

Virginia Department of Social Services  
 Medicaid Fact Sheet #45  
**2021 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 13, 2021**.

These increased income limits must be used for Medicaid and FAMIS eligibility determinations and renewals processed on or after **January 13, 2021**, 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, 2021**. **There was a 1.3% COLA for 2021.**

The 2021 resource limits for QMB, SLMB and QI are **\$7,970 for one person** and **\$11,960 for a couple**.

**I. MEDICAID INCOME LIMITS EFFECTIVE JANUARY 13, 2021**

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

| Family Unit Size           | Annual   | Monthly |
|----------------------------|----------|---------|
| 1                          | \$17,131 | \$1,428 |
| 2                          | 23,169   | 1,931   |
| 3                          | 29,207   | 2,434   |
| 4                          | 35,245   | 2,938   |
| 5                          | 41,284   | 3,441   |
| 6                          | 47,322   | 3,944   |
| 7                          | 53,360   | 4,447   |
| 8                          | 59,398   | 4,950   |
| Each Additional Person Add | 6,039    | 504     |

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

| Family Unit Size | Annual   | Monthly |
|------------------|----------|---------|
| 1                | \$10,304 | \$859   |
| 2                | 13,936   | 1,162   |

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

| Family Unit Size | Annual   | Monthly |
|------------------|----------|---------|
| 1                | \$12,880 | \$1,074 |
| 2                | 17,420   | 1,452   |

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

| Family Unit Size | Annual   | Monthly |
|------------------|----------|---------|
| 1                | \$15,456 | \$1,288 |
| 2                | 20,904   | 1,742   |

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

| Family Unit Size | Annual   | Monthly |
|------------------|----------|---------|
| 1                | \$17,388 | \$1,449 |
| 2                | 23,517   | 1,960   |

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

| Family Unit Size | Annual   | Monthly |
|------------------|----------|---------|
| 1                | \$25,760 | \$2,147 |
| 2                | 34,840   | 2,904   |

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

| Family Unit Size           | Annual   | Monthly |
|----------------------------|----------|---------|
| 1                          | \$18,419 | \$1,535 |
| 2                          | 24,911   | 2,076   |
| 3                          | 31,403   | 2,617   |
| 4                          | 37,895   | 3,158   |
| 5                          | 44,388   | 3,699   |
| 6                          | 50,880   | 4,240   |
| 7                          | 57,372   | 4,781   |
| 8                          | 63,864   | 5,322   |
| Each Additional Person Add | 6,493    | 542     |

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

| Family Unit Size           | Annual   | Monthly |
|----------------------------|----------|---------|
| 2                          | \$24,911 | 2,076   |
| 3                          | 31,403   | 2,617   |
| 4                          | 37,895   | 3,158   |
| 5                          | 44,388   | 3,699   |
| 6                          | 50,880   | 4,240   |
| 7                          | 57,372   | 4,781   |
| 8                          | 63,864   | 5,322   |
| Each Additional Person Add | 6,493    | 542     |

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

| Family Unit Size           | Monthly |
|----------------------------|---------|
| 1                          | \$1,986 |
| 2                          | 2,686   |
| 3                          | 3,386   |
| 4                          | 4,086   |
| 5                          | 4,786   |
| 6                          | 5,486   |
| 7                          | 6,186   |
| 8                          | 6,886   |
| Each Additional Person Add | 700     |

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

| Family Unit Size           | Annual   | Monthly |
|----------------------------|----------|---------|
| 1                          | \$25,760 | \$2,147 |
| 2                          | 34,840   | 2,904   |
| 3                          | 43,920   | 3,660   |
| 4                          | 53,000   | 4,417   |
| 5                          | 62,080   | 5,174   |
| 6                          | 71,160   | 5,930   |
| 7                          | 80,240   | 6,687   |
| 8                          | 89,320   | 7,444   |
| Each Additional Person Add | 9,080    | 757     |

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

| Family Unit Size           | Monthly |
|----------------------------|---------|
| 1                          | \$54    |
| 2                          | 73      |
| 3                          | 92      |
| 4                          | 111     |
| 5                          | 130     |
| 6                          | 149     |
| 7                          | 168     |
| 8                          | 187     |
| 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                          | \$19,320    | \$1,610 | \$25,760    | \$2,147 |
| 2                          | 26,130      | 2,178   | 34,840      | 2,904   |
| 3                          | 32,940      | 2,745   | 43,920      | 3,660   |
| 4                          | 39,750      | 3,313   | 53,000      | 4,417   |
| 5                          | 46,560      | 3,880   | 62,080      | 5,174   |
| 6                          | 53,370      | 4,448   | 71,160      | 5,930   |
| 7                          | 60,180      | 5,015   | 80,240      | 6,687   |
| 8                          | 66,990      | 5,583   | 89,320      | 7,444   |
| Each Additional Person Add | 6,810       | 568     | 9,080       | 757     |

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

| Family Unit Size           | Annual   | Monthly |
|----------------------------|----------|---------|
| 2                          | \$34,840 | \$2,904 |
| 3                          | 43,920   | 3,660   |
| 4                          | 53,000   | 4,417   |
| 5                          | 62,080   | 5,174   |
| 6                          | 71,160   | 5,930   |
| 7                          | 80,240   | 6,687   |
| 8                          | 89,320   | 7,444   |
| Each Additional Person Add | 9,080    | 757     |

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.