

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-1542

March 24, 1998



TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

Letter No.: 98-14

NEW FEDERAL POVERTY LEVELS, EFFECTIVE APRIL 1, 1998

Ref.: All County Welfare Directors Letters Nos. 90-42, 91-34, 92-19, 93-16, 94-29, 95-19, 96-17, and 97-11

The enclosed chart provides you with the poverty level ceilings for the Medi-Cal percentage programs. These ceilings are derived from the federal poverty level figures (column 5 on the enclosed chart) published in the Federal Register on February 24, 1998.

If you have any questions, please contact Mr. Dave Rappolee at (916) 657-0163 or Ms. Marge Buzdas at (916) 657-0726.

Sincerely,

ORIGINAL SIGNED BY

Joseph A. Kelly, Chief
Medi-Cal Eligibility Branch

Enclosure

1998 FEDERAL POVERTY LEVEL CHART											Effective 4/1/98	
Persons	MMNL(\$)	% of FPL	100%(\$)	Annual(\$)	120%(\$)	Annual(\$)	133%(\$)	Annual(\$)	185%(\$)	Annual(\$)	200%(\$)	Annual(\$)
1	600	90	671	8,050	805	9,660	893	10,707	1,242	14,893	1,342	16,100
2	750	83	905	10,850	1,085	13,020	1,203	14,431	1,673	20,073	1,809	21,700
2 Adults	934	104	905	10,850	1,085	13,020	1,203	14,431	1,673	20,073	1,809	21,700
3	934	83	1,138	13,650	1,365	16,380	1,513	18,155	2,105	25,253	2,275	27,300
4	1,100	81	1,371	16,450	1,645	19,740	1,824	21,879	2,537	30,433	2,742	32,900
5	1,259	79	1,605	19,250	1,925	23,100	2,134	25,603	2,968	35,613	3,209	38,500
6	1,417	78	1,838	22,050	2,205	26,460	2,444	29,327	3,400	40,793	3,675	44,100
7	1,550	75	2,071	24,850	2,485	29,820	2,755	33,051	3,832	45,973	4,142	49,700
8	1,692	74	2,305	27,650	2,765	33,180	3,065	36,775	4,263	51,153	4,609	55,300
9	1,825	72	2,538	30,450	3,045	36,540	3,375	40,499	4,695	56,333	5,075	60,900
10	1,959	71	2,771	33,250	3,325	39,900	3,686	44,223	5,127	61,513	5,542	66,500
For each addn'l member add:	14		234	2,800	280	3,360	311	3,724	432	5,180	467	5,600

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%

Transitional Medi-Cal (TMC) = 185%

*Decimals are rounded up to the nearest dollar