

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
Commissioner

JENNIFER LANGER JACOBS
Assistant Commissioner

MEDICAID COMMUNICATION NO. 23-02 DATE: February 22, 2023

TO: NJ FamilyCare Eligibility Determining Agencies

SUBJECT: Income Eligibility Standards Effective January 1, 2023

The Federal Poverty Level (FPL) guidelines for 2023 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, 2023 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, 2023, 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, 2023. 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:mt

c: Sarah Adelman, Commissioner Department of Human Services

> Lisa Asare, Deputy 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

Peri Nearon, Director Division of Disability Services

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, 2023

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		ABP	
НН												
	LCV	-1	ivical				107% FPL		133%	FPL	1389	% FPL*
	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
1	\$ 14,580	\$ 1,215	\$ 2,776	\$ 233	\$ 6,108	\$ 509	\$ 15,601	\$ 1,301	\$ 19,392	\$ 1,616	\$ 20,121	\$ 1,677
2	19,720	1,644	5,052	421	9,660	805	21,101	1,759	26,228	2,186	27,214	2,268
3	24,860	2,072	6,096	508	11,892	991	26,601	2,217	33,064	2,756	34,307	2,859
4	30,000	2,500	7,020	585	14,004	1,167	32,100	2,675	39,900	3,325	41,400	3,450
5	35,140	2,929	7,896	658	16,068	1,339	37,600	3,134	46,737	3,895	48,494	4,042
7	40,280 45,420	3,357 3,785	8,748	729 795	18,096	1,508	43,100	3,592	53,573	4,465	55,587	4,633
8	50,560	4,214	9,540 10,308	859	20,076 22,032	1,673 1,836	48,600 54,100	4,050 4,509	60,409 67,245	5,035 5,604	62,680 69,773	5,224 5,815
+1	5,140	429	756	63	1,944	1,830	5,500	4,309	6,837	570	7,094	592
71					1,544	102	3,300	455				
l	Children's Medicaid MCHIP -		Children's Medicaid		CHIP Children - B		CHIP Children- C		Newborns & Pregnant		Newborns and Pregnant Women - A	
НН	A 142% FPL		MCHIP - A 147% FPL*		150% FPL		185% FPL		Women - A		women - A 199% FPL*	
					Annual Mont	Monthly	Annual	Monthly	194% FPL			
1	Annual \$ 20,704	Monthly \$1,726	Annual \$ 21,433	Monthly \$1,787	Annual \$ 21,870	Monthly \$ 1,823	Annual \$ 26,973	Monthly \$2,248	Annual \$ 28,286	Monthly \$ 2,358	Annual \$ 29,015	Monthly \$ 2.418
1	,					· · ·						, ,
2	28,003	2,334	28,989	2,416	29,580	2,465	36,482	3,041	38,257	3,189	39,243	3,271
3	35,302	2,942	36,545	3,046	37,290	3,108	45,991	3,833	48,229	4,020	49,472	4,123
4	42,600	3,550	44,100	3,675	45,000	3,750	55,500	4,625	58,200	4,850	59,700	4,975
5	49,899	4,159	51,656	4,305	52,710	4,393	65,009	5,418	68,172	5,681	69,929	5,828
6	57,198	4,767	59,212	4,935	60,420	5,035	74,518	6,210	78,144	6,512	80,158	6,680
7	64,497	5,375	66,768	5,564	68,130	5,678	84,027	7,003	88,115	7,343	90,386	7,533
8	71,796	5,983	74,324	6,194	75,840	6,320	93,536	7,795	98,087	8,174	100,615	8,385
+1	7,299	609	7,556	630	7,710	643	9,509	793	9,972	831	10,229	853
	CHIP Pregnant Women - A		CHIP Pregnant Women - A Plan First - Family Planning		CHIP Children - D NJ Workability - A							
