



DATE: February 5, 2024

TO: ALL COUNTY WELFARE DIRECTORS Letter No.:24-02  
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: 2024 FEDERAL POVERTY LEVELS

The enclosed charts provide the 2024 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 2024 monthly FPL values (Enclosure 1) as well as 2024 annual FPL values (Enclosure 2), Program Descriptions by FPL (Enclosure 3) and the annual mailer sent to Medi-Cal members who are potentially impacted by 2024 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, 2024.
- For MSP applicants or recipients who are receiving Title II RSDI income, the effective date for the new FPLs is March 1, 2024.
- 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, 2024.
- 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, 2024.

Note: Per Medi-Cal Eligibility Division Information Letters (MEDILs) [123-02](#), effective April 1, 2023 the Continuous Coverage Unwinding will begin and counties shall follow the policy guidance outlined in [ACWDL 22-18](#) regarding the unwinding process and resumption of redeterminations.

When determining eligibility for retroactive coverage for months in 2023, use the FPL and related charts referenced in [ACWDL 23-03](#).

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

- Advance Premium Tax Credit (APTC) individuals
  - APTC eligible individuals, who are redetermined eligible for Medi-Cal using the 2024 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 [107-02](#) 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 2024 FPLs, who had out of pocket expenses for covered medical or dental services, may be eligible for retroactive Conlan.

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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 2024 FPLs in the California Healthcare Eligibility Enrollment and Retention System (CalHEERS) and California Statewide Automated Welfare System (CalSAWS). DHCS anticipates the CalHEERS system and CalSAWS system will be updated with the annual 2024 FPL amounts during the month of February of 2024.

DHCS will send a notice to MAGI Medi-Cal members 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](mailto:chris.white@dhcs.ca.gov).

Original Signed By:

Theresa Hasbrouck, Chief  
Policy Development Branch

Enclosures

## 2024 FPL Calculation Chart (Monthly Values)

### Enclosure 1

	<b>100% FPL</b>		<b>MONTHLY FPL VALUES (Rounded up to next higher dollar)</b>										
<b>Family Size</b>	<b>Annual FPL</b>	<b>Monthly FPL</b>	<b>60%</b>	<b>100%</b>	<b>108%</b>	<b>109%</b>	<b>114%</b>	<b>120%</b>	<b>128%</b>	<b>133%</b>	<b>135%</b>	<b>138%</b>	<b>142%</b>
<b>1</b>	15060	1255	753	1255	1356	1368	1431	1506	1607	1670	1695	1732	1783
<b>2</b>	20440	1704	1023	1704	1841	1858	1943	2045	2182	2267	2301	2352	2420
<b>2 Adults</b>	20440	1704	1023	1704	1841	1858	1943	2045	2182	2267	2301	2352	2420
<b>3</b>	25820	2152	1292	2152	2325	2346	2454	2583	2755	2863	2906	2970	3056
<b>4</b>	31200	2600	1560	2600	2808	2834	2964	3120	3328	3458	3510	3588	3692
<b>5</b>	36580	3049	1830	3049	3293	3324	3476	3659	3903	4056	4117	4208	4330
<b>6</b>	41960	3497	2099	3497	3777	3812	3987	4197	4477	4652	4721	4826	4966
<b>7</b>	47340	3945	2367	3945	4261	4301	4498	4734	5050	5247	5326	5445	5602
<b>8</b>	52720	4394	2637	4394	4746	4790	5010	5273	5625	5845	5932	6064	6240
<b>9</b>	58100	4842	2906	4842	5230	5278	5520	5811	6198	6440	6537	6682	6876
<b>10</b>	63480	5290	3174	5290	5714	5767	6031	6348	6772	7036	7142	7301	7512
<b>11</b>	68860	5739	3444	5739	6199	6256	6543	6887	7346	7633	7748	7920	8150
<b>12</b>	74240	6187	3713	6187	6682	6744	7054	7425	7920	8229	8353	8539	8786
<b>Ea Add'l</b>	<b>5380</b>	<b>449</b>	<b>270</b>	<b>449</b>	<b>485</b>	<b>490</b>	<b>512</b>	<b>539</b>	<b>575</b>	<b>598</b>	<b>607</b>	<b>620</b>	<b>638</b>

