

PHILIP D. MURPHY Governor State of New Jersey
DEPARTMENT OF HUMAN SERVICES

GREGORY WOODS

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Assistant Commissioner

SARAH ADELMAN

Commissioner

MEDICAID COMMUNICATION NO. 25-03 DATE: February 28, 2025

TO: NJ FamilyCare Eligibility Determining Agencies

SUBJECT: Income Eligibility Standards Effective January 1, 2025

The Federal Poverty Level (FPL) guidelines for 2025 were announced and posted online via the electronic version of the Federal Register on January 17, 2025. Attached is the new income standards chart for all NJ FamilyCare programs. These new standards are retroactively effective January 1, 2025 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, 2025, 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, 2025. 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:jm

C:

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Christine Norbut Beyer, Commissioner Department of Children and Families

Kaitlan Baston, M.D., Commissioner Department of Health

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

DMAHS INCOME STANDARDS EFFECTIVE JANUARY 1, 2025

Variances due to rounding may occur.

					Variance	s due to roundir	ig may occur.		Circula Adulta	. O. D	Circula Aalad	L . O	Danasta
l	100% of the Federal Poverty Level		MAGI - AFDC Medicaid - A		Medicaid Special - A		Children's Medicaid- A 107% FPL		Single Adults & Parents ABP		ABP		
НН													
							207701112		133%	FPL	138% FPL*		
	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual		Monthly
1	\$ 15,650	\$ 1,305	\$ 2,776	\$ 233	\$ 6,108	\$ 509	\$ 16,746	\$ 1,396	\$ 20,815	\$ 1,735	\$ 21,597	\$	1,800
2	21,150	1,763	5,052	421	9,660	805	22,631	1,886	28,130	2,345	29,187		2,433
3	26,650	2,221	6,096	508	11,892	991	28,516	2,377	35,445	2,954	36,777		3,065
4	32,150	2,680	7,020	585	14,004	1,167	34,401	2,867	42,760	3,564	44,367		3,698
5	37,650	3,138	7,896	658	16,068	1,339	40,286	3,358	50,075	4,173	51,957		4,330
6	43,150	3,596	8,748	729	18,096	1,508	46,171	3,848	57,390	4,783	59,547		4,963
7	48,650	4,055	9,540	795	20,076	1,673	52,056	4,338	64,705	5,393	67,137		5,595
8	54,150	4,513	10,308	859	22,032	1,836	57,941	4,829	72,020	6,002	74,727		6,228
+1	5,500	459	756	63	1,944	162	5,885	491	7,315	610	7,590		633
'1					1,544	102	3,003	431			Newborns a	and	
l	Children's Medicaid MCHIP -		Children's Medicaid		CHIP Children - B 150% FPL		CHIP Children- C 185% FPL		Newborns & Pregnant Women - A				_
НН	142% FPL		MCHIP - A						194% FPL		Women - A		
			147% FPL*								199% FPL*		
	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	-	Monthly
1	\$ 22,223	\$1,852	\$ 23,006	\$1,918	\$ 23,475	\$ 1,957	\$ 28,953	\$2,413	\$ 30,361	\$ 2,531	\$ 31,144	\$	2,596
2	30,033	2,503	31,091	2,591	31,725	2,644	39,128	3,261	41,031	3,420	42,089		3,508
3	37,843	3,154	39,176	3,265	39,975	3,332	49,303	4,109	51,701	4,309	53,034		4,420
4	45,653	3,805	47,261	3,939	48,225	4,019	59,478	4,957	62,371	5,198	63,979		5,332
5	53,463	4,456	55,346	4,613	56,475	4,707	69,653	5,805	73,041	6,087	74,924		6,244
6	61,273	5,107	63,431	5,286	64,725	5,394	79,828	6,653	83,711	6,976	85,869		7,156
7	69,083	5,757	71,516	5,960	72,975	6,082	90,003	7,501	94,381	7,866	96,814		8,068
8	76,893	6,408	79,601	6,634	81,225	6,769	100,178	8,349	105,051	8,755	107,759		8,980
+1	7,810	651	8,085	674	8,250	688	10,175	848	10,670	890	10,945		913
	CHIP Pregnant Women - A		CHIP Pregnant Women - A Plan First - Family Planning 205% FPL*		CHIP Children - D BCC - A 250% FPL		CHIP Children - D 300% FPL						
	_										CUID CHILI		
нн	Plan First - Family Planning											nildren - D	
	CHIP Children - C								350% FPL		355% FPL*		
	200% FPL												
	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	ı	Monthly
1	\$ 31,300	\$ 2,609	\$ 32,083	\$ 2,674	\$ 39,125	\$ 3,261	\$ 46,950	\$ 3,913	\$ 54,775	\$ 4,565	\$ 55,558	\$	4,630
2	42,300	3,525	43,358	3,614	52,875	4,407	63,450	5,288	74,025	6,169	75,083		6,257
3	53,300	4,442	54,633	4,553	66,625	5,553	79,950	6,663	93,275	7,773	94,608		7,884
4	64,300	5,359	65,908	5,493	80,375	6,698	96,450	8,038	112,525	9,378	114,133		9,512
5	75,300	6,275	77,183	6,432	94,125	7,844	112,950	9,413	131,775	10,982	133,658		11,139
6	86,300	7,192	88,458	7,372	107,875	8,990	129,450	10,788	151,025	12,586	153,183		12,766
7	97,300	8,109	99,733	8,312	121,625	10,136	145,950	12,163	170,275	14,190	172,708		14,393
8	108,300	9,025	111,008	9,251	135,375	11,282	162,450	13,538	189,525	15,794	192,233		16,020
+1	11,000	917	11,275	940	13,750	1,146	16,500	1,375	19,250	1,605	19,525		1,628
	11,000	517	11,273	340			10,500	1,373	13,230			_	1,020
			Medicaid Only/		New Jersey Care Special		SLMB		MLTSS				
HH	Medically Needy		SSI - A		Medicaid Programs - A 100% FPL**		120% FPL		+ Amounts may be adjusted in July o				ctober
			331 - A						Medicaid "Cap"			\$	2,901
									Communit	v Snouse M	aintenance		
	Monthly	Resource	Monthly	Resource	Monthly	Resource	Monthly	Resources		Allowance-		\$	2,555.00
1	\$ 367	\$ 4,000	\$ 998.25	\$ 2,000	¢ 1205	\$ 4,000	\$ 1,565	\$ 9,660		, and wante	•	\vdash	
1			•		\$ 1,305		· · · · ·		Spousal Housing Allowance+			\$	766.50
2	434	6,000	1,475.35	3,000	1,763	6,000	2,115	14,470	. ,			ldash	
2					0145	Only	SLM	1B QI-1	Utility Allowance+			\$	878
3	567	6,100			QME	Offity	JLIV			Mandanian II - F 19 11 1			
		6,100 6,200				% FPL		5% FPL	N 4	II	iklim-is	Ć	1 007 000
3	567 659	6,200			1009	% FPL	135	5% FPL	Maximu	m Home Eq	uity Limit	\$	1,097,000
3 4 5	567 659 742	6,200 6,300			1009 Monthly	% FPL Resources	135 Monthly	Resources			,		
3	567 659	6,200			1009	% FPL	135	5% FPL	Maximu Communit Resou	y Spouse	uity Limit Minimum Maximum	\$ \$ \$	1,097,000 31,584 157,920

^{*5%} MAGI Related Disregard

Revised 1.15.2025

^{**} 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.