

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Agency*	Citation(s)	Groups Covered
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The following groups are covered under this plan.

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups

42 CFR 435.110

1. Recipients of AFDC

IV-A

The approved State AFDC plan includes:

Families with an unemployed parent for the mandatory 6-month period and an optional extension of 6 months.

Pregnant women with no other eligible children.

AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

The standards for AFDC payments are listed in Supplement 1 of ATTACHMENT 2.6-A.

42 CFR 435.115

2. Deemed Recipients of AFDC

IV-A

a. Individuals denied a title IV-A cash payment solely because the amount would be less than \$10.

*Agency that determines eligibility for coverage.

TN No. 91-41
Supersedes
TN No. 86-17

Approval Date JAN 15 1991

Effective Date OCT 1 1991

HCFA ID: 7983E

OFFICIAL

State: New Jersey

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

2. Deemed Recipients of AFDC.

- | | |
|---|--|
| 1902(a)(10)(A)(i)(I)
of the Act
IV-A | b. Effective October 1, 1990, participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with section 482(e)(6) of the Act. |
| IV-A
402(a)(22)(A)
of the Act | c. Individuals whose AFDC payments are reduced to zero by reason of recovery of overpayment of AFDC funds. |
| IV-A
406(h) and
1902(a)(10)(A)
(i)(I) of the Act | d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act. |
| 1902(a) of
the Act
DHS/DYFS | e. Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act. |

*Agency that determines eligibility for coverage.

TN No. <u>91-41</u>	Approval Date <u>JAN 15 1992</u>	Effective Date <u>OCT 1 1991</u>
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OFFICIAL

State: New Jersey

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

407(b), 1902
(a)(10)(A)(i)
and 1905(m)(1)
of the Act

3. Qualified Family Members

Effective October 1, 1990, qualified family members who would be eligible to receive AFDC under section 407 of the Act because the principal wage earner is unemployed.

Qualified family members are not included because cash assistance payments may be made to families with unemployed parents for 12 months per calendar year.

1902(a)(52)
and 1925 of
the Act

4. Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards entitled up to twelve months of extended benefits in accordance with section 1925 of the Act. (This provision expires on September 30, 1998.)

IV-A

*Agency that determines eligibility for coverage.

TN No. <u>91-41</u>	Approval Date <u>JAN 15 1992</u>	Effective Date <u>OCT 1 1991</u>
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TN No. <u>87-20</u>		HCFA ID: 7983E

State: New Jersey

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

IV-A
42 CFR 435.113

5. Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are:
- a. Families denied AFDC solely because of income and resources deemed to be available from--
 - (1) Stepparents who are not legally liable for support of stepchildren under a State law of general applicability;
 - (2) Grandparents;
 - (3) Legal guardians; and
 - (4) Individual alien sponsors (who are not spouses of the individual or the individual's parent);
 - b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit.
 - c. Families denied AFDC because the family transferred a resource without receiving adequate compensation.

*Agency that determines eligibility for coverage.

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State: New Jersey

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

IV-A	42 CFR 435.114	6. Individuals who would be eligible for AFDC except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.
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— Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).

X Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).

— Not applicable with respect to intermediate care facilities; State did or does not cover this service.

1902(a)(10)
(A)(i)(III)
and 1905(n) of
the Act

7. Qualified Pregnant Women and Children.

a. A pregnant woman whose pregnancy has been medically verified who--

IV-A

(1) Would be eligible for an AFDC cash payment (or who would be eligible if the State had an AFDC-unemployed parents program) if the child had been born and was living with her;

*Agency that determines eligibility for coverage.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

IV-A

7. a. (2) Is a member of a family that would be eligible for aid to families with dependent children of unemployed parents if the State had an AFDC-unemployed parents program; or

(3) Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

1902(a)(10)(A)
(i)(III) and
1905(n) of the
Act

b. Children born after September 30, 1983 who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

X Children born after
April 1, 1981
(specify optional earlier date)
who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

TN No. 92-22
Supersedes TN No. 91-41 Approval Date JUL 21 1992 Effective Date APR 1 1992

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
NEW JERSEY
COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)(A)
(i)(IV) and
1902(l)(1)(A)
and (B) of the
Act

IV-A

8. Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in section 1902(a)(10)(A)(i)(IV) and 1902(l)(1)(A) and (B) of the Act. The income level for this group is specified in Supplement 1 to ATTACHMENT 2.6-A.

