2024 FEDERAL POVERTY GUIDELINES (FPG)
ANNUAL & MONTHLY INCOME LEVELS
FROM 100% to 250%

FAMILY SIZE	FPG (100%)		125% of FPG		150% of FPG		175% of FPG		185% of FPG		200% of FPG		235% of FPG		250% of FPG	
	YEAR	MONTH	YEAR	MONTH	YEAR	MONTH	YEAR	MONTH	YEAR	MONTH	YEAR	MONTH	YEAR	MONTH	YEAR	MONTH
1	$15,060	$1,255	$18,825	$1,569	$22,590	$1,883	$26,355	$2,196	$27,861	$2,322	$30,120	$2,510	$35,391	$2,949	$37,650	$3,138
2	$20,440	$1,703	$25,550	$2,129	$30,660	$2,555	$35,770	$2,981	$37,814	$3,151	$40,880	$3,407	$48,034	$4,003	$51,100	$4,258
3	$25,820	$2,152	$32,275	$2,690	$38,730	$3,228	$45,185	$3,765	$47,767	$3,981	$51,640	$4,303	$60,677	$5,056	$64,550	$5,379
4	$31,200	$2,600	$39,000	$3,250	$46,800	$3,900	$54,600	$4,550	$57,720	$4,810	$62,400	$5,200	$73,320	$6,110	$78,000	$6,500
5	$36,580	$3,048	$45,725	$3,810	$54,870	$4,573	$64,015	$5,335	$67,673	$5,639	$73,160	$6,097	$85,963	$7,164	$91,450	$7,621
6	$41,960	$3,497	$52,450	$4,371	$62,940	$5,245	$73,430	$6,119	$77,626	$6,469	$83,920	$6,993	$98,606	$8,217	$104,900	$8,742
7	$47,340	$3,945	$59,175	$4,931	$71,010	$5,918	$82,845	$6,904	$87,579	$7,298	$94,680	$7,890	$111,249	$9,271	$118,350	$9,863
8	$52,720	$4,393	$65,900	$5,492	$79,080	$6,590	$92,260	$7,688	$97,532	$8,128	$105,440	$8,787	$123,892	$10,324	$131,800	$10,983
*	$5,380	$448	$6,725	$560	$8,070	$673	$9,415	$785	$9,953	$829	$10,760	$897	$12,643	$1,054	$13,450	$1,121

*For family units over 8, add the amount shown for each additional member.

Notes:

Federal Poverty Guidelines: 2024 Federal Poverty Guidelines (FPG) annual income levels are published in the Federal Register of January 17, 2024, Volume 89, Number 11, on pages 2961-2963.

Percentage Calculations: Annual income levels provided above for 125%-250% of FPG are derived by multiplying the FPG annual income for each family size by the appropriate percentage and rounding to the nearest whole dollar. Monthly income levels for FPG and 125%-250% of FPG are derived by dividing each annual income level by 12 and rounding to the nearest whole dollar.

Calculated and prepared by the Office of Health Planning, Georgia Department of Community Health, January 17, 2024.

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
OFFICE OF HEALTH PLANNING
INDIGENT INCOME LEVELS FOR 2024

ANNUAL & MONTHLY INCOME LEVELS FOR FAMILIES AND INDIVIDUALS AT 125% OF 2024 FEDERAL POVERTY GUIDELINES

FAMILY SIZE	2024 INCOME LEVEL FOR 125% FPG	
	ANNUAL	MONTHLY
1	$18,825 per year	$1,569 per month
2	$25,550 per year	$2,129 per month
3	$32,275 per year	$2,690 per month
4	$39,000 per year	$3,250 per month
5	$45,725 per year	$3,810 per month
6	$52,450 per year	$4,371 per month
7	$59,175 per year	$4,931 per month
8	$65,900 per year	$5,492 per month
For family units over 8, add $6725 per year or $560 per month for each additional member.		

Notes:

Federal Poverty Guidelines: "2024 Poverty Guidelines for the 48 Contiguous States and the District of Columbia" as published in the Federal Register of January 17, 2024, Volume 89, Number 11, on pages 2961 - 2963.

125% FPG Calculation: The annual income levels at 125% FPG provided above are derived by multiplying the federal poverty guidelines annual income for each family size by 1.25 (125%) and rounding to the nearest whole dollar. These annual figures are then divided by 12 and rounded to the nearest whole dollar to derive the monthly income levels.

DCH Indigent Income Level: The Georgia Department of Community Health's Office of Health Planning defines an indigent patient as being a patient who is income tested and found to be at or below 125% of the FPG.