нн	Plan First - Family Planning						CHIP Children - D 300% FPL		CHIP Children - D 350% FPL		CHIP Ch	CHIP Children - D
ПП	CHIP Children - C		205% FPL*		BCC - A						355% FPL*	
	200%	FPL	200/3111		250% FPL							
	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
1	\$ 29,160	\$ 2,430	\$ 29,889	\$ 2,491	\$ 36,450	\$ 3,038	\$ 43,740	\$ 3,645	\$ 51,030	\$ 4,253	\$ 51,759	\$ 4,314
2	39,440	3,287	40,426	3,369	49,300	4,109	59,160	4,930	69,020	5,752	70,006	5,834
3	49,720			4 2 4 7	62,150	Г 100			07.040	7,251		7,355
4		4,144	50,963	4,247	02,130	5,180	74,580	6,215	87,010	7,231	88,253	7,555
5	60,000	5,000	50,963 61,500	5,125	75,000	6,250	74,580 90,000	6,215 7,500	105,000	8,750	88,253 106,500	8,875
	60,000 70,280	5,000 5,857	The second secon								-	8,875 10,396
6	70,280 80,560	5,000 5,857 6,714	61,500 72,037 82,574	5,125 6,004 6,882	75,000 87,850 100,700	6,250 7,321 8,392	90,000 105,420 120,840	7,500 8,785 10,070	105,000 122,990 140,980	8,750 10,250 11,749	106,500 124,747 142,994	8,875 10,396 11,917
7	70,280 80,560 90,840	5,000 5,857 6,714 7,570	61,500 72,037 82,574 93,111	5,125 6,004 6,882 7,760	75,000 87,850 100,700 113,550	6,250 7,321 8,392 9,463	90,000 105,420 120,840 136,260	7,500 8,785 10,070 11,355	105,000 122,990 140,980 158,970	8,750 10,250 11,749 13,248	106,500 124,747 142,994 161,241	8,875 10,396 11,917 13,437
	70,280 80,560	5,000 5,857 6,714	61,500 72,037 82,574	5,125 6,004 6,882	75,000 87,850 100,700	6,250 7,321 8,392	90,000 105,420 120,840	7,500 8,785 10,070	105,000 122,990 140,980	8,750 10,250 11,749	106,500 124,747 142,994	8,875 10,396 11,917
7	70,280 80,560 90,840	5,000 5,857 6,714 7,570	61,500 72,037 82,574 93,111	5,125 6,004 6,882 7,760	75,000 87,850 100,700 113,550	6,250 7,321 8,392 9,463	90,000 105,420 120,840 136,260	7,500 8,785 10,070 11,355	105,000 122,990 140,980 158,970	8,750 10,250 11,749 13,248	106,500 124,747 142,994 161,241	8,875 10,396 11,917 13,437
7	70,280 80,560 90,840 101,120	5,000 5,857 6,714 7,570 8,427	61,500 72,037 82,574 93,111 103,648	5,125 6,004 6,882 7,760 8,638	75,000 87,850 100,700 113,550 126,400 12,850	6,250 7,321 8,392 9,463 10,534 1,071	90,000 105,420 120,840 136,260 151,680	7,500 8,785 10,070 11,355 12,640	105,000 122,990 140,980 158,970 176,960	8,750 10,250 11,749 13,248 14,747 1,500	106,500 124,747 142,994 161,241 179,488	8,875 10,396 11,917 13,437 14,958 1,521
7 8 +1	70,280 80,560 90,840 101,120 10,280	5,000 5,857 6,714 7,570 8,427 857	61,500 72,037 82,574 93,111 103,648 10,537	5,125 6,004 6,882 7,760 8,638	75,000 87,850 100,700 113,550 126,400 12,850 New Jersey	6,250 7,321 8,392 9,463 10,534 1,071 Care Special	90,000 105,420 120,840 136,260 151,680 15,420	7,500 8,785 10,070 11,355 12,640	105,000 122,990 140,980 158,970 176,960 17,990	8,750 10,250 11,749 13,248 14,747 1,500 Medicaid	106,500 124,747 142,994 161,241 179,488 18,247	8,875 10,396 11,917 13,437 14,958 1,521
