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

EFFECTIVE 07/1/14

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					MEDICAL ASSISTANCE
9,201	11,670			2015		LINE
11,671	12,639	10%		FEDERAL		
12,640	13,500	20%			POVERTY	
13,501	15,730	30%				LEVEL
15,731	16,970	40%	30%			
16,971	19,790	50%	40%			
19,791	23,850	60%	50%	40%		
23,851	27,910	70%	60%	50%	40%	
27,911	31,970	80%	70%	60%	50%	40%
31,971	36,030	90%	80%	70%	60%	50%
36,031	40,090	100%	90%	80%	70%	60%
40,091	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.