STATE OF CALIFORNIA–HEALTH AND WELFARE AGENCY PETE WILSON, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P Street
P.O. Box 942732
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(916) 657-2941

March 20, 1996

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

Letter No.: 96-17

NEW FEDERAL POVERTY LEVELS, EFFECTIVE APRIL 1, 1996

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

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 March 4, 1996.

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

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

ENCLOSURE

Effective 4/01/96

1996 FEDERAL POVERTY LEVEL CHART

Persons	MMNL($)	% of FPL	100%($)	Annual($)	120%($)	Annual($)	133%($)	Annual($)	185%($)	Annual($)	200%($)	Annual($)
1	600	93	645	7,740	774	9,288	858	10,295	1,194	14,319	1,290	15,480
2	750	87	864	10,360	1,036	12,432	1,149	13,779	1,598	19,166	1,727	20,720
2 Adults	934	109	864	10,360	1,036	12,432	1,149	13,779	1,598	19,166	1,727	20,720
3	934	87	1,082	12,980	1,298	15,576	1,439	17,264	2,002	24,013	2,164	25,960
4	1,100	85	1,300	15,600	1,560	18,720	1,729	20,748	2,405	28,860	2,600	31,200
5	1,259	83	1,519	18,220	1,822	21,864	2,020	24,233	2,809	33,707	3,037	36,440
6	1,417	82	1,737	20,840	2,084	25,008	2,310	27,718	3,213	38,554	3,474	41,680
7	1,550	80	1,955	23,460	2,346	28,152	2,601	31,202	3,617	43,401	3,910	46,920
8	1,692	78	2,174	26,080	2,608	31,296	2,891	34,687	4,021	48,248	4,347	52,160
9	1,825	77	2,392	28,700	2,870	34,440	3,181	38,171	4,425	53,095	4,784	57,400
10	1,959	76	2,610	31,320	3,132	37,584	3,472	41,656	4,829	57,942	5,220	62,640
For each additional member add:	$14		219	2,620	262	3,144	291	3,485	404	4,847	437	5,240

Medi-Cal maintenance need limit for person in LTC = $35

Medi-Cal regular maintenance need level = MMNL

Qualified Medicare Beneficiary (QMB) = 100%

Children born after 9/30/83, 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

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