7	70,280 80,560 90,840 101,120 10,280	5,000 5,857 6,714 7,570 8,427 857	61,500 72,037 82,574 93,111 103,648 10,537	5,125 6,004 6,882 7,760 8,638 879	75,000 87,850 100,700 113,550 126,400 12,850 New Jersey Medicaid F	6,250 7,321 8,392 9,463 10,534 1,071	90,000 105,420 120,840 136,260 151,680 15,420	7,500 8,785 10,070 11,355 12,640 1,285	105,000 122,990 140,980 158,970 176,960 17,990	8,750 10,250 11,749 13,248 14,747 1,500 Medicaid	106,500 124,747 142,994 161,241 179,488 18,247 d Only -MLTSS	8,875 10,396 11,917 13,437 14,958 1,521
7 8 +1	70,280 80,560 90,840 101,120 10,280	5,000 5,857 6,714 7,570 8,427 857	61,500 72,037 82,574 93,111 103,648 10,537	5,125 6,004 6,882 7,760 8,638 879	75,000 87,850 100,700 113,550 126,400 12,850 New Jersey Medicaid F	6,250 7,321 8,392 9,463 10,534 1,071 Care Special Programs - A	90,000 105,420 120,840 136,260 151,680 15,420	7,500 8,785 10,070 11,355 12,640 1,285	105,000 122,990 140,980 158,970 176,960 17,990 + Amou	8,750 10,250 11,749 13,248 14,747 1,500 Medicaid ints may be a	106,500 124,747 142,994 161,241 179,488 18,247 d Only -MLTSS adjusted in July on	8,875 10,396 11,917 13,437 14,958 1,521
7 8 +1	70,280 80,560 90,840 101,120 10,280 Medically	5,000 5,857 6,714 7,570 8,427 857	61,500 72,037 82,574 93,111 103,648 10,537 Medica	5,125 6,004 6,882 7,760 8,638 879 aid Only/	75,000 87,850 100,700 113,550 126,400 12,850 New Jersey Medicaid F 100%	6,250 7,321 8,392 9,463 10,534 1,071 Care Special Programs - A	90,000 105,420 120,840 136,260 151,680 15,420	7,500 8,785 10,070 11,355 12,640 1,285 LMB	105,000 122,990 140,980 158,970 176,960 17,990 + Amou	8,750 10,250 11,749 13,248 14,747 1,500 Medicaid ints may be a ledicaid "Ca	106,500 124,747 142,994 161,241 179,488 18,247 d Only -MLTSS adjusted in July on p"	8,875 10,396 11,917 13,437 14,958 1,521 or October \$ 2,742
7 8 +1 HH	70,280 80,560 90,840 101,120 10,280 Medically	5,000 5,857 6,714 7,570 8,427 857 Needy	61,500 72,037 82,574 93,111 103,648 10,537 Medica SS	5,125 6,004 6,882 7,760 8,638 879 aid Only/	75,000 87,850 100,700 113,550 126,400 12,850 New Jersey Medicaid P 100%	6,250 7,321 8,392 9,463 10,534 1,071 Care Special Programs - A FPL**	90,000 105,420 120,840 136,260 151,680 15,420 S 120	7,500 8,785 10,070 11,355 12,640 1,285 LMB 0% FPL	105,000 122,990 140,980 158,970 176,960 17,990 + Amou	8,750 10,250 11,749 13,248 14,747 1,500 Medicaid ints may be a	106,500 124,747 142,994 161,241 179,488 18,247 d Only -MLTSS adjusted in July on p"	8,875 10,396 11,917 13,437 14,958 1,521
7 8 +1	70,280 80,560 90,840 101,120 10,280 Medically	5,000 5,857 6,714 7,570 8,427 857	61,500 72,037 82,574 93,111 103,648 10,537 Medica	5,125 6,004 6,882 7,760 8,638 879 aid Only/	75,000 87,850 100,700 113,550 126,400 12,850 New Jersey Medicaid F 100%	6,250 7,321 8,392 9,463 10,534 1,071 Care Special Programs - A FPL**	90,000 105,420 120,840 136,260 151,680 15,420	7,500 8,785 10,070 11,355 12,640 1,285 LMB	105,000 122,990 140,980 158,970 176,960 17,990 + Amou	8,750 10,250 11,749 13,248 14,747 1,500 Medicaid ints may be a ledicaid "Ca y Spouse M Allowance-	106,500 124,747 142,994 161,241 179,488 18,247 d Only -MLTSS adjusted in July of the primark of	8,875 10,396 11,917 13,437 14,958 1,521 or October \$ 2,742 \$ 2,288.75
