



State of New Jersey

DEPARTMENT OF HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

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SARAH ADELMAN
Acting Commissioner

JENNIFER LANGER JACOBS
Assistant Commissioner

MEDICAID COMMUNICATION NO. 21-02

DATE: March 5, 2021

TO: NJ FamilyCare Eligibility Determining Agencies

SUBJECT: Income Eligibility Standards Effective January 1, 2021

The Federal Poverty Level (FPL) guidelines for 2021 were announced and posted online via the electronic version of the Federal Register. Attached is the new income standards chart for all NJ FamilyCare programs. These new standards are retroactively effective January 1, 2021 for all programs.

Eligibility determining agencies shall immediately review all cases that would otherwise have been denied as a result of any income increases. No action is required for those cases that remain eligible under the new income standards.

It is important that any Plan A or Plan ABP cases found to be newly eligible shall be accreted to the eligibility file with an effective date of January 1, 2021, or the date of application, whichever is later. Additionally, any NJ FamilyCare Plan B cases that may now qualify for Plan A coverage also need to be eligible retroactive to January 1, 2021. Please be sure to advise the beneficiary of the change in coverage and change in Medicaid Eligibility Identification Number, when applicable.

If you have any questions regarding this Medicaid Communication, please refer them to the Division's Office of Eligibility field service staff member for your agency at 609-588-2556.

JLJ:jm

c: Sarah Adelman, Acting Commissioner
Department of Human Services

Elisa Neira, Deputy Commissioner
Department of Human Services

Natasha Johnson, Assistant Commissioner
Division of Family Development

Valerie Mielke, Assistant Commissioner
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Judith M. Persichilli, RN, BSN, MA, Commissioner
Department of Health

Joshua Lichtblau, Director, Medicaid Fraud Division
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DMAHS INCOME STANDARDS EFFECTIVE JANUARY 1, 2021

Variances due to rounding may occur.

HH	100% of the Federal Poverty Level		MAGI - AFDC Medicaid - A		Medicaid Special - A		Children's Medicaid- A 107% FPL		Single Adults & Parents ABP 133% FPL		Single Adults & Parents- ABP 138% FPL*	
	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
1	\$ 12,880	\$ 1,074	\$ 2,776	\$ 233	\$ 6,108	\$ 509	\$ 13,782	\$ 1,149	\$ 17,131	\$ 1,428	\$ 17,775	\$ 1,482
2	17,420	1,452	5,052	421	9,660	805	18,640	1,554	23,169	1,931	24,040	2,004
3	21,960	1,830	6,096	508	11,892	991	23,498	1,959	29,207	2,434	30,305	2,526
4	26,500	2,209	7,020	585	14,004	1,167	28,355	2,363	35,245	2,938	36,570	3,048
5	31,040	2,587	7,896	658	16,068	1,339	33,213	2,768	41,284	3,441	42,836	3,570
6	35,580	2,965	8,748	729	18,096	1,508	38,071	3,173	47,322	3,944	49,101	4,092
7	40,120	3,344	9,540	795	20,076	1,673	42,929	3,578	53,360	4,447	55,366	4,614
8	44,660	3,722	10,308	859	22,032	1,836	47,787	3,983	59,398	4,950	61,631	5,136
+1	4,540	379	756	63	1,944	162	4,858	405	6,039	504	6,266	523
HH	Children's Medicaid MCHIP - A 142% FPL		Children's Medicaid MCHIP - A 147% FPL*		CHIP Children - B 150% FPL		CHIP Children- C 185% FPL		Newborns & Pregnant Women - A 194% FPL		Newborns and Pregnant Women - A 199% FPL*	
	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
1	\$ 18,290	\$1,525	\$ 18,934	\$1,578	\$ 19,320	\$ 1,610	\$ 23,828	\$1,986	\$ 24,988	\$ 2,083	\$ 25,632	\$ 2,136
2	24,737	2,062	25,608	2,134	26,130	2,178	32,227	2,686	33,795	2,817	34,666	2,889
3	31,184	2,599	32,282	2,691	32,940	2,745	40,626	3,386	42,603	3,551	43,701	3,642
4	37,630	3,136	38,955	3,247	39,750	3,313	49,025	4,086	51,410	4,285	52,735	4,395
5	44,077	3,674	45,629	3,803	46,560	3,880	57,424	4,786	60,218	5,019	61,770	5,148
6	50,524	4,211	52,303	4,359	53,370	4,448	65,823	5,486	69,026	5,753	70,805	5,901
7	56,971	4,748	58,977	4,915	60,180	5,015	74,222	6,186	77,833	6,487	79,839	6,654
8	63,418	5,285	65,651	5,471	66,990	5,583	82,621	6,886	86,641	7,221	88,874	7,407
+1	6,447	538	6,674	557	6,810	568	8,399	700	8,808	734	9,035	753
HH	CHIP Pregnant Women - A Plan First - Family Planning CHIP Children - C 200% FPL		CHIP Pregnant Women - A Plan First - Family Planning 205% FPL*		CHIP Children - D NJ Workability - A BCC - A 250% FPL		CHIP Children - D 300% FPL		CHIP Children - D 350% FPL		CHIP Children - D 355% FPL*	
	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
1	\$ 25,760	\$ 2,147	\$ 26,404	\$ 2,201	\$ 32,200	\$ 2,684	\$ 38,640	\$ 3,220	\$ 45,080	\$ 3,757	\$ 45,724	\$ 3,811
2	34,840	2,904	35,711	2,976	43,550	3,630	52,260	4,355	60,970	5,081	61,841	5,154
3	43,920	3,660	45,018	3,752	54,900	4,575	65,880	5,490	76,860	6,405	77,958	6,497
4	53,000	4,417	54,325	4,528	66,250	5,521	79,500	6,625	92,750	7,730	94,075	7,840
5	62,080	5,174	63,632	5,303	77,600	6,467	93,120	7,760	108,640	9,054	110,192	9,183
6	71,160	5,930	72,939	6,079	88,950	7,413	106,740	8,895	124,530	10,378	126,309	10,526
7	80,240	6,687	82,246	6,854	100,300	8,359	120,360	10,030	140,420	11,702	142,426	11,869
8	89,320	7,444	91,553	7,630	111,650	9,305	133,980	11,165	156,310	13,026	158,543	13,212
+1	9,080	757	9,307	776	11,350	946	13,620	1,135	15,890	1,325	16,117	1,344
HH	Medically Needy		Medicaid Only/ SSI - A		New Jersey Care... Special Medicaid Programs - A 100% FPL**		SLMB 120% FPL		MLTSS + Amounts may be adjusted in July or October			
	Monthly	Resource	Monthly	Resource	Monthly	Resource	Monthly	Resources	Medicaid "Cap"		\$	2,382
1	\$ 367	\$ 4,000	\$ 825.25	\$ 2,000	\$ 1,074	\$ 4,000	\$ 1,288	\$ 7,970				
2	434	6,000	1,216.35	3,000	1,452	6,000	1,742	11,960	Community Spouse Maintenance Allowance+		\$	2,155
3	567	6,100							Spousal Housing Allowance+		\$	646.50
4	659	6,200							Utility Allowance+		\$	548
5	742	6,300							Maximum Home Equity Limit		\$	906,000
6	825	6,400					\$ 1,449	\$ 7,970	Community Spouse Resources		Minimum	\$ 26,076
							1,960	11,960			Maximum	\$ 130,380

*5% MAGI Related Disregard

** New Jersey Care...Special Medicaid Program Resource Limits Only Apply to Aged, Blind and Disabled Programs

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