Massachusetts Home Care Program Voluntary Co-Payment and Cost Sharing Schedules

Issue Date: 2/27/2026
Effective Date: 3/31/2026

Voluntary Co-Payment:

Family size	Annual Gross Income	Voluntary Monthly Co-Payment
1	$16,291 or less	$10.00
2	$21,939 or less	$14.00

Cost Sharing – Maximum Fixed Monthly Amount Based on Services Received During the Month:

One Person Annual Gross Income	Max Fixed Monthly Co-pay	Two Person (Married) Annual Gross Income	Max Fixed Monthly Co-pay
$16,292 - $19,635	$10	$21,940 - $27,061	$14
$19,636 - $23,168	$13	$27,062 - $32,527	$18
$23,169 - $25,589	$27	$32,528 - $35,279	$40
$25,590 - $27,420	$39	$35,280 - $38,024	$55
$27,421 - $29,248	$49	$38,025 - $40,776	$68
$29,249 - $31,071	$69	$40,777 - $43,531	$96
$31,072 - $32,902	$90	$43,532 - $46,274	$126
$32,903 - $34,724	$125	$46,275 - $49,029	$176
$34,725 - $36,598	$141	$49,030 - $51,785	$199

Note: MassHealth Members whose income is below $35,784.00 (300% FBR) do not have a co-pay.

Cost Sharing – Percent Co-Payment Based on Cost of Services Received During the Month:

One Person Annual Gross Income	Monthly Co-pay percent of Services Received	Two Person (Married) Annual Gross Income	Monthly Co-pay percent of Services Received
$36,599 - $39,655	50%	$51,786 - $53,538	50%
$39,656 - $42,628	55%	$53,539 -$56,509	55%
$42,629 - $45,605	60%	$56,510 - $59,487	60%
$45,606 - $48,578	65%	$59,488 - $62,459	65%
$48,579 - $51,550	70%	$62,460 -$65,433	70%
$51,551 - $54,529	75%	$65,434 - $68,406	75%
$54,530 - $57,497	80%	$68,407 - $71,382	80%
$57,498 - $60,473	85%	$71,383 - $74,354	85%
$60,474 - $63,454	90%	$74,355 - $77,328	90%
$63,455 - $66,423	95%	$77,329 - $80,304	95%
$66,424 - and over	100%	$80,305 – and over	100%