

**1915(i) Federal Poverty Level (FPL) Table
 (Income must be equal to or less than 150% of FPL)**

Household Size										
1	2	3	4	5	6	7	8	9	10	+1
\$1,957	\$2,644	\$3,332	\$4,019	\$4,707	\$5,394	\$6,082	\$6,769	\$7,457	\$8,144	\$688

Use the above table to determine whether the individual meets the income thresholds to receive services under the 1915(i).

The following are the Medicaid category of eligibility coverage groups that could potentially meet the 1915(i) guidelines if, in reviewing the countable income for the individual, the income is equal to or less than 150%. Other category of eligibility coverage groups not listed here are automatically deemed income-eligible for 1915(i) services.

- Children (Ages 0-6)
- Pregnant Women
- Optional Children’s Group (CHIP)
- Women’s Way
- Workers with Disabilities
- Children with Disabilities

Example: Pregnant Woman

Household of 2: Pregnant Woman and Unborn Child

Countable Income of: \$2400/month

Would meet the income level for additional services under 1915(i).