NEW JERSEY HUMAN SERVICES

Stakeholder Guidance on Changes in Expansion Adult Eligibility due to OBBBA / H.R. 1

Information for stakeholders on community engagement / work requirements, six-month renewals, and retroactive coverage

Last updated on: September 10, 2026

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1 Executive Summary: What Stakeholders Need to Know

Signed into law by President Trump on July 4, 2025, the One Big Beautiful Bill Act (OBBBA), also known as H.R. 1, introduces significant changes to Medicaid eligibility that will affect many NJ FamilyCare members.

Throughout this guide, "**members**" refers to both current NJ FamilyCare enrollees and individuals applying for coverage. "**Stakeholders**" include, but are not limited to:

- Health care providers (e.g., primary care, pharmacies, hospitals, Federally Qualified Health Centers, mental health/substance use disorder providers)
- Application, enrollment, and member support partners (e.g., application and renewal assistors, Regional Health Hubs, advocates, legal services organizations, and other organizations that provide individualized enrollment or member support)
- Community organizations (e.g., faith-based organizations, food banks, shelters, community centers, and other trusted organizations that provide community-based services to NJ FamilyCare members)
- Community engagement/work requirement activity and verification partners (e.g., employers, schools, volunteer and community service organizations, workforce and job training programs, and other organizations that can help members demonstrate qualifying activities)

As a stakeholder, you play a critical role in helping members understand these changes and what actions they need to take. This guide is intended to help prepare you for three key OBBBA/H.R.1 provisions affecting most adults ages 19 through 64, beginning January 1, 2027: community engagement/work requirements, six-month renewals, and retroactive coverage.

Information on non-citizen eligibility changes is not covered in this document. Please visit the Non-citizen Eligibility subpage and Stakeholder Resources subpage of the FederalMedicaidChanges.nj.gov website for information and resources on non-citizen eligibility changes.

This section is a high-level summary of what is changing, who is affected, and the top three actions stakeholders should take starting now. For additional guidance, we encourage you to review the full guide.

1.1 Who is Affected

The three provisions detailed in this guide impact approximately 540,000 NJ FamilyCare members known as “Expansion Adults.” Expansion Adults are individuals ages 19 through 64 who became eligible for coverage through the “Affordable Care Act” (ACA). Members can check whether they are an Expansion Adult by looking for plan type "ABP" or Alternative Benefit Plan, on their health plan ID card.

1.2 What Changes on January 1, 2027

- **Community engagement / work requirements**: Expansion Adults will have to work, go to school, volunteer, or participate in a job training program to qualify for or keep their coverage, unless they qualify for an exclusion or exception.

- **Six-month renewals**: All Expansion Adults, except for Alaska Natives or members of a federally recognized American Indian tribe, will have to renew their coverage every **6 months instead of every 12 months.**
- **Shortened retroactive coverage**: Expansion Adult members who receive care before applying or re-enrolling in NJ FamilyCare can only be reimbursed for costs incurred in the month immediately before they apply. This is instead of up to three months, as under the current rules. For all other Medicaid members, retroactive coverage will be limited to two months before the month of application.

*Please see **Section 4** for details on each provision.*

1.3 Top Three Actions for Stakeholders

- **Now through the end of 2026 — Prepare and educate**: Learn what's changing, review and share Division of Medical Assistance and Health Services (DMAHS) awareness materials, and encourage members to update their contact information with NJ FamilyCare
- **When the new rules begin — Activate member support**: Help members understand what to do if they receive a renewal packet or are requested to provide further documentation to NJ FamilyCare as part of their application/renewal
- **Ongoing — Maintain consistency**: Keep messaging aligned with DMAHS communications and be a resource for members navigating new requirements and processes, terminations, and the appeal process

*Please see **Section 5** for additional stakeholder actions by stakeholder type.*

1.4 Additional Resources

For member-facing information on community engagement/work requirements and six-month renewals, please visit MedicaidWorkRules.nj.gov. For OBBBA/H.R.1-related stakeholder information and resources across all federal changes, visit https://www.nj.gov/humanservices/dmahs/obbba/stakeholders.

DMAHS and our stakeholder partners will continue to provide additional resources and guidance in the coming months.

To receive the latest OBBBA/H.R. 1 updates and resources from DMAHS, sign up for stakeholder communications using DMAHS' federal changes stakeholder inquiry form (https://forms.cloud.microsoft/g/sgyprwnmLW) or email MAHS.FederalChanges@dhs.nj.gov.

*Please review **Section 7** for resources to further support stakeholders and members.*

2 What Is Changing?

2.1 OBBBA in Brief

Signed into law on July 4, 2025 by the Trump administration, the "One Big Beautiful Bill Act" (OBBBA, also referred to as H.R. 1) makes several significant changes to NJ FamilyCare/Medicaid. For certain adults ages 19 through 64, these changes include: new community engagement requirements (better known as work requirements); eligibility renewals every **6 months** instead of every **12 months**; and shortened retroactive coverage windows. Separately, OBBBA changes Medicaid eligibility rules for certain non-citizens, resulting in some groups losing eligibility. New Jersey is legally required to implement these federally mandated changes.

DMAHS projects that between 165,000 and 330,000 current members in New Jersey could lose Medicaid coverage by the end of State Fiscal Year 2030 (SFY30). Coverage losses are expected to stem from both changes in eligibility and an increase in procedural terminations due to paperwork and administrative burdens. The latter is where stakeholders can play a significant role in preserving coverage for eligible members.

2.2 Who is Affected in NJ

The provisions covered in this guide apply specifically to the Expansion Adult population. "Expansion Adults" are individuals ages 19 through 64 who gained Medicaid eligibility through the "Affordable Care Act" (ACA). There are approximately 540,000 Expansion adults enrolled in NJ FamilyCare.

Members who are unsure whether they are an Expansion Adult can check their health plan ID card. If the card lists plan type ABP or Alternative Benefit Plan, they are likely an Expansion Adult and subject to these changes. Members can also call the member services number on the back of their health plan ID card to confirm their plan type.

Some members may not be required to meet community engagement requirements because of their health, family, or life circumstances. However, they may still need to renew their coverage every six months. Exclusion and exception criteria for members are discussed in Section 4.

2.3 Three OBBBA Provisions of Focus

Expansion Adult NJ FamilyCare members will primarily be subject to three provisions **beginning January 1, 2027.** Most Expansion Adults will have to meet these requirements to keep their NJ FamilyCare coverage.

The following table provides a brief overview of each provision and links to the section of the guide where you can find more detailed information.

Provision	What it requires	What is changing	Location in guide
Community engagement, also known as **work requirements**	Expansion Adults must either complete at least 80 hours per month of approved activities (work, education, volunteering, or a work program), earn	Work requirements are new to Medicaid. Members must work/complete a qualifying activity **or** meet a qualifying exclusion/exception at every renewal. Members who lose	Section 4.1

Provision	What it requires	What is changing	Location in guide
	a household income of at least $580 per month, or qualify for an exclusion or exception.	NJ FamilyCare because they do not meet work requirements may purchase coverage through GetCoveredNJ, but they will not be able to qualify for subsidies if their income would otherwise qualify them for NJ FamilyCare and they don't meet work requirements.	
Six-month renewals	Eligibility for Expansion Adults must be redetermined **every 6 months**	The renewal cycle is shortened from **every 12 months to every 6 months.** Members who cannot be verified automatically by the State must complete and submit a renewal packet twice a year. Expansion Adults who are Alaska Natives or members of a federally recognized American Indian tribe retain a **12-month renewal cycle.**	Section 4.2
Shortened retroactive coverage window	Retroactive coverage for Expansion Adults is **reduced from 3 months to 1 month prior to the month of application**[1]	Members who receive care before applying or re-enrolling in NJ FamilyCare can only be reimbursed for costs incurred in the month immediately before they apply. To avoid unexpected out-of-pocket costs, members should enroll or renew before or promptly after receiving care.	Section 4.3

2.4 Universal Guidance for Members

The guidance below applies to every Expansion Adult, regardless of which specific provisions affect them. Stakeholders can reinforce these key actions with members at any time.

- **Keep your contact information current:** Members can update their mailing address, phone number, and email address with NJ FamilyCare anytime through the **online update form** (https://dmahs-nj.my.site.com/addressupdate/) or by calling 1-833-409-2370. **This is the single most important step to avoid missing important notices from NJ FamilyCare.**
- **Watch for mail from NJ FamilyCare:** Expansion Adults will receive a letter from NJ FamilyCare in **early September 2026** explaining upcoming changes. In the 1-2 months before a member's renewal date, they should be on the lookout for mail from NJ

[1] Retroactive coverage eligibility for all other members is reduced from 3 months to 2 months.

FamilyCare, including a renewal packet (if the State cannot verify eligibility automatically) and any Requests for Information letters (RFIs, if the State needs more information beyond the completed renewal packet to verify eligibility). Members should open mail from NJ FamilyCare promptly.

- **Respond by the deadline:** If a member receives **a renewal packet** or an **RFI**, they need to respond as quickly as possible, and no later than the date on the notice (RFIs allow **14 or 30 days for a response,** depending on the type). Missing a deadline can end their coverage even if they qualify.
- **Check whether community engagement/work requirements apply to you:** If members are unsure whether the requirements will apply to them, or if they might qualify for an exclusion or exception, they should use the Activity Requirements Checker here: https://njfcchecker.nj.gov/.
- **Apply as soon as you think you may be eligible:** If Expansion Adults are applying for coverage, NJ FamilyCare can only cover medical bills in the month prior to the month of their application. The sooner they apply or renew, the less likely they will have to self-pay for any care received before their coverage begins.
- **If your coverage ends, act quickly**: If members lose coverage because information was not sent before a deadline, they have **90 days to submit** what is missing and potentially get their coverage back. This is what is commonly known as the reconsideration period. They do not need to file a new application and should respond as quickly as possible. If they respond **within 60 days** of termination, their risk of a gap in coverage is reduced. **This is important:** new federal rules will only provide 60 days of retroactive coverage, even though members have 90 days past their deadline to send in their paperwork. A 30-day gap in coverage could result if people wait until the last minute of the reconsideration period to act.
- **Know how to (re)apply**: Members can apply anytime at the NJ FamilyCare application website (https://njfamilycare.dhs.state.nj.us/apply.aspx), by phone at 1-800-701-0710 (TTY: 711), or in person at their County Social Service Agency or an NJ FamilyCare walk-in center.
- **Find more information:** Members can visit FederalMedicaidChanges.nj.gov to learn more about upcoming eligibility changes, who may be affected, and what actions they may need to take.

