

INDIANA STATE DEPARTMENT OF HEALTH

Monthly Calculation

January 2009

Income Eligibility Guidelines for the WIC / MCH / CSHCS / Hoosier Healthwise Programs
Based on Health and Human Services Poverty Income Guidelines

Program Implementation Dates Listed Below

CSHCS: January 23, 2009

MCH / Hoosier Healthwise: March 1, 2009

WIC: April 1, 2009

The following information is for use by all MCH funded projects, WIC programs, CSHCS programs, and Hoosier Healthwise (HH) recorded on the appropriate enrollment forms. Guidelines for use of this form are as follows: (all calculations other than 185% are calculated from CMS income guidelines).

CSHCS: To be financially eligible for CSHCS, the gross household income must be less than or equal to 250% of the federal poverty income guidelines. Effective 7/1/09 for new applications or reapplications, this will change to 225% of the federal poverty income guidelines. Household means a group of related or nonrelated individuals who are not residents of an institution, but who are living as one economic unit. The applicant must also be medically eligible to receive services.

MCH: The payment level for MCH services is at the bottom of the form. It ranges from no charge at or below 100% of federal poverty guidelines to patients being charged the full cost of service (100%) at greater than 250% of federal poverty guidelines. Assignment of an MCH payment level category is based on the participant's annual family/household (economic unit) gross income and size with regard for extenuating circumstances (that is, substantial financial debt, family members with extraordinary medical bills). The participant's payment level category must be updated annually. This payment level is for persons without insurance to cover services.

WIC: Please note that there is no charge for WIC services and WIC income eligibility cannot exceed 185% of the poverty income levels. Proof of income is required to receive WIC benefits. No allowances for extenuating circumstances can be made. Total household income (gross) must be used, except for self-employed persons, such as a farmer or a small business owner. For this special group use gross income less business expenses. Household consists of a group of related or nonrelated individuals who are not residents of an institution but who are living as one economic unit.

HHW: For a pregnant woman to be financially eligible for package A Hoosier Healthwise, the gross economic unit income must be less than or equal to 22% of the federal poverty income. Pregnancy related Package B eligibility is up to 200% of poverty, and Package A for infants under age one, up to 200% of poverty. Children 0-19 are eligible for Package C (required variable premium payment) up to 250% of federal poverty income guidelines.

NOTE: CSHCS defines a pregnant woman as one family member. MCH and WIC define a pregnant woman as two family members.

HOUSEHOLD SIZE:	Monthly Income Starting At	HHW Package A (Families, pregnant women, children) Monthly Income Equal To Or Less Than	HHW Partial Premium Package C Monthly Income Equal To Or Less Than	USDA / WIC Standard Monthly Income Equal To Or Less Than	HHW Full Premium Package C and Package B Pregnancy Monthly Income Equal To Or Less Than	As of 7/1/2009: CSHCS Annual Income Equal To Or Less Than	After 6/30/09, use for currently enrolled only, not for new apps or re-evals: CSHCS Annual Income Equal To Or Less Than
Size	100%	150%	175%	185%	200%	225%	250%
1	\$903	\$1,354	\$1,579	\$1,670	\$1,805	\$2,031	\$2,256
2	\$1,214	\$1,821	\$2,125	\$2,246	\$2,428	\$2,732	\$3,035
3	\$1,526	\$2,289	\$2,670	\$2,823	\$3,052	\$3,433	\$3,815
4	\$1,838	\$2,756	\$3,216	\$3,399	\$3,675	\$4,134	\$4,594
5	\$2,149	\$3,224	\$3,761	\$3,976	\$4,298	\$4,836	\$5,373
6	\$2,461	\$3,691	\$4,306	\$4,553	\$4,922	\$5,537	\$6,152
7	\$2,773	\$4,159	\$4,852	\$5,129	\$5,545	\$6,238	\$6,931
8	\$3,084	\$4,626	\$5,397	\$5,706	\$6,168	\$6,939	\$7,710
9	\$3,396	\$5,094	\$5,943	\$6,282	\$6,792	\$7,641	\$8,490
10	\$3,708	\$5,561	\$6,488	\$6,859	\$7,415	\$8,342	\$9,269
11	\$4,019	\$6,029	\$7,034	\$7,435	\$8,038	\$9,043	\$10,048

12	\$4,331	\$6,496	\$7,579	\$8,012	\$8,662	\$9,744	\$10,827
Each add'l member	\$312	\$468	\$545	\$577	\$623	\$701	\$779
*MCH	< 100%	101%-150%	151% - 185%		186% - 200%	201% - 250%	
	0%	**1 – 25%	25% - 50%		50%	75%	

Federal Register Vol. 74, No. 14, January 23, 2009. *MCH Percentage used to calculate MCH charges. If income is greater than 250%, charge 100%. **Clinic choice 1-24% for the cost of service except those covered by HH.

