



TOBY DOUGLAS
Director

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
Governor

April 26, 2011

TO: ALL COUNTY WELFARE DIRECTORS Letter No. : 11-16e
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALIST/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: ERRATA TO ALL COUNTY WELFARE DIRECTORS LETTER
(ACWDL) 11-16 NEW FEDERAL POVERTY LEVELS
(Reference: All County Welfare Directors Letters: 90-42, 91-34, 92-19, 93-16, 94-29, 95-19, 96-17, 97-11, 98-14, 99-15, 00-10, 01-16, 02-13, 03-10, 04-04, 05-13, 06-06, 07-04, 08-05, 09-06, 11-16)

This letter is to correct the 2011 Federal Poverty Level Chart released on April 15, 2011. The chart, enclosed with the letter, had an incorrect annual amount for 100 percent Federal Poverty Level for a family of five persons. The correct amount is \$26,170, not \$26,710, as listed in the chart with the letter. A new Federal Poverty Level Chart with the correct amount is enclosed.

If you have other questions regarding our response, please call Craig Yagi at (916) 327-0410.

Original signed by:

René Mollow, MSN, RN, Chief
Medi-Cal Eligibility Division

Enclosure

2011 FEDERAL POVERTY LEVEL CHART					Effective 04/01/11*					
Persons	Monthly MMNL(\$)	MMNL as % of FPL	100% (\$) Monthly	Annual(\$) 100% FPL	120% Monthly(\$)	133% Monthly(\$)	135% Monthly(\$)	185% Monthly(\$)	200% Monthly(\$)	250% Monthly(\$)
1	600	66	908	10890	1089	1207	1226	1679	1815	2269
2	750	61	1226	14710	1471	1631	1655	2268	2452	3065
2 Adults	934	76	1226	14710	1471	1631	1655	2268	2452	3065
3	934	60	1545	18530	1853	2054	2085	2857	3089	3861
4	1100	59	1863	22350	2235	2478	2515	3446	3725	4657
5	1259	58	2181	26170	2617	2901	2945	4035	4362	5453
6	1417	57	2500	29990	2999	3324	3374	4624	4999	6248
7	1550	55	2818	33810	3381	3748	3804	5213	5635	7044
8	1692	54	3136	37630	3763	4171	4234	5802	6272	7840
9	1825	53	3455	41450	4145	4595	4664	6391	6910	8636
10	1959	52	3774	45270	4527	5019	5094	6980	7548	9432
Addn'l member add:	+14		+319	+3820	+382	+424	+430	+589	+638	+796

\$35: = for Resident in LTC Facilities

MMNL: = for Medically Needy Program

100% FPL: = for Qualified Medicare Beneficiary (QMB) 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 Recipient's

120% FPL: < for Specified Low Income Beneficiaries

135% FPL: = Qualified Individual 1 Program

Notes:

"=" means: eligibility if budget unit income is equal to less than income limit.

"<" means: eligibility if budget unit income is less than income limit

Figures in above chart are rounded up to the next dollar where necessary.

(revision 4/18/11)

133% FPL: = for Children Ages 1 Up to Age 6

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

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

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

*For applicants and recipients of the Medicare Savings Programs (MSP-includes Qualified Medicare Beneficiary, Specified Low Income Beneficiary, and Qualified Individual 1 programs) not receiving RSDI Title 11 income, the FPL figures are effective the date of publication, which is January 20, 2011 for MSP applicants or recipients that are receiving RSDI Title II income, the new FPL figures are effective April 1, 2011.