

BROADCAST DMAS-38

DATE: February 4, 2019

TO: Local directors and Medicaid staff

FROM: Cindy Olson, Director, Eligibility and Enrollment Services Division, Department of Medical Assistance Services

SUBJECT: Corrected MAGI Adults Income Limits

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The following acronyms are used in this broadcast:

ABD—Aged Blind Disabled
COLA—Cost of Living Adjustment
FAMIS—Family Access to Medical Insurance Security Plan
FPL—Federal Poverty Level
MAGI—Modified Adjusted Gross Income
QDWI – Qualified Disabled Working Individual
QI—Qualified Individuals
QMB—Qualified Medicare Beneficiaries
SLMB—Special Low Income Medicare Beneficiaries

This broadcast corrects the monthly 133% FPL plus 5% income limits for the MAGI Adults Covered Group, which were incorrect in Broadcast DMAS-37. The correct amounts are located at I. A below. The remainder of Broadcast DMAS-37 has been included below for your convenience.

The Federal Poverty Levels used to determine the eligibility income limits for certain Medicaid covered groups, as well as FAMIS and FAMIS MOMS, were announced effective **January 11, 2019**. Although the increased limits have not yet been published we have been informed that these amounts are official. These increased income limits must be used for Medicaid and FAMIS eligibility determinations and renewals processed on or after **January 11, 2019**, with the exception of individuals who meet the definition for the ABD 80% FPL, QMB, SLMB and QI covered groups and those who receive Social Security benefits. These individuals' Social Security COLA is excluded through the month following the month the FPL is published, or **until March 1, 2019**. There was a 2.8% COLA for 2019.

The new amounts are reflected in VaCMS as of January 31, 2019. Medicaid applications denied for excess unearned income from January 11, 2019 through January 30, 2019 must be re-evaluated.

I. MEDICAID FPL INCOME LIMITS

A. MAGI Adults Covered Group 133% FPL (+ 5% disregard If Over Limit) ALL LOCALITIES EFFECTIVE 1/1/19 (corrected 2/4/19)

Household Size	Annual	Monthly	Annual + 5%	Monthly + 5%
1	\$16,612	\$1,385	\$17,237	\$1,438
2	22,491	1,875	23,337	1,946
3	28,369	2,365	29,436	2,454
4	34,248	2,854	35,536	2,962
5	40,127	3,344	41,636	3,470
6	46,005	3,834	47,735	3,979
7	51,884	4,324	53,835	4,487
8	57,762	4,814	59,934	4,995
Each additional	5,879	490	6100	509

B. ABD with Income Less than or Equal to 80% FPL and Medicaid Works (initial eligibility determination)

Assistance Unit Size	Annual	Monthly
1	\$9,992	\$833
2	13,528	1,128

C. QMB (100% of FPL)

Assistance Unit Size	Annual	Monthly
1	\$12,490	\$1,041
2	16,910	1,410

D. SLMB (120% of FPL)

Assistance Unit Size	Annual	Monthly
1	\$14,988	\$1,249
2	20,292	1,691

E. QI (135% of FPL)

Assistance Unit Size	Annual	Monthly
1	\$16,862	\$1,406
2	22,829	1,903

F. QDWI with or without Social Security Income (200% of FPL)

Assistance Unit Size	Annual	Monthly
1	\$24,980	\$2,082
2	33,820	2,819

G. Children Under Age 19 (143% of FPL)

Household Size	Annual	Monthly
1	\$17,861	\$1,489
2	24,182	2,016
3	30,502	2,542
4	36,823	3,069
5	43,144	3,596
6	49,464	4,122
7	55,785	4,649
8	62,105	5,176
Each Additional	6,321	527

H. Pregnant Women (143% of FPL)

Household Size	Annual	Monthly
2	24,182	2,016
3	30,502	2,542
4	36,823	3,069
5	43,144	3,596
6	49,464	4,122
7	55,785	4,649
8	62,105	5,176
Each Additional	6,321	527

I. Extended Medicaid (185% of FPL)

Household Size	Annual	Monthly
1	\$23,107	\$1,926
2	31,284	2,607
3	39,461	3,289
4	47,638	3,970
5	55,815	4,652
6	63,992	5,333
7	72,169	6,015
8	80,346	6,696
Each additional	8,177	682

J. Plan First (200% of FPL)

Household Size	Annual	Monthly
1	\$24,980	\$2,082
2	33,820	2,819
3	42,660	3,555
4	51,500	4,292
5	60,340	5,029
6	69,180	5,765
7	78,020	6,502
8	86,860	7,239
Each additional	8,840	737

K. 5% FPL Disregard for MAGI-based Determinations

Household Size	Annual	Monthly
1	\$625	\$53
2	846	71
3	1,067	89
4	1,288	108
5	1,509	126
6	1,730	145
7	1,951	163
8	2,172	181
Each additional	221	19

II. FAMIS INCOME LIMITS (150% and 200% FPL)

Household Size	150% of FPL		200% of FPL	
	Annual	Monthly	Annual	Monthly
1	\$18,735	\$1,562	\$24,980	\$2,082
2	25,365	2,114	33,820	2,819
3	31,995	2,667	42,660	3,555
4	38,625	3,219	51,500	4,292
5	45,255	3,772	60,340	5,029
6	51,885	4,324	69,180	5,765
7	58,515	4,877	78,020	6,502
8	65,145	5,429	86,860	7,239
Each Additional	6,630	553	8,840	737

III. FAMIS MOMS INCOME LIMITS (200%FPL)

Household Size	Annual	Monthly
2	33,820	2,819
3	42,660	3,555
4	51,500	4,292
5	60,340	5,029
6	69,180	5,765
7	78,020	6,502
8	86,860	7,239
Each Additional	8,840	737