

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320



April 30, 1990

TO: All County Welfare Directors
All County Administrative Officers

Letter No.: 90-42

SUBJECT: NEW POVERTY LEVEL CHART, EFFECTIVE 4/1/90

REFERENCE: ACWDL 89-103, 89-68, & 89-50

The attached chart provides you with the poverty level guidelines which were published in the Federal Register February 16, 1990, effective April 1, 1990. It revises both the monthly and annual percentages of the poverty level for all Medi-Cal programs. Please discard the previous chart dated July 1, 1989 and utilize the new amounts, effective April 1, 1990.

If you have any questions, please call RaNae Dunne at (916) 324-4955, ATSS 454-4955 for Qualified Medicare Beneficiary (QMB) income information; or Yvonne Lee at (916) 324-4954, ATSS 454-4954 for the 185 - 200 percent pregnancy program; or Marge Buzdas at (916) 324-4972, ATSS 454-4972 for the 133 percent Medi-Cal program.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration date: April 30, 1991

POVERTY LEVEL CHART

Number of Persons	Monthly Maintenance Need Level, 7/1/89	Maintenance Need - % of 2/16/90 Poverty Level	2/16/90 Poverty Level Monthly/Annual	90% of 2/16/90 Poverty Level Monthly/Annual	133% of 2/16/90 Poverty Level Monthly/Annual	165% of 2/16/90 Poverty Level Monthly/Annual	200% of 2/16/90 Poverty Level Monthly/Annual
1	\$ 600	114.7%	\$ 523/\$6,280	\$ 471/\$5,652	\$ 696/\$8,352	\$ 968/\$11,618	\$1,047/\$12,560
2	750	106.8%	702/8,420	632/7,578	933/11,199	1,298/15,577	1,403/16,840
2 Adults	936	106.1%	702/8,420	632/7,578	-	-	-
3	936	106.1%	880/10,560	792/9,504	1,170/14,045	1,628/19,536	1,760/21,120
4	1,100	104.0%	1,058/12,700	953/11,430	1,408/16,891	1,958/23,495	2,117/25,400
5	1,259	101.7%	1,237/14,840	1,113/13,356	1,645/19,737	2,288/27,454	2,473/29,680
6	1,417	100.1%	1,415/16,980	1,274/15,282	1,882/22,583	2,618/31,413	2,830/33,960
7	1,550	97.3%	1,593/19,120	1,434/17,208	2,119/25,430	2,948/35,372	3,187/38,240
8	1,692	95.5%	1,772/21,260	1,595/19,134	2,356/28,276	3,278/39,331	3,543/42,520
9	1,825	93.6%	1,950/23,400	1,755/21,060	2,594/31,122	3,608/43,290	3,900/46,800
10	1,959	92.1%	2,128/25,540	1,916/22,986	2,831/33,968	3,937/47,249	4,257/51,080
Add for each additional family member:			+ 178/2,140	+ 160/1,926	+ 237/2,846	+ 329/3,959	+ 356/4,280

1/ Amounts are rounded.

NHL for LTC = \$35.

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Frank S. Martucci, Chief
Medi-Cal Eligibility

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Please
Replace
w/ corrected
10/1/90