*Please review **Section 4** for additional messages to relay to members for each provision.*

3 Member Outreach and Engagement

These changes will significantly affect NJ FamilyCare Expansion Adults—and navigating the new requirements is likely to be confusing and stressful for many members. **We need your help** to prepare members for these changes and ensure they understand what they need to do to stay enrolled.

DMAHS is using multiple outreach and engagement channels to prepare members and the broader Medicaid community for these changes, including:

- Reaching out directly to members
- Working with Managed Care Organizations (MCOs), Regional Health Hubs (RHHs), providers, and community organizations to engage and support members
- Providing stakeholders with the guidance and tools they need to help members through the changes
- Offering NJ FamilyCare Application Assistance Training. To join the training waitlist, email MAHS.NJFamilyCare@dhs.nj.gov

Given the number of members who will be affected, no single organization or outreach method can reach everyone. Helping eligible members stay enrolled will require a coordinated effort across the State, MCOs, providers, community organizations, and other stakeholders using clear and consistent messaging.

3.1 Why Stakeholders Are Crucial Partners

DMAHS' outreach is most effective when trusted stakeholders reinforce consistent messaging. Stakeholders' established relationships with the members and communities they serve can help reach people who may need additional support and preserve coverage for eligible members.

Stakeholders can support members in different ways, depending on where they are in the process:

- **Building awareness:** Spread the word, address misinformation, and help members understand whether the new requirements may affect them.
- **Applying or renewing**: Remind members of upcoming deadlines, help them understand what information or documentation they may need, and connect them with additional support when needed.
- **Responding to a Request for Information (RFI):** Help members understand what information or documents are being requested and the deadline to respond.
- **Addressing a coverage loss**: Help members understand their options, including submitting missing information within the 90-day reconsideration period, requesting a fair hearing when appropriate, reapplying, or exploring other coverage options (*more details in* ***Section 4.1.5***).

DMAHS has partnered with the following organizations to support stakeholder engagement and member outreach efforts:

- **NJHCQI partnership:** DMAHS has partnered with the New Jersey Health Care Quality Institute (NJHCQI) to support stakeholder engagement and implementation activities based on DMAHS's strategic direction, policy guidance, and approved messaging. NJHCQI's

engagement will focus on health care providers, assistors and advocates who support members, community engagement support partners, and other community and social organizations. Activities will include conducting webinars and information sessions, producing informational resources and guidance, and collecting stakeholder questions.

- **Regional Health Hub support:** New Jersey's four Regional Health Hubs (RHHs), The Camden Coalition, Trenton Health Team, Greater Newark Healthcare Coalition and the Health Coalition of Passaic County are working alongside DMAHS to support stakeholders and members through changes to non-citizen eligibility and community engagement requirements. RHHs use their regional networks to share DMAHS-approved resources, conduct targeted outreach and information sessions, and train community-based organizations, providers, and primary care providers to help members understand the changes. They also gather community feedback and help connect impacted members with available resources.
- **Managed Care Organization outreach:** MCOs will conduct outreach to members who are impacted by the new changes to explain what is required and how to get help. MCOs also regularly outreach to members who have upcoming renewals via multiple modalities to remind them of required actions. MCOs additionally help disseminate state resources to their provider networks.

3.2 Member Outreach Approach

DMAHS aims to help:

- Every Expansion Adult be aware of the OBBBA/H.R.1 changes and understand how they may be affected
- New applicants understand what information they need to provide and what to do if NJ FamilyCare requests additional information or documents
- Members who receive a renewal packet or Request for Information letter (RFI) have the information and support they need to respond by the deadline

To support these goals, DMAHS follows several principles when communicating with members:

- Start with clear, broad information about what is changing and who may be affected before sharing more detailed information about specific requirements
- Keep messages simple and focused on what members need to know: what they need to do, when they need to do it, and how
- Give members the information they need without causing unnecessary concern or overwhelming them
- Reach members through trusted stakeholders and the communication channels they use, while keeping messages clear and consistent

DMAHS has developed several resources to help members learn about and prepare for the changes, including:

- **NJ FamilyCare federal changes webpage** (FederalMedicaidChanges.nj.gov**):** Provides information about the changes and what members can do to prepare.

- **Letter to Expansion Adult households:** Sent in May/June to households with at least one Expansion Adult identified. The letter explained changes that may affect their coverage and how to update their contact information.
- **Letter to Expansion Adult members:** Sent in early September to all Expansion Adults identified as of August 1, 2026. The letter provides more detailed information on community engagement/work requirements, including who is affected, qualifying activities to meet the requirements, exclusions/exceptions, consequences of non-compliance, actions to do now (e.g., update contact information), and where to go for additional information. Members newly identified as an Expansion Adult between September and January will also be sent a letter.
- **Online contact information form** (https://dmahs-nj.my.site.com/addressupdate/): Allows members to update their address, phone number, and email address.
- **Activity Requirements Checker** (https://njfcchecker.nj.gov/): This tool is available in English and Spanish to help members understand whether work requirements may apply to them.

In the coming months, DMAHS and its stakeholder engagement partners will also provide:

- Updated applications, renewal packets, Requests for Information, and notices that reflect the new requirements
- A stakeholder communications toolkit with ready-to-use outreach materials, such as flyers, website/newsletter text, social media posts, fact sheets, and FAQs
- Webinars and trainings for stakeholders on OBBBA/H.R.1 changes

3.3 Timeline of Outreach & Engagement

Key milestones are shown in the roadmap below and reflect DMAHS' current plans leading up to when these changes take effect on January 1, 2027. Outreach and engagement efforts will continue throughout 2027 and beyond.

Note: This roadmap may change and does not include every planned activity. DMAHS will share more information and guidance as plans are finalized.

Key communications milestones	Jan-Mar '26	Apr-Jun '26	Jul-Sep '26	Oct-Dec '26
Federal changes website *NJ FamilyCare website with general OBBBA information and links to update contact info*				
Activity Requirements Checker released *Simple online self-identification tool to check if work requirements apply to a member*				
Household letters *Initial letters explaining upcoming changes (households with 1+ Expansion adult in May/June, rest of households in July)*				
Targeted outreach to Expansion Adults *NJFC letter and MCO outreach to all impacted members (all existing members outreached in Sep; newly identified members outreached monthly Oct-Jan)*				
Stakeholder guidance & comms toolkit *This guide plus additional guidance resources and ready-to-use flyers, social media posts, and approved messages*				
Stakeholder webinars & trainings *Information sessions to help prepare stakeholders to support members, hosted by DMAHS & stakeholder partners (e.g., NJHCQI)*				

3.4 Priority Actions for All Stakeholders

Helping NJ FamilyCare members keep their coverage will require all partners to work together. **Section 5** outlines specific actions for different stakeholders. The actions below can help guide outreach and support across all partners.

Now through end of 2026: Prepare and educate

- **Equip your teams:** Learn the new requirements and ensure frontline staff understand what is changing and what members need to do.
- **Promote awareness:** Display DMAHS-developed awareness materials in your common areas and share messaging through your existing channels (newsletters, email, social media) and other everyday touchpoints with members.
- **Provide guidance:** Direct members to State resources, summarized in Section 7 of this guide.
- **Keep contact information up to date:** Remind members to update their contact information with NJ FamilyCare as soon as it changes. Members can call 1-833-409-2370 to update their information or use the online form here: https://dmahs-nj.my.site.com/addressupdate/.
- **Provide feedback:** Share feedback with DMAHS on what members are hearing, which topics are causing the most confusion, and which populations may require additional targeted outreach. Stakeholder feedback can be shared with DMAHS by emailing MAHS.FederalChanges@dhs.nj.gov or by utilizing DMAHS' federal changes stakeholder inquiry form (https://forms.cloud.microsoft/g/sgyprwnmLW).

When the new rules begin in January 2027: Activate member support

- **Update workflows:** Integrate building awareness about new eligibility rules into existing touchpoints.
- **Support members:** Help members understand what they need to do if they receive a renewal packet, an RFI, or work requirement documentation request and walk them through the required steps.
- **Provide feedback:** Flag patterns of missed notices, procedural terminations, or member confusion to DMAHS by emailing MAHS.FederalChanges@dhs.nj.gov.

Ongoing: Maintain consistency

- **Keep messaging aligned:** Ensure stakeholder messaging is aligned with DMAHS communications to members.
- **Provide ongoing support:** Continue supporting members through each renewal cycle, especially once they are required to verify eligibility every six months.
- **Be a resource for members:** Help members who lose coverage understand their options, including reconsideration, appeals, and re-enrollment.
- **Provide ongoing feedback:** Flag patterns of missed notices, procedural terminations, or member confusion to DMAHS by emailing MAHS.FederalChanges@dhs.nj.gov.

4 Provision Details

This section provides details on each of the three major OBBBA/H.R. 1 provisions, including what is changing, who is affected, NJ's approach, what members may need to do, and the support and communications members may need.

4.1 Community Engagement / Work Requirements

4.1.1 What is Changing

Starting **January 1, 2027**, Expansion Adults must meet new community engagement requirements, better known as "work requirements," unless they qualify for an exclusion or an exception (detailed in the next section).

To meet the work requirement, a member must complete any one of the following activities for at least one month since their last renewal or in the month before a new application:

- Have a household income of at least $580
  - Includes earned income and other types of household income, such as unemployment benefits, Social Security benefits (excluding Supplemental Security Income, or SSI), rental income, and interest
  - For seasonal income, have an average household income of at least $580/month over the prior six months
- Work 80+ hours/month
- Participate in a work program for 80+ hours/month
- Volunteer or perform community service for 80+ hours/month
- Attend school at least half-time
  - Qualifying education includes college, high school equivalency programs [e.g., General Educational Development (GED), career or technical (vocational) training programs, and other programs after high school]
  - "Half-time" is defined by the educational institution
- Combine work, volunteering/community service, work program, or less than half-time education for a total of 80+ hours/month

If NJ FamilyCare cannot verify that an Expansion Adult meets the work requirements or qualifies for an exception or exclusion, NJ FamilyCare will request additional information. If the member does not respond or does not provide sufficient information, they may lose coverage—even if they otherwise qualify. Members who lose NJ FamilyCare because they do not meet work requirements may purchase coverage through GetCoveredNJ, but they will not be able to qualify for subsidies if their income would otherwise qualify them for NJ FamilyCare and they don't meet the work requirement.

