



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
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JAMES E. MCGREEVEY
Governor

GWENDOLYN L. HARRIS
Commissioner

KATHRYN A. PLANT
Director

MEDICAID COMMUNICATION NO. 03-10 DATE: March 13, 2003

TO: County Welfare Agency Directors
NJ FamilyCare Liaisons
Statewide Eligibility Determination Agency
ISS Area Supervisors

SUBJECT: Increased Income Eligibility Standards; New Jersey
Care...Special Medicaid Programs and NJ FamilyCare
N.J.A.C. 10:69
N.J.A.C. 10:72
N.J.A.C. 10:78
N.J.A.C. 10:79

This is to advise that the federal poverty level guidelines for 2003 were published in the February 7, 2003 issue of the Federal Register. Attached are the corresponding new income standards for the New Jersey Care...Special Medicaid Programs and NJ FamilyCare. These new standards are retroactively effective to January 1, 2003 for both programs.

The county board of social services (CBOSS) and ISS offices shall immediately review all cases that would otherwise have been terminated from the aged, blind or disabled segment of the New Jersey Care...Special Medicaid Programs as a result of the Social Security cost-of-living increase. 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 effective May 1, 2003. Adverse action requirements must, of course, be met.

Because these standards are retroactively effective to January 1, 2003, the CBOSS and statewide eligibility determination agency shall also review all applicable New Jersey Care and NJ FamilyCare cases determined ineligible after January 2003 using the former standards. These cases should be reevaluated for eligibility under the new standards. It is important that any Plan A case found to be eligible shall be accreted to the eligibility file with an effective date of January 1, 2003, or the date of application, whichever is later.

Additionally, if you are aware of any current NJ FamilyCare Plan B case that may now qualify for Plan A coverage as a result of the increase in the FPL, you are asked to reevaluate eligibility for Plan A coverage, retroactive to January 2003, and to advise the beneficiary of the change in coverage and change in Medicaid Eligibility Identification Number, if necessary.

Questions regarding this communication should be referred to the Bureau of Eligibility Policy or to the field staff assigned to your county by calling (609) 588-2556.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kathryn A. Plant".

Kathryn A. Plant
Director

KAP:Gg

Attachment

c: Clifton R. Lacy, M.D., Commissioner
Department of Health and Senior Services

Pearl Elias, Acting Director
Division of Family Development

Doris Jones, Acting Director
Division of Youth and Family Services

2003 Income Standards for New Jersey Care and NJ FamilyCare

Family Size	AFDC Medicaid (July 16, 1996) Plan A		Children/ Pregnant Women A Up to 100% of the Poverty Level		Children/ Pregnant Women A Parents I/D Up to 133% of the Poverty Level		Children B Parents D Up to 150% of the Poverty Level		Pregnant Women and Children Under the Age of 1 A Up to 185% of the Poverty Level	
	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
1	\$2,220	\$185	\$8,980	\$749	\$11,944	\$996	\$13,470	\$1,123	\$16,613	\$1,385
2	4,428	369	12,120	1,010	16,120	1,344	18,180	1,515	22,422	1,869
3	5,316	443	15,260	1,272	20,296	1,692	22,890	1,908	28,231	2,353
4	6,084	507	18,400	1,534	24,472	2,040	27,600	2,300	34,040	2,837
5	6,804	567	21,540	1,795	28,649	2,388	32,310	2,693	39,849	3,321
6	7,488	624	24,680	2,057	32,825	2,736	37,020	3,085	45,658	3,805
7	8,124	677	27,820	2,319	37,001	3,084	41,730	3,478	51,467	4,289
8	8,736	728	30,960	2,580	41,177	3,432	46,440	3,870	57,276	4,773
Each Add.	600	50	3,140	262	4,177	348	4,710	393	5,809	485

Family Size	Pregnant Women A Children C Parents D Up to 200% of the Poverty Level		Children D Up to 250% of the Poverty Level		Children D Up to 300% of the Poverty Level		Children D Up to 350% of the Poverty Level	
	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
1	\$17,960	\$1,497	\$22,450	\$1,871	\$26,940	\$2,245	\$31,430	\$2,620
2	24,240	2,020	30,300	2,525	36,360	3,030	42,420	3,535
3	30,520	2,544	38,150	3,180	45,780	3,815	53,410	4,451
4	36,800	3,067	46,000	3,834	55,200	4,600	64,400	5,367
5	43,080	3,590	53,850	4,488	64,620	5,385	75,390	6,283
6	49,360	4,114	61,700	5,142	74,040	6,170	86,380	7,199
7	55,640	4,637	69,550	5,796	83,460	6,955	97,370	8,115
8	61,920	5,160	77,400	6,450	92,880	7,740	108,360	9,030
Each Add.	6,280	524	7,850	655	9,420	785	10,990	916

Adults/Couples without Dependent Children

NJ FamilyCare

Family Size	WFNJ/General Assistance Plan G		
	Annual	Monthly	Resources
1	\$1,680	\$140*	\$2,000
2	2,316	193	\$2,000
100% FPL Plan H			
1	\$8,980	\$749	
2	12,120	1,010	

*210/\$289 for unemployable

New Jersey Care

Family Size	Aged, Blind, & Disabled 100% of Poverty Level Plan A		
	Annual	Monthly	Resources
1	\$8,980	\$749	\$4,000
2	12,120	1,010	\$6,000
NJ WorkAbility (250% FPL) Plan A			
1	\$22,450	\$1,871	\$20,000
2	\$30,300	\$2,525	\$30,000
Breast & Cervical (250% FPL) Plan A			
1	\$22,450	\$1,871	
2	\$30,300	\$2,525	