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



GAVIN NEWSOM
GOVERNOR

January 26, 2023

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 23-03
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: 2023 FEDERAL POVERTY LEVELS

The enclosed charts provide the 2023 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 2023 monthly FPL values (Enclosure 1) as well as 2023 annual FPL values (Enclosure 2), Program Descriptions by FPL (Enclosure 3) and the annual mailer sent to beneficiaries who are potentially impacted by 2023 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, the counties must apply the new FPL figures retroactively to January 1, 2023.
- For MSP applicants or recipients who are receiving Title II RSDI income, the effective date for the new FPLs is March 1, 2023.

- 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, 2023.
- For applicants and recipients whose Medi-Cal is determined based upon Modified Adjusted Gross Income (MAGI) methodologies, the new FPL figures are effective January 1, 2023.

Note: Per Medi-Cal Eligibility Division Information Letters (MEDILs) [I 20-07](#), [I 20-08](#), [I 20-18](#), [I 20-25](#), [I 20-26](#) and [ACWDL 21-16](#), counties must delay processing of Medi-Cal annual renewals, and defer discontinuances and other negative actions until the continuous coverage unwinding period begins on April 1, 2023. 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.

When determining eligibility for retroactive coverage for months in 2022, use the FPL and related charts referenced in [ACWDL 22-03](#).

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 premiums have been reduced to \$0. Please reference [ACWDL 22-14](#) for additional clarification.
- Advance Premium Tax Credit (APTC) individuals
 - APTC eligible individuals, who are redetermined eligible for Medi-Cal using the 2023 FPL figures, 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 2023 FPLs, who had out of pocket expenses for covered medical or dental services, may be eligible for retroactive Conlan. Please reference the [DHCS website](#) and [MEDIL I 07-02](#) for additional information about the Conlan process.

Please note: DHCS is coordinating implementation of the 2023 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 2023 FPL amounts in April of 2023.

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 Chris White at (916) 345-8065 or by email at chris.white@dhcs.ca.gov.

Original Signed By:

Theresa Hasbrouck, Chief
Policy Development Branch

Enclosures

2023 FPL Calculation Chart (Monthly Values)

Enclosure 1

Family Size	100% FPL		MONTHLY FPL VALUES (Rounded up txt higher dollar)										
	Annual FPL	Monthly FPL	60%	100%	108%	109%	114%	120%	128%	133%	135%	138%	142%
1	14580	1215	729	1215	1313	1325	1386	1458	1556	1616	1641	1677	1726
2	19720	1644	987	1644	1776	1792	1875	1973	2105	2187	2220	2269	2335
2 Adults	19720	1644	987	1644	1776	1792	1875	1973	2105	2187	2220	2269	2335
3	24860	2072	1244	2072	2238	2259	2363	2487	2653	2756	2798	2860	2943
4	30000	2500	1500	2500	2700	2725	2850	3000	3200	3325	3375	3450	3550
5	35140	2929	1758	2929	3164	3193	3340	3515	3750	3896	3955	4043	4160
6	40280	3357	2015	3357	3626	3660	3827	4029	4297	4465	4532	4633	4767
7	45420	3785	2271	3785	4088	4126	4315	4542	4845	5035	5110	5224	5375
8	50560	4214	2529	4214	4552	4594	4804	5057	5394	5605	5689	5816	5984
9	55700	4642	2786	4642	5014	5060	5292	5571	5942	6174	6267	6406	6592
10	60840	5070	3042	5070	5476	5527	5780	6084	6490	6744	6845	6997	7200
11	65980	5499	3300	5499	5939	5994	6269	6599	7039	7314	7424	7589	7809
12	71120	5927	3557	5927	6402	6461	6757	7113	7587	7883	8002	8180	8417
Ea Add'l	5140	429	258	429	464	468	490	515	550	571	580	593	610

