

ELIGIBILITY DETERMINATION TABLE
EFFECTIVE APRIL 1, 2016

Providers are required to ensure that the parent/guardian understands the questions on the CHDP Eligibility Information Form (DHS 4073) that relate to eligibility for a CHDP-reimbursed health assessment. Services provided to persons enrolled in a prepaid health plan where preventable health services are a covered benefit **MUST NOT BE BILLED TO CHDP.**

Eligibility Criteria:

1. Full Scope Medi-Cal:

Medi-cal recipients younger than 21 years of age are eligible to receive CHDP health assessments if they are eligible for full-scope Medi-Cal during the month in which services are rendered.

2. No Full Scope Medi-Cal:

Children or youth younger than 19 years of age whose family income is below 200 percent of the Federal Poverty Level and who have no health Insurance coverage for well-child care are eligible to receive no-cost CHDP health assessments. CHDP services also may be rendered to Medi-Cal recipients younger than 19 years of age who have no coverage through Medi-Cal for CHDP health assessments on the date of service. This includes those who Limited Scope Medi-Cal or a Share of Cost that had not been met for the month of service.

Note: *Most infants under 13 months of age are eligible for full scope Medi-Cal benefits. IF the family is enrolling the infant into temporary Medi-Cal using the CHDP Gateway, please ensure the family completes the "For Patients under One Year of Age" section of the DHS 4073, if the mother had Medi-Cal coverage at the time of delivery. Completing this section may automatically link the infant to the mother's care and establish Medi-Cal eligibility without the family having to complete the joint Medi-Cal/Healthy Families Application. If the mother did not have Medi-Cal at the time of delivery, the family should contact the local Department of Social Services to apply for Medi-Cal.*

| Income Eligibility Determination Table Effective January 1, 2016 through December 31, 2016* Number of Persons in Family Unit | Annual | Monthly |
|--|--|------------------------------------|
| 1 | \$31,601 | \$2,634 |
| 2 | \$42,614 | \$3,552 |
| 3 | \$53,626 | \$4,469 |
| 4 | \$64,638 | \$5,387 |
| 5 | \$75,651 | \$6,305 |
| 6 | \$86,663 | \$7,222 |
| 7 | \$97,702 | \$8,142 |
| 8 | \$108,768 | \$9,064 |
| 9 | \$119,833 | \$9,987 |
| 10 | \$103,899 | \$10,909 |
| For family units of more than 10 members; for each additional member, add: | \$11,066 per additional family member | \$923 per additional family member |