	<b>100% FPL</b>		<b>MONTHLY FPL VALUES (Rounded up to next higher dollar)</b>											
<b>Family Size</b>	<b>Annual FPL</b>	<b>Monthly FPL</b>	<b>150%</b>	<b>160%</b>	<b>185%</b>	<b>200%</b>	<b>202%</b>	<b>208%</b>	<b>213%</b>	<b>250%</b>	<b>266%</b>	<b>322%</b>	<b>400%</b>	<b>600%</b>
<b>1</b>	15060	1255	1883	2008	2322	2510	2536	2611	2674	3138	3339	4042	5020	7530
<b>2</b>	20440	1704	2556	2727	3153	3408	3443	3545	3630	4260	4533	5487	6816	10224
<b>2 Adults</b>	20440	1704	2556	2727	3153	3408	3443	3545	3630	4260	4533	5487	6816	10224
<b>3</b>	25820	2152	3228	3444	3982	4304	4348	4477	4584	5380	5725	6930	8608	12912
<b>4</b>	31200	2600	3900	4160	4810	5200	5252	5408	5538	6500	6916	8372	10400	15600
<b>5</b>	36580	3049	4574	4879	5641	6098	6159	6342	6495	7623	8111	9818	12196	18294
<b>6</b>	41960	3497	5246	5596	6470	6994	7064	7274	7449	8743	9303	11261	13988	20982
<b>7</b>	47340	3945	5918	6312	7299	7890	7969	8206	8403	9863	10494	12703	15780	23670
<b>8</b>	52720	4394	6591	7031	8129	8788	8876	9140	9360	10985	11689	14149	17576	26364
<b>9</b>	58100	4842	7263	7748	8958	9684	9781	10072	10314	12105	12880	15592	19368	29052
<b>10</b>	63480	5290	7935	8464	9787	10580	10686	11004	11268	13225	14072	17034	21160	31740
<b>11</b>	68860	5739	8609	9183	10618	11478	11593	11938	12225	14348	15266	18480	22956	34434
<b>12</b>	74240	6187	9281	9900	11446	12374	12498	12869	13179	15468	16458	19923	24748	37122
<b>Ea Add'l</b>	<b>5380</b>	<b>449</b>	<b>674</b>	<b>719</b>	<b>831</b>	<b>898</b>	<b>907</b>	<b>934</b>	<b>957</b>	<b>1123</b>	<b>1195</b>	<b>1446</b>	<b>1796</b>	<b>2694</b>

## 2024 FPL Calculation Chart (Annual Values) Enclosure 2

	<b>100% FPL</b>	<b>ANNUAL FPL VALUES (Rounded up to next higher dollar)</b>										
<b>Family Size</b>	<b>Annual FPL</b>	<b>60%</b>	<b>100%</b>	<b>108%</b>	<b>109%</b>	<b>114%</b>	<b>120%</b>	<b>128%</b>	<b>133%</b>	<b>135%</b>	<b>138%</b>	<b>142%</b>
<b>1</b>	15060	9036	15060	16265	16416	17169	18072	19277	20030	20331	20783	21386
<b>2</b>	20440	12264	20440	22076	22280	23302	24528	26164	27186	27594	28208	29025
<b>2 Adults</b>	20440	12264	20440	22076	22280	23302	24528	26164	27186	27594	28208	29025
<b>3</b>	25820	15492	25820	27886	28144	29435	30984	33050	34341	34857	35632	36665
<b>4</b>	31200	18720	31200	33696	34008	35568	37440	39936	41496	42120	43056	44304
<b>5</b>	36580	21948	36580	39507	39873	41702	43896	46823	48652	49383	50481	51944
<b>6</b>	41960	25176	41960	45317	45737	47835	50352	53709	55807	56646	57905	59584
<b>7</b>	47340	28404	47340	51128	51601	53968	56808	60596	62963	63909	65330	67223
<b>8</b>	52720	31632	52720	56938	57465	60101	63264	67482	70118	71172	72754	74863
<b>9</b>	58100	34860	58100	62748	63329	66234	69720	74368	77273	78435	80178	82502
<b>10</b>	63480	38088	63480	68559	69194	72368	76176	81255	84429	85698	87603	90142
<b>11</b>	68860	41316	68860	74369	75058	78501	82632	88141	91584	92961	95027	97782
<b>12</b>	74240	44544	74240	80180	80922	84634	89088	95028	98740	100224	102452	105421
<b>Ea Add'l</b>	<b>5380</b>	<b>3228</b>	<b>5380</b>	<b>5811</b>	<b>5865</b>	<b>6134</b>	<b>6456</b>	<b>6887</b>	<b>7156</b>	<b>7263</b>	<b>7425</b>	<b>7640</b>