4.1.2 Who is Affected

Work requirements apply to Expansion Adults, or adults ages 19 through 64, enrolled in plan type ABP (Alternative Benefit Plan). These members must meet the work requirements to

qualify for or keep their NJ FamilyCare coverage, unless they qualify for an exclusion or exception.

Exclusions

An **exclusion** means work requirements do not apply to a member because they fall into a specifically excluded category listed in the table below. To be excluded:

- **New applicants** must match one of the exclusions **either in the month before they apply or in the month they apply**
- **Current members** must match one of the exclusions **at any time since their last renewal**

Exclusions	
You already follow another program's work rules:	• A member of a household that gets Supplemental Nutrition Assistance Program (SNAP) benefits **AND** SNAP requires you to follow a work requirement • Currently meeting the WorkFirst NJ or Temporary Assistance for Needy Families (TANF) work requirement
You are in a program that excuses you:	• Participating in a substance use or alcohol treatment program provided by a private non-profit organization or institution or public mental health center • Enrolled in an NJ FamilyCare Aged, Blind, Disabled (ABD) Program
Pregnant or recently pregnant	• Currently pregnant or had a pregnancy end within the last 12 months while you were enrolled in NJ FamilyCare • A new applicant to NJ FamilyCare and had a pregnancy end in the last 2 months
Life circumstances:	• A parent, guardian, or caregiver of a child under age 14 or a person with a disability • Currently in jail or prison • Under age 26 **AND** aged out of foster care
Official special status:	• A member of a federally recognized American Indian tribe or an Alaska Native; visit https://www.usa.gov/tribes for list • A veteran with a total disability, as determined by the U.S. Department of Veterans Affairs (VA)
Medically frail	• To qualify as medically frail, a member must have a health condition that significantly impairs their ability to complete work requirements. The condition must fall into one of the following types: - Blind or disabled [Social Security Administration (SSA) definition]

- Substance use disorder (unless the individual has been in stable recovery for 5 or more years)
- Disabling mental disorder
- Physical, intellectual, or developmental disability significantly impairing one or more activities of daily living
- Serious or complex medical condition

Exceptions

An **exception** means the work requirements would normally apply, but the member does not have to currently meet them because of certain circumstances. To be excepted:

- **New applicants** must match one of the exceptions in **the month before they submit their application**
- **Current members** must match one of the exceptions **at any time since their last renewal**

Exceptions

- You **DO NOT** have to complete requirements if any of the following were true about you at any time since your last renewal (or for new applicants, in the month before applying):
  - Under 19 years of age
  - Enrolled in Medicare
  - Received Supplemental Security Income (SSI)
  - Received inpatient acute care services, for example, at a hospital, nursing facility, intermediate care facility, or a psychiatric hospital
  - Traveled outside your community to access health care services for yourself or a dependent. This was because that care was not available where you live
  - Lived in a county with high unemployment, as defined by the federal government
  - Lived in an area where the President declared an emergency or disaster
- You **MAY NOT** have to complete work requirements if you were recently released from jail or prison

4.1.3 Verification Approach

The goal is to make it as easy as possible for members to keep their coverage. Whenever possible, NJ FamilyCare will use electronic data it already has to check whether members meet work requirements or qualify for an exclusion or exception. In many cases, NJ FamilyCare will be able to verify this information automatically, with no action required from the member. When additional information is needed, NJ FamilyCare will contact the member.

To support this process, the NJ Innovation Authority (NJIA) and DMAHS have built the Community Engagement Compliance Engine (CECE). CECE helps to automate community engagement/work requirement compliance, exception, and exclusion determinations.

CECE draws on three types of inputs:

- **Electronic checks:** NJ FamilyCare first checks if a member meets the requirements by using electronic data it already has, such as prior application data, wage records and other benefit systems, including whether the member's household currently receives SNAP and is subject to the SNAP work requirement. If the information confirms that a member meets work requirements or qualifies for an exclusion or exception at renewal, their coverage can renew automatically with no action needed, and the member will receive a notice confirming the renewal.
- **Information provided by the member:** For some situations that cannot be checked automatically, such as caring for a person with a disability, members can provide the information themselves through their application, renewal packet, or RFI. This is called "self-attestation," which is a legal statement, so the information must be true. CECE reviews this information, along with available electronic data, to determine the member's work requirement status.
  - The federal government has set stricter requirements for self-attestation in 2028. In circumstances where people could self-attest for most exclusion/exception and compliance categories in 2027, they will be asked for documentation for these same situations come 2028. In other words, self-attestation can be accepted in 2027 for work requirements outside of income, VA disability, work hours, and education; documentation demonstrating compliance, exception, or exclusion will be asked for in 2028.
- **Documents:** If NJ FamilyCare cannot confirm the needed information electronically, the member may be asked to send documents, such as a pay stub or timesheet.
  - **In 2027,** documentation is required only for four categories to check if members meet work requirements or qualify for an exclusion or exception: income, VA disability, work hours, and education; for all other categories, a member's self-attestation is accepted (*see above* "**Information provided by the member**").
  - To verify income, work hours, and education, NJ FamilyCare will send the member a Request for Information (RFI) letter with a short list of example acceptable documents. Acceptable documents are not limited to the listed examples. Other documents may be acceptable if they meet certain federal/state requirements. Where permissible, a member may also submit a written explanation and self-attest under penalty of perjury in place of documentation *(further guidance forthcoming)*.
  - **Beginning in 2028,** according to federal rules, additional categories beyond the four categories just mentioned will require documentation; self-attestation will only be accepted where documentation isn't available.

Medical Frailty Verification

One reason why a member may be excluded from needing to meet community engagement/work requirements is if they are medically frail. NJ FamilyCare will determine whether members qualify as medically frail through two pathways:

- **Electronic checks:** At renewal, DMAHS will review MCO encounters and claims data from the past 12 months for qualifying information.
- **Information provided by the member**: NJ FamilyCare will include a short set of screener questions in the application, renewal packet, or in a Request for Information (RFI) letter asking for more information. *The medical frailty screener is currently in development and will be released soon.*

Members can self-attest through the screener without additional documentation through **December 2027**. Starting **January 2028**, members can use self-attestation only once during a continuous period of enrollment, even if that period spans multiple six-month renewal cycles.

DMAHS is still finalizing its medical frailty approach based on federal guidance in the CMS Interim Final Rule (IFR), including the conditions that will qualify and how claims data will be used. Additional information will be shared as these details are confirmed. Stakeholder input may be solicited to inform the approach for 2028 onward.

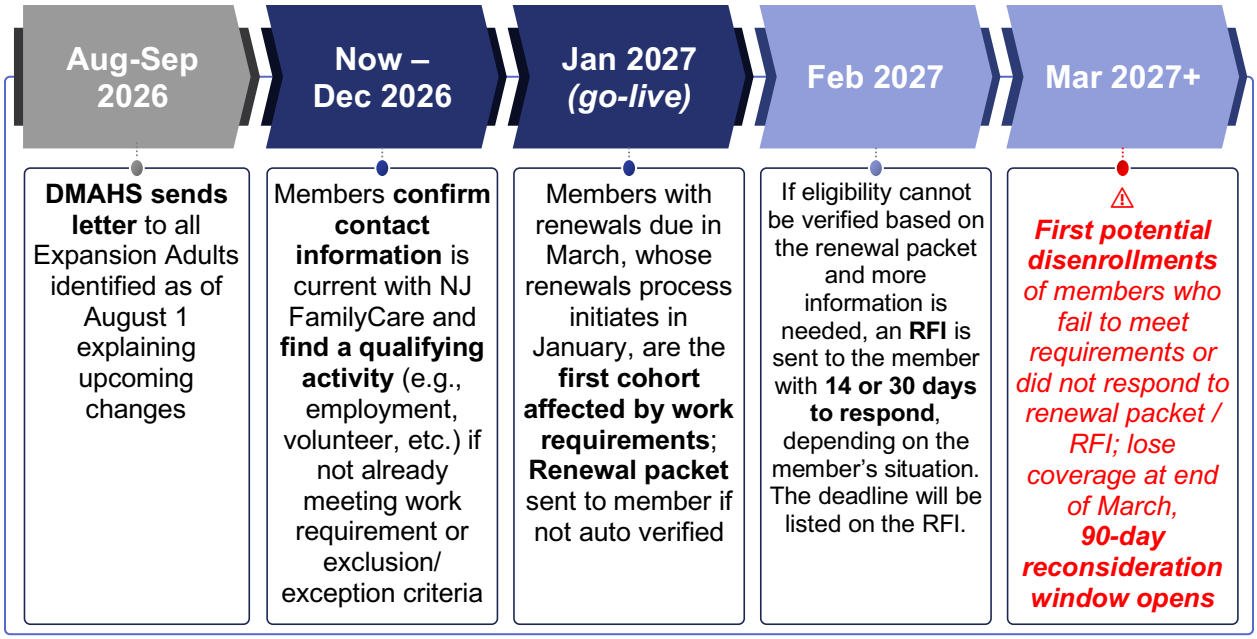
Ongoing Improvements

DMAHS will continue refining its approach over time based on what is working and where members may need additional support. Planned improvements include:

- Expanding the type of information DMAHS can check automatically
- Refining the medical frailty screener design and process based on user feedback
- Making the RFI process easier for members to respond

4.1.4 Member Journeys & Scenarios

The below visual shows the high-level member journey for community engagement/work requirements implementation.



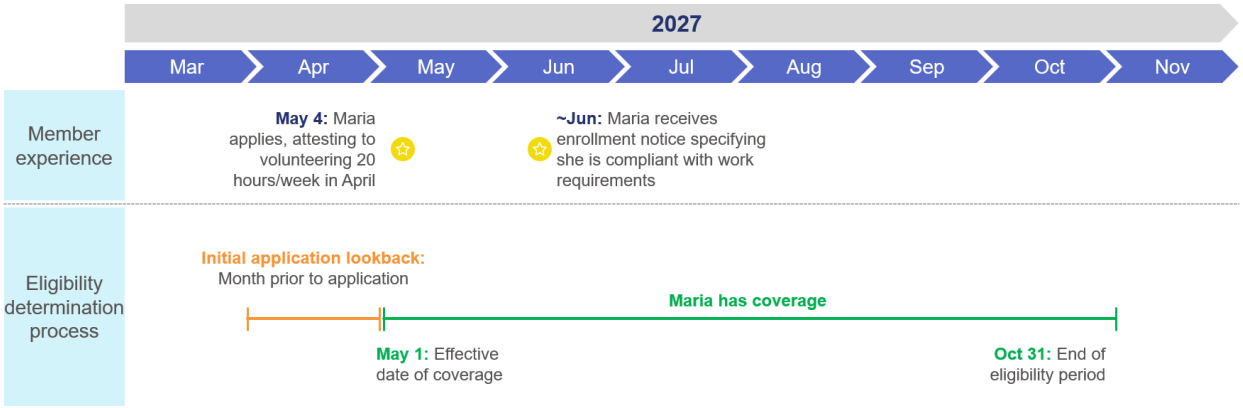
The following scenarios are illustrative examples of specific member journeys through the eligibility determination process.

