

# Appendix C

## Client Fee Chart at 85% State Median Income (Effective July 1, 2024)

| Family Size | Monthly Income  |              |                     |
|-------------|-----------------|--------------|---------------------|
|             | No Copay        | Copay        | Not Eligible        |
| 1           | \$2,813.75      | \$3,188.91   | \$3,188.92          |
| 2           | \$3,679.52      | \$4,170.12   | \$4,170.13          |
| 3           | \$4,545.29      | \$5,151.32   | \$5,151.33          |
| 4           | \$5,411.06      | \$6,132.53   | \$6,132.54          |
| 5           | \$6,276.83      | \$7,113.73   | \$7,113.74          |
| 6           | \$7,142.60      | \$8,094.94   | \$8,094.95          |
| 7           | \$7,304.93      | \$8,278.92   | \$8,278.93          |
| 8           | \$7,467.27      | \$8,462.89   | \$8,462.90          |
| 9           | \$7,629.60      | \$8,646.87   | \$8,646.88          |
| 10          | \$7,791.93      | \$8,830.84   | \$8,830.85          |
| 11          | \$7,954.26      | \$9,014.82   | \$9,014.83          |
| 12          | \$8,116.59      | \$9,198.80   | \$9,198.81          |
| 13          | \$8,278.93      | \$9,382.77   | \$9,382.78          |
| 14          | \$8,441.26      | \$9,566.75   | \$9,566.76          |
| 15          | \$8,603.59      | \$9,750.72   | \$9,750.73          |
|             | <b>No Copay</b> | <b>Copay</b> | <b>Not Eligible</b> |

Use the following multipliers to convert various income to Monthly Income:

|           |       |               |   |
|-----------|-------|---------------|---|
| Weekly    | 4.334 | Twice Monthly | 2 |
| Bi-Weekly | 2.167 | Monthly       | 1 |

Example: A two-parent household with three children has one parent working 40 hours per week at \$11.00 per hour. Another parent works 35 hours per week at \$11.00 per hour.

|                                    |                          |
|------------------------------------|--------------------------|
| Parent #1: 40 hours x \$11.00/hr = | \$440.00 per week        |
| Parent #2: 35 hours x \$11.00/hr = | \$385.00 per week        |
| <b>Total:</b>                      | <b>\$825.00 per week</b> |

|                           |                       |                   |
|---------------------------|-----------------------|-------------------|
| Convert to Monthly amount | \$825.00 x 4.334 =    | \$3,575.55        |
|                           | <b>Monthly Income</b> | <b>\$3,575.55</b> |

Under the fee chart for a family of 5, you will see that \$3,575.55 is eligible without a copay.

The amount of your copay is based on a few factors:

- Your Monthly income determines whether you have no copay, have a copay or are not eligible.
- Your copay percentage is based off of the Better Beginnings Star level of the facility your child attends.
- Copay will be capped at 4% of the family's monthly income.

Copay Percentage

- 2%
- 2%
- 2%
- 2%
- 4%

Better Beginnings  
Star Level



SMI Source: <https://www.acf.hhs.gov/ocs/policy-guidance/liheap-im-2024-02-federal-poverty-guidelines-and-state-median-income-estimates>

as advised by the National Center on Subsidy Innovation and Accountability (NCSIA)