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MEDICAID COMMUNICATION NO. 26-01

DATE: December 26, 2025

TO: NJ FamilyCare Eligibility Determining Agencies

SUBJECT: 2026 Income and Resource Standards for Medicaid Only
2026 Rates for Home and Community Based Services

REFERENCE: Medicaid Only
N.J.A.C. 10:71-4.8, 5.4-6 and 5.9

Attached, in Administrative Law format, are the annual revisions to the Medicaid Only Manual (N.J.A.C. 10:71) relating to the new eligibility standards and deeming computation amounts. These changes reflect the 2.8% federal cost-of-living adjustment to the SSI eligibility standards. Also note that the Community Spouse Resources minimum and maximum standards have been increased effective January 1, 2026. (See N.J.A.C. 10:71-4.8).

Effective January 1, 2026, the Home and Community Based Services monthly standards for individual's receiving long-term services and supports are as follows:

| Living Arrangement | Standard Monthly Room and Board Rates | Monthly Maintenance Needs Allowance |
|---|--|--|
| Assisted Living Residence (ALR) | \$996.40 | \$147.65 |
| Comprehensive Personal Care Home (CPCH) | \$996.40 | \$147.65 |
| Adult Family Care (AFC) | \$877.60 | \$147.65 |
| Individuals Living in their own home | - | \$2,982 |

The new amounts shall be used in eligibility and post eligibility calculations effective January 1, 2026. 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.

Attachment: N.J.A.C. 10:71-4.8; 5.4-6; 5.9

Full text of the proposal follows (additions indicated in underline thus; deletions indicated in brackets [thus]).

10:71-4.8 Institutional eligibility; resources of a couple

(a) In the determination of resource eligibility for an individual requiring long term care, the county board of social services shall establish the combined countable resources of a couple as of the first period of continuous institutionalization beginning on or after September 30, 1989. This determination shall be made upon request for a resource assessment in accordance with N.J.A.C. 10:71-4.9 or at the time of application for Medicaid benefits. The total countable resources of the couple shall include all resources owned by either member of the couple individually or together. The county board of social services shall establish a share of the resources to be attributed to the community spouse in accordance with this section. (No community spouse's share of resources may be established if the institutionalized individual's current continuous period of institutionalization began at any time before September 30, 1989.)

1. The community spouse's share of the couple's combined countable resources is based on the couple's countable resources as of the first moment of the first day of the month of the current period of institutionalization beginning on or after September 30, 1989 and shall not exceed [\$157,920.00] \$162,660.00 unless authorized in (a)4 or 5 below. The community spouse's share of the couple's resources shall be the greater of:

- i. [\$31,584.00] \$32,532.00; or
- ii. One half of the couple's combined countable resources.

2. - 9. (No change.)

10:71-5.4 Includable income

(a) Any income which is not specifically excluded under the provisions of N.J.A.C. 10:71-5.3 shall be included in the determination of countable income. Such income shall include, but is not limited to, the following:

1. - 11. (No change.)

12. Support and maintenance furnished in-kind (community cases): Support and maintenance encompasses the provision to an individual of his or her needs for food, clothing, and shelter at no cost or reduced value. Persons determined to be “living in the household of another” in accordance with N.J.A.C. 10:71-5.6 shall not be considered to be receiving in-kind support and maintenance as the income eligibility levels have been reduced in recognition of such receipt. Persons not determined to be “living in the household of another” who receive in-kind support and maintenance shall be considered to have income in the amount of:

~~[\$342.33]~~ \$351.33 for an individual

~~[\$503.33]~~ \$517.00 for a couple

i. (No change.)

13. (No change.)

(b) (No change.)

10:71-5.5 Deeming of income

(a) - (g) (No change.)

TABLE A

Deeming Computation Amounts

1. Living allowance for each ineligible child **~~[\$483.00]~~ \$497.00**

2. Remaining income amount

| | |
|--|--|
| Head of | Receiving Support |
| Household | and Maintenance |
| [\$483.00] <u>\$497.00</u> | [\$322.34] <u>\$331.33</u> |

3. Spouse to Spouse Deeming - Eligibility Levels

a. Residential Health Care Facility **~~[\$2,188.35]~~ \$2,229.35**

b. Eligible Individual Living Alone
with Ineligible Spouse **~~[\$1,602.99]~~ \$1,643.99**

c. Living Alone or with Others **~~[\$1,481.25]~~ \$1,522.25**

d. Living in the Household of
Another **~~[\$1,060.08]~~ \$1,087.08**

4. *Parental Allowance - Deeming to Children Remaining Income is:*

| | | |
|-----------------------------|--|--|
| | One Parent | Parent & Spouse of Parent |
| a. Earned only | [\$1,934.00] <u>\$1,988.00</u> | [\$2,900.00] <u>\$2,982.00</u> |
| b. Unearned only | [\$967.00] <u>\$994.00</u> | [\$1,450.00] <u>\$1,491.00</u> |
| c. Both earned and unearned | [\$967.00] <u>\$994.00</u> | [\$1,450.00] <u>\$1,491.00</u> |

10:71-5.6 Income eligibility standards

(a) and (b) (No change.)

(c) Non-institutional living arrangements

1. – 4. (No change.)

5. *Table B follows:*

TABLE B

| Variations in Living Arrangements | Medicaid Eligibility Income Standards | | | |
|--|---------------------------------------|---------------------------|---------------------|--------------------------|
| | <u>Individual</u> | | <u>Couple</u> | |
| I. Residential Health Care Facility | [\$1,177.05] | <u>\$1,204.05</u> | [\$2,188.35] | <u>\$2,229.35</u> |
| II. Living Alone or with Others | [\$998.25] | <u>\$1,025.25</u> | [\$1,475.35] | <u>\$1,516.35</u> |
| III. Living Alone with Ineligible Spouse | | | [\$1,475.35] | <u>\$1,516.35</u> |
| IV. Living in Household of Another | [\$688.97] | <u>\$706.98</u> | [\$1,060.08] | <u>\$1,087.08</u> |
| V. Title XIX Approved Facility: | [\$2,901.00†] | <u>\$2,982.00†</u> | | |

Includes persons in acute general hospitals, nursing facilities, intermediate care facilities/mental retardation (ICFMR) and licensed special hospitals (Class A, B, C) and Title XIX psychiatric hospitals (for persons under age 21 and age 65 and over) or a combination of such facilities for a full calendar month.

† Gross income (that is, income prior to any income exclusions) is applied to this Medicaid “Cap.”

(d) (No change.)

10:71-5.9 Deeming from sponsor to alien

(a) - (d) (No change.)

(e) (No change.)

1. (No change.)

2. Subtract **[\$967.00]** **\$994.00** for the sponsor, **[\$1,450.00]** **\$1,491.00** for the sponsor if living with his or her spouse, **[\$1,934.00]** **\$1,988.00** for the sponsor if his or her spouse is a co-sponsor.

3. Subtract [~~\$483.50~~] \$497.00 for any other dependent of the sponsor who is or could be claimed for Federal Income Tax purposes.
4. (No change.)
- (f) (No change.)

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:bp

c:

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