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State of New Jersey
DEPARTMENT OF HUMAN SERVICES
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Assistant Commissioner

MEDICAID COMMUNICATION NO. 24-02

DATE: March 1, 2024

TO: NJ FamilyCare Eligibility Determining Agencies

SUBJECT: Income Eligibility Standards Effective January 1, 2024

The Federal Poverty Level (FPL) guidelines for 2024 were announced and posted online via the electronic version of the Federal Register on January 17, 2024. Attached is the new income standards chart for all NJ FamilyCare programs. These new standards are retroactively effective January 1, 2024 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, 2024, 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, 2024. 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, Commissioner
Department of Human Services

Lisa Asare, Deputy Commissioner
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Department of Health

Joshua Lichtblau, Director, Medicaid Fraud Division
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DMAHS INCOME STANDARDS EFFECTIVE JANUARY 1, 2024

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	\$ 15,060	\$ 1,255	\$ 2,776	\$ 233	\$ 6,108	\$ 509	\$ 16,115	\$ 1,343	\$ 20,030	\$ 1,670	\$ 20,783	\$ 1,732
2	20,440	1,704	5,052	421	9,660	805	21,871	1,823	27,186	2,266	28,208	2,351
3	25,820	2,152	6,096	508	11,892	991	27,628	2,303	34,341	2,862	35,632	2,970
4	31,200	2,600	7,020	585	14,004	1,167	33,384	2,782	41,496	3,458	43,056	3,588
5	36,580	3,049	7,896	658	16,068	1,339	39,141	3,262	48,652	4,055	50,481	4,207
6	41,960	3,497	8,748	729	18,096	1,508	44,898	3,742	55,807	4,651	57,905	4,826
7	47,340	3,945	9,540	795	20,076	1,673	50,654	4,222	62,963	5,247	65,330	5,445
8	52,720	4,394	10,308	859	22,032	1,836	56,411	4,701	70,118	5,844	72,754	6,063
+1	5,380	449	756	63	1,944	162	5,757	480	7,156	597	7,425	619
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	\$ 21,386	\$ 1,783	\$ 22,139	\$ 1,845	\$ 22,590	\$ 1,883	\$ 27,861	\$ 2,322	\$ 29,217	\$ 2,435	\$ 29,970	\$ 2,498
2	29,025	2,419	30,047	2,504	30,660	2,555	37,814	3,152	39,654	3,305	40,676	3,390
3	36,665	3,056	37,956	3,163	38,730	3,228	47,767	3,981	50,091	4,175	51,382	4,282
4	44,304	3,692	45,864	3,822	46,800	3,900	57,720	4,810	60,528	5,044	62,088	5,174
5	51,944	4,329	53,773	4,482	54,870	4,573	67,673	5,640	70,966	5,914	72,795	6,067
6	59,584	4,966	61,682	5,141	62,940	5,245	77,626	6,469	81,403	6,784	83,501	6,959
7	67,223	5,602	69,590	5,800	71,010	5,918	87,579	7,299	91,840	7,654	94,207	7,851
8	74,863	6,239	77,499	6,459	79,080	6,590	97,532	8,128	102,277	8,524	104,913	8,743
+1	7,640	637	7,909	660	8,070	673	9,953	830	10,438	870	10,707	893
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	\$ 30,120	\$ 2,510	\$ 30,873	\$ 2,573	\$ 37,650	\$ 3,138	\$ 45,180	\$ 3,765	\$ 52,710	\$ 4,393	\$ 53,463	\$ 4,456
2	40,880	3,407	41,902	3,492	51,100	4,259	61,320	5,110	71,540	5,962	72,562	6,047
3	51,640	4,304	52,931	4,411	64,550	5,380	77,460	6,455	90,370	7,531	91,661	7,639
4	62,400	5,200	63,960	5,330	78,000	6,500	93,600	7,800	109,200	9,100	110,760	9,230
5	73,160	6,097	74,989	6,250	91,450	7,621	109,740	9,145	128,030	10,670	129,859	10,822
6	83,920	6,994	86,018	7,169	104,900	8,742	125,880	10,490	146,860	12,239	148,958	12,414
7	94,680	7,890	97,047	8,088	118,350	9,863	142,020	11,835	165,690	13,808	168,057	14,005
8	105,440	8,787	108,076	9,007	131,800	10,984	158,160	13,180	184,520	15,377	187,156	15,597
+1	10,760	897	11,029	920	13,450	1,121	16,140	1,345	18,830	1,570	19,099	1,592
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"		\$	2,829
1	\$ 367	\$ 4,000	\$ 974.25	\$ 2,000	\$ 1,255	\$ 4,000	\$ 1,506	\$ 9,430	Community Spouse Maintenance Allowance+		\$	2,465.00
2	434	6,000	1,440.35	3,000	1,704	6,000	2,044	14,130	Spousal Housing Allowance+		\$	739.50
3	567	6,100			QMB Only 100% FPL		SLMB QI-1 135% FPL		Utility Allowance+		\$	850
4	659	6,200							Maximum Home Equity Limit		\$	1,071,000
5	742	6,300			Monthly	Resources	Monthly	Resources	Community Spouse Resources		Minimum	\$ 30,828
6	825	6,400			\$ 1,255	\$ 9,430	\$ 1,695	\$ 9,430			Maximum	\$ 154,140
					1,704	14,130	2,300	14,130				

*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 1/17/2024