

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
P.O. Box 712
Trenton, NJ 08625-0712

ELIZABETH CONNOLLY
Acting Commissioner

MEGHAN DAVEY

Director

CHRIS CHRISTIE

Governor

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MEDICAID COMMUNICATION NO. 17-03 DATE: February 8, 2017

TO: County Welfare Agency (CWA) Directors

Statewide Eligibility Determination Agencies

Institutional Services Section (ISS) Area Supervisors

SUBJECT: Income Eligibility Standards Effective January 1, 2017

The Federal Poverty Level (FPL) guidelines for 2017 were announced on January 31, 2017 and made available online via the electronic version of the Federal Register. Attached is the new income standards chart which is for all NJ FamilyCare programs. These new standards are retroactively effective January 1, 2017 for all programs.

Eligibility determining agencies shall immediately review all cases that would otherwise have been terminated or denied as a result of any income increases. No action is required for those cases that remain eligible under the new income standards. Any of the continued cases that are not eligible under the new standards shall be terminated no later than April 30, 2017. Adverse action requirements must be met.

It is important that any Plan A case found to be newly eligible shall be accreted to the eligibility file with an effective date of January 1, 2017, 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, 2017. 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 staff for your agency at 609-588-2556.

MD:jm

c: Elizabeth Connolly, Acting Commissioner Department of Human Services

Dawn Apgar, Deputy Commissioner Department of Human Services

Valerie Harr, Deputy Commissioner Department of Human Services

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Liz Shea, Assistant Commissioner Division of Developmental Disabilities

Joseph Amoroso, Director Division of Disability Services

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Natasha Johnson, Director Division of Family Development