7 8 +1 HH	70,280 80,560 90,840 101,120 10,280 Medically	5,000 5,857 6,714 7,570 8,427 857 Needy	61,500 72,037 82,574 93,111 103,648 10,537 Medica SS	5,125 6,004 6,882 7,760 8,638 879 aid Only/	75,000 87,850 100,700 113,550 126,400 12,850 New Jersey Medicaid P 100%	6,250 7,321 8,392 9,463 10,534 1,071 Care Special Programs - A FPL**	90,000 105,420 120,840 136,260 151,680 15,420 S 120	7,500 8,785 10,070 11,355 12,640 1,285 LMB 0% FPL	105,000 122,990 140,980 158,970 176,960 17,990 + Amou	8,750 10,250 11,749 13,248 14,747 1,500 Medicaid ints may be a ledicaid "Ca	106,500 124,747 142,994 161,241 179,488 18,247 d Only -MLTSS adjusted in July of the primark of	8,875 10,396 11,917 13,437 14,958 1,521 or October \$ 2,742
7 8 +1 HH	70,280 80,560 90,840 101,120 10,280 Medically Monthly \$ 367 434	5,000 5,857 6,714 7,570 8,427 857 Needy Resource \$ 4,000 6,000	61,500 72,037 82,574 93,111 103,648 10,537 Medica SS Monthly	5,125 6,004 6,882 7,760 8,638 879 aid Only/ il - A Resource \$ 2,000	75,000 87,850 100,700 113,550 126,400 12,850 New Jersey Medicaid P 100% Monthly \$ 1,215 1,644	6,250 7,321 8,392 9,463 10,534 1,071 Care Special Programs - A FPL** Resource \$ 4,000 6,000	90,000 105,420 120,840 136,260 151,680 15,420 S 120 Monthly \$ 1,458 1,972	7,500 8,785 10,070 11,355 12,640 1,285 LMB 9% FPL Resources \$ 9,090 13,630	105,000 122,990 140,980 158,970 176,960 17,990 + Amou M Communit	8,750 10,250 11,749 13,248 14,747 1,500 Medicaid ints may be a dedicaid "Called and "Calle	106,500 124,747 142,994 161,241 179,488 18,247 d Only -MLTSS adjusted in July on p" daintenance	8,875 10,396 11,917 13,437 14,958 1,521 or October \$ 2,742 \$ 2,288.75 \$ 686.63
7 8 +1 HH 2 3	70,280 80,560 90,840 101,120 10,280 Medically Monthly \$ 367 434 567	5,000 5,857 6,714 7,570 8,427 857 Needy Resource \$ 4,000 6,000 6,100	61,500 72,037 82,574 93,111 103,648 10,537 Medica SS Monthly	5,125 6,004 6,882 7,760 8,638 879 aid Only/ il - A Resource \$ 2,000	75,000 87,850 100,700 113,550 126,400 12,850 New Jersey Medicaid P 100% Monthly \$ 1,215 1,644	6,250 7,321 8,392 9,463 10,534 1,071 Care Special Programs - A FPL** Resource \$ 4,000 6,000	90,000 105,420 120,840 136,260 151,680 15,420 S 120 Monthly \$ 1,458 1,972 SLM	7,500 8,785 10,070 11,355 12,640 1,285 LMB 9% FPL Resources \$ 9,090 13,630	105,000 122,990 140,980 158,970 176,960 17,990 + Amou M Communit	8,750 10,250 11,749 13,248 14,747 1,500 Medicaid ints may be a ledicaid "Ca y Spouse M Allowance-	106,500 124,747 142,994 161,241 179,488 18,247 d Only -MLTSS adjusted in July on p" daintenance	8,875 10,396 11,917 13,437 14,958 1,521 or October \$ 2,742 \$ 2,288.75