— The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.

9. Children:

1902(a)(10)(A)
(i)(VI)
1902(l)(1)(C)
of the Act

IV-A

1902(a)(10)(A)(i)
(VII) and 1902(l)
(1)(D) of the Act

IV-A

- a. who have attained 1 year of age but have and not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels.
- b. born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent Federal poverty levels.

— Children born after

_____ (specify optional earlier date)

who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below of the Federal poverty levels.

Income levels for these groups are specified in Supplement 1 to ATTACHMENT 2.6A.

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98-02-MA(NJ)

TN 98-2 Approval Date APR 27 1998
Supersedes TN **New** Effective Date FEB 1 1998
42-22

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

OFFICIAL

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)
(A)(i)(V) and
1905(m) of the
Act
IV-A

10. Individuals other than qualified pregnant women and children under item A.7. above who are members of a family that would be receiving AFDC under section 407 of the Act if the State had not exercised the option under section 407(b)(2)(B)(i) of the Act to limit the number of months for which a family may receive AFDC.

1902(e)(5)
of the Act
IV-A

11. a. A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.

1902(e)(6)
of the Act
IV-A

b. A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

- | | |
|--------------------------|---|
| 1902(e)(4)
of the Act | 12. A child born to a woman who is eligible for and receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible or would remain eligible if still pregnant and the child remains in the same household as the mother. |
| IV-A | |
| 42 CFR 435.120 | 13. Aged, Blind and Disabled Individuals Receiving Cash Assistance |
| SSI | <p><u>X</u> a. Individuals receiving SSI.</p> <p>This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.</p> <p><u>X</u> Aged
<u>X</u> Blind
<u>X</u> Disabled</p> |

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 Supersedes
 TN No. 91-41

State: New Jersey

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

435.121

1619(b)(1)
of the Act

13. 7 b. Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act.)

- Aged
- Blind
- Disabled

The more restrictive categorical eligibility criteria are described below:

(Financial criteria are described in ATTACHMENT 2.6-A).

*Agency that determines eligibility for coverage.

TN No. <u>91-41</u>	Approval Date <u>JAN 15 1992</u>	Effective Date <u>OCT 1 1991</u>
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TN No. <u>87-14</u>		HCFA ID: 7983E

State: New Jersey

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

- | | | |
|-----|--|---|
| SSI | 1902(a)
(10)(A)
(i)(II)
and 1905
(q) of
the Act | <p>14. Qualified severely impaired blind and disabled individuals under age 65, who--</p> <p>a. For the month preceding the first month of eligibility under the requirements of section 1905(q)(2) of the Act, received SSI, a State supplemental payment under section 1616 of the Act or under section 212 of P.L. 93-66 or benefits under section 1619(a) of the Act and were eligible for Medicaid; or</p> <p>b. For the month of June 1987, were considered to be receiving SSI under section 1619(b) of the Act and were eligible for Medicaid. These individuals must--</p> <p>(1) Continue to meet the criteria for blindness or have the disabling physical or mental impairment under which the individual was found to be disabled;</p> <p>(2) Except for earnings, continue to meet all nondisability-related requirements for eligibility for SSI benefits;</p> <p>(3) Have unearned income in amounts that would not cause them to be ineligible for a payment under section 1611(b) of the Act;</p> |
|-----|--|---|

*Agency that determines eligibility for coverage.

TN No. <u>91-41</u>	Approval Date <u>JAN 15 1992</u>	Effective Date <u>OCT 1 1991</u>
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State: New Jersey

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

- (4) Be seriously inhibited by the lack of Medicaid coverage in their ability to continue to work or obtain employment; and
- (5) Have earnings that are not sufficient to provide for himself or herself a reasonable equivalent of the Medicaid, SSI (including any Federally administered SSP), or public funded attendant care services that would be available if he or she did have such earnings.

