ELIGIBLE FOR MEDICAL ASSISTANCE

2016
FEDERAL
POVERTY
LEVEL

MEDICAL ASSISTANCE
LINE

NO ONE WILL BE DENIED SERVICE DUE TO INABILITY TO PAY.

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A THERAPEUTIC FEE OF \$6.00 FOR A DAY OF CARE MAY BE ASSESSED FOR PARTICIPANTS TO BE SERVED UNDER THE OFFICE OF HEALTH SERVICES FUNDING AGREEMENTS.