Scenario 1: New member enrolled based on compliance through volunteering

Member situation: Maria is applying for NJFC for the first time. She volunteers for 20 hours a week at a food bank.

Application & determination: Maria fills out the NJFC application and attests to volunteering for 20 hours a week in the prior month. Based on her responses, Maria is found to be compliant with work requirements.

Member outcome: Maria receives an enrollment notice specifying that she is compliant with work requirements. Her eligibility will be reviewed again in six months.

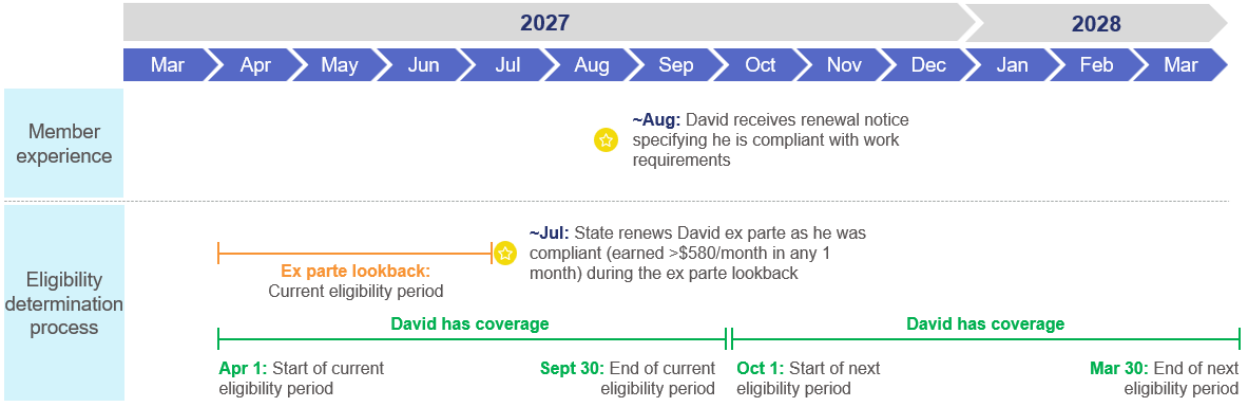


Scenario 2: Existing member renewed automatically (ex parte) based on compliance through income

Member situation: David is an NJFC member who works at a grocery store and earns ~$1,200/month.

Renewal & determination: David's current eligibility period ends Sept 30. Two months before, DMAHS reviews available data to see if he can be renewed using electronic data. State wage data verifies he earned >$580/month in May, which demonstrates compliance with work requirements. David's eligibility is verified automatically; he does not need to take any action.

Member outcome: David receives a renewal notice specifying that he is compliant with work requirements. His eligibility will be reviewed again in six months.

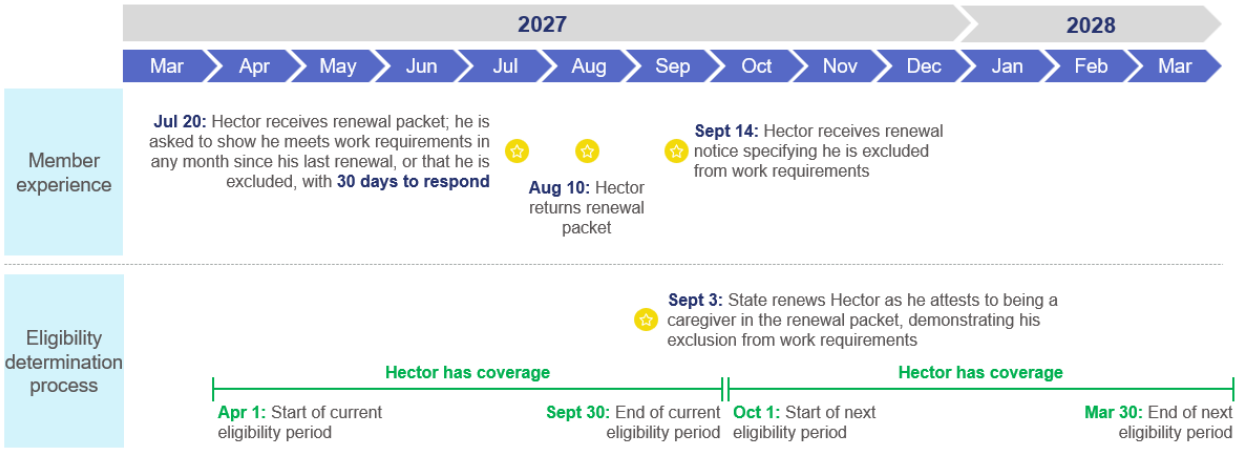


Scenario 3: Existing member renewed manually based on caregiver exclusion

Member situation: Hector is an NJFC member and recently started caring for his brother's 8-year-old son.

Renewal & determination: Hector receives a renewal form in the mail because DMAHS is unable to renew him ex parte (existing information does not show he meets or is excluded from work requirements). On the renewal form, Hector indicates he cares for a child under 14 who lives with him. Based on his response, Hector qualifies for the caregiver exclusion and does not need to submit any other documents.

Member outcome: Hector receives a renewal notice specifying that he is excluded from work requirements. His eligibility will be reviewed again in six months.

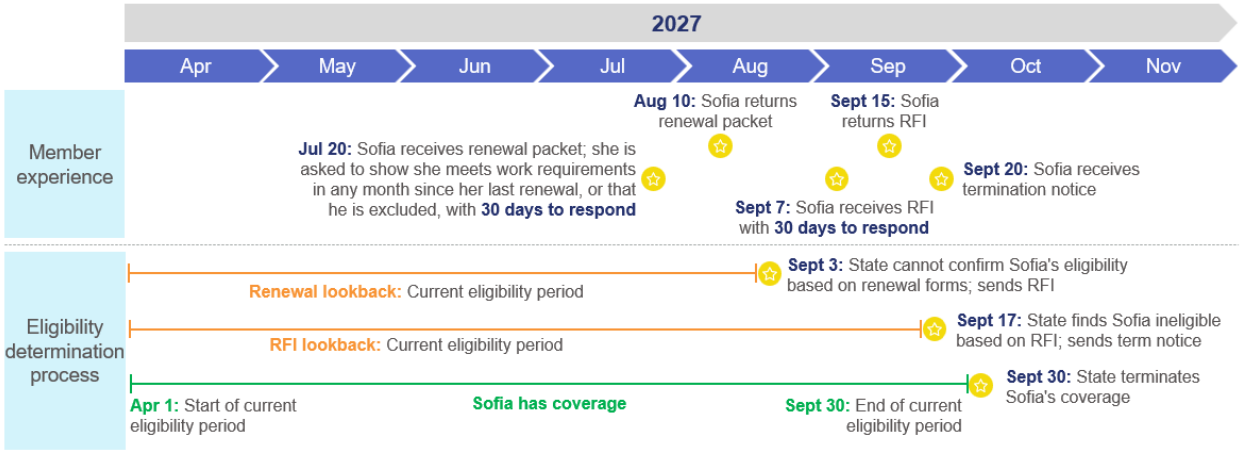


Scenario 4: Existing member terminated due to lack of exclusion, exception, or compliance

Member situation: Sofia is an NJFC member who drives for a rideshare app for 20 hours/month, earning $400/ month.

Renewal & determination: Sofia receives a renewal form in the mail because DMAHS is unable to renew her ex parte (existing information does not show she meets or is excluded from work requirements). She returns the form, but DMAHS still cannot verify her eligibility and requests additional documentation through an RFI letter. Sofia sends back screenshots from the app showing 20 hours worked and $400 earned monthly since her renewal. She does not meet income or hour thresholds, nor other compliance, exception, or exclusion categories.

Member outcome: Sofia receives a termination notice specifying that she is being terminated based on not meeting Community Engagement/Work Requirements. She may purchase a GetCoveredNJ plan but does not qualify for subsidies given federal rules regarding non-compliance with work requirements, so she would pay the full premium. Sofia will not receive a subsidy because her income actually qualifies her for NJ FamilyCare, but she failed to meet the work requirement.



4.1.5 What to Say to Members

Stakeholders should reinforce the following key messages when communicating with members.

Information on work requirements

- **Starting January 1, 2027, certain adults ages 19 through 64 will need to work, volunteer, or go to school to qualify for or keep their NJ FamilyCare coverage.** These are officially called community engagement requirements, but you may also hear them called work requirements. New Jersey is legally required to implement these new rules set by the federal government.
- **Work requirements do not apply to everyone**. If you are pregnant, regularly care for a child under 14 or a disabled person, have a serious health condition that makes it hard to complete work requirements, or meet other qualifying criteria, you may be excluded from the work requirements.
- **If you are unsure whether work requirements may apply to you**, check the plan type on your health plan ID card. If the plan type says ABP or Alternative Benefit Plan, you may be subject to work requirements unless you qualify for an exclusion or exception. If you are not sure of your plan type, you can call the member services number on the back of your health plan ID card. To determine if you may qualify for an exclusion or exception, use the NJ FamilyCare Activity Requirements Checker (https://njfcchecker.nj.gov/) or visit MedicaidWorkRules.nj.gov for more information.
- **Start keeping records that show you meet the work requirements**, such as pay stubs or school records, in case you need them for your renewal. Do not send documents unless NJ FamilyCare asks for them.

Outreach reminders

- **Keep your contact information up to date with NJ FamilyCare** online at https://dmahs-nj.my.site.com/addressupdate/ or by calling 1-833-409-2370.
- Read mail from NJ FamilyCare as soon as you receive it and respond promptly if NJ FamilyCare asks you for more information or documents.

