



State of California
Department of Health Services



GRAY DAVIS
Governor

March 11, 2002

N.L.: 03-0302
Index: Eligibility

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

SUBJECT: UPDATE OF TABLE 1 (FAMILY SIZE AND ANNUAL INCOME LEVEL
CHART) - CHAPTER 6 - CCS RESIDENTIAL AND FINANCIAL
ELIGIBILITY - MEDI-CAL YEAR 2002 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 (Volume 67, Number 31) on February 14, 2002.

In addition, a copy of the Medi-Cal "2002 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.

As a reminder, since the "sliding fee scale" has not yet been changed in regulations please refer to CCS policy communicated in N.L. 20-1101 to ensure that enrollment fees are not charged to families that are under 200 percent of Federal Income Guidelines.



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(916) 327-1400

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N.L.: 03-0302
Page 2
March 11, 2002

If you have any questions regarding this information, please contact David Jimenez, CMS Branch, Program Standards and Quality Assurance Section, at (916) 327-2616.

A handwritten signature in black ink that reads "Maridee Gregory MD". The signature is written in a cursive style with a distinct "MD" at the end.

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, 2002)**

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	\$ 8,860	\$ 17,720
2	11,940	23,880
3	15,020	30,040
4	18,100	36,200
5	21,180	42,360
6	24,260	48,520
7	27,340	54,680
8	30,420	60,840
9	33,500	67,000
10	36,580	73,160
More than 10	\$3,080 per add'l member	\$6,160 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 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)**

Gross Income	1 or 2	3	4	5	6 or more
\$ 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.

MEDI-CAL 2002 FEDERAL POVERTY LEVEL CHART		Effective 4/1/2002							
Persons	Monthly MMNL(\$)	MMNL as % of FPL	Monthly 100%(\$)	Annual(\$) 100% FPL	120% Monthly(\$)	133% Monthly (\$)	185% Monthly (\$)	200% Monthly (\$)	250% Monthly (\$)
1	600	82	739	8,860	885	982	1,366	1,477	1,846
2	750	76	995	11,940	1,194	1,324	1,841	1,990	2,488
2 Adults	934	94	995	11,940	1,194	1,324	1,841	1,990	2,488
3	934	75	1,252	15,020	1,502	1,665	2,316	2,504	3,130
4	1,100	73	1,509	18,100	1,810	2,007	2,791	3,017	3,771
5	1,259	72	1,765	21,180	2,118	2,348	3,266	3,530	4,413
6	1,417	71	2,022	24,260	2,426	2,689	3,741	4,044	5,055
7	1,550	69	2,279	27,340	2,734	3,031	4,215	4,557	5,696
8	1,692	67	2,535	30,420	3,042	3,372	4,690	5,070	6,338
9	1,825	66	2,792	33,500	3,350	3,713	5,165	5,584	6,980
10	1,959	65	3,049	36,580	3,658	4,055	5,640	6,097	7,621
For each additional member add:	14		257	3,080	308	342	475	514	642

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 %

Healthy Families Program and for Working Disabled Program = 250%

Decimals are rounded up to the nearest dollar