Family Size	100% FPL		MONTHLY FPL VALUES (Rounded up to next higher dollar)											
	Annual FPL	Monthly FPL	150%	160%	185%	200%	202%	208%	213%	250%	266%	322%	400%	
1	14580	1215	1823	1944	2248	2430	2455	2528	2588	3038	3232	3913	4860	7290
2	19720	1644	2466	2631	3042	3288	3321	3420	3502	4110	4374	5294	6576	9864
2 Adults	19720	1644	2466	2631	3042	3288	3321	3420	3502	4110	4374	5294	6576	9864
3	24860	2072	3108	3316	3834	4144	4186	4310	4414	5180	5512	6672	8288	12432
4	30000	2500	3750	4000	4625	5000	5050	5200	5325	6250	6650	8050	10000	15000
5	35140	2929	4394	4687	5419	5858	5917	6093	6239	7323	7792	9432	11716	17574
6	40280	3357	5036	5372	6211	6714	6782	6983	7151	8393	8930	10810	13428	20142
7	45420	3785	5678	6056	7003	7570	7646	7873	8063	9463	10069	12188	15140	22710
8	50560	4214	6321	6743	7796	8428	8513	8766	8976	10535	11210	13570	16856	25284
9	55700	4642	6963	7428	8588	9284	9377	9656	9888	11605	12348	14948	18568	27852
10	60840	5070	7605	8112	9380	10140	10242	10546	10800	12675	13487	16326	20280	30420
11	65980	5499	8249	8799	10174	10998	11108	11438	11713	13748	14628	17707	21996	32994
12	71120	5927	8891	9484	10965	11854	11973	12329	12625	14818	15766	19085	23708	35562
Ea Add'l	5140	429	644	687	794	858	867	893	914	1073	1142	1382	1716	2574

2023 FPL Calculation Chart (Annual Values) Enclosure 2

	100% FPL	ANNUAL FPL VALUES (Rounded up to next higher dollar)										
Family Size	Annual FPL	60%	100%	108%	109%	114%	120%	128%	133%	135%	138%	142%
1	14580	8748	14580	15747	15893	16622	17496	18663	19392	19683	20121	20704
2	19720	11832	19720	21298	21495	22481	23664	25242	26228	26622	27214	28003
2 Adults	19720	11832	19720	21298	21495	22481	23664	25242	26228	26622	27214	28003
3	24860	14916	24860	26849	27098	28341	29832	31821	33064	33561	34307	35302
4	30000	18000	30000	32400	32700	34200	36000	38400	39900	40500	41400	42600
5	35140	21084	35140	37952	38303	40060	42168	44980	46737	47439	48494	49899
6	40280	24168	40280	43503	43906	45920	48336	51559	53573	54378	55587	57198
7	45420	27252	45420	49054	49508	51779	54504	58138	60409	61317	62680	64497
8	50560	30336	50560	54605	55111	57639	60672	64717	67245	68256	69773	71796
9	55700	33420	55700	60156	60713	63498	66840	71296	74081	75195	76866	79094
10	60840	36504	60840	65708	66316	69358	73008	77876	80918	82134	83960	86393
11	65980	39588	65980	71259	71919	75218	79176	84455	87754	89073	91053	93692
12	71120	42672	71120	76810	77521	81077	85344	91034	94590	96012	98146	100991
Ea Add'l	5140	3084	5140	5552	5603	5860	6168	6580	6837	6939	7094	7299

	100% FPL	ANNUAL FPL VALUES (Rounded up to next higher dollar)											
Family Size	Annual FPL	150%	160%	185%	200%	202%	208%	213%	250%	266%	322%	400%	600%
1	14580	21870	23328	26973	29160	29452	30327	31056	36450	38783	46948	58320	87480
2	19720	29580	31552	36482	39440	39835	41018	42004	49300	52456	63499	78880	118320
2 Adults	19720	29580	31552	36482	39440	39835	41018	42004	49300	52456	63499	78880	118320
3	24860	37290	39776	45991	49720	50218	51709	52952	62150	66128	80050	99440	149160
4	30000	45000	48000	55500	60000	60600	62400	63900	75000	79800	96600	120000	180000
5	35140	52710	56224	65009	70280	70983	73092	74849	87850	93473	113151	140560	210840
6	40280	60420	64448	74518	80560	81366	83783	85797	100700	107145	129702	161120	241680
7	45420	68130	72672	84027	90840	91749	94474	96745	113550	120818	146253	181680	272520
8	50560	75840	80896	93536	101120	102132	105165	107693	126400	134490	162804	202240	303360
9	55700	83550	89120	103045	111400	112514	115856	118641	139250	148162	179354	222800	334200
10	60840	91260	97344	112554	121680	122897	126548	129590	152100	161835	195905	243360	365040
11	65980	98970	105568	122063	131960	133280	137239	140538	164950	175507	212456	263920	395880
12	71120	106680	113792	131572	142240	143663	147930	151486	177800	189180	229007	284480	426720
Ea Add'l	5140	7710	8224	9509	10280	10383	10692	10949	12850	13673	16551	20560	30840

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

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	= Full-Scope Coverage for ACA Pregnant Persons
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, 2023.
- For applicants and recipients of MSPs receiving RSDI Title II income, the new FPL figures are effective March 1, 2023.



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**You may qualify for no-cost or low-cost Medi-Cal coverage
under the new 2023 income limits**

Dear Covered California Member or Medi-Cal Beneficiary,

Medi-Cal income levels have changed for 2023. 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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