STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

GRAY DAVIS, *Governor*

**DEPARTMENT OF HEALTH SERVICES**
714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320
(916) 657-2941

March 18, 2002

TO: All County Welfare Director's
All County Administration Officers
All County Medi-Cal Program Specialists/Liaisons
All County Health Executives
All County QMB/SLMB/QI Coordinators

Letter No.: 02-16

2002 POVERTY LEVEL CHART FOR THE QMB, SLMB, QI-1, AND QI-2 PROGRAMS, EFFECTIVE APRIL 1, 2002 THROUGH MARCH 31, 2003

Ref.: All County Welfare Directors Letter Nos. 98-15, 99-15,00-18, and 01-19

The enclosed chart provides you with the Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), Qualifying Individual 1 (QI-1), and Qualifying Individual two (QI-2) programs poverty levels to be effective April 1, 2002 through March 31, 2003. These ceiling are derived from the federal poverty levels published in the Federal Register on February 14, 2002, and are to used when determining income eligibility for the QMB, SLMB, QI-1, and QI-2 programs.

Please direct any questions regarding this letter, please call Ms.Vicki Partington of my staff at (916) 654-5909 or E-mail Vparting@dhs.gov.ca.

Sincerely,

ORIGINAL SIGNED BY

Richard Brantingham
Acting Chief
Medi-Cal Eligibility Branch

Enclosure

## 2002 POVERTY LEVEL CHART FOR QMB, SLMB, QI-1 & QI-2 PROGRAMS -- 4/1/02 thru 3/31/03

| Persons | MN PRGRM MMNL($) | QMB 100% PROGRAM | | | SLMB 120% PROGRAM | | | Q1 135% PROGRAM | | | Q2 175% PROGRAM | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | *Mthly | **Mthly +$20 | Annual | *Mthly | **Mthly +$20 | Annual | *Mthly | **Mthly +$20 | Annual | *Mthly | **Mthly +$20 | Annual |
| 1 | $ 600 | $ 739 | $ 759 | $ 8,860 | $ 886 | $ 906 | $ 10,632 | $ 997 | $ 1,017 | $ 11,961 | $ 1,293 | $ 1,313 | $ 15,505 |
| 2 | $ 750 | $ 995 | $ 1,015 | $ 11,940 | $ 1,194 | $ 1,214 | $ 14,328 | $ 1,344 | $ 1,364 | $ 16,119 | $ 1,742 | $ 1,762 | $ 20,895 |
| 2 Adults | $ 934 | $ 995 | $ 1,015 | $ 11,940 | $ 1,194 | $ 1,214 | $ 14,328 | $ 1,344 | $ 1,364 | $ 16,119 | $ 1,742 | $ 1,762 | $ 20,895 |
| 3 | $ 934 | $ 1,252 | $ 1,272 | $ 15,020 | $ 1,502 | $ 1,522 | $ 18,024 | $ 1,690 | $ 1,710 | $ 20,277 | $ 2,191 | $ 2,211 | $ 26,285 |
| 4 | $ 1,100 | $ 1,509 | $ 1,529 | $ 18,100 | $ 1,810 | $ 1,830 | $ 21,720 | $ 2,037 | $ 2,057 | $ 24,435 | $ 2,640 | $ 2,660 | $ 31,675 |
| 5 | $ 1,259 | $ 1,765 | $ 1,785 | $ 21,180 | $ 2,118 | $ 2,138 | $ 25,416 | $ 2,383 | $ 2,403 | $ 28,593 | $ 3,089 | $ 3,109 | $ 37,065 |
| 6 | $ 1,417 | $ 2,022 | $ 2,042 | $ 24,260 | $ 2,426 | $ 2,446 | $ 29,112 | $ 2,730 | $ 2,750 | $ 32,751 | $ 3,538 | $ 3,558 | $ 42,455 |
| 7 | $ 1,550 | $ 2,279 | $ 2,299 | $ 27,340 | $ 2,734 | $ 2,754 | $ 32,808 | $ 3,076 | $ 3,096 | $ 36,909 | $ 3,988 | $ 4,008 | $ 47,845 |
| 8 | $ 1,692 | $ 2,535 | $ 2,555 | $ 30,420 | $ 3,042 | $ 3,062 | $ 36,504 | $ 3,423 | $ 3,443 | $ 41,067 | $ 4,437 | $ 4,457 | $ 53,235 |
| 9 | $ 1,825 | $ 2,792 | $ 2,812 | $ 33,500 | $ 3,350 | $ 3,370 | $ 40,200 | $ 3,769 | $ 3,789 | $ 45,225 | $ 4,886 | $ 4,906 | $ 58,625 |
| 10 | $ 1,959 | $ 3,049 | $ 3,069 | $ 36,580 | $ 3,658 | $ 3,678 | $ 43,896 | $ 4,116 | $ 4,136 | $ 49,383 | $ 5,335 | $ 5,355 | $ 64,015 |
| For each additional member add: | | $ 257 | $ 257 | $ 3,080 | $ 308 | $ 308 | $ 3,696 | $ 347 | $ 347 | $ 4,158 | $ 450 | $ 450 | $ 5,390 |

* This column represents the monthly countable income limits before the $20 any income deduction is applied.
**This column represents the monthly countable income limits after the $20 any income deduction is applied.
Note: Typically the State would include countable income before the $20 deduction. This chart reports income both with and without the $20 deduction because the Health Care Financning Administration provides information to the public with income limits for QMB, SLMB, QI-1, and QI-2 which includes the $20 any income deduction.