



State of New Jersey

DEPARTMENT OF HUMAN SERVICES

Division of Medical Assistance and Health Services

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Acting Commissioner

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Assistant Commissioner

MEDICAID COMMUNICATION NO. 26-03

DATE: February 26, 2026

TO: NJ FamilyCare Eligibility Determining Agencies

SUBJECT: Income Eligibility Standards Effective January 1, 2026

The Federal Poverty Level (FPL) guidelines for 2026 were announced and posted online via the electronic version of the Federal Register on January 13, 2026. Attached is the new income standards chart for all NJ FamilyCare programs. These new standards are retroactively effective January 1, 2026 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, 2026, 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, 2026. 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.

GW:adb

c:

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Office of the State Comptroller

DMAHS INCOME STANDARDS EFFECTIVE JANUARY 1, 2026

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	\$ 15,960	\$ 1,330	\$ 2,776	\$ 233	\$ 6,108	\$ 509	\$ 17,078	\$ 1,424	\$ 21,227	\$ 1,769	\$ 22,025	\$ 1,836
2	21,640	1,804	5,052	421	9,660	805	23,155	1,930	28,782	2,399	29,864	2,489
3	27,320	2,277	6,096	508	11,892	991	29,233	2,437	36,336	3,028	37,702	3,142
4	33,000	2,750	7,020	585	14,004	1,167	35,310	2,943	43,890	3,658	45,540	3,795
5	38,680	3,224	7,896	658	16,068	1,339	41,388	3,449	51,445	4,288	53,379	4,449
6	44,360	3,697	8,748	729	18,096	1,508	47,466	3,956	58,999	4,917	61,217	5,102
7	50,040	4,170	9,540	795	20,076	1,673	53,543	4,462	66,554	5,547	69,056	5,755
8	55,720	4,644	10,308	859	22,032	1,836	59,621	4,969	74,108	6,176	76,894	6,408
+1	5,680	474	756	63	1,944	162	6,078	507	7,555	630	7,839	654
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	\$ 22,664	\$1,889	\$ 23,462	\$1,956	\$ 23,940	\$ 1,995	\$ 29,526	\$2,461	\$ 30,963	\$ 2,581	\$ 31,761	\$ 2,647
2	30,729	2,561	31,811	2,651	32,460	2,705	40,034	3,337	41,982	3,499	43,064	3,589
3	38,795	3,233	40,161	3,347	40,980	3,415	50,542	4,212	53,001	4,417	54,367	4,531
4	46,860	3,905	48,510	4,043	49,500	4,125	61,050	5,088	64,020	5,335	65,670	5,473
5	54,926	4,578	56,860	4,739	58,020	4,835	71,558	5,964	75,040	6,254	76,974	6,415
6	62,992	5,250	65,210	5,435	66,540	5,545	82,066	6,839	86,059	7,172	88,277	7,357
7	71,057	5,922	73,559	6,130	75,060	6,255	92,574	7,715	97,078	8,090	99,580	8,299
8	79,123	6,594	81,909	6,826	83,580	6,965	103,082	8,591	108,097	9,009	110,883	9,241
+1	8,066	673	8,350	696	8,520	710	10,508	876	11,020	919	11,304	942
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 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	\$ 31,920	\$ 2,660	\$ 32,718	\$ 2,727	\$ 39,900	\$ 3,325	\$ 47,880	\$ 3,990	\$ 55,860	\$ 4,655	\$ 56,658	\$ 4,722
2	43,280	3,607	44,362	3,697	54,100	4,509	64,920	5,410	75,740	6,312	76,822	6,402
3	54,640	4,554	56,006	4,668	68,300	5,692	81,960	6,830	95,620	7,969	96,986	8,083
4	66,000	5,500	67,650	5,638	82,500	6,875	99,000	8,250	115,500	9,625	117,150	9,763
5	77,360	6,447	79,294	6,608	96,700	8,059	116,040	9,670	135,380	11,282	137,314	11,443
6	88,720	7,394	90,938	7,579	110,900	9,242	133,080	11,090	155,260	12,939	157,478	13,124
7	100,080	8,340	102,582	8,549	125,100	10,425	150,120	12,510	175,140	14,595	177,642	14,804
8	111,440	9,287	114,226	9,519	139,300	11,609	167,160	13,930	195,020	16,252	197,806	16,484
+1	11,360	947	11,644	971	14,200	1,184	17,040	1,420	19,880	1,657	20,164	1,681
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"		\$	2,982
1	\$ 367	\$ 4,000	\$ 1,025.25	\$ 2,000	\$ 1,330	\$ 4,000	\$ 1,596	\$ 9,950	Community Spouse Maintenance Allowance+		\$	2,643.75
2	434	6,000	1,516.35	3,000	1,804	6,000	2,164	14,910	Spousal Housing Allowance+		\$	793.13
3	567	6,100			QMB Only 100% FPL		SLMB QI-1 135% FPL		Utility Allowance+		\$	977
4	659	6,200							Maximum Home Equity Limit		\$	1,130,000
5	742	6,300			Monthly	Resources	Monthly	Resources	Community Spouse Resources	Minimum	\$	32,532
6	825	6,400			\$ 1,330	\$ 9,950	\$ 1,796	\$ 9,950		Maximum	\$	162,660
					1,804	14,910	2,435	14,910				

*5% MAGI Related Disregard

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

Effective 2/1/2024 NJ WorkAbility no longer has an income or resource standard.

Revised 1.14.2026