

**DEPARTMENT OF HEALTH SERVICES**

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Index: Fees

TO ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)  
ADMINISTRATORS AND MEDICAL CONSULTANTS, AND STATE  
CHILDREN'S MEDICAL SERVICES (CMS) BRANCH STAFF

SUBJECT: UPDATE OF TABLE 1 (FAMILY SIZE AND ANNUAL INCOME LEVEL  
CHART-CHAPTER 6-CCS RESIDENTIAL AND FINANCIAL  
ELIGIBILITY-MEDI-CAL YEAR 2001 FEDERAL POVERTY LEVEL  
CHART

This is to provide you with a revised Table 1, Family Size and Annual Income Level Chart. Please replace this version of Table 1 in Chapter 6 of your CCS Manual of procedures so that you have current information to use when determining whether an applicant/client is required to pay an enrollment and/or assessment fee. The figures used in revising the table were published in the Federal Register on February 16, 2001. Since there has been only a minimal increase in the federal income guidelines from last year the "Annual Enrollment Fee Schedule" has not changed.

In addition, a copy of the Medi-Cal "2001 Federal Poverty Level Chart" has been 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 to the Medi-Cal program.

If you have any questions regarding this information, please contact David Jimenez, Program Standards and Quality Assurance Section, CMS Branch, at (916) 654-6039

A handwritten signature in black ink that reads "Maridee Gregory MD".

Maridee A. Gregory, M.D., Chief  
Children's Medical Services Branch

Enclosures

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.**

6.4 **TABLE I - FAMILY SIZE AND ANNUAL INCOME LEVEL CHART**  
(EFFECTIVE APRIL 1, 2001)

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 State AGI of the family is less than this amount there is no enrollment fee, but referral to Medi-Cal* should be considered	If the Family's Federal Total Income is more than this amount an enrollment fee must be paid**
1	\$ 8,590	\$ 17,180	\$ 25,000
2	11,610	23,220	25,000
3	14,630	29,260	30,000
4	17,650	35,300	30,000
5	20,670	41,340	35,000
6	23,690	47,380	40,000
7	26,710	53,420	40,000
8	29,730	59,460	40,000
9	32,750	65,500	40,000
10	35,770	71,540	40,000
More than 10	\$3,020 per add'l member	\$6,040 per add'l member	40,000

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 which 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.

**California Children Services  
Annual Enrollment Fee Schedule (2001)**

<b>Gross Income</b>	<b>1 or 2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6 or more</b>
\$ 0-24,999	0	0	0	0	0
\$25,000-29,999	120	60	0	0	0
\$30,000-34,999	180	120	60	0	0
\$35,000-39,999	240	180	120	60	0
\$40,000-44,999	360	300	240	180	120
\$45,000-49,999	480	420	360	300	240
\$50,000-54,999	600	540	480	420	360
\$55,000-59,999	720	660	600	540	480
\$60,000-64,999	840	780	720	660	600
\$65,000-69,999	960	900	840	780	720
\$70,000-74,999	1,080	1,020	960	900	840
\$75,000-79,999	1,200	1,140	1,080	1,020	960
\$80,000-84,999	1,320	1,260	1,200	1,140	1,080
\$85,000-89,999	1,440	1,380	1,320	1,260	1,200
\$90,000-94,999	1,560	1,500	1,440	1,380	1,320
\$95,000-99,999	1,680	1,620	1,560	1,500	1,400

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

**MEDICAL 2001 FEDERAL POVERTY LEVEL CHART**

Effective 4/1/2001

Persons	Monthly MMNL(\$)	MMNL as % of FPL	Monthly 100%(\$)	Annual(\$) 100% FPL	120% Monthly(\$)	133% Monthly (\$)	185% Monthly (\$)	200% Monthly (\$)	250% Monthly (\$)
1	600	84	716	8,590	859	953	1,325	1,432	1,790
2	750	78	968	11,610	1,161	1,287	1,790	1,935	2,419
2 Adults	934	97	968	11,610	1,161	1,287	1,790	1,935	2,419
3	934	77	1,220	14,630	1,463	1,622	2,256	2,439	3,048
4	1,100	75	1,471	17,650	1,765	1,957	2,722	2,942	3,678
5	1,259	74	1,723	20,670	2,067	2,291	3,187	3,445	4,307
6	1,417	72	1,975	23,690	2,369	2,626	3,653	3,949	4,936
7	1,550	70	2,226	26,710	2,671	2,961	4,118	4,452	5,565
8	1,692	69	2,478	29,730	2,973	3,296	4,584	4,955	6,194
9	1,825	67	2,730	32,750	3,275	3,630	5,049	5,459	6,823
10	1,959	66	2,961	35,770	3,577	3,965	5,515	5,962	7,453
For each additional member add:	14		252	3,020	302	335	466	504	630

Medi-Cal maintenance need limit for person in LTC = \$35

Medi-Cal regular maintenance need level = MMNL

Qualified Medicare Beneficiary (QMB) = 100%

Children ages 6 up to 19 = 100%

Specified Low Income Beneficiaries < 120%

Children age 1 up to age 6 = 133%

Pregnant women and infants up to age 1: Income Disregard Program: use the 200% chart (the disregard is built into the 200% chart.)

Qualified Disabled Working Individuals = 200%

Transitions Medi-Cal (TMC) = 185 %

Decimals are rounded up to the nearest dollar