



## OPERATIONAL MEMO

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<b>Title:</b> 2026 Federal Poverty Level Guidelines	<b>Topic:</b> Eligibility Policy
<b>Audience:</b> County Departments of Social/Human Services, Medical Assistance (MA) Sites and Eligibility Application Partners (EAP)	<b>Sub-Topic:</b> Income Standards
<b>Supersedes Number:</b> N/A	<b>Division:</b> Eligibility Policy
<b>Effective Date:</b> April 1, 2026	<b>Office:</b> Medicaid Operations Office
<b>Expiration Date:</b> April 1, 2028	<b>Program Area:</b> Eligibility Policy
<b>Key Words:</b> 2026 Federal Poverty Level Guidelines; Income Limits	
<b>Legal Authority:</b> Section 673(2) of the Omnibus Budget Reconciliation Act (OBRA) of 1981 (42 U.S.C. 9902(2)) & 90 FR 5917	
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<b>Approved By:</b> Marviel Klueckman	

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### **Purpose and Audience:**

The purpose for this memo is to notify all Eligibility Sites (county departments of human/social services, Medical Assistance (MA) Sites, and Eligibility Application Partners (EAP), herein referenced as “Eligibility Sites”) of the income guidelines for the Modified Adjusted Gross Income (MAGI) Medicaid and Limited Family Planning Medical Assistance program, and the Child Health Plan *Plus* (CHP+) program effective April 1, 2026.

### **Information:**

The income limits for the MAGI Medicaid and CHP+ programs are based on Federal Poverty Level (FPL) guidelines that are updated annually. The income guidelines are used to determine eligibility for the MAGI Medicaid and Limited Family Planning

programs and the CHP+ program and are subject to change annually as the FPL is adjusted.

**Action To Be Taken:**

Effective April 1, 2026, the Colorado Benefits Management System (CBMS) has been updated to reflect the new income guidelines for MAGI-Medicaid, Limited Family Planning, and CHP+ Medical Assistance programs, according to the charts. Eligibility Sites must refer to the updated income guidelines as of April 1st when making an eligibility determination. The Limited Family Planning Medical Assistance chart is listed below:

Family Size	Limited Family Planning 134% to 260%
2	2400 - 4689
3	3029 - 5920
4	3659 - 7150
5	4289 - 8381
6	4918 - 9612

Family Size	Limited Family Planning 134% to 260%
7	5548 - 10842
8	6177 - 12073
9	6807 - 13304
10	7436 - 14534
11	8066 - 15765

**Definition(s):**

None

**Attachment(s):**

April 2026 Medicaid Income Chart

April 2026 CHP+ Income Chart

**HCPF Contact:**

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