Cathleen D. Bennett, Commissioner Department of Health

Allison Blake, Commissioner Department of Children and Families

	DMAHS INCOME STANDARDS EFFECTIVE JANUARY 1, 2017													
нн	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	_	onthly	
1	\$ 12,060	\$ 1,005	\$ 2,776	\$ 233	\$ 6,108	\$ 509	\$ 12,905	\$ 1,076	\$ 16,040	\$ 1,337	\$ 16,643	\$	1,387	
2	16,240	1,354	5,052	421	9,660	805	17,377	1,449	21,600	1,800	22,412		1,868	
3	20,420	1,702	6,096 7,020	508 585	11,892 14,004	991	21,850 26,322	1,821	27,159 32,718	2,264 2,727	28,180 33,948		2,349 2,829	
5	28,780	2,050 2,399	7,896	658	16,068	1,167 1,339	30,795	2,194 2,567	38,278	3,190	39,717		3,310	
6	32,960	2,747	8,748	729	18,096	1,508	35,268	2,939	43,837	3,654	45,485		3,791	
7	37,140	3,095	9,540	795	20,076	1,673	39,740	3,312	49,397	4,117	51,254		4,272	
8	41,320	3,444	10,308	859	22,032	1,836	44,213	3,685	54,956	4,580	57,022		4,752	
+1	4,180	349	756	63	1,944	162	4,473	373	5,560	464	5,769		481	
	Children's Medicaid		Children's Medicaid						Newborns &			Newborns and		
нн			MCHIP - A		CHIP Children - B		CHIP Children- C 185% FPL		Pregnant Women -A		Pregnant '	Pregnant Women - A		
	142% FPL		147% FPL*		150% FPL		103% FPL		194%		199%			
	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	М	onthly	
1	\$ 17,126	\$1,428	\$ 17,729	\$1,478	\$ 18,090	\$ 1,508	\$ 22,311	\$1,860	\$ 23,397	\$ 1,950	\$ 24,000	\$	2,000	
2	23,061	1,922	23,873	1,990	24,360	2,030	30,044	2,504	31,506	2,626	32,318		2,694	
3	28,997	2,417	30,018	2,502	30,630	2,553	37,777	3,149	39,615	3,302	40,636		3,387	
4	34,932	2,911	36,162	3,014	36,900	3,075	45,510	3,793	47,724	3,977	48,954		4,080	
5	40,868	3,406	42,307	3,526	43,170	3,598	53.243	4,437	55,834	4,653	57,273		4,773	
6	46,804	3,901	48,452	4,038	49,440	4,120	60,976	5,082	63,943	5,329	65,591		5,466	
7	52,739	4,395	54,596	4,550	55,710	4,643	68,709	5,726	72,052	6,005	73,909		6,160	
8	58,675	4,890	60,741	5,062	61,980	5,165	76,442	6,371	80,161	6,681	82,227		6,853	
+1	5,936	495	6,145	513	6,270	523	7,733	645	8,110	676	8,319		694	
	CHIP Pr	egnant	CHIDD	roanant	CHIP Chi	ildren - D								
нн	Women - A		CHIP Pregnant Women - A		NJ Workability - A		CHIP Children - D 300% FPL		CHIP Children - D 350% FPL		CHIP Children - D 355% FPL*			
	CHIP Children - C		205% FPL*		BCC - A									
	200% FPL				250% FPL									
	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual		onthly	
1	\$ 24,120	\$ 2,010	\$ 24,723	\$ 2,061	\$ 30,150	\$ 2,513	\$ 36,180	\$ 3,015	\$ 42,210	\$ 3,518	\$ 42,813	\$	3,568	
2	32,480	2,707	33,292	2,775	40,600	3,384	48,720	4,060	56,840	4,737	57,652		4,805	
3	40,840 49,200	3,404 4,100	41,861 50,430	3,489 4,203	51,050 61,500	4,255 5,125	61,260 73,800	5,105 6,150	71,470 86,100	5,956 7,175	72,491 87,330		6,041 7,278	
5	57,560	4,100	58,999	4,203	71,950	5,996	86,340	7,195	100,730	8,395	102,169		8,515	
6	65,920	5,494	67,568	5,631	82,400	6,867	98,880	8,240	115,360	9,614	117,008		9,751	
7	74,280	6,190	76,137	6,345	92,850	7,738	111,420	9,285	129,990	10,833	131,847		10,988	
8	82,640	6,887	84,706	7,059	103,300	8,609	123,960	10,330	144,620	12,052	146,686		12,224	
+1	8,360	697	8,569	715	10,450	871	12,540	1,045	14,630	1,220	14,839		1,237	
	Medically Needy		Medicaid Only/ SSI - A		New Jersey Care Special Medicaid Programs - A 100% FPL**		SLMB 120% FPL		MLTSS					
нн									+Amounts may be adjusted in July					
									Medicaid "Cap" Community Spouse			\$	2,205	
												Ė	,	
	Monthly	Resource	Monthly	Resource	Monthly	Resource	Annual	Resources		nance Allo		\$ 2	2,002.50	
1	\$ 367	\$ 4,000	\$ 766.25	\$ 2,000	\$ 1,005	\$ 4,000	\$ 14,472	\$ 7,390	Iviaiiite	nance And	Jwance			
1				. ,					Spousal	Housing A	llowance+	\$	600.75	
2	434	6,000	1,128.36	3,000	1,354	6,000	19,488	11,090				-		
3	567	6,100					4	IB QI-1	Utility Allowance+		nce+	\$	501	
4	659	6,200				<u></u>	135	5% FPL	Maximum Home Eq		nuity Limit	¢	840,000	
5	742	6,300					Annual	Resources	ivia Ai iliu III II III E Eq		14117		3-10,000	
6	825	6,400					\$ 16,281	\$ 7,390	Communi	ty Spouse	Minimum	\$	24,180	
							21,924	11,090	Reso		Maximum	_	120,900	
								,				_	-,	
	*5% MAGI	Related Di	sregard											
	+ Amounts	may be ac	djusted in J	uly										
	** New Jer	sey CareS	Special Med	dicaid Progra	am Resourc	e Limits On	y Apply to	Aged, Blind a	nd Disable	d Program	S			
	Rev 2/2017	•												
	Rev 2/2017													