



California  
Department of  
Health Services

**SANDRA SHEWRY**  
*Director*

State of California-Health and Human Services Agency  
**Department of Health Services**



**ARNOLD SCHWARZENEGGER**  
Governor

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**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 2007 FEDERAL POVERTY  
LEVEL CHART; EFFECTIVE BEGINNING APRIL 1, 2007**

This Numbered Letter provides the local CCS programs and CMS Regional Offices with revised Table 1, Family Size and Annual Income Level Chart which becomes effective April 1, 2007. 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 (Volume 72, Number 15) on January 24, 2007.

A copy of the "Medi-Cal 2007 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 your CMS Regional Office Consultant.

Marian Dalsey, M.D., M.P.H., Chief  
Children's Medical Services

Enclosures

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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, 2007)

<b>Family Size</b>	<b>100% OF FPL</b> <b>If the State AGI of the family is more than this amount a \$20 fee must be paid</b>	<b>200% OF FPL</b> <b>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</b>
1	\$10,210	\$ 20,420
2	13,690	27,380
3	17,170	34,340
4	20,650	41,300
5	24,130	48,260
6	27,610	55,220
7	31,090	62,180
8	34,570	69,140
9	38,050	76,100
10	41,530	83,060
More than 10	\$3,480 per add'l member	\$6,960 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.

**California Children Services  
Annual Enrollment Fee Schedule (2007)**

<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	0	0	0	0	0
\$30,000-34,999	60	0	0	0	0
\$35,000-39,999	120	60	0	0	0
\$40,000-44,999	180	120	60	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	240
\$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.**

**MEDI-CAL 2007 FEDERAL POVERTY LEVEL CHART**

Persons	Monthly MMNL(\$)	MMNL as % of FPL	100% (\$) Monthly	Annual (\$) 100% FPL	Effective 4/1/2007				
					120% Monthly(\$)	133% Monthly(\$)	185% Monthly(\$)	200% Monthly(\$)	250% Monthly(\$)
1	600	71	851	10210	1021	1132	1575	1702	2128
2	750	66	1141	13690	1369	1518	2111	2282	2853
2 Adults	934	82	1141	13690	1369	1518	2111	2282	2853
3	934	66	1431	17170	1717	1903	2648	2862	3578
4	1100	64	1721	20650	2065	2289	3184	3442	4303
5	1259	63	2011	24130	2413	2675	3721	4022	5028
6	1417	62	2301	27610	2761	3061	4257	4602	5753
7	1550	60	2591	31090	3109	3446	4794	5182	6478
8	1692	59	2881	34570	3457	3832	5330	5762	7203
9	1825	58	3171	38050	3805	4218	5867	6342	7928
10	1959	57	3461	41530	4153	4603	6403	6922	8653
For each additional member add:	14		290	3480	348	386	537	580	725

\$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

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.

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