

## **2001 Federal Poverty Guidelines**

*also known as the Federal Poverty Levels (FPL)*

Size of Family Unit	Annual <u>100%</u>	Monthly >>>				
		<u>100%</u>	133%	200%	250%	300%
1	\$ 8,590	\$ 716	\$ 952	\$1432	\$1790	\$2148
2	11,610	968	1287	1936	2420	2904
3	14,630	1219	1621	2438	3048	3657
4	17,650	1471	1956	2942	3678	4413
5	20,670	1723	2292	3446	4308	5169
6	23,690	1974	2625	3948	4935	5922
7	26,710	2226	2961	4452	5565	6678
8	29,730	2478	3296	4956	6195	7434
For each additional person, add	\$ 3,020	252	335	504	630	756

SOURCE: Federal Register, Vol. 66, No. 33, February 16, 2001, pp. 10695-10697

The annual figures were obtained from the website of the US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation for Poverty Guidelines, Research and Measurement at <http://aspe.os.dhhs.gov/poverty/poverty.htm>. Calculations were made for the monthly percentages, and may not precisely reflect the figures given for particular programs.

## **Medi-Cal Maintenance Needs Levels**

Family Size:	Household Income:	
	<u>Monthly</u>	<u>150%</u>
1 person LTC	\$35	\$53
1 person	600	900
2 family	750	1125
2 adults	934	1401
3 family	934	1401
4 “	1100	1650
5 “	1259	1889
6 “	1417	2126
7 “	1550	2325
8 “	1692	2538
9 “	1825	2738
10 “	1959	2939

For each additional person, add \$14.00 to monthly figures.

LTC = Long-term care

These figures are the threshold for determination of Medi-Cal eligibility. Person/s over these figures will be required to pay a share-of-cost (SOC). The SOC is paid to the provider only for the months in which service was rendered.

# HEALTH CARE DECISION CHART

## PREGNANT WOMEN AND CHILDREN

**Is the individual who needs care:**

**Pregnant?**

**NO YES => Is the family's income:**

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<u>Below 200% Federal Poverty Level (FPL)</u> No Cost Medi-Cal ♦ WIC	<u>Between 200-250% FPL</u> AIM Healthy Families Share of Cost (SOC) Medi-Cal	<u>Between 250-300% FPL</u> AIM SOC Medi-Cal	<u>Over 300% FPL</u> SOC Medi-Cal
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**A child?**

**NO YES => Is the child under twenty-one with a serious medical condition or disability?**

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**NO YES => California Children Services (eligibility based on disability, family income, and medical expenses)**

**Is the child's age from birth to one year?**

**NO YES => Is the family's income:**

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<u>&lt; 200% FPL</u> No Cost Medi-Cal CHDP ♦ WIC (0- 5 yrs)	<u>200-250% FPL</u> Healthy Families SOC Medi-Cal	<u>250-300% FPL</u> KP Cares for KIDS SOC Medi-Cal	<u>&gt; 300% FPL</u> SOC Medi-Cal
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**Is the child's age from one to six years?**

**NO YES => Is the family's income:**

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<u>&lt; 133% FPL</u> No Cost Medi-Cal CHDP ♦ WIC (0- 5 yrs)	<u>133-200% FPL</u> Healthy Families CHDP *CAKIDS (2-18 yrs) ♦ WIC (0-5 yrs)	<u>200-250% FPL</u> Healthy Families *CAKIDS (2-18 yrs) SOC Medi-Cal	<u>250-300% FPL</u> KP Cares for KIDS SOC Medi-Cal	<u>&gt; 300% FPL</u> SOC Medi-Cal
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**Is the child's age from six to nineteen years?**

**NO YES => Is the family's income:**

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<u>&lt; 100% FPL</u> #No Cost Medi-Cal CHDP	<u>100-200% FPL</u> Healthy Families *CAKIDS (2-18 yrs) CHDP #SOC Medi-Cal	<u>200-250% FPL</u> Healthy Families *CAKIDS (2-18 yrs) #SOC Medi-Cal	<u>250-300% FPL</u> KP Cares for KIDS #SOC Medi-Cal	<u>&gt; 300% FPL</u> #SOC Medi-Cal
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♦ If the individual is *not receiving* Medi-Cal, WIC income limits are 185% FPL.

\*If the individual is *not eligible* for full scope Medi-Cal or Healthy Families, and limited to non-legal residents.

#If the individual is in foster care on their 18<sup>th</sup> birthday, they are eligible for No Cost Medi-Cal for an additional 3 years.

**If the individual is an adult see next page.**

**If not eligible for any of the above programs, look into:**

Medically Indigent Services Program (MISP)

Major Risk Medical Insurance Program (MRMIP)

County Medical Services Program (CMSP) for rural counties

Or see the Fresno Area Clinics and Health Centers section of this binder.

# HEALTH CARE DECISION CHART

## ADULTS

**Is the adult a parent or legal guardian with minor children?**

**NO**    **YES**  $\Rightarrow$  Does the parent meet the “family deprivation” requirement, i.e. absent, disabled, or with income less than 100% FPL per month?

⇓

**NO**    **YES**  $\Rightarrow$  Medi-Cal (eligibility based on income and resources)

⇓

**Are any of the parent’s/legal guardian’s children enrolled in KP Cares for KIDS or Healthy Families?**

**NO**    **YES**  $\Rightarrow$  Kaiser Permanente Steps Program

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**Is the adult *nineteen to twenty-one* years old?**

**NO**    **YES**  $\Rightarrow$  Medi-Cal (eligibility based on income and resources)

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CHDP (with no-cost Medi-Cal)

**Has the adult been a Kaiser Health or Personal Advantage Plan member for six out of the last twelve months and does he have a family income less than 300% FPL per month?**

**NO**    **YES**  $\Rightarrow$  Kaiser Permanente Steps Program

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**Is the adult *blind or disabled* (meets the Social Security Administration (SSA) definition)?**

**NO**    **YES**  $\Rightarrow$  Medi-Cal (eligibility based on income and resources)

⇓

Medicare (after 2 years of SSA Disability)

**Is the adult aged *sixty-five* years or over?**

**NO**    **YES**  $\Rightarrow$  Medi-Cal (eligibility based on income and resources)

⇓

Medicare

**Is the adult a *veteran* of the United States Armed Forces?**

**NO**    **YES**  $\Rightarrow$  Department of Veterans Affairs Uniform Benefits Package

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