

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 ABILITY TO PAY SCHEDULE FY2012
 (ADULT DAY CARE SERVICES ONLY)**

EFFECTIVE 07/1/11

GROSS ANNUAL INCOME		NUMBER OF FAMILY MEMBERS				
BOTTOM	TOP	1	2	3	4	5
0	4,200	MAY BE ELIGIBLE FOR MEDICAL ASSISTANCE				
4,201	4,700					
4,701	5,200					
5,201	5,700					
5,701	6,876					
6,877	10,890					
10,891	11,190	10%		2011 FEDERAL		
11,191	12,630	25%			POVERTY	
12,631	14,710	30%				LEVEL
14,711	16,970	40%	30%			
16,971	18,530	50%	40%			
18,531	22,350	60%	50%	40%		
22,351	26,170	70%	60%	50%	40%	
26,171	29,990	80%	70%	60%	50%	40%
29,991	33,810	90%	80%	70%	60%	50%
33,811	37,630	100%	90%	80%	70%	60%
37,631	41,450	100%	100%	90%	80%	70%
41,451	45,270	100%	100%	100%	90%	80%
45,271	48,870	100%	100%	100%	100%	90%
48,871	+	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.