



## State of New Jersey

DEPARTMENT OF HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

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TRENTON, NJ 08625-0712

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MEGHAN DAVEY  
*Director*

**MEDICAID COMMUNICATION NO. 19-03**

**DATE: February 4, 2019**

**REISSUED: March 5, 2019**

**TO:** NJ FamilyCare Eligibility Determining Agencies

**SUBJECT:** Income Eligibility Standards Effective January 1, 2019

The Federal Poverty Level (FPL) guidelines for 2019 were announced on January 11, 2019 and were made available online via the electronic version of the Federal Register on February 1, 2019. Attached is the new income standards chart for all NJ FamilyCare programs. These new standards are retroactively effective January 1, 2019 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, 2019. 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, 2019, 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, 2019. 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.

MD:je

c: Carole Johnson, Commissioner  
Department of Human Services

Sarah Adelman, Deputy Commissioner  
Department of Human Services

Elisa Neira, Deputy Commissioner  
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Department of Health

# DMAHS INCOME STANDARDS EFFECTIVE JANUARY 1, 2019

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	\$ 12,490	\$ 1,041	\$ 2,676	\$ 223	\$ 6,108	\$ 509	\$ 13,365	\$ 1,114	\$ 16,612	\$ 1,385	\$ 17,237	\$ 1,437
2	16,910	1,410	5,052	421	9,660	805	18,094	1,508	22,491	1,875	23,336	1,945
3	21,330	1,778	6,096	508	11,892	991	22,824	1,902	28,369	2,365	29,436	2,453
4	25,750	2,146	7,020	585	14,004	1,167	27,553	2,297	34,248	2,854	35,535	2,962
5	30,170	2,515	7,896	658	16,068	1,339	32,282	2,691	40,127	3,344	41,635	3,470
6	34,590	2,883	8,748	729	18,096	1,508	37,012	3,085	46,005	3,834	47,735	3,978
7	39,010	3,251	9,540	795	20,076	1,673	41,741	3,479	51,884	4,324	53,834	4,487
8	43,430	3,620	10,308	859	22,032	1,836	46,471	3,873	57,762	4,814	59,934	4,995
+1	4,420	369	756	63	1,944	162	4,730	395	5,879	490	6,100	509
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	\$ 17,736	\$ 1,478	\$ 18,361	\$ 1,531	\$ 18,735	\$ 1,562	\$ 23,107	\$ 1,926	\$ 24,231	\$ 2,020	\$ 24,856	\$ 2,072
2	24,013	2,002	24,858	2,072	25,365	2,114	31,284	2,607	32,806	2,734	33,651	2,805
3	30,289	2,525	31,356	2,613	31,995	2,667	39,461	3,289	41,381	3,449	42,447	3,538
4	36,565	3,048	37,853	3,155	38,625	3,219	47,638	3,970	49,955	4,163	51,243	4,271
5	42,842	3,571	44,350	3,696	45,255	3,772	55,815	4,652	58,530	4,878	60,039	5,004
6	49,118	4,094	50,848	4,238	51,885	4,324	63,992	5,333	67,105	5,593	68,835	5,737
7	55,395	4,617	57,345	4,779	58,515	4,877	72,169	6,015	75,680	6,307	77,630	6,470
8	61,671	5,140	63,843	5,321	65,145	5,429	80,346	6,696	84,255	7,022	86,426	7,203
+1	6,277	524	6,498	542	6,630	553	8,177	682	8,575	715	8,796	733
HH	CHIP Pregnant Women - A CHIP Children - C 200% FPL		CHIP Pregnant Women - A 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	\$ 24,980	\$ 2,082	\$ 25,605	\$ 2,134	\$ 31,225	\$ 2,603	\$ 37,470	\$ 3,123	\$ 43,715	\$ 3,643	\$ 44,340	\$ 3,695
2	33,820	2,819	34,666	2,889	42,275	3,523	50,730	4,228	59,185	4,933	60,031	5,003
3	42,660	3,555	43,727	3,644	53,325	4,444	63,990	5,333	74,655	6,222	75,722	6,311
4	51,500	4,292	52,788	4,399	64,375	5,365	77,250	6,438	90,125	7,511	91,413	7,618
5	60,340	5,029	61,849	5,155	75,425	6,286	90,510	7,543	105,595	8,800	107,104	8,926
6	69,180	5,765	70,910	5,910	86,475	7,207	103,770	8,648	121,065	10,089	122,795	10,233
7	78,020	6,502	79,971	6,665	97,525	8,128	117,030	9,753	136,535	11,378	138,486	11,541
8	86,860	7,239	89,032	7,420	108,575	9,048	130,290	10,858	152,005	12,668	154,177	12,849
+1	8,840	737	9,061	756	11,050	921	13,260	1,105	15,470	1,290	15,691	1,308
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			
	Monthly	Resource	Monthly	Resource	Monthly	Resource	Monthly	Resources	Medicaid "Cap"		\$ 2,313.00	
1	\$ 367	\$ 4,000	\$ 802.25	\$ 2,000	\$ 1,041	\$ 4,000	\$ 1,249	\$ 7,730	Community Spouse Maintenance Allowance+		\$ 2,057.50	
2	434	6,000	1,182.36	3,000	1,410	6,000	1,691	11,600	Spousal Housing Allowance+		\$ 617.25	
3	567	6,100					SLMB QI-1 135% FPL		Utility Allowance+		\$ 542.00	
4	659	6,200							Maximum Home Equity Limit		\$878,000.00	
5	742	6,300					Monthly	Resources	Community Spouse Resources		Minimum \$ 25,284.00	
6	825	6,400					\$ 1,406	\$ 7,730			Maximum \$126,420.00	
							1,903	11,600				

\*5% MAGI Related Disregard

+ Amounts may be adjusted in July/October

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