	<b>100% FPL</b>	<b>ANNUAL FPL VALUES (Rounded up to next higher dollar)</b>											
<b>Family Size</b>	<b>Annual FPL</b>	<b>150%</b>	<b>160%</b>	<b>185%</b>	<b>200%</b>	<b>202%</b>	<b>208%</b>	<b>213%</b>	<b>250%</b>	<b>266%</b>	<b>322%</b>	<b>400%</b>	<b>600%</b>
<b>1</b>	15060	22590	24096	27861	30120	30422	31325	32078	37650	40060	48494	60240	90360
<b>2</b>	20440	30660	32704	37814	40880	41289	42516	43538	51100	54371	65817	81760	122640
<b>2 Adults</b>	20440	30660	32704	37814	40880	41289	42516	43538	51100	54371	65817	81760	122640
<b>3</b>	25820	38730	41312	47767	51640	52157	53706	54997	64550	68682	83141	103280	154920
<b>4</b>	31200	46800	49920	57720	62400	63024	64896	66456	78000	82992	100464	124800	187200
<b>5</b>	36580	54870	58528	67673	73160	73892	76087	77916	91450	97303	117788	146320	219480
<b>6</b>	41960	62940	67136	77626	83920	84760	87277	89375	104900	111614	135112	167840	251760
<b>7</b>	47340	71010	75744	87579	94680	95627	98468	100835	118350	125925	152435	189360	284040
<b>8</b>	52720	79080	84352	97532	105440	106495	109658	112294	131800	140236	169759	210880	316320
<b>9</b>	58100	87150	92960	107485	116200	117362	120848	123753	145250	154546	187082	232400	348600
<b>10</b>	63480	95220	101568	117438	126960	128230	132039	135213	158700	168857	204406	253920	380880
<b>11</b>	68860	103290	110176	127391	137720	139098	143229	146672	172150	183168	221730	275440	413160
<b>12</b>	74240	111360	118784	137344	148480	149965	154420	158132	185600	197479	239053	296960	445440
<b>Ea Add'l</b>	<b>5380</b>	<b>8070</b>	<b>8608</b>	<b>9953</b>	<b>10760</b>	<b>10868</b>	<b>11191</b>	<b>11460</b>	<b>13450</b>	<b>14311</b>	<b>17324</b>	<b>21520</b>	<b>32280</b>

## Program Descriptions by FPL Enclosure 3

<b>100% FPL</b>	= Qualified Medicare Beneficiary (QMB) Program
<b>108% FPL</b>	= ACA Title XXI CHIP Expansion Children Ages 6-19
<b>109% FPL</b>	= ACA Parents and Caretaker Relatives
<b>114% FPL</b>	= 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)
<b>120% FPL</b>	= < Specified Low-Income Medicare Beneficiaries (SLMB)
<b>128% FPL</b>	= Disabled Individuals in New Adult Group
<b>133% FPL</b>	= ACA Children and Title XXI Expansion Children Ages 6-19
<b>135% FPL</b>	= < Qualified Individual 1 Program (QI-1)
<b>138% FPL</b>	= ACA New Adults Ages 19-64; and = FPL Program for Aged & Disabled

## Program Descriptions by FPL Enclosure 3

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

## Program Descriptions by FPL Enclosure 3

<b>400+% FPL</b>	= Unsubsidized Coverage
<b>\$35.00</b>	= 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, 2024.
- For applicants and recipients of MSPs receiving RSDI Title II income, the new FPL figures are effective March 1, 2024.



**You may qualify for no-cost or low-cost Medi-Cal coverage  
under the new 2024 income limits**

Dear Covered California Member or Medi-Cal Beneficiary,

Medi-Cal income levels have changed for 2024. 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: 1-800-889-4500). 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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