



State of California-Health and Human Services Agency  
**Department of Health Care Services**



**ARNOLD  
SCHWARZENEGGER**  
Governor

Date: March 20, 2009

CCS N.L.: 02-0209  
Index: Benefits

TO: ALL COUNTY CALIFORNIA CHILDREN SERVICES (CCS)  
ADMINISTRATORS, MEDICAL DIRECTORS AND MEDICAL  
CONSULTANTS, AND STATE CHILDREN MEDICAL SERVICES (CMS)  
BRANCH STAFF

SUBJECT: UPDATE OF TABLE 1 (FAMILY SIZE AND ANNUAL INCOME LEVEL CHART)  
- MEDI-CAL YEAR 2009 FEDERAL POVERTY LEVEL CHART; EFFECTIVE  
BEGINNING APRIL 1, 2009

This Numbered Letter provides the local CCS programs and CMS Regional Offices with revised Table 1, Family Size and Annual Income Level Chart which becomes effective April 1, 2009. Please replace the previous year's Table 1 with this version to ensure that current information is used to determine whether the family is required to pay an enrollment and/or assessment fee. The income amounts used in revising Table 1 were published in the Federal Register (Volume 74, Number 14) on January 23, 2009.

A copy of the "Medi-Cal 2009 Federal Poverty Level Chart " is also enclosed to provide information on the poverty ceilings for the Medi-Cal percentage programs. This information is being provided to assist county CCS offices in making referrals of CCS eligible clients to the Medi-Cal program.

If you have any questions regarding this information, please contact the CMS Regional Office Consultant designated to assist your county.

Sincerely,  
Original Signed by:  
Luis R. Rico, Acting Chief  
Children's Medical Services Branch

Enclosures

Department of Health Services California Children Services (CCS)

The following table provides information on 100% and 200% Federal Poverty Levels (FPL) based on family size and income for use in making a CCS program fee assessment determination. **Please note: All applicable fees are per family, not per eligible child.**

**TABLE I - FAMILY SIZE AND ANNUAL INCOME LEVEL CHART**  
(EFFECTIVE APRIL I, 2009)

<b>Family Size</b>	<b>100% OF FPL</b> <b>If the State AGI of the family is more than this amount a \$20 fee must be paid</b>	<b>200% OF FPL</b> <b>If the federal total gross income of the family is less than this amount there is no enrollment fee, but referral to Medi-Cal* should be considered</b>
1	\$10,830	\$21,660
2	14,570	29,140
3	18,310	36,620
4	22,050	44,100
5	25,790	51,580
6	29,530	59,060
7	33,270	66,540
8	37,010	74,020
9	40,750	81,500
10	44,490	88,980
More than 10	\$3,740 per add'l member	\$7,480 per add'l] member

\* Medi-Cal eligibility is based on program linkage, family income and assets. A child can always be eligible if otherwise the family is residentially and financially eligible. CCS offices must refer a child to Medi-Cal if they are eligible based on income or there is program linkage that is medically related. Medical indicators that should be considered when reviewing a case is whether the child is disabled, or may qualify for presumptive disability, receives or requires dialysis or total parenteral nutrition, and/or is in a hospital for at least 30 days or is

expected to stay there for more than 30 days.

- \* Please refer to the sliding fee scale to determine the appropriate enrollment fee the CCS family must pay.

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Table I

Bulletin Issued Effective April 1, 2009

**California Children Services****Annual Enrollment Fee Schedule (2009)**

<b>Gross Income</b>	<b>1 or 2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6 or more</b>
\$0- 24,999	0	0	0	0	0
\$25,000-29,999	0	0	0	0	0
\$30,000-34,999	60	0	0	0	0
\$35,000-39,999	120	0	0	0	0
\$40,000-44,999	180	120	0	0	0
\$45,000-49,999	240	180	120	0	0
\$50,000-54,999	360	300	240	180	0
\$55,000-59,999	480	420	360	300	0
\$60,000-64,999	600	540	480	420	360
\$65,000-69,999	720	660	600	540	480
\$70,000-74,999	840	780	720	660	600
\$75,000-79,999	960	900	840	780	720
\$80,000-84,999	1,080	1,020	960	900	840
\$85,000-89,999	1,200	1,140	1,080	1,020	960
\$90,000-94,999	1,320	1,260	1,200	1,140	1,080
\$95,000-99,999	1,440	1,380	1,320	1,260	1,200

**For incomes over \$99,999, for each subsequent income increment of \$5,000, increase the above fees by \$120.00.**

Persons	Monthly MMNL(S)	MMNL as % of FPL	100% (\$) Monthly	Annual (\$) 100% FPL	120% Monthly (\$)	133% Monthly (\$)	135% Monthly (\$)	185% Monthly (\$)	200% Monthly (\$)	250% Monthly (\$)
1	600	67	903	10830	1083	1201	1219	1670	1805	2257
2	750	62	1215	14570	1457	1615	1640	2247	2429	3036
2 Adults	934	77	1215	14570	1457	1615	1640	2247	2429	3036
3	934	62	1526	18310	1831	2030	2060	2823	3052	3815
4	1100	60	1838	22050	2205	2444	2481	3400	3675	4594
5	1259	59	2150	25790	2579	2859	2902	3976	4299	5373
6	1417	58	2461	29530	2953	3273	3323	4553	4922	6153
7	1550	56	2773	33270	3327	3688	3743	5130	5545	6932
8	1692	55	3085	37010	3701	4102	4164	5706	6169	7711
9	1825	54	3396	40750	4075	4517	4585	6283	6792	8490
10	1959	53	3708	44490	4449	4931	5006	6859	7415	9269
For each additional member add:	14		312	3740	374	415	421	577	624	780

\$35 = for Resident in LTC Facilities

MMNL = for Medically Needy Program

100% FPL = for Qualified Medicare Beneficiary (OMB) Program; and

= for Children Ages 6 up to 19 Percent Program; and  
= for FPL Program for Aged and Disabled; and  
= for Section 1931 Applicants and for Certain Recipients

120% FPL < for Specified Low Income Beneficiaries

\*For applicants and recipients of the Medicare Savings Programs (MSP-includes Qualified Medicare Beneficiary, Specified Low Income Beneficiary, and Qualified

133% FPL = for children Ages 1 Up to Age 6

185% FPL= for Transitional Medi-Cal (TMC) Program

200% FPL= for Qualified Working Disabled Individuals; and = for Pregnant Women and Infants up to Age 1 (disregard is in 200% FPL)

250% FPL= for Healthy Families Program, and for Working Disabled Program