What to do if coverage ends

- **If you lose your NJ FamilyCare coverage, you can reapply at any time** through the NJ FamilyCare application website: https://njfamilycare.dhs.state.nj.us/apply.aspx, by phone at 1-800-701-0710 (TTY: 711), or in person at your local County Social Service Agency or NJ FamilyCare Regional Office (https://njfamilycare.dhs.state.nj.us/need_help.aspx)
- **If your coverage ends because information was missing**, you have 90 days to send the missing information without filing a new application. Acting within about 60 days lowers the chance of a gap in coverage.
- If your coverage ends and you think the decision is wrong, you can ask for a fair hearing. A "fair hearing" refers to an administrative proceeding to resolve an appeal of a Medicaid waiver-funded service when the service has been denied or will be reduced, suspended, or terminated. To request a hearing, members can send a written request (with a copy of their eligibility notice), stating that they disagree with the decision they received to:
  Division of Medical Assistance and Health Services
  Attn: Fair Hearing Unit
  P.O. Box 712, Trenton, NJ 08625,
  Fax: 609-588-2435
- **If you lose your NJ FamilyCare coverage because you do not meet the work requirements**, you may still be eligible for coverage from GetCoveredNJ, New Jersey's official health insurance marketplace (https://www.nj.gov/getcoverednj/). However, you will not get financial help in the form of subsidies to buy a plan.

4.2 Six-Month Renewals

4.2.1 What is Changing

Starting **January 1, 2027**, NJ FamilyCare will be required to review most Expansion Adults' eligibility every 6 months instead of every 12 months. This requirement applies to both new applicants on or after January 1, 2027, and current members whose renewal process begins on or after January 1, 2027. For current members, the first group affected will be those with a March 2027 renewal, as their renewal process will begin in January.

The key change is that affected members will now renew twice as often. NJ FamilyCare will also check whether members meet work requirements at each renewal. Many members will be renewed automatically using information NJ FamilyCare already has, with no action needed. However, members who cannot be renewed automatically will need to complete a renewal packet, meaning the six-month renewal cycle may significantly increase the administrative burden for these members.

4.2.2 Who is Affected

Six-month renewals apply to Expansion Adults ages 19 through 64. Members of federally recognized American Indian tribes or Alaska Natives will continue to renew every 12 months.

4.2.3 Verification Approach

About two months before a member's renewal date, NJ FamilyCare checks information it already has to see if the member still qualifies for coverage. For current members, the first group affected will be members with a March 2027 renewal, so this process will begin in

January 2027. If NJ FamilyCare can confirm the member's eligibility automatically, known as ex parte, their coverage will renew with no action needed.

If NJ FamilyCare cannot confirm a member's eligibility automatically, the member may need to provide additional information. The process includes the following steps:

- **Renewal packet:** If NJ FamilyCare cannot confirm the member's eligibility automatically, the member will receive a renewal packet about two months before their renewal date. The packet asks the member to confirm their information, answer questions about eligibility requirements, including criteria needed to comply with work requirements or qualify for an exclusion/exception, and provide any additional information or documents needed.
- **Request for Information (RFI) – only if required:** If additional information is still needed after the renewal packet is returned, NJ FamilyCare will send an RFI letter explaining what information or documents are needed and the deadline to respond.
- **Outcome notice:** NJ FamilyCare will determine whether the member remains eligible based on all available information. The member will receive a notice explaining whether their coverage is renewed or ending and, if applicable, their rights and next steps.

For households with both Expansion Adults and other members, DMAHS will attempt to renew all household members together, when possible, to avoid staggered renewals for the same household. Children will retain their 12-month continuous eligibility, and pregnant or postpartum members will retain coverage through the end of their 12-month postpartum period regardless of the renewal timing of other household members.

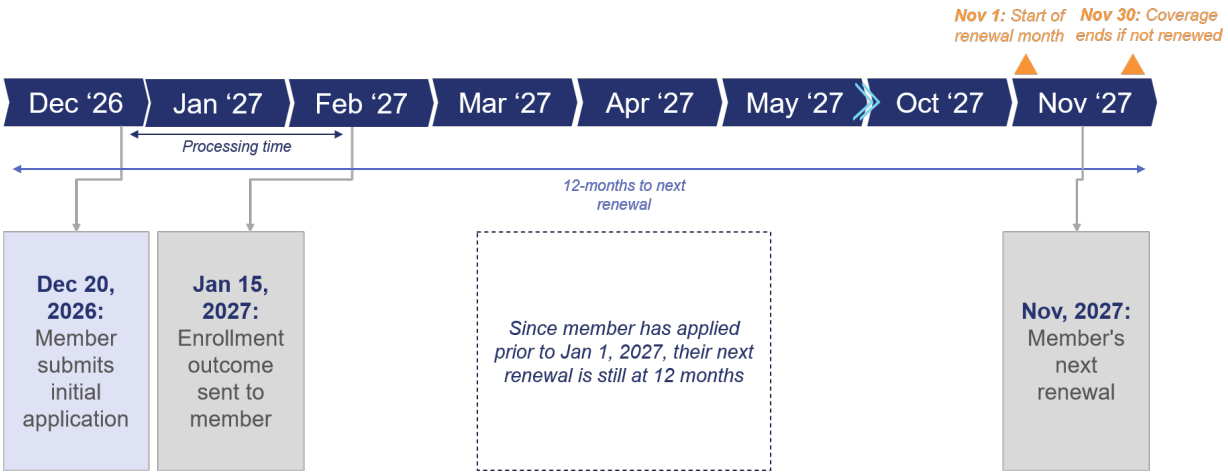
4.2.4 Member Journeys and Scenarios

Scenario 1: Member applies in the month before the work requirement takes effect

An Expansion Adult submits their initial application for NJ FamilyCare on December 20, 2026, for example, and is found eligible, with their enrollment outcome sent back to them by January 15, 2027. Since the member applied before January 1, 2027, their eligibility determination is made under the current rules, where the six-month renewal change does not apply to this application, even though the outcome notice arrives after new changes have started to apply in general.

Since the member's renewal cycle is unaffected by the new six-month renewal rule, their coverage continues to follow the previous 12-month cycle, placing their next renewal in November 2027, rather than being accelerated to 6 months.

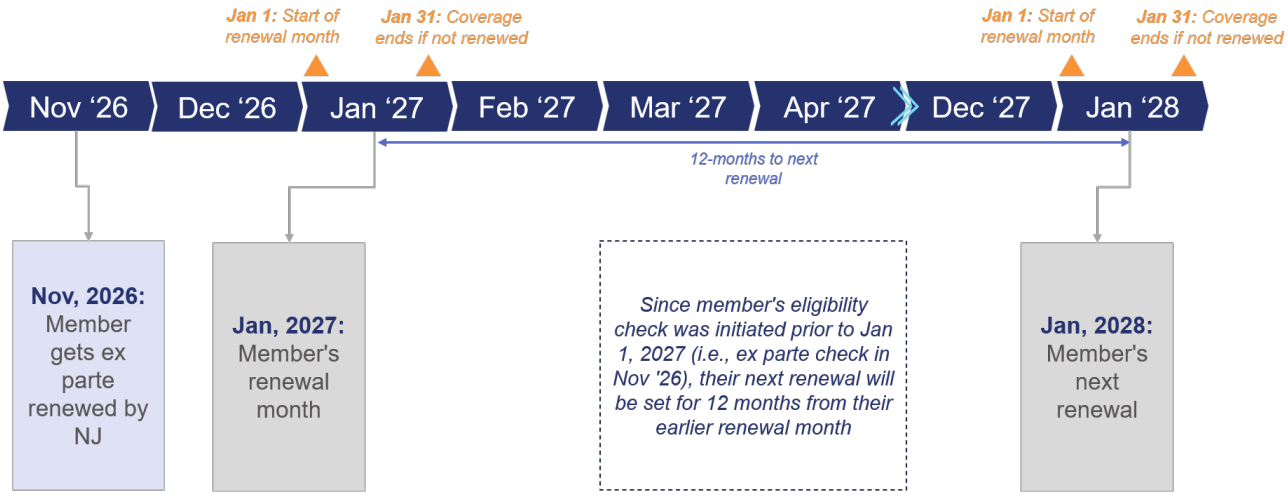
If the same member had instead applied on or after January 1, 2027, the application would be subject to Community Engagement / Work Requirements at intake, and the member would move onto the new 6-month renewal cadence going forward. Applying before the effective date preserves the longer renewal cycle for that determination.



Scenario 2: Member is renewed automatically before the six-month cycle begins

If an existing NJ FamilyCare member's renewal month is January 2027, then NJ FamilyCare checks their eligibility automatically in November 2026, about two months before their renewal date. This automatic electronic check is called an “ex parte renewal”, meaning NJ FamilyCare uses electronic data already on file rather than requiring the member to submit anything. In this scenario, the member is confirmed eligible through this check, their coverage renews with no action needed, effective January 2027.

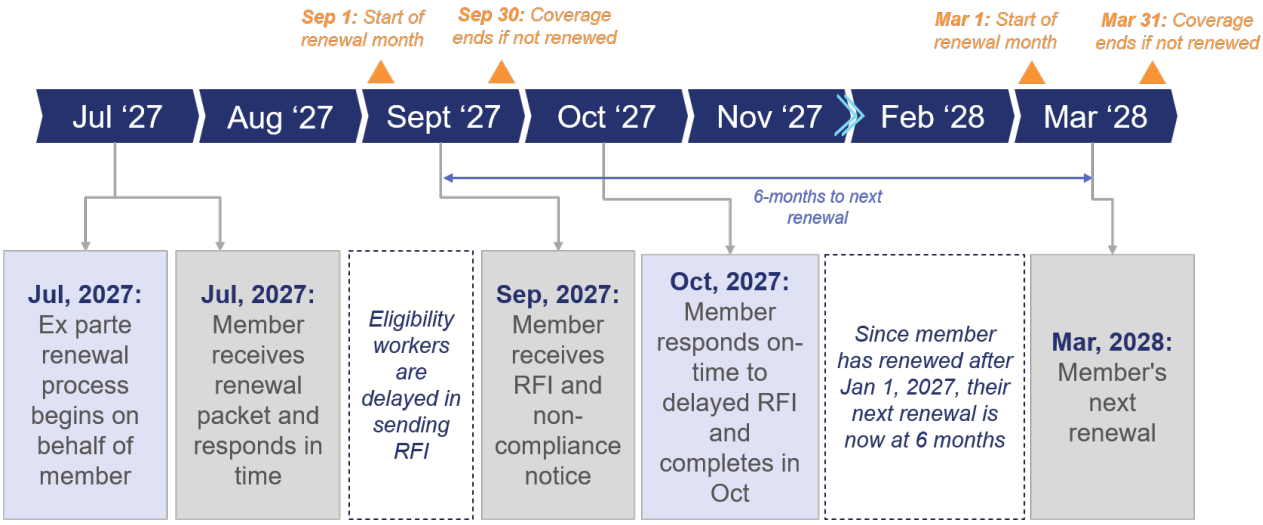
Since this check was initiated before January 1, 2027, the member's renewal is not yet subject to the new changes related to six-month renewals for that determination. As a result, their next renewal is set 12 months away from their renewal month, landing in January 2028.



