State of California-Health and Human Services Agency

Department of Health Services

California Department of Health Services

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Index: Financial Eligibility

TO: ALL COUNTY CALIFORNIA CHILDREN SERVICES (CCS) ADMINISTRATORS, MEDICAL DIRECTORS, 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 2005 FEDERAL POVERTY LEVEL CHART

This is to transmit revised Table 1, Family Size and Annual Income Level Chart effective April 1, 2005. Please replace this version of Table 1 in Chapter 6 of your CCS Manual of procedures so that current information is used to determine whether an applicant/client is required to pay an enrollment and/or assessment fee. The income amounts used in revising Table 1 were published in the Federal Register (Volume 69, Number 30) on February 18, 2005.

In addition, a copy of the Medi-Cal "2005 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 FIG.

If you have any questions regarding this information, please contact your CMS Regional Office Consultant.

original signed by Marian Dalsey, M.D., M.P.H.

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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, 2005)

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	$ 9,570	$ 19,140
2	12,830	25,660
3	16,090	32,180
4	19,350	38,700
5	22,610	45,220
6	25,870	51,740
7	29,130	58,260
8	32,390	64,780
9	35,650	71,300
10	38,910	77,820
More than 10	$3,260 per add'l member	$6,520 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 (2005)

Gross Income	1 or 2 more	3	4	5	6 or
$ 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 2005 FEDERAL POVERTY LEVEL CHART Effective 4/1/2005

Persons	Monthly MMNL($)	MMNL as % of FPL	100% ($) Monthly	Annual ($) 100% FPL	120% Monthly($)	133% Monthly($)	185% Monthly($)	200% Monthly($)	250% Monthly($)
1	600	76	798	9,570	957	1,061	1,476	1,595	1,994
2	750	71	1070	12,830	1,283	1,422	1,978	2,139	2,673
2 Adults	934	88	1070	12,830	1,283	1,422	1,978	2,139	2,673
3	934	70	1,341	16,090	1,609	1,784	2,481	2,682	3,353
4	1,100	69	1,613	19,350	1,935	2,145	2,984	3,225	4,032
5	1,259	67	1,885	22,610	2,261	2,506	3,486	3,769	4,711
6	1,417	66	2,156	25,870	2,587	2,868	3,989	4,312	5,390
7	1,550	64	2,428	29,130	2,913	3,229	4,491	4,855	6,069
8	1,692	63	2,700	32,390	3,239	3,590	4,994	5,399	6,748
9	1,825	62	2,971	35,650	3,565	3,952	5,497	5,942	7,428
10	1,959	61	3,243	38,910	3,891	4,313	5,999	6,485	8,107
For each additional member add:	14		272	3,260	326	362	503	544	680

$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 Recipients

120% FPL < for Specified Low Income Beneficiaries

133% FPL = for children Ages 1 Up to Age 6
185% FPL = for Transitional Medi-Cal (TMC) Program

200% FPL = for Qualified Working Disabled Individuals; and
= for Pregnant Women and Infants up to Age 1 (disregard is in 200% FPL)

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

Notes:
"=" means: eligibility if budget unit income is equal to or less than income limit.
"<" means: eligibility if budget unit income is less than income limit.
Figures in above chart are rounded up to next dollar where necessary.