

# HIV Client Services Early Intervention Program 2016 Federal Poverty Level and Cost Share Schedule

(Effective 4/1/2016 – 3/31/2017)

Family Size	0-100% FPL \$0/mo Cost Share		>100%-200% FPL \$10/mo Cost Share		>200% - 300% FPL \$20/mo Cost Share		>300% – 400% FPL \$30/mo Cost Share	
	Per month	Per month	Per month	Per month	Per month	Per month	Per month	Per month
1	\$0	\$990.00	\$990.01	\$1,980.00	\$1,980.01	\$2,970.00	\$2,970.01	\$3,960.00
2	\$0	\$1,335.00	\$1,335.01	\$2,670.00	\$2,670.01	\$4,005.00	\$4,005.01	\$5,340.00
3	\$0	\$1,680.00	\$1,680.01	\$3,360.00	\$3,360.01	\$5,040.00	\$5,040.01	\$6,720.00
4	\$0	\$2,025.00	\$2,025.01	\$4,050.00	\$4,050.01	\$6,075.00	\$6,075.01	\$8,100.00
5	\$0	\$2,370.00	\$2,370.01	\$4,740.00	\$4,740.01	\$7,110.00	\$7,110.01	\$9,480.00
6	\$0	\$2,715.00	\$2,715.01	\$5,430.00	\$5,430.01	\$8,145.00	\$8,145.01	\$10,860.00

**SOURCE:** *Federal Register, January 25, 2016.* For families/households with more than 8 persons, add \$4,160 for each additional person.

**Clients with Medicare B or Spenddown do not have a cost share obligation.**

### Mandatory Medicaid

Family Size	<138% FPL Per month
1	\$1,366.20
2	\$1,842.30
3	\$2,318.40
4	\$2,794.50
5	\$3,270.60
6	\$3,746.70



DOH 410-025 April 2016

If you have any questions, call the Early Intervention Program at 877-376-9316.

For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711)