7 8 +1 HH 2 3 4	70,280 80,560 90,840 101,120 10,280 Medically Monthly \$ 367 434 567 659	5,000 5,857 6,714 7,570 8,427 857 Needy Resource \$ 4,000 6,000 6,100 6,200	61,500 72,037 82,574 93,111 103,648 10,537 Medica SS Monthly	5,125 6,004 6,882 7,760 8,638 879 aid Only/ il - A Resource \$ 2,000	75,000 87,850 100,700 113,550 126,400 12,850 New Jersey Medicaid F 100% Monthly \$ 1,215 1,644	6,250 7,321 8,392 9,463 10,534 1,071 Care Special Programs - A 5 FPL** Resource \$ 4,000 6,000 8 Only	90,000 105,420 120,840 136,260 151,680 15,420 S 120 Monthly \$ 1,458 1,972 SLM 135	7,500 8,785 10,070 11,355 12,640 1,285 LMB 0% FPL Resources \$ 9,090 13,630	105,000 122,990 140,980 158,970 176,960 17,990 + Amou V Communit	8,750 10,250 11,749 13,248 14,747 1,500 Medicaid ints may be a dedicaid "Called and "Calle	106,500 124,747 142,994 161,241 179,488 18,247 d Only -MLTSS idjusted in July of the composition of the comp	8,875 10,396 11,917 13,437 14,958 1,521 or October \$ 2,742 \$ 2,288.75 \$ 686.63
7 8 +1 HH 1 2 3 4 5	70,280 80,560 90,840 101,120 10,280 Medically Monthly \$ 367 434 567 659 742	5,000 5,857 6,714 7,570 8,427 857 Needy Resource \$ 4,000 6,000 6,100 6,200 6,300	61,500 72,037 82,574 93,111 103,648 10,537 Medica SS Monthly	5,125 6,004 6,882 7,760 8,638 879 aid Only/ il - A Resource \$ 2,000	75,000 87,850 100,700 113,550 126,400 12,850 New Jersey Medicaid P 100% Monthly \$ 1,215 1,644 QME 100%	6,250 7,321 8,392 9,463 10,534 1,071 Care Special Programs - A S FPL** Resource \$ 4,000 6,000 3 Only FPL Resources	90,000 105,420 120,840 136,260 151,680 15,420 S 120 Monthly \$ 1,458 1,972 SLM 135 Monthly	7,500 8,785 10,070 11,355 12,640 1,285 LMB 0% FPL Resources \$ 9,090 13,630 IB QI-1 5% FPL Resources	105,000 122,990 140,980 158,970 176,960 17,990 + Amou V Communit	8,750 10,250 11,749 13,248 14,747 1,500 Medicaid "Ca dedicaid "Ca y Spouse M Allowance- Housing All	106,500 124,747 142,994 161,241 179,488 18,247 d Only -MLTSS idjusted in July of the second s	8,875 10,396 11,917 13,437 14,958 1,521 or October \$ 2,742 \$ 2,288.75 \$ 686.63 \$ 730 \$ 1,033,000
7 8 +1 HH 2 3 4	70,280 80,560 90,840 101,120 10,280 Medically Monthly \$ 367 434 567 659	5,000 5,857 6,714 7,570 8,427 857 Needy Resource \$ 4,000 6,000 6,100 6,200	61,500 72,037 82,574 93,111 103,648 10,537 Medica SS Monthly	5,125 6,004 6,882 7,760 8,638 879 aid Only/ il - A Resource \$ 2,000	75,000 87,850 100,700 113,550 126,400 12,850 New Jersey Medicaid F 100% Monthly \$ 1,215 1,644	6,250 7,321 8,392 9,463 10,534 1,071 Care Special Programs - A S FPL** Resource \$ 4,000 6,000 3 Only FPL Resources	90,000 105,420 120,840 136,260 151,680 15,420 S 120 Monthly \$ 1,458 1,972 SLM 135	7,500 8,785 10,070 11,355 12,640 1,285 LMB 0% FPL Resources \$ 9,090 13,630	105,000 122,990 140,980 158,970 176,960 17,990 + Amou V Communit	8,750 10,250 11,749 13,248 14,747 1,500 Medicaid "Ca dedicaid "Ca y Spouse M Allowance- Housing All lity Allowan	106,500 124,747 142,994 161,241 179,488 18,247 d Only -MLTSS idjusted in July of the composition of the comp	8,875 10,396 11,917 13,437 14,958 1,521 or October \$ 2,742 \$ 2,288.75 \$ 686.63 \$ 730

^{*5%} MAGI Related Disregard

^{**} New Jersey Care...Special Medicaid Program Resource Limits Only Apply to Aged, Blind and Disabled Programs Rev 1.19.23