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



GAVIN NEWSOM
GOVERNOR

DATE: January 27, 2021

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 21-01
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY MEDS LIAISONS

SUBJECT: 2021 FEDERAL POVERTY LEVELS

The enclosed charts provide the 2021 poverty level ceilings for Medi-Cal, Medi-Cal Access Program (MCAP), MCAP-Linked Infants, and County Children's Health Initiative Program (C-CHIP). C-CHIP is available in San Francisco, Santa Clara, and San Mateo counties only. These ceilings are derived from the annual Federal Poverty Level (FPL) figures updated annually in the Federal Register by the U.S. Department of Health and Human Services. In this All County Welfare Directors Letter (ACWDL), the Department of Health Care Services (DHCS) is providing the 2021 monthly FPL values (enclosure 1) as well as 2021 annual FPL values (enclosure 2), Program Descriptions by FPL (enclosure 3) and the annual mailer sent to beneficiaries who are potentially impacted by 2021 FPL figures (enclosure 4).

Counties must review all denials and discontinuances for the following groups back to the date specified for each group and re-evaluate eligibility based on the revised FPL figures (see attached enclosures).

- For applicants and recipients of the Medicare Savings Programs (MSP), Qualified Medicare Beneficiary, Specified Low-Income Medicare Beneficiary, and Qualified Individual who do not receive Title II Retirement Survivors and Disability Insurance (RSDI) income, counties must apply the new FPL figures retroactively to January 1, 2021.
- For MSP applicants or recipients who are receiving Title II RSDI income, the effective date for the new FPLs is March 1, 2021.

- For individuals who are eligible for the Aged, Blind and Disabled (ABD) FPL programs and the 250% Working Disabled Program (WDP), the effective date of the revised FPL figures is April 1, 2021.
 - The ABD-FPL Expansion effective December 1, 2020 does not change the effective date of these figures. See ACWDL 20-24
- For applicants and beneficiaries whose Medi-Cal is determined based upon Modified Adjusted Gross Income (MAGI) methodologies, the new FPLs are effective January 1, 2021.

Note: Per Medi-Cal Eligibility Division Information Letters (MEDILs) [I 20-07](#), [I 20-08](#), [I 20-18](#), [I 20-25](#), and [I 20-26](#), counties must delay processing of Medi-Cal annual renewals, and defer discontinuances and other negative actions based on the declared State and National Emergency due to the COVID-19 public health emergency (PHE). The county shall continue to process determinations or redeterminations for those individuals who would gain access to health care coverage and resolve barriers related to access to care.

Additionally, DHCS made updates to the chart from previous years:

- Removal of duplicative 100% FPL listings
- Removal of obsolete program FPL levels: 60% and 150% FPL

When determining eligibility for retroactive coverage for months in 2020, use the FPL and related charts referenced in [ACWDL 20-03](#).

Upon request from the beneficiary, the beneficiary's parent or legal guardian, or the beneficiary's authorized representative, counties shall retroactively change eligibility for the following circumstances:

- Optional Targeted Low-Income Children's Program (OTLICP) eligible children
 - OTLICP children who are redetermined eligible for free, non-premium OTLICP using the 2021 FPLs may be eligible for premium reimbursements. Please refer to [ACWDL 14-43](#) for guidance on OTLICP premium reimbursements for premiums paid during any months retroactively redetermined eligible for non-premium OTLICP.
- Advance Premium Tax Credit (APTC) individuals
 - APTC eligible individuals who are redetermined eligible for Medi-Cal using the 2021 FPLs may be eligible for retroactive Medi-Cal. The county shall

only retroactively change eligibility for APTC individuals who did not enroll in a Qualified Health Plan (QHP), did not pay a premium, or who did enroll in a QHP and pay a premium but have Medi-Cal covered medical or dental expenses that were not covered by their QHP during the retroactive period.

