



## OPERATIONAL MEMO

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<b>TITLE:</b>	<b>2023 FAMILY PLANNING FEDERAL POVERTY LEVEL INCOME GUIDELINES</b>
<b>SUPERSEDES NUMBER:</b>	N/A
<b>EFFECTIVE DATE:</b>	<b>APRIL 1, 2023</b>
<b>DIVISION AND OFFICE:</b>	<b>MEDICAID OPERATIONS OFFICE</b>
<b>PROGRAM AREA:</b>	<b>ELIGIBILITY POLICY</b>
<b>KEY WORDS:</b>	<b>2023 FAMILY PLANNING FEDERAL POVERTY LEVEL GUIDELINES; INCOME LIMITS</b>
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<b>APPROVED BY: RALPH CHOATE</b>	

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### **Purpose and Audience:**

The purpose for this memo is to notify all Eligibility Sites (county departments of human/social services, Medical Assistance (MA) Sites, and Eligibility Application Partners (EAP), herein referenced as "Eligibility Sites") of the income guidelines for the Modified Adjusted Gross Income (MAGI) Limited Family Planning Medical Assistance program effective April 1, 2023.

### **Information:**

The income limits for the MAGI Limited Family Planning Medical programs is based on Federal Poverty Level (FPL) guidelines that are updated annually. The income guidelines are used to determine eligibility for the MAGI Limited Family Planning Medical Assistance program and is subject to change annually as the FPL is adjusted.

### **Procedure:**

Colorado Benefits Management System (CBMS) has been updated to reflect the new income guidelines for MAGI- Limited Family Planning Medical Assistance according to the chart below.

Family Size	Limited Family Planning 134% to 260%
2	2187 - 4273
3	2756 - 5386
4	3326 - 6500
5	3895 - 7614
6	4465 - 8727

Family Size	Limited Family Planning 134% to 260%
7	5035 - 9841
8	5605 - 10955
9	6174 - 12068
10	6744 - 13182
11	7314 - 14296

**Attachment(s):**

None

**Department Contact:**

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