

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
P.O. Box 942732
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(916) 657-2941



March 21, 2000

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Public Health Directors
All County Mental Health Directors
All QMB, SLMB, QI-1 Program Coordinators
Department of Aging

Letter No.: 00-18

2000 POVERTY LEVEL CHART FOR QMB, SLMB, QI-1 & QI-2 PROGRAMS—
APRIL 1, 2000 THROUGH MARCH 31, 2001

Ref.: All County Welfare Directors Letter Nos. 98-15 and 99-15

The purpose of this letter is to provide you the Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), Qualifying Individual 1 (QI-1), and Qualifying Individual 2 (QI-2) programs poverty levels to be effective April 1, 2000 through March 31, 2001. These ceilings are derived from the federal poverty levels published in the Federal Register on February 15, 2000, and are to be used when determining income eligibility for the QMB, SLMB, QI-1 and 2 programs.

If you have any questions regarding the information provided, please call Vicki Partington of my staff at (916) 654-5909.

Sincerely,

ORIGINAL SIGNED BY

Angeline Mrva, Chief
Medi-Cal Eligibility Branch

Enclosure

2000 POVERTY LEVEL CHART FOR QMB, SLMB, QI-1 & QI-2 PROGRAMS -- 4/1/00 thru 3/31/01

Persons	MN PRGRM MMNL(\$)	QMB				SLMB				Q1				Q2			
		100% PROGRAM				120% PROGRAM				135% PROGRAM				175% PROGRAM			
		*Mthly	**Mthly +\$20	Annual	Annual	*Mthly	**Mthly +\$20	Annual	Annual	*Mthly	**Mthly +\$20	Annual	Annual	*Mthly	**Mthly +\$20	Annual	Annual
1	\$ 600	\$ 696	\$ 716	\$ 8,350	\$ 835	\$ 855	\$ 10,020	\$ 940	\$ 960	\$ 11,273	\$ 1,218	\$ 1,238	\$ 14,613				
2	\$ 750	\$ 938	\$ 958	\$ 11,250	\$ 1,125	\$ 1,145	\$ 13,500	\$ 1,266	\$ 1,286	\$ 15,188	\$ 1,641	\$ 1,661	\$ 19,688				
2 Adults	\$ 934	\$ 938	\$ 958	\$ 11,250	\$ 1,125	\$ 1,145	\$ 13,500	\$ 1,266	\$ 1,286	\$ 15,188	\$ 1,641	\$ 1,661	\$ 19,688				
3	\$ 934	\$ 1,180	\$ 1,200	\$ 14,150	\$ 1,415	\$ 1,435	\$ 16,980	\$ 1,592	\$ 1,612	\$ 19,103	\$ 2,064	\$ 2,084	\$ 24,763				
4	\$ 1,100	\$ 1,421	\$ 1,441	\$ 17,050	\$ 1,705	\$ 1,725	\$ 20,460	\$ 1,919	\$ 1,939	\$ 23,018	\$ 2,487	\$ 2,507	\$ 29,838				
5	\$ 1,259	\$ 1,663	\$ 1,683	\$ 19,950	\$ 1,995	\$ 2,015	\$ 23,940	\$ 2,245	\$ 2,265	\$ 26,933	\$ 2,910	\$ 2,930	\$ 34,913				
6	\$ 1,417	\$ 1,905	\$ 1,925	\$ 22,850	\$ 2,285	\$ 2,305	\$ 27,420	\$ 2,571	\$ 2,591	\$ 30,848	\$ 3,333	\$ 3,353	\$ 39,988				
7	\$ 1,550	\$ 2,146	\$ 2,166	\$ 25,750	\$ 2,575	\$ 2,595	\$ 30,900	\$ 2,897	\$ 2,917	\$ 34,763	\$ 3,756	\$ 3,776	\$ 45,063				
8	\$ 1,692	\$ 2,388	\$ 2,408	\$ 28,650	\$ 2,865	\$ 2,885	\$ 34,380	\$ 3,224	\$ 3,244	\$ 38,678	\$ 4,179	\$ 4,199	\$ 50,138				
9	\$ 1,825	\$ 2,630	\$ 2,650	\$ 31,550	\$ 3,155	\$ 3,175	\$ 37,860	\$ 3,550	\$ 3,570	\$ 42,593	\$ 4,602	\$ 4,622	\$ 55,213				
10	\$ 1,959	\$ 2,871	\$ 2,891	\$ 34,450	\$ 3,445	\$ 3,465	\$ 41,340	\$ 3,876	\$ 3,896	\$ 46,508	\$ 5,024	\$ 5,044	\$ 60,288				
For each additional member add:		\$ 242	\$ 262	\$ 2,900	\$ 290	\$ 310	\$ 3,480	\$ 327	\$ 327	\$ 3,915	\$ 423	\$ 423	\$ 5,075				

* 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 both with and without the \$20 deduction because the Health Care Financing Administration provides information to the public with income limits for QMB, SLMB, QI-1, and QI-2 which includes the \$20 any income deduction.