Calculated and prepared by the Office of Health Planning, Georgia Department of Community Health, January 17, 2024.

eligible entities to promote rural health care services outreach by improving and expanding the delivery of health care services to include new and enhanced services in rural areas, through community engagement and evidence-based or innovative, evidence-informed models. HRSA currently collects information about Care Coordination Program grants using an OMB-approved set of performance measures and seeks to revise that approved collection. The proposed changes to the information collection are a result of award recipient feedback and information gathered from the previously approved Care Coordination Program measures.

Need and Proposed Use of the Information: This program needs measures that will enable HRSA to provide aggregate program data required by Congress under the Government Performance and Results Act of 1993. These measures cover the principal topic areas of interest to HRSA, including: (1) access to care, (2) population demographics and social determinants of health, (3) care coordination and network infrastructure, (4) sustainability, (5) leadership and workforce, (6) electronic health record, (7) telehealth, (8) utilization, and (9) clinical measures/improved outcomes. All measures will evaluate HRSA's progress toward achieving its goals.

The proposed changes include additional components under ''Access to Care'' and ''Population Demographic'' sections that seek information about target population, counties served, direct services, and social determinants of health such as transportation barriers, housing, and food insecurity. Questions about Health Information Technology and Telehealth have been modified to reflect an updated telehealth definition and to improve understanding of how these important technologies are affecting HRSA award recipients. Sections previously titled ''Care Coordination'' and ''Quality Improvement'' were consolidated into one section titled ''Care Coordination and Network Infrastructure'' to improve clarity and ease of reporting for respondents. Part of the previous ''Care Coordination'' section was revised to include a section titled ''Utilization'' to improve clarity of instructions for related measures. Previously titled ''Staffing'' section was revised to ''Leadership and Workforce Composition'' to improve measure clarity and reduce overall burden for respondents by consolidating measures from previously separate ''Staffing,'' ''Quality Improvement,'' and ''Care Coordination'' sections. Revised National Quality Forum and Centers for Medicare & Medicaid Services measures were also included to allow uniform collection efforts throughout the Federal Office of Rural Health Policy.

The total number of measures has increased from 40 to 48 measures since the previous information collection request. Of the 48 measures, 11 measures are designated as ''optional'' or ''complete as applicable.'' The measures within Section 6: ''Electronic Health Record'' are noted as optional to grantees. In Section 9: ''Clinical Measures/Improved Health Outcomes,'' grantees are only required to respond to Clinical Measure 1: Care Coordination. Grantees can choose to provide data for Clinical Measures 2–10 if applicable to their projects. The total number of responses has remained at 10 since the previous information collection request. The new Care Coordination Program grant cycle maintained the same number of award recipients and number of respondents.

Likely Respondents: The respondents would be recipients of the Rural Health Care Coordination Program grants.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Rural Health Care Coordination Program Performance Improvement Measures	10	1	10	3.5	35
Total	10	1	10	3.5	35

HRSA specifically requests comments on: (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2024–00818 Filed 1–16–24; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Annual Update of the HHS Poverty Guidelines

AGENCY: Department of Health and Human Services.

ACTION: Notice.

SUMMARY: This notice provides an update of the Department of Health and Human Services (HHS) poverty guidelines to account for last calendar

year's increase in prices as measured by the Consumer Price Index.

DATES: *Applicable Date:* January 11, 2024 unless an office administering a program using the guidelines specifies a different applicable date for that particular program.

ADDRESSES: Office of the Assistant Secretary for Planning and Evaluation, Room 404E, Humphrey Building, Department of Health and Human Services, Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: For information about how the guidelines are used or how income is defined in a particular program, contact the Federal, State, or local office that is responsible for that program. For information about poverty figures for immigration forms, the Hill-Burton Uncompensated Services Program, and the number of people in poverty, use the specific telephone numbers and addresses given below.

For general questions about the poverty guidelines themselves, contact Kendall Swenson, Office of the Assistant Secretary for Planning and Evaluation, Room 404E.3, Humphrey Building, Department of Health and Human Services, Washington, DC 20201—telephone: (202) 695–2107—or visit *http://aspe.hhs.gov/poverty/.*

For general questions about the poverty guidelines themselves, visit *http://aspe.hhs.gov/poverty/.*

For information about the percentage multiple of the poverty guidelines to be used on immigration forms such as USCIS Form I–864, Affidavit of Support, contact U.S. Citizenship and Immigration Services at 1–800–375–5283. You also may visit *https://www.uscis.gov/i-864.*

For information about the Hill-Burton Uncompensated Services Program (free or reduced-fee health care services at certain hospitals and other facilities for persons meeting eligibility criteria involving the poverty guidelines), visit *https://www.hrsa.gov/get-health-care/affordable/hill-burton/index.html.*

For information about the number of people in poverty, visit the Poverty section of the Census Bureau's website at *https://www.census.gov/topics/income-poverty/poverty.html* or contact the Census Bureau's Customer Service Center at 1–800–923–8282 (toll-free) or visit *https://ask.census.gov* for further information.