- APTC eligible individuals, described above, may be eligible for retroactive Medi-Cal out-of-pocket expense reimbursements (Conlan). Please see MEDIL [I 07-02](#) for additional information about the Conlan process.

Note: The Centers for Medicare and Medicaid Services has decided that there will be no reimbursement for premiums paid to Covered California QHPs. The notice sent by DHCS will state that no Covered California QHP premium reimbursements will be available. Please see [ACWDL 16-08](#) for instructions on determining retroactive Medi-Cal coverage when an individual is transitioning from Covered California coverage.

- Individuals with a Share-of-Cost (SOC)
 - Individuals who are redetermined eligible to zero SOC or lower SOC Medi-Cal, when using the 2021 FPLs, who had out of pocket expenses for covered medical or dental services may be eligible for retroactive Medi-Cal out-of-pocket expense reimbursements (Conlan). Please see [MEDIL I 07-02](#) for additional information about the Conlan process.

Please note: DHCS is coordinating implementation of the 2021 FPLs in the California Healthcare Eligibility Enrollment and Retention System (CalHEERS) and Statewide Automated Welfare System (SAWS). DHCS anticipates the CalHEERS system and SAWS system will be updated with the annual 2021 FPL amounts in March of 2021.

DHCS will send a notice to the beneficiaries potentially impacted by the change to inform them of the FPL increase to allow them an opportunity to request a re-evaluation from the county.

If you have other questions on the annual FPL process, please contact Luba Villarreal at (916) 345-8158 or by email at Luba.Villarreal@dhcs.ca.gov.

Original Signed By

Linda Nguyen, Policy Development Branch Chief
Medi-Cal Eligibility Division
Enclosures

2021 FPL Calculation Chart (Monthly Values)

Enclosure 1

MONTHLY FPL VALUES (Rounded up to next higher dollar)										
Family Size	100%	108%	109%	114%	120%	128%	133%	135%	138%	142%
1	1074	1160	1170	1224	1288	1374	1428	1449	1482	1525
2	1452	1568	1583	1655	1742	1859	1931	1960	2004	2062
2 Adults	1452	1568	1583	1655	1742	1859	1931	1960	2004	2062
3	1830	1977	1995	2087	2196	2343	2434	2471	2526	2599
4	2209	2385	2407	2518	2650	2827	2938	2982	3048	3136
5	2587	2794	2820	2949	3104	3311	3441	3492	3570	3674
6	2965	3203	3232	3381	3558	3796	3944	4003	4092	4211
7	3344	3611	3645	3812	4012	4280	4447	4514	4614	4748
8	3722	4020	4057	4243	4466	4764	4950	5025	5136	5285
9	4100	4428	4469	4674	4920	5248	5453	5535	5658	5822
10	4479	4837	4882	5106	5374	5733	5957	6046	6181	6360
11	4857	5246	5294	5537	5828	6217	6460	6557	6703	6897
12	5235	5654	5707	5968	6282	6701	6963	7068	7225	7434
Ea Add'l	379	409	413	432	454	485	504	511	523	538

MONTHLY FPL VALUES (Rounded up to next higher dollar)											
Family Size	160%	185%	200%	202%	208%	213%	250%	266%	322%	400%	600%
1	1718	1986	2147	2169	2233	2287	2684	2856	3457	4294	6441
2	2323	2686	2904	2933	3020	3093	3630	3862	4675	5807	8711
2 Adults	2323	2686	2904	2933	3020	3093	3630	3862	4675	5807	8711
3	2928	3386	3660	3697	3807	3898	4575	4868	5893	7320	10980
4	3534	4086	4417	4461	4594	4704	5521	5875	7111	8834	13251
5	4139	4786	5174	5226	5381	5510	6467	6881	8330	10347	15521
6	4744	5486	5930	5990	6168	6316	7413	7887	9548	11860	17790
7	5350	6186	6687	6754	6955	7122	8359	8894	10766	13374	20061
8	5955	6886	7444	7518	7742	7928	9305	9900	11984	14887	22331
9	6560	7585	8200	8282	8528	8733	10250	10906	13202	16400	24600
10	7166	8285	8957	9047	9315	9539	11196	11913	14421	17914	26871
11	7771	8985	9714	9811	10102	10345	12142	12919	15639	19427	29141
12	8376	9685	10470	10575	10889	11151	13088	13926	16857	20940	31410
Ea Add'l	606	700	757	765	787	806	946	1007	1219	1514	2271

