



TOBY DOUGLAS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

August 15, 2011

CCS Information Notice: 11-05

TO: ALL COUNTY CALIFORNIA CHILDREN SERVICES (CCS)
ADMINISTRATORS, MEDICAL DIRECTORS AND MEDICAL
CONSULTANTS, AND STATE CHILDREN MEDICAL SERVICES (CMS)
STAFF

SUBJECT: UPDATE OF TABLE 1 (FAMILY SIZE AND ANNUAL INCOME LEVEL
CHART) - MEDI-CAL YEAR 2011 FEDERAL POVERTY LEVEL CHART;
EFFECTIVE BEGINNING APRIL 1, 2011

This Information Notice provides the local CCS programs and CMS Regional Offices with revised Table 1, Family Size and Annual Income Level Chart which became effective April 1, 2011. Please replace the previous year's Table 1 with this version to ensure that current information is used to determine whether the family is required to pay an enrollment and/or assessment fee. The income amounts used in revising Table 1 were published in the Federal Register (Vol. 76, No. 13) on Thursday, January 20, 2011.

A copy of the "Medi-Cal 2011 Federal Poverty Level Chart" is also enclosed to provide information on the poverty ceilings for the Medi-Cal percentage programs. This information is being provided to assist county CCS offices in making referrals of CCS eligible clients to the Medi-Cal Program.

If you have any questions regarding this information, please contact the CMS Regional Office Consultant designated to assist your county.

Sincerely,

ORIGINAL SIGNED BY ROBERT DIMAND, M.D.

Robert Dimand, M.D.
Chief Medical Officer
Children's Medical Services

Enclosure

Department of Health Care Services California Children Services (CCS)

The following table provides information on 100% and 200% Federal Poverty Levels (FPL) based on family size and income for use in making a CCS program fee assessment determination. **Please note: All applicable fees are per family, not per eligible child.**

**TABLE I - FAMILY SIZE AND ANNUAL INCOME LEVEL CHART
(EFFECTIVE January 20, 2011)**

Family Size	100% OF FPL If the State AGI of the family is more than this amount a \$20 fee must be paid	200% OF FPL If the federal total gross income of the family is less than this amount there is no enrollment fee, but referral to Medi-Cal* should be considered
1	\$10,890	\$ 21,780
2	14,710	29,420
3	18,530	37,060
4	22,350	44,700
5	26,170	52,340
6	29,990	59,980
7	33,810	67,620
8	37,630	75,260
9	41,450	82,900
10	45,270	90,540
More than 10	\$3,820 per add'l member	\$7,640 per add'l member

* Medi-Cal eligibility is based on program linkage, family income and assets. A child can always be eligible if otherwise the family is residentially and financially eligible. CCS offices must refer a child to Medi-Cal if they are eligible based on income or there is program linkage that is medically related. Medical indicators that should be considered when reviewing a case is whether the child is disabled, or may qualify for presumptive disability, receives or requires dialysis or total parenteral nutrition, and/or is in a hospital for at least 30 days or is expected to stay there for more than 30 days.

** Please refer to the sliding fee scale to determine the appropriate enrollment fee the CCS family must pay.

2011 FEDERAL POVERTY LEVEL CHART						Effective 04/01/11*				
Persons	Monthly MMNL (\$)	MMNL as % of FPL	100% (\$) Monthly	Annual (\$) 100% FPL	120% Monthly (\$)	133% Monthly (\$)	135% Monthly (\$)	185% Monthly (\$)	200% Monthly (\$)	250% Monthly (\$)
1	600	66	908	10890	1089	1207	1226	1679	1815	2269
2	750	61	1226	14710	1471	1631	1655	2268	2452	3065
2 Adults	934	76	1226	14710	1471	1631	1655	2268	2452	3065
3	934	60	1545	18530	1853	2054	2085	2857	3089	3861
4	1100	59	1863	22350	2235	2478	2515	3446	3725	4657
5	1259	58	2181	26170	2617	2901	2945	4035	4362	5453
6	1417	57	2500	29990	2999	3324	3374	4624	4999	6248
7	1550	55	2818	33810	3381	3748	3804	5213	5635	7044
8	1692	54	3136	37630	3763	4171	4234	5802	6272	7840
9	1825	53	3455	41450	4145	4595	4664	6391	6910	8636
10	1959	52	3774	45270	4527	5019	5094	6980	7548	9432
Addtn'l member Add	+14		+319	+3820	+382	+424	+430	+589	+638	+796

\$35: = for Resident in LTC Facilities

MMNL: = for Medically Needy Program

100% FPL: = for Qualified Medicare Beneficiary (QMB) Program; and

=for Children Ages 6 Up to 19 Percent Program; and
 =for FPL Program for Aged and Disabled; and
 = for Section 1931 Applicants and for Certain Recipient's

120% FPL: < for Specified Low Income Beneficiaries

135% FPL: = Qualified Individual 1 Program

Notes:

"=" means: eligibility if budget unit income is equal to less than income limit.

"<" means: eligibility if budget unit income is less than income limit

Figures in above chart are rounded up to the next dollar where necessary.

133% FPL: = for Children Ages 1 Up to Age 6

185% FPL: = for Transitional Medi-Cal (TMC)

200% FPL: = for Qualified Working Disabled Individuals; and

= for Pregnant Women and Infants Up to Age 1 (disregard is in the 200% FPL)

250% FPL: = for Healthy Families Program, and for Working Disabled Program

*For applicants and recipients of the Medicare Savings Programs (MSP-includes Qualified Medicare Beneficiary, Specified Low Income Beneficiary, and Qualified Individual 1 programs) not receiving RSDI Title 11 income, the FPL figures are effective the date of publication, which is January 20, 2011 for MSP applicants or recipients that are receiving RSDI Title II income, the new FPL figures are effective March 1, 2011.

California Children Services

Annual Enrollment Fee Schedule (2011)

Gross Income	1 or 2	3	4	5	6 or more
\$0- 24,999	0	0	0	0	0
\$25,000-29,999	0	0	0	0	0
\$30,000-34,999	60	0	0	0	0
\$35,000-39,999	120	0	0	0	0
\$40,000-44,999	180	120	0	0	0
\$45,000-49,999	240	180	120	0	0
\$50,000-54,999	360	300	240	180	0
\$55,000-59,999	480	420	360	300	0
\$60,000-64,999	600	540	480	420	360
\$65,000-69,999	720	660	600	540	480
\$70,000-74,999	840	780	720	660	600
\$75,000-79,999	960	900	840	780	720
\$80,000-84,999	1,080	1,020	960	900	840
\$85,000-89,999	1,200	1,140	1,080	1,020	960
\$90,000-94,999	1,320	1,260	1,200	1,140	1,080
\$95,000-99,999	1,440	1,380	1,320	1,260	1,200

For incomes over \$99,999, for each subsequent income increment of \$5,000, increase the above fees by \$120.00.