SUPPLEMENTARY INFORMATION:

Background

Section 673(2) of the Omnibus Budget Reconciliation Act (OBRA) of 1981 (42 U.S.C. 9902(2)) requires the Secretary of the Department of Health and Human Services to update the poverty guidelines at least annually, adjusting them on the basis of the Consumer Price Index for All Urban Consumers (CPI–U). The poverty guidelines are used as an eligibility criterion by Medicaid and a number of other Federal programs. The *poverty guidelines* issued here are a simplified version of the *poverty thresholds* that the Census Bureau uses to prepare its estimates of the number of individuals and families in poverty.

As required by law, this update is accomplished by increasing the latest published Census Bureau poverty thresholds by the relevant percentage change in the Consumer Price Index for All Urban Consumers (CPI–U). The guidelines in this 2024 notice reflect the 4.1 percent price increase between calendar years 2022 and 2023. After this inflation adjustment, the guidelines are rounded and adjusted to standardize the differences between family sizes. In rare circumstances, the rounding and standardizing adjustments in the formula result in small decreases in the poverty guidelines for some household sizes even when the inflation factor is not negative. In cases where the year-to-year change in inflation is not negative and the rounding and standardizing adjustments in the formula result in reductions to the guidelines from the previous year for some household sizes, the guidelines for the affected household sizes are fixed at the prior year's guidelines. As in prior years, these 2024 guidelines are roughly equal to the poverty thresholds for calendar year 2023 which the Census Bureau expects to publish in final form in September 2024.

The poverty guidelines continue to be derived from the Census Bureau's current official poverty thresholds; they are not derived from the Census Bureau's Supplemental Poverty Measure (SPM).

The following guideline figures represent annual income.

2024 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Persons in family/household	Poverty guideline
1	$15,060
2	20,440
3	25,820
4	31,200
5	36,580
6	41,960
7	47,340
8	52,720

For families/households with more than 8 persons, add $5,380 for each additional person.

2024 Poverty Guidelines for Alaska

Persons in family/household	Poverty guideline
1	$18,810
2	25,540
3	32,270
4	39,000
5	45,730
6	52,460
7	59,190
8	65,920

For families/households with more than 8 persons, add $6,730 for each additional person.

2024 Poverty Guidelines for Hawaii

Persons in family/household	Poverty guideline
1	$17,310
2	23,500
3	29,690
4	35,880
5	42,070
6	48,260
7	54,450
8	60,640

For families/households with more than 8 persons, add $6,190 for each additional person.

Separate poverty guideline figures for Alaska and Hawaii reflect Office of Economic Opportunity administrative practice beginning in the 1966–1970 period. (Note that the Census Bureau poverty thresholds—the version of the poverty measure used for statistical purposes—have never had separate figures for Alaska and Hawaii.) The poverty guidelines are not defined for Puerto Rico or other outlying jurisdictions. In cases in which a Federal program using the poverty guidelines serves any of those jurisdictions, the Federal office that administers the program is generally responsible for deciding whether to use the contiguous-states-and-DC guidelines for those jurisdictions or to follow some other procedure.

Due to confusing legislative language dating back to 1972, the poverty guidelines sometimes have been mistakenly referred to as the ''OMB'' (Office of Management and Budget) poverty guidelines or poverty line. In fact, OMB has never issued the guidelines; the guidelines are issued each year by the Department of Health and Human Services. The poverty

guidelines may be formally referenced as ''the poverty guidelines updated periodically in the **Federal Register** by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).''

Some federal programs use a percentage multiple of the guidelines (for example, 125 percent or 185 percent of the guidelines), as noted in relevant authorizing legislation or program regulations. Non-Federal organizations that use the poverty guidelines under their own authority in non-federally-funded activities also may choose to use a percentage multiple of the guidelines.

The poverty guidelines do not make a distinction between farm and non-farm families, or between aged and non-aged units. (Only the Census Bureau poverty thresholds have separate figures for aged and non-aged one-person and two-person units.)

This notice does not provide definitions of such terms as ''income'' or ''family'' as there is considerable variation of these terms among programs that use the poverty guidelines. The legislation or regulations governing each program define these terms and determine how the program applies the poverty guidelines. In cases where legislation or regulations do not establish these definitions, the entity that administers or funds the program is responsible to define such terms as ''income'' and ''family.'' Therefore, questions such as net or gross income, counted or excluded income, or household size should be directed to the entity that administers or funds the program.

