

PHILIP D. MURPHY Governor SHEILA Y. OLIVER Lt. Governor

DEPARTMENT OF HUMAN SERVICES DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES PO Box 712 TRENTON, NJ 08625-0712

SARAH ADELMAN Acting Commissioner JENNIFER LANGER JACOBS Assistant Commissioner

MEDICAID COMMUNICATION NO. 22-02 **DATE: February 25, 2022**

TO: NJ FamilyCare Eligibility Determining Agencies

SUBJECT: Income Eligibility Standards Effective January 1, 2022

The Federal Poverty Level (FPL) guidelines for 2022 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, 2022 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, 2022, 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, 2022. 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 Division of Mental Health and Addiction Services

Jonathan Seifried, Assistant Commissioner Division of Developmental Disabilities

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Louise Rush, Director Division of Aging Services

Christine Norbut Beyer, Commissioner Department of Children and Families

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

Joshua Lichtblau, Director, Medicaid Fraud Division Office of the State Comptroller

DMAHS INCOME STANDARDS EFFECTIVE JANUARY 1, 2022

Variances due to rounding may occur.

	100% of the Federal Poverty Level		MAGI - AFDC Medicaid - A		Medicaid Special - A		Children's Medicaid- A		Single Adults & Parents ABP		S: 1 4 1 1: 0 D		
l											ABP		
НН													
							207701112		133% FPL		138% FPL*		
	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	N	Nonthly
1	\$ 13,590	\$ 1,133	\$ 2,776	\$ 233	\$ 6,108	\$ 509	\$ 14,542	\$ 1,212	\$ 18,075	\$ 1,507	\$ 18,755	\$	1,563
2	18,310	1,526	5,052	421	9,660	805	19,592	1,633	24,353	2,030	25,268		2,106
3	23,030	1,920	6,096	508	11,892	991	24,643	2,054	30,630	2,553	31,782		2,649
4	27,750	2,313	7,020	585	14,004	1,167	29,693	2,475	36,908	3,076	38,295		3,192
5	32,470	2,706	7,896	658	16,068	1,339	34,743	2,896	43,186	3,599	44,809		3,735
6	37,190	3,100	8,748	729	18,096	1,508	39,794	3,317	49,463	4,122	51,323		4,277
7	41,910	3,493	9,540	795	20,076	1,673	44,844	3,737	55,741	4,646	57,836		4,820
8	46,630	3,886	10,308	859	22,032	1,836	49,895	4,158	62,018	5,169	64,350		5,363
+1	4,720	394	756	63	1,944	162	5,051	421	6,278	524	6,514		543
	Children's Medicaid MCHIP -		Children's Medicaid		,-		, ,		Newborns & Pregnant		Newborns and Pregnant		
нн	A 142% FPL		MCHIP - A		CHIP Children - B		CHIP Children- C		Women - A		Women - A		
			147% FPL*		150% FPL		185% FPL		194% FPL		199% FPL*		
			Annual Monthly		Annual Monthly		Annual Monthly		Annual Monthly				
1	Annual	Monthly					Annual				Annual \$ 27.045		
1	\$ 19,298	\$1,609	\$ 19,978	\$1,665	\$ 20,385	\$ 1,699	\$ 25,142	\$2,096	\$ 26,365	\$ 2,198	, ,	\$	2,254
2	26,001	2,167	26,916	2,243	27,465	2,289	33,874	2,823	35,522	2,961	36,437		3,037
3	32,703	2,726	33,855	2,822	34,545	2,879	42,606	3,551	44,679	3,724	45,830		3,820
4	39,405	3,284	40,793	3,400	41,625	3,469	51,338	4,279	53,835	4,487	55,223		4,602
5	46,108	3,843	47,731	3,978	48,705	4,059	60,070	5,006	62,992	5,250	64,616		5,385
6	52,810	4,401	54,670	4,556	55,785	4,649	68,802	5,734	72,149	6,013	74,009		6,168
7	59,513	4,960	61,608	5,134	62,865	5,239	77,534	6,462	81,306	6,776	83,401		6,951
8	66,215	5,518	68,547	5,713	69,945	5,829	86,266	7,189	90,463	7,539	92,794		7,733
+1	6,703	559	6,939	579	7,080	590	8,732	728	9,157	764	9,393		783
	CHIP Pregnant Women - A		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 CHIP Ch			hildren - D	
	Plan First - Family Planning												
НН	CHIP Children - C 200% FPL								350% FPL			355% FPL*	
			Annual Monthly				Annual Manthle		Annual Monthly		Annual Monthly		
1	Annual	Monthly		Monthly	Annual	Monthly	Annual	Monthly	Annual		Annual	_	,
1	\$ 27,180	\$ 2,265	\$ 27,860	\$ 2,322		\$ 2,832	\$ 40,770	\$ 3,398	\$ 47,565	\$ 3,964	\$ 48,245	Ş	4,021
2	36,620	3,052	37,536	3,128	45,775	3,815	54,930	4,578	64,085	5,341	65,001		5,417
3	46,060	3,839	47,212	3,935	57,575	4,798	69,090	5,758	80,605	6,718	81,757		6,814
4	55,500	4,625	56,888	4,741	69,375	5,782	83,250	6,938	97,125	8,094	98,513		8,210
5	64,940	5,412	66,564	5,547	81,175	6,765	97,410	8,118	113,645	9,471	115,269		9,606
6	74,380	6,199	76,240	6,354	92,975	7,748	111,570	9,298	130,165	10,848	132,025		11,003
7	83,820	6,985	85,916	7,160	104,775	8,732	125,730	10,478	146,685	12,224	148,781		12,399
8	93,260	7,772	95,592	7,966	116,575	9,715	139,890	11,658	163,205	13,601	165,537		13,795
+1	9,440	787	9,676	807	11,800	984	14,160	1,180	16,520	1,377	16,756		1,397
					New Jersey Care Special				MLTSS				
нн	Medically Needy		Medicaid Only/ SSI - A		Medicaid Programs - A 100% FPL**		SLMB 120% FPL		+ Amounts may be adjusted in July or October				tober
									Medicaid "Cap"			\$	2,523
											•	7	2,323
	Monthly	Resource	Monthly	Resource	Monthly	Resource	Monthly	Resources			laintenance	\$	2,177.50
		_								Allowance-	+		
1	\$ 367	\$ 4,000	\$ 872.25	\$ 2,000	\$ 1,133	\$ 4,000	\$ 1,359	\$ 8,400	Spousal Housing Allowance+			\$	653.25
2	434	6,000	1,286.35	3,000	1,526	6,000	1,831	12,600				Ĺ	
3	567	6,100			OME	3 Only	SLM	1B QI-1	Utility Allowance+			\$	583
4	659	6,200				% FPL		5% FPL	11 1, 12112112		<u> </u>		
		-						T	Maximum Home Equity Limit			\$	955,000
5	742	6,300			Monthly	Resources	Monthly	Resources	l			<u> </u>	
6	825	6,400			\$ 1,133	\$ 8,400	\$ 1,529	\$ 8,400	Communit	y Spouse	Minimum	\$	27,480
					1,526	12,600	2,060	12,600	Resou	irces	Maximum	\$	137,400

^{*5%} MAGI Related Disregard

^{**} New Jersey Care...Special Medicaid Program Resource Limits Only Apply to Aged, Blind and Disabled Programs Rev 2/2022