Scenario 3: Member's renewal cadence is unaffected by a processing delay

If a member’s renewal month is September 2027, then the ex parte check begins July 2027. The member receives a renewal packet and responds on time, but eligibility workers may get delayed in sending a Request for Information letter. The member completes the process in October 2027, after their renewal month.

Since the member's renewal process began before September 2027, their next renewal month is set for March 2028, which is 6 months after September. A delay caused by eligibility workers generally does not change the member's underlying renewal cadence, even if the member's actual response falls in a later month than their renewal period.

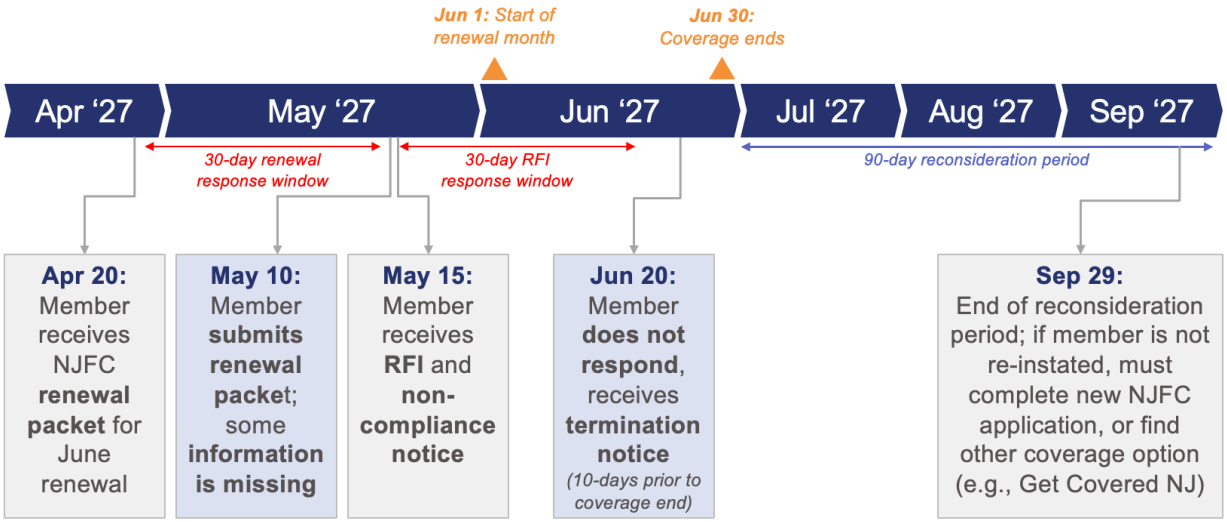


Scenario 4: Member is procedurally disenrolled after not responding to an RFI

In the following scenario, a member is an Expansion Adult with a June 2027 renewal. NJ FamilyCare is unable to confirm their eligibility automatically with the data they have, so the member receives a renewal packet on April 20 and submits it by May 10. Some required information is still missing. NJ FamilyCare sends a Request for Information letter, along with a non-compliance notice on May 15, giving the member a 30-day window to respond. The member does not respond by the deadline, and, thus, receives a termination notice on June 20, with their coverage ending June 30, 2027.

From the date of termination, the member has 90 days from their coverage end date to submit the missing information without filing a new application; their reconsideration period runs through September 29. If the member does not provide the missing information, i.e., does not get reinstated within this window, they will need to submit a new NJ FamilyCare application or

pursue another coverage option, such as GetCoveredNJ.



4.2.5 What to Say to Members

Stakeholders should reinforce the following key messages when communicating with members.

- **Starting January 1, 2027, most adults ages 19 through 64 with NJ FamilyCare Plan ABP will have their coverage renewed every six months** instead of every 12 months. Members of federally recognized American Indian tribes or Alaska Natives will continue to renew every 12 months. Many members will renew automatically with no action needed.
- **Keep your contact information up to date**. Make sure NJ FamilyCare has your current address, phone number, and email address so you receive important information about your coverage. You can update your information online at https://dmahs-nj.my.site.com/addressupdate/ or by calling 1-833-409-2370.
- **Know when your coverage is up for renewal and watch for mail from NJ FamilyCare**. If NJ FamilyCare cannot renew your coverage automatically, you will receive a renewal packet about two months before your renewal date. If you do not know your renewal date, you can call your MCO at the member services number on the back of your health ID card.
- **Respond as soon as possible if NJ FamilyCare asks you for information or documents**. Read the instructions carefully and respond by the deadline to help keep your coverage.
- **If you lose coverage, act quickly**. If your coverage ended because you did not respond to NJ FamilyCare, you have 90 days from the date your coverage ends to provide the missing information. You can also reapply for NJ FamilyCare at any time or request a fair hearing if you believe your coverage ended by mistake.

4.3 Shortened Retroactive Coverage Window

4.3.1 What is Changing

Currently, NJ FamilyCare may cover medical bills from up to three months before a member applies or re-enrolls after a gap in coverage.

Starting **January 1, 2027**, the retroactive coverage will be shortened: for Expansion Adults, coverage will be limited to the month prior to the month of application or re-enrollment; for all other Medicaid members, it will be reduced to two months prior to application or re-enrollment.

This change does not affect who qualifies for NJ FamilyCare. It only shortens the period when NJ FamilyCare may cover medical bills for care received before a member applies or re-enrolls. As a result, members who delay applying or responding to a renewal may be more likely to experience a gap in coverage for medical bills. Providers may also face greater financial risk when providing care to individuals who are not currently enrolled.

4.3.2 Who is Affected

All NJ FamilyCare populations who are applying or re-enrolling due to a gap in coverage on or after **January 1, 2027** are affected by the shortened retroactive coverage window, but the new coverage period differs by population:

- **Expansion Adults**: Up to one month of retroactive coverage
- **All other NJ FamilyCare members**: Up to two months of retroactive coverage

4.3.3 Verification Approach

NJ FamilyCare will automatically apply the appropriate retroactive coverage period based on when the member submits their application and whether they are an Expansion Adult.

In most cases, NJ FamilyCare can use the same information or documents provided as part of the application or re-enrollment process, so there is no separate step. NJ FamilyCare will contact the member if additional information is needed.

4.3.4 Member Journeys and Scenarios

The shortened retroactive coverage window can affect members in different ways, depending on when they apply or re-enroll after a gap in coverage. The scenarios below illustrate several common scenarios.

Scenario 1: Member applies after receiving medical care

An Expansion Adult receives medical care in January 2027 while uninsured and applies for NJ FamilyCare in February 2027. If the member is eligible for retroactive coverage, their January medical bills may be covered because January is the month before the month of application—but medical bills from any prior months (e.g., December 2026) would not be covered.

If the same member waits until March 2027 to apply, January 2027 medical bills would fall outside the retroactive coverage window. Applying as soon as possible can help reduce the risk that recent medical bills are not covered.

Scenario 2: Member loses coverage at renewal and responds during the 90-day reconsideration period

If a member's coverage is terminated because they did not respond to NJ FamilyCare, they have 90 days after their coverage ends to submit the missing information without filing a new application. However, under the new one-month retroactive coverage window, responding within 90 days does not necessarily mean there will be no gap in coverage.

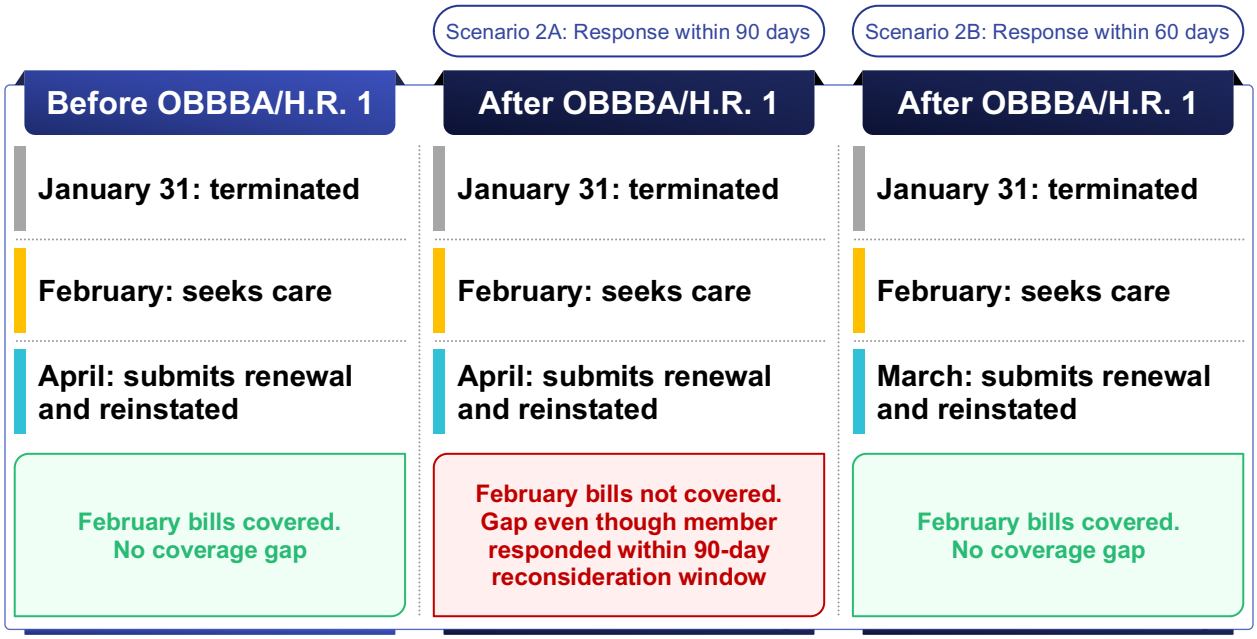
For example, suppose a member's coverage ends January 31, 2027, but they receive medical care in February 2027. Before OBBBA/H.R. 1, if the member submitted the missing renewal information in April (within 90 days), February's medical expenses could be covered under the longer retroactive coverage window. Under OBBBA/H.R. 1, the scenario plays out a little differently.