2021 FPL Calculation Chart (Annual Values)

Enclosure 2

ANNUAL FPL VALUES (Rounded up to next higher dollar)										
Family Size	100%	108%	109%	114%	120%	128%	133%	135%	138%	142%
1	12880	13911	14040	14684	15456	16487	17131	17388	17775	18290
2	17420	18814	18988	19859	20904	22298	23169	23517	24040	24737
2 Adults	17420	18814	18988	19859	20904	22298	23169	23517	24040	24737
3	21960	23717	23937	25035	26352	28109	29207	29646	30305	31184
4	26500	28620	28885	30210	31800	33920	35245	35775	36570	37630
5	31040	33524	33834	35386	37248	39732	41284	41904	42836	44077
6	35580	38427	38783	40562	42696	45543	47322	48033	49101	50524
7	40120	43330	43731	45737	48144	51354	53360	54162	55366	56971
8	44660	48233	48680	50913	53592	57165	59398	60291	61631	63418
9	49200	53136	53628	56088	59040	62976	65436	66420	67896	69864
10	53740	58040	58577	61264	64488	68788	71475	72549	74162	76311
11	58280	62943	63526	66440	69936	74599	77513	78678	80427	82758
12	62820	67846	68474	71615	75384	80410	83551	84807	86692	89205
Ea Add'l	4540	4904	4949	5176	5448	5812	6039	6129	6266	6447

ANNUAL FPL VALUES (Rounded up to next higher dollar)											
Family Size	160%	185%	200%	202%	208%	213%	250%	266%	322%	400%	600%
1	20608	23828	25760	26018	26791	27435	32200	34261	41474	51520	77280
2	27872	32227	34840	35189	36234	37105	43550	46338	56093	69680	104520
2 Adults	27872	32227	34840	35189	36234	37105	43550	46338	56093	69680	104520
3	35136	40626	43920	44360	45677	46775	54900	58414	70712	87840	131760
4	42400	49025	53000	53530	55120	56445	66250	70490	85330	106000	159000
5	49664	57424	62080	62701	64564	66116	77600	82567	99949	124160	186240
6	56928	65823	71160	71872	74007	75786	88950	94643	114568	142320	213480
7	64192	74222	80240	81043	83450	85456	100300	106720	129187	160480	240720
8	71456	82621	89320	90214	92893	95126	111650	118796	143806	178640	267960
9	78720	91020	98400	99384	102336	104796	123000	130872	158424	196800	295200
10	85984	99419	107480	108555	111780	114467	134350	142949	170043	214960	322440
11	93248	107818	116560	117726	121223	124137	145700	155025	187662	233120	349680
12	100512	116217	125640	126897	130666	133807	157050	167102	202281	251280	376920
Ea Add'l	7264	8339	9080	9171	9444	9671	11350	12077	14619	18160	27240

Program Descriptions by FPL Enclosure 3

100% FPL	= Qualified Medicare Beneficiary (QMB) Program
108% FPL	= ACA Title XXI CHIP Expansion Children Ages 6-19
109% FPL	= ACA Parents and Caretaker Relatives
114% FPL	= ACA Parents and Caretaker Relatives Not Eligible for the ACA New Adult Group due to non-Financial Eligibility Criteria such as 65 years of age or older or Enrollment in Medicare Parts A or B (109% FPL, Plus 5% MAGI Disregard)
120% FPL	= < Specified Low-Income Medicare Beneficiaries (SLMB)
128% FPL	= Disabled Individuals in New Adult Group
133% FPL	= ACA Children and Title XXI Expansion Children Ages 6-19
135% FPL	= < Qualified Individual 1 Program (QI-1)
138% FPL	= ACA New Adults Ages 19-64; and = FPL Program for Aged & Disabled
138% FPL and below	= Full-Scope Coverage for ACA Pregnant Persons
Above 138% to 213% FPL	= Pregnancy Related Medi-Cal