Annual Calculation January 2009

Income Eligibility Guidelines for the WIC / MCH / CSHCS / Hoosier Healthwise Programs
Based on Health and Human Services Poverty Income Guidelines

Program Implementation Dates Listed Below

CSHCS: January 23, 2009

MCH / Hoosier Healthwise: March 1, 2009

WIC: April 1, 2009

The following information must be used by all MCH funded projects, WIC programs, CSHCS programs, and Hoosier Healthwise (HH) recorded on the appropriate enrollment forms. Guidelines for use of this form are as follows: (all calculations other than 185% are calculated from HCFA income guidelines).

CSHCS: To be financially eligible for CSHCS, the gross household income must be less than or equal to 250% of the federal poverty income guidelines. Effective 7/1/09 for new applications or reapplications, this will change to 225% of the federal poverty income guidelines. Household means a group of related or nonrelated individuals who are not residents of an institution, but who are living as one economic unit. The applicant must also be medically eligible to receive services.

MCH: The payment level for MCH services is at the bottom of the form. It ranges from no charge at or below 100% of federal poverty guidelines to patients being charged the full cost of service (100%) at greater than 250% of federal poverty guidelines. Assignment of an MCH payment level category is based on the participant's annual family/household (economic unit) gross income and size with regard for extenuating circumstances (that is, substantial financial debt, family members with extraordinary medical bills). The participant's payment level category must be updated annually. This payment level is for persons without insurance to cover services.

WIC: Please note that there is no charge for WIC services and WIC income eligibility cannot exceed 185% of the poverty income levels. Proof of income is required to receive WIC benefits. No allowances for extenuating circumstances can be made. Total household income (gross) must be used, except for self-employed persons, such as a farmer or a small business owner. For this special group use gross income less business expenses. Household consists of a group of related or nonrelated individuals who are not residents of an institution but who are living as one economic unit.

HHW: For a pregnant woman, to be financially eligible for package A Hoosier Healthwise, the gross economic unit income must be less than or equal to 22% of the federal poverty income. Pregnancy related Package B eligibility is up to 200% of poverty and Package A for infants under age one, up to 200% of poverty. Children 0-19 are eligible for Package C (required variable premium payment) up to 250% of federal poverty income guidelines.

NOTE: CSHCS defines a pregnant woman as one family member. MCH and WIC define a pregnant woman as two family members.

HOUSEHOLD SIZE:	Monthly Income Starting At	HHW Package A (Families, pregnant women, children) Monthly Income Equal To Or Less Than	HHW Partial Premium Package C Monthly Income Equal To Or Less Than	USDA / WIC Standard Monthly Income Equal To Or Less Than	HHW Full Premium Package C and Package B Pregnancy Monthly Income Equal To Or Less Than	As of 7/1/2009 CSHCS Annual Income Equal To Or Less Than	CSHCS Annual Income Equal To Or Less Than
Size	100%	150%	175%	185%	200%	225%	250%
1	\$10,830	\$16,245	\$18,953	\$20,036	\$21,660	\$24,368	\$27,075
2	\$14,570	\$21,855	\$25,498	\$26,955	\$29,140	\$32,783	\$36,425
3	\$18,310	\$27,465	\$32,043	\$33,874	\$36,620	\$41,198	\$45,775

Indiana Register

4	\$22,050	\$33,075	\$38,588	\$40,793	\$44,100	\$49,613	\$55,125
5	\$25,790	\$38,685	\$45,133	\$47,712	\$51,580	\$58,028	\$64,475
6	\$29,530	\$44,295	\$51,678	\$54,631	\$59,060	\$66,443	\$73,825
7	\$33,270	\$49,905	\$58,223	\$61,550	\$66,540	\$74,858	\$83,175
8	\$37,010	\$55,515	\$64,768	\$68,469	\$74,020	\$83,273	\$92,525
9	\$40,750	\$61,125	\$71,313	\$75,388	\$81,500	\$91,688	\$101,875
10	\$44,490	\$66,735	\$77,858	\$82,307	\$88,980	\$100,103	\$111,225
11	\$48,230	\$72,345	\$84,403	\$89,226	\$96,460	\$108,518	\$120,575
12	\$51,970	\$77,955	\$90,948	\$96,145	\$103,940	\$116,933	\$129,925
Each add'l member	\$3,740	\$5,610	\$6,545	\$6,919	\$7,480	\$8,415	\$9,350
*MCH	< 100%	101%-150%	151% - 185%		186% - 200%	201% - 250%	
	0%	**1 – 25%	25% - 50%		50%	75%	

Federal Register Vol. 74, No. 14, January 23, 2009. *MCH Percentage used to calculate MCH charges. If income is greater than 250%, charge 100%. **Clinic choice 1-24% for the cost of service except those covered by HH.

Posted: 04/29/2009 by Legislative Services Agency
 An [html](#) version of this document.