Starting in 2027:

- **Scenario 2A – Response in April**: If the member waits until April to submit the missing information, February falls outside the new one-month retroactive coverage window and may not be covered, even though the member responded within the 90-day reconsideration period.
- **Scenario 2B – Response in March**: If the member submits the missing information in March, February falls within the one-month retroactive coverage window and may be covered.

The key message for members is to respond as soon as possible if their coverage ends. Waiting more than about 60 days may result in a gap in coverage even if they are still within the 90-day reconsideration period.

This scenario is illustrated in the graphic below.



Scenario 3: Application submitted before January 1, 2027

An Expansion Adult submits an application, and the application is received in December 2026, but NJ FamilyCare does not process it until January 2027. Because the application was submitted before January 1, 2027, the member may still receive up to three months of retroactive coverage under pre-OBBBA/H.R. 1 policies. The new one-month retroactive coverage limit does not apply to that application, and the member does not need to meet the new work requirements for retroactive months before January 2027.

4.3.5 What to Say to Members

Stakeholders should reinforce the following key messages when communicating with members:

- **Starting January 1, 2027, NJ FamilyCare will cover fewer months of medical bills from before you apply or re-enroll after a gap in coverage.** For certain adults ages 19 through 64, coverage may generally go back only to the month before the month you apply or re-enroll.
- **Apply for NJ FamilyCare as soon as possible if you are uninsured.** Waiting to apply may mean that some recent medical bills cannot be covered.
- **Respond as soon as possible if NJ FamilyCare asks you for information.** If your coverage ends because you did not respond, you have 90 days after your coverage ends to provide the missing information without filing a new application. If you respond quickly, NJ FamilyCare may still be able to cover care you received during the gap. Waiting to respond may result in some medical bills not being covered.
- **Keep records of recent medical bills.** If you have unpaid medical bills from before your coverage started or restarted, keep those records in case you need them for coverage or billing questions.
- **If you lose coverage, act quickly.** Contact NJ FamilyCare or an application assistor to understand your options for providing missing information, reapplying, or getting help with your coverage.

5 Stakeholder-Specific Actions Requested

The actions in this section are examples intended to help organizations understand how they can best support NJ FamilyCare members and applicants as the new requirements take effect. DMAHS will continue to share updated guidance and tools as implementation progresses.

Some actions apply to all stakeholders, including sharing DMAHS materials and messages, helping members keep their contact information up to date, and providing feedback on emerging issues with DMAHS. These actions are covered in **Section 3** and are not repeated below. **This section focuses on actions specific to each stakeholder group.**

5.1 Health Care Providers

Includes hospitals, health systems, physicians and other clinicians, behavioral health providers, pharmacies, dental providers, and other health care organizations that serve NJ FamilyCare members.

Your role

Health care providers can help members maintain coverage by keeping clinical information accurate, reinforcing readiness for six-month renewals and upcoming renewal dates during routine interactions, identifying potential coverage gaps, and connecting patients to assistance when needed. Accurate clinical documentation will also help NJ FamilyCare identify members who may qualify as medically frail through automated claims checks.

Priority actions

- **Keep clinical and billing information accurate.** Ensure applicable diagnosis, procedure, and other billing codes accurately reflect Expansion Adult patients' current clinical circumstances so NJ FamilyCare can identify members who may qualify as medically frail.
- **Help patients understand medical frailty.** Educate patients who may qualify as medically frail about the medical frailty screener and how to complete it. *The medical frailty screener is currently in development and will be released soon.*
- **Help address potential medical frailty verification issues.** If a patient with a qualifying condition receives a work requirement-related RFI, help them understand what information is being requested. If you are observing systemic issues regarding medical frailty verification, please report these to DMAHS by emailing MAHS.FederalChanges@dhs.nj.gov or by utilizing DMAHS' federal changes stakeholder inquiry form (https://forms.cloud.microsoft/g/sgyprwnmLW). Note: do not include any Personally Identifiable Information or Protected Health Information in this outreach.
- **Prepare to support documentation needs.** Consider how your organization can help patients respond to requests for documentation of medical frailty as documentation requirements change in 2028 (i.e., restrictions on self-attestation).
- **Use routine patient interactions to identify renewal risks**. During check-in, intake, discharge, or other appropriate touchpoints, flag potential coverage issues and connect patients who may need help with their renewal to NJ FamilyCare or an application assistor.
- **Identify potential coverage gaps**. If you discover that a patient's coverage has lapsed, alert the patient and connect them to an application assistor or NJ FamilyCare for help determining next steps. Community organizations that have been trained as application

assistors can be found here: https://www.nj.gov/humanservices/dmahs/staycoverednj/coverage/

- **Help uninsured patients act quickly**. Connect uninsured patients who may qualify for NJ FamilyCare to enrollment assistance as soon as possible. If your organization is authorized to conduct presumptive eligibility screening, prioritize screening potentially eligible patients.

Illustrative examples

- A billing team identifies that a qualifying condition documented in a patient's clinical record is not reflected in claims and works with the treating clinician to correct the record at an upcoming encounter.
- A front-desk employee identifies a potential coverage lapse and connects the patient to an application assistor before the patient leaves.
- A hospital care manager helps an uninsured patient begin an NJ FamilyCare application during admission rather than waiting until after discharge.

5.2 Application, Enrollment & Member Support Partners

Includes application and renewal assistors, Regional Health Hubs (RHHs), advocates, community health workers, legal services organizations, and other organizations that provide individualized enrollment or member support.

Your role

Many members will have their eligibility verified automatically at their six-month renewal, with little or no action required. Members who cannot be verified automatically may need hands-on help understanding whether work requirements apply, identifying an exclusion or exception, responding to a renewal packet or RFI, or addressing a coverage loss. Application, enrollment, and member support partners are well positioned to provide this individualized assistance and identify recurring challenges for DMAHS.

Priority actions

- **Help members understand what applies to them.** Help members determine whether they are subject to work requirements and whether they may qualify for an exclusion or exception.
- **Provide hands-on application and renewal support.** Help members complete applications, renewal packets, RFIs, the medical frailty screener, and other requested information or documentation.
- **Prioritize members at risk of losing coverage.** Identify members who may be more likely to miss a six-month renewal or have difficulty responding—for example, members experiencing housing instability or with limited English proficiency—and proactively help them understand forms, documentation requirements, and deadlines.
- **Act quickly when coverage ends**. Help recently terminated members understand why their coverage ended and identify the appropriate next step. Track applicable reconsideration and fair hearing deadlines, and help members submit missing information, request a fair hearing, or reapply as appropriate.

- **Help members understand appeal rights.** If a member believes their coverage was terminated incorrectly, help them understand their right to request a fair hearing and how to do so.
- **Connect uninsured members to enrollment assistance quickly.** Help eligible uninsured individuals start or complete an NJ FamilyCare application as soon as possible, particularly given the shortened retroactive coverage window.
- **Identify and escalate recurring issues.** Track patterns in member confusion, procedural terminations, unclear paperwork, or other barriers and share them with DMAHS so that outreach and processes can be improved.

Illustrative examples

- An application assistor learns that a member cares for a person with a disability, identifies that a caregiver exclusion may apply, and helps the member provide the appropriate information.
- A community health worker helps a member with a qualifying health condition complete the medical frailty screener.
- A Regional Health Hub identifies several members in the same housing program who lost coverage during the same renewal cycle and flags the pattern to DMAHS as a potential outreach or process issue.

5.3 Community Organizations

Includes faith-based organizations, libraries, food banks, shelters, community centers, and other trusted organizations that regularly interact with NJ FamilyCare members.

Your role

Community organizations are often trusted and accessible resources in members' everyday lives. Even if your organization does not provide direct NJ FamilyCare application assistance, you can help members learn about the changes, recognize when they may need help, and connect them to organizations that can provide individualized assistance.

Priority actions

- **Create opportunities for members to learn about the changes.** Incorporate NJ FamilyCare information into existing community events, programs, meetings, or other forums.
- **Connect members to individualized help.** When a member needs assistance beyond what your organization can provide, connect them to a trained application assistor or other appropriate NJ FamilyCare resource.
- **Build your organization's capacity to help.** Identify staff who regularly interact with NJ FamilyCare members and encourage appropriate staff to participate in NJ FamilyCare Application Assistance Training.
- **Reinforce six-month renewal awareness**. Remind affected members that renewals will occur every six months and direct members who need help to NJ FamilyCare or an application assistor.

- **Create opportunities for six-month renewal assistance**. Partner with application assistors to host enrollment or renewal support events and, where possible, provide space, computer access, or other resources members can use to complete required steps.
- **Connect uninsured members to help quickly**. If a member has lost coverage or is uninsured, particularly if they have recently received health care, connect them promptly to an application assistor or other enrollment resource.

Illustrative examples

- A faith-based organization incorporates a short NJ FamilyCare information session into an existing community event and connects members with questions to NJ FamilyCare resources.
- A library partners with an application assistor to host regular enrollment and renewal support sessions with computers available for members.
- A shelter intake coordinator identifies a resident who recently lost coverage and connects them to an application assistor for individualized support.

5.4 Work Requirement Activity & Verification Partners

Includes employers, schools and educational institutions, workforce and job training programs, volunteer and community service organizations, staffing agencies, and other organizations that can help members demonstrate qualifying activities.

Your role

Members may need information from your organization to show that they meet work requirements. This may include documentation of work hours, earnings, school enrollment, job training, or volunteer hours. Accurate, accessible records can make it easier for members to provide information when NJ FamilyCare requests it and reduce delays in determining eligibility.

Priority actions

- **Maintain accurate records.** Keep participant, employee, student, or volunteer information current so qualifying activities can be verified when needed.
- **Provide documentation promptly.** Respond quickly when members request records of work hours, earnings, enrollment, training, volunteering, or other qualifying activities.
- **Make documentation easy to obtain.** Establish a clear process for members to request records and ensure staff know how to generate them.
- **Prepare documentation that members can use**. Ensure records clearly document the information NJ FamilyCare may need to verify qualifying activities, such as hours, earnings, enrollment, or participation, as applicable.
- **Help participants recognize qualifying activities.** When appropriate, let employees, students, trainees, or volunteers know that their activity may count toward NJ FamilyCare work requirements and where they can obtain documentation.