Program Descriptions by FPL Enclosure 3

142% FPL	= ACA and Title XXI Expansion Children Ages 1-6
160% FPL	= ACA Optional Targeted Low-Income Children (OTLIC) Program starting point for premiums
185% FPL	= Transitional Medi-Cal (TMC) (Pre-ACA)
200% FPL	= Qualified Working Disabled Individuals = Refugee Medical Assistance (RMA)
202% FPL	= Transitional Medi-Cal (TMC) (Post ACA) *(ACWDL will be released when implemented)
208% FPL	= ACA and Title XXI Expansion Infants Ages 0-1
213% FPL	= ACA Pregnant Persons, pregnancy related Medi-Cal
Above 213% to 322% FPL	= Medi-Cal Access Program (MCAP) = Medi-Cal Access Infant Program (MCAIP)
250% FPL	= Working Disabled Program
266% FPL	= ACA OTLIC
Above 266% to 322% FPL	= County Children's Health Initiative Program (C-CHIP)

Program Descriptions by FPL Enclosure 3

400+% FPL	= Unsubsidized Coverage
\$35.00	= Maintenance Need for Resident in LTC Facility

Notes: “=” means: eligible if budget unit income is equal to or less than income limit

“<” means: eligible if budget unit income is less than income limit

“>” means: eligible if budget unit income is greater than income limit

- MSP includes Qualified Medicare Beneficiary (QMB), Specified Low-Income Beneficiary (SLMB) and Qualified Individual (QI-1) Programs.
- For applicants and recipients of the Medicare Savings Programs (MSPs) *not* receiving RSDI Title II Income, the FPL figures are effective January 1, 2021.
- For applicants and recipients of MSPs receiving RSDI Title II income, the new FPL figures are effective March 1, 2021.



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**You may qualify for no-cost or low-cost Medi-Cal coverage
under the new 2021 income limits**

Dear Covered California Member or Medi-Cal Beneficiary,

Medi-Cal income levels have changed for 2021. You may qualify for no-cost or low-cost Medi-Cal and may be able to switch plans if you currently:

- Have Medi-Cal with a Share of Cost
- Buy medical insurance to end your Medi-Cal Share of Cost
- Pay a premium (monthly cost) for your Medi-Cal or Covered California plan

There may be financial benefits if you switch plans.

If you want to keep your current health coverage

If you want to keep the health coverage you have now, you do not need to do anything.

If you qualify for no-cost Medi-Cal

You may be able to get a refund for some of your past Medi-Cal premiums. If you paid for services when you had a Share of Cost, you may also be able to get back some of what you paid.

To learn more and find out if you qualify:

- Call your local county office. Tell them you got this letter. Ask for an “eligibility redetermination.” To get the phone number for your local county office, call **1-800-541-5555**. You can also find their number on the Department of Health Care Services website at: <http://dhcs.ca.gov/COL>.

If you have a Covered California health plan

You may qualify for no-cost or low-cost Medi-Cal. You might save money if you switch to Medi-Cal. You cannot get a refund for Covered California premiums you paid. But you will save money in the future. With Medi-Cal, you may qualify for refunds for certain out-of-pocket expenses. You might have to change your health plan and/or your doctor if you switch to Medi-Cal.

To learn more and find out if you qualify:

- Call Covered California at **1-855-312-3250** (TTY: 1-888-889-4500). Tell them you got this letter. Ask for an “eligibility redetermination.” The Customer Service Representative should explain how to get a redetermination.

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