Dated: January 11, 2024.

Xavier Becerra,

Secretary, Department of Health and Human Services.

[FR Doc. 2024–00796 Filed 1–16–24; 8:45 am]

BILLING CODE 4150–05–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Interagency Coordinating Committee on the Validation of Alternative Methods Communities of Practice Webinar on Implementing Computational Approaches for Regulatory Safety Assessments; Notice of Public Webinar; Registration Information

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: The Interagency Coordinating Committee on the Validation of Alternative Methods (ICCVAM) announces the public webinar ''Implementing Computational Approaches for Regulatory Safety Assessments.'' The webinar is organized on behalf of ICCVAM by the National Toxicology Program Interagency Center for the Evaluation of Alternative Toxicological Methods (NICEATM). Interested persons may participate via the web meeting platform. Time will be allotted for questions from the audience. Information about the webinar and registration are available at *https://ntp.niehs.nih.gov/go/commprac-2024.*

DATES:

Webinar: January 29, 2024, 10 a.m. to approximately 12 noon EST.

Registration for Webinar: January 10, 2024, until 12:00 noon EST January 29, 2024. Registration to view the webinar is required.

ADDRESSES: Webinar web page: *https://ntp.niehs.nih.gov/go/commprac-2024.*

FOR FURTHER INFORMATION CONTACT: Dr. Helena Hogberg, Staff Scientist, NICEATM, email: *helena.hogberg-durdock@nih.gov,* telephone: (984) 287–3150.

SUPPLEMENTARY INFORMATION:

Background: ICCVAM promotes the development and validation of toxicity testing methods that protect human health and the environment while replacing, reducing, or refining animal use. ICCVAM also provides guidance to test method developers and facilitates collaborations that promote the development of new test methods. To address these goals, ICCVAM will hold a Communities of Practice webinar on ''Implementing Computational Approaches for Regulatory Safety Assessments.''

Computational toxicology methods can be useful for generating bioactivity predictions for chemicals for which limited toxicity data are available. They can also help users understand and interpret large, diverse bioactivity data sets, or predict how a chemical might behave in the body. However, users with limited experience with such methods may find it difficult to use them or interpret their outputs, or even understand how the methods could be applied in a specific context.

This webinar will discuss how to establish confidence in computational approaches for regulatory applications. Ongoing activities and key insights will be described in three presentations by speakers from the U.S. government and the private sector focusing on applications of tools such as structure-based models to predict chemical bioactivity and pharmacokinetic models to support understanding of chemical metabolism and disposition. The preliminary agenda and additional information about presentations will be posted at *https://ntp.niehs.nih.gov/go/commprac-2024* as they become available.

Webinar and Registration: This webinar is open to the public with time scheduled for questions by participants following each presentation. Registration for the webinar is required. Registration will open on or before January 10, 2024, and remain open through 12 noon EST on January 29, 2024. Registration is available at *https://ntp.niehs.nih.gov/go/commprac-2024.* Interested individuals are encouraged to visit this web page to stay abreast of the most current webinar information. Registrants will receive instructions on how to access and participate in the webinar in the email confirming their registration. TTY users should contact the Federal TTY Relay Service at 800–877–8339. Requests should be made at least five business days in advance of the event.

Background Information on ICCVAM and NICEATM: ICCVAM is an interagency committee composed of representatives from 17 Federal regulatory and research agencies that require, use, generate, or disseminate toxicological and safety testing information. ICCVAM conducts technical evaluations of new, revised, and alternative safety testing methods and integrated testing strategies with regulatory applicability. ICCVAM also promotes the scientific validation and regulatory acceptance of testing methods that more accurately assess the safety and hazards of chemicals and products and replace, reduce, or refine animal use.

The ICCVAM Authorization Act of 2000 (42 U.S.C. 285*l*–3) establishes ICCVAM as a permanent interagency committee of the National Institute of Environmental Health Sciences and provides the authority for ICCVAM involvement in activities relevant to the development of alternative test methods. Additional information about ICCVAM can be found at *https://ntp.niehs.nih.gov/go/iccvam.*

NICEATM administers ICCVAM, provides support for ICCVAM-related activities, and conducts and publishes analyses and evaluations of data from new, revised, and alternative testing approaches. NICEATM and ICCVAM work collaboratively to evaluate new and improved testing approaches applicable to the needs of U.S. Federal agencies. NICEATM and ICCVAM welcome the public nomination of new,