Illustrative examples

- An employer establishes a simple process for employees to request documentation of their hours and earnings.

- A workforce program logs participant hours regularly and can quickly generate a verification letter when requested.
- A volunteer organization maintains an hours log and has a standard process for providing participants with documentation of their service.

6 Frequently Asked Questions (FAQ)

The FAQs below address common questions about stakeholder roles in supporting members through the OBBBA/H.R.1 changes. Member-facing FAQs about the new requirements are available at MedicaidWorkRules.nj.gov.

Q: What can stakeholders do to help members with applications and documentation?

Stakeholders may sit with members and help them complete applications and forms, explain program requirements, navigate the online portal, and upload or submit documents when authorized by the member, including through verbal authorization.

Stakeholders should not make decisions on a member's behalf without their approval, take ownership of the application, retain member records beyond what is needed to provide assistance, or make or promise eligibility determinations.

Q: Can stakeholders co-brand or customize DMAHS' materials?

Organizations that want to add their logo or contact information to DMAHS materials should submit a request to MAHS.FederalChanges@dhs.nj.gov for review and approval.

Organizations may distribute DMAHS materials with a separately branded cover letter that includes their own logo and contact information without requesting approval.

The substantive content of DMAHS materials may not be altered. Any changes beyond approved branding and contact information require DMAHS review and approval.

Q: How will DMAHS keep stakeholders informed as guidance and implementation details evolve?

DMAHS and the New Jersey Health Care Quality Institute (NJHCQI, DMAHS's stakeholder partner) will provide updated materials and communications as needed. Updates, including revisions to this guide, will be emailed to stakeholders and posted on the NJ FamilyCare federal changes webpage (FederalMedicaidChanges.nj.gov) with the revision date noted.

Stakeholders are encouraged to share feedback throughout implementation to help DMAHS identify gaps, understand emerging challenges, and refine its approach. Stakeholders can send feedback to MAHS.FederalChanges@dhs.nj.gov.

Q: What training and resources will be available to help stakeholders?

DMAHS / NJHCQI will provide a partner communications toolkit with ready-to-use materials, such as flyers, messages, social media posts, fact sheets, FAQs, and talking points to support member outreach.

DMAHS / NJHCQI will host webinars and trainings on the new requirements and how stakeholders can support members through the changes.

Organizations are encouraged to identify appropriate staff to participate in trainings and help ensure their teams are prepared to support members through the changes.

7 Resources

7.1 Contact Us

For questions or feedback on this guide and other stakeholder resources, to report OBBBA/H.R.1 implementation challenges or issues, or to sign up for future stakeholder communications on federal changes, please complete DMAHS' federal changes stakeholder inquiry form (https://forms.cloud.microsoft/g/sgyprwnmLW) or email MAHS.FederalChanges@dhs.nj.gov. Please do not include any Personally Identifiable Information or Protected Health Information in your form submission or email.

7.2 NJ FamilyCare Resources

Resource	Purpose	How to access
NJ FamilyCare Federal Changes website & topic-specific subpages	Central hub for OBBBA/H.R. 1 information, member guidance, and stakeholder materials	https://federalmedicaidchanges.nj.gov/ Click the drop-down under "Federal Changes to NJ FamilyCare / Medicaid" for more detailed subpages on community engagement/work requirements and stakeholder resources.
NJ FamilyCare Customer Service – Expansion Adult hotline	Hotline to update contact information, hear FAQs about new requirements, and connect with a live agent for help if needed	1-833-409-2370
Contact information update form	For members to update their NJ FamilyCare mailing address, phone number, and email address	https://dmahs-nj.my.site.com/addressupdate/
Activity Requirements Checker	Nine-question Activity Requirements Checker for members to check their compliance or exclusion or exception status	https://njfcchecker.nj.gov/

7.3 Other Member Resources

If members are looking to meet work requirements, they can check out the below resources:

Resource	Purpose	How to access
NJ Job Source	Search for job openings in New Jersey and find jobs that match your skills and experience	https://jobsource.nj.gov/jz/views/jobzone/guest.jsf
One-Stop Career Centers	Find a career center near you for in-person help with your job search, career planning, training, and other employment services.	https://www.nj.gov/labor/career-services/contact-us/one-stops/index.shtml

Resource	Purpose	How to access
Job Search Tools and Support	Find help with resumes, job interviews, networking, and other steps you can take to prepare for and find a job	https://nj.gov/labor/career-services/tools-support/
Education and Training-related	Find job training, apprenticeships, adult education, and free online learning to help you build new skills	https://nj.gov/labor/career-services/education-training/
Workforce Programs	Find programs that can help you build work skills and prepare for a job. Programs are available for adults, young people, veterans, older workers, and people who have lost a job	https://www.nj.gov/labor/research-info/wioa/
Volunteer NJ!	Find volunteer opportunities through local nonprofits and community organizations using this online volunteer-matching platform	https://sosnj.galaxydigital.com/
Volunteer Centers of NJ	Find a volunteer center near you to learn more about volunteering options in your community	https://www.nj.gov/state/volunteer-centers.shtml
AmeriCorps & National Service	Find information on AmeriCorps (a national organization that connects 70,000+ people each year with service opportunities) and other national/community service programs	https://nj.gov/state/volunteer-americorps-national-service.shtml
Community Organizations that provide Renewal Assistance	The community organizations on this list have participated in NJ FamilyCare training to support our members with renewal. Members can contact any organization for assistance, even if it is not in their county. Before visiting a location for hands-on assistance, please contact them to make sure they are able to offer in-person help.	https://www.nj.gov/humanservices/dmahs/staycoverednj/coverage/

Here below are other resources that you can refer members to depending on their circumstances:

Resource	Purpose	How to access
Get Covered New Jersey	Members may qualify for quality health care coverage through Get Covered New Jersey, the State's Official Health Insurance Marketplace. They must complete their enrollment at Get Covered New Jersey within 60 days after their coverage ends	http://GetCovered.NJ.gov
Emergency Medicaid (MEPP)	MEPP covers emergency services, including labor and delivery, for NJ residents ages 19 and older who don't qualify for NJ FamilyCare due to their immigration status	For more information, visit https://www.nj.gov/humanservices/dmahs/individuals-families/familycare/mepp/
Legal Services of New Jersey (LSNJ)	To request a hearing, members can send a written request (with a copy of their eligibility notice), stating that they disagree with the decision they received to: *Division of Medical Assistance and Health Services* *Attn: Fair Hearing Unit* *P.O. Box 712 Trenton, NJ 08625,* *Fax: 609-588-2435* Members may also hire an attorney to appear at their fair hearing. If they cannot afford to pay for the services of an attorney, there are private, non-profit legal services organizations that provide free legal counsel in every county	Members may call 1-888-576-5529 (toll free) to consult with Legal Services of New Jersey's Health Care Access Project

7.4 External Resources

Resource	Purpose	How to access
OBBBA/H.R. 1 full text	Complete text of the One Big Beautiful Bill Act (Pub. L. 119-21), signed into law July 4, 2025	https://www.congress.gov/bill/119th-congress/house-bill/1
CMS June 1, 2026, Interim Final Rule (IFR)	Federal regulatory guidance on OBBBA Medicaid provisions including community engagement / work requirements and redeterminations	Full text link: https://www.federalregister.gov/documents/2026/06/03/2026-11094/medicaid-program-community-engagement-requirement-for-certain-individuals Factsheet link: https://www.cms.gov/newsroom/fact-sheets/medicaid-community-engagement-requirement-certain-individuals-interim-final-rule-comment-period-cms

Resource	Purpose	How to access
CHCS Summary of Federal Medicaid Work Requirements	Summary of community engagement/work requirements from the Center for Health Care Strategies	https://www.chcs.org/resource/a-summary-of-national-medicaid-work-requirements/

7.5 Glossary

Resource	Purpose
ABD	Aged, Blind, Disabled. A separate Medicaid eligibility pathway for older adults and people with disabilities, not affected by these changes.
ABP	Alternative Benefit Plan. The plan that NJ FamilyCare members are on, who are part of the Medicaid Expansion population, and is the plan type shown on your member ID card if the new requirements apply to members.
ACA	Affordable Care Act. The 2010 federal law that created the Medicaid expansion population these requirements apply to.
CE	Community Engagement/Work, School, Volunteering Requirements that are now part of the new federal law, commonly referred to in this document as the "work requirement."
CECE	Community Engagement Compliance Engine. The state's new system for automatically checking whether members meet the work requirement.
CMS	Centers for Medicare & Medicaid Services. The federal agency that oversees Medicaid and sets the rules DMAHS must follow when implementing this law.
DMAHS	Division of Medical Assistance and Health Services. The New Jersey state agency that runs the NJ FamilyCare (Medicaid) program.
EHR	Electronic Health Record. A patient's digital medical record, which providers can use to help confirm information like medical frailty.
FFS	Fee-for-Service. A payment model where the state pays providers directly for each service, instead of through a Managed Care Organization.
IFR	Interim Final Rule. A federal regulation from CMS that takes effect right away and explains how states must carry out this law.
MCO	Managed Care Organization. A private health plan the state pays to manage benefits and care for most NJ FamilyCare members.
MH/SUD	Mental Health/Substance Use Disorder. Refers to behavioral health providers and services.
NJIA	NJ Innovation Authority. The state entity building the technology (CECE) that checks whether members meet the new requirements.
OBBBA	The One Big Beautiful Bill Act, also known as H.R. 1 — the federal law that created the changes described in this guide.
RFI	Request for Information. A letter DMAHS sends a member asking for more documents or details before deciding their eligibility.
RHH	Regional Health Hub. A community-based organization that helps coordinate care and connect members to support in their region.
SNAP	Supplemental Nutrition Assistance Program. Food assistance benefits; being SNAP-compliant can exclude a member from the work requirement.
SSA	Social Security Administration. The federal agency whose records can be used to confirm a member's disability status.

Resource	Purpose
SSI	Supplemental Security Income. A federal cash benefit for low-income aged, blind, or disabled individuals; SSI recipients are excepted from the work requirement.
TANF	Temporary Assistance for Needy Families. A cash assistance program; meeting TANF's work requirement also satisfies this one.
VA	U.S. Department of Veterans Affairs. Confirms disability status for veterans, which can exclude them from the requirement.

Version History

This is version 1 of this document, updated as of September 10, 2026.