

Virginia Department of Social Services  
 Medicaid Fact Sheet #45  
**2020 INCOME LIMITS & LTC SPOUSAL IMPOVERISHMENT STANDARD CHANGES**

The following information is given as a guideline only. For Medicaid eligibility to be determined, an application must be filled with the local department of social service. To file an application go to the following website: <https://commonhelp.virginia.gov/access/> or call the **CoverVA Call Center at 1-855-242-8282** to apply by phone. You may also print out and complete a paper application and mail it to your local Department of Social Service.

The Federal Poverty Levels (FPL) used to determine the eligibility income limits for certain Medicaid covered groups, as well as FAMIS, and FAMIS MOMS were published on **January 17, 2020**.

These increased income limits must be used for Medicaid and FAMIS eligibility determinations and renewals processed on or after **January 17, 2020**, with the exception of individuals who meet the definition for the ABD 80% FPL, QMB, SLMB and QI covered groups and receive Social Security benefits. These individual's Social Security COLA is excluded through the month following the month the FPL is published, or until **March 1, 2020**. **There was a 1.6% COLA for 2020.**

The 2020 resource limits for QMB, SLMB and QI are **\$7,860 for one person** and **\$11,800 for a couple**.

**I. MEDICAID INCOME LIMITS EFFECTIVE JANUARY 17, 2020**

**A. MAGI Adult Covered Group (133% FPL + 5% disregard)**

Family Unit Size	Annual	Monthly
1	\$17,609	\$1,469
2	23,792	1,983
3	29,974	2,499
4	36,156	3,014
5	42,339	3,529
6	48,521	4,044
7	54,704	4,560
8	60,886	5,074
Each Additional Person Add	6,183	516

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

Family Unit Size	Annual	Monthly
1	\$10,208	\$851
2	13,792	1,150

**C. QMB (100% of FPL)**

Family Unit Size	Annual	Monthly
1	\$12,760	\$1,064
2	17,240	1,437

**D. SLMB (120% of FPL)**

Family Unit Size	Annual	Monthly
1	\$15,312	\$1,276
2	20,688	1,724

**E. QI (135% of FPL)**

Family Unit Size	Annual	Monthly
1	\$17,226	\$1,436
2	23,274	1,940

**F. QDWI & MEDICAID WORKS (ongoing determination) with or without Social Security Income (200% of FPL)**

Family Unit Size	Annual	Monthly
1	\$25,520	\$2,127
2	34,480	2,874

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

Family Unit Size	Annual	Monthly
1	\$18,247	\$1,521
2	24,654	2,055
3	31,060	2,589
4	37,466	3,123
5	43,873	3,657
6	50,279	4,190
7	56,686	4,724
8	63,092	5,258
Each Additional Person Add	6,407	534

**H. Pregnant Women (143% of FPL)**

Family Unit Size	Annual	Monthly
2	\$24,654	2,055
3	31,060	2,589
4	37,466	3,123
5	43,873	3,657
6	50,279	4,190
7	56,686	4,724
8	63,092	5,258
Each Additional Person Add	6,407	534

**I. Extended Medicaid (185% of FPL)**

Family Unit Size	Monthly
1	\$1,968
2	2,658
3	3,349
4	4,040
5	4,730
6	5,421
7	6,112
8	6,802
Each Additional Person Add	691

**J. Plan First (200% of FPL)**

Family Unit Size	Annual	Monthly
1	\$25,520	\$2,127
2	34,480	2,874
3	43,440	3,620
4	52,400	4,367
5	61,360	5,114
6	70,320	5,860
7	79,280	6,607
8	88,240	7,354
Each Additional Person Add	8,960	747

**K. 5% FPL Disregard for all MAGI-based Determinations**

Family Unit Size	Monthly
1	\$53
2	71
3	89
4	108
5	126
6	145
7	163
8	181
Each Additional Person Add	19

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

Family Unit Size	150% of FPL		200% of FPL	
	Annual	Monthly	Annual	Monthly
1	\$19,140	\$1,595	\$25,520	\$2,127
2	25,860	2,155	34,480	2,874
3	32,580	2,715	43,440	3,620
4	39,300	3,275	52,400	4,367
5	46,020	3,835	61,360	5,114
6	52,740	4,395	70,320	5,860
7	59,460	4,955	79,280	6,607
8	66,180	5,515	88,240	7,354
Each Additional Person Add	6,720	560	8,960	747

### III. FAMIS MOMS INCOME LIMITS (200% FPL)

Family Unit Size	Annual	Monthly
2	\$34,480	\$2,874
3	43,440	3,620
4	52,400	4,367
5	61,360	5,114
6	70,320	5,860
7	79,280	6,607
8	88,240	7,354
Each Additional Person Add	8,960	747

The Long-term Care (LTC) Spousal Impoverishment Standards have changed effective July 1, 2020:

- The Minimum Monthly Maintenance Needs Allowance (MMMNA) is **\$2155**.
- The Community Spouse's Monthly Housing Allowance (otherwise known as the excess shelter allowance) continues to be **\$646.50**.

The Substantial Gainful Activity (SGA) Limit increased to **\$1,260** from \$1,220 in 2019. The Blind SGA increased to **\$2,110** from \$2,040 in 2019.