Not applicable with respect to individuals receiving only SSP because the State either does not make SSP payments or does not provide Medicaid to SSP-only recipients.

*Agency that determines eligibility for coverage.

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OFFICIAL

State: New Jersey

Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
	1619(b)(3) of the Act	<input checked="" type="checkbox"/> The State applies more restrictive eligibility requirements for Medicaid than under SSI and under 42 CFR 435.121. Individuals who qualify for benefits under section 1619(a) of the Act or individuals described above who meet the eligibility requirements for SSI benefits under section 1619(b)(1) of the Act and who met the State's more restrictive requirements in the month before the month they qualified for SSI under section 1619(a) or met the requirements of section 1619(b)(1) of the Act are covered. Eligibility for these individuals continues as long as they continue to qualify for benefits under section 1619(a) of the Act or meet the SSI requirements under section 1619(b)(1) of the Act.

*Agency that determines eligibility for coverage.

TN No. 91-41 Approval Date JAN 15 1992 Effective Date OCT 1 1991
Supersedes None
TN No. None HCFA ID: 7983E

State: New Jersey

Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1634(c) of
the Act
IV-A
DMAHS

- 15. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, blind or disabled individuals who--
 - a. Are at least 18 years of age;
 - b. Lose SSI eligibility because they become entitled to OASDI child's benefits under section 202(d) of the Act or an increase in these benefits based on their disability. Medicaid eligibility for these individuals continues for as long as they would be eligible for SSI, absent their OASDI eligibility.
 - c. The State applies more restrictive eligibility requirements than those under SSI, and part or all of the amount of the OASDI benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.
 - d. The State applies more restrictive requirements than those under SSI, and none of the OASDI benefit is deducted in determining the amount of countable income for categorically needy eligibility.

42 CFR 435.122
DMAHS/IV-A

- 16. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, individuals who are ineligible for SSI or optional State supplements (if the agency provides Medicaid under §435.230), because of requirements that do not apply under title XIX of the Act.

SSI 42 CFR 435.130

- 17. Individuals receiving mandatory State supplements.

*Agency that determines eligibility for coverage.

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State: New Jersey

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.131
DMAHS/IV-A
SSI

18. Individuals who in December 1973 were eligible for Medicaid as an essential spouse and who have continued, as spouse, to live with and be essential to the well-being of a recipient of cash assistance. The recipient with whom the essential spouse is living continues to meet the December 1973 eligibility requirements of the State's approved plan for OAA, AB, APTD, or AABD and the spouse continues to meet the December 1973 requirements for having his or her needs included in computing the cash payment.

In December 1973, Medicaid coverage of the essential spouse was limited to the following group(s):

Aged Blind Disabled

Not applicable. In December 1973, the essential spouse was not eligible for Medicaid.

*Agency that determines eligibility for coverage.

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OMB NO.: 0938-

State: New Jersey

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

- | | |
|------------------------------|--|
| 42 CFR 435.132
DMAHS/IV-A | 19. Institutionalized individuals who were eligible for Medicaid in December 1973 as inpatients of title XIX medical institutions or residents of title XIX intermediate care facilities, if, for each consecutive month after December 1973, they--

a. Continue to meet the December 1973 Medicaid State plan eligibility requirements; and

b. Remain institutionalized; and

c. Continue to need institutional care. |
| 42 CFR 435.133
DMAHS/IV-A | 20. Blind and disabled individuals who--

a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; and

b. Were eligible for Medicaid in December 1973 as blind or disabled; and

c. For each consecutive month after December 1973 continue to meet December 1973 eligibility criteria. |

*Agency that determines eligibility for coverage.

TN No. <u>91-41</u>	Approval Date <u>JAN 15 1992</u>	Effective Date <u>OCT 1 1991</u>
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State: New Jersey

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.134
DMAHS/IV-A

21. Individuals who would be SSI/SSP eligible except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.

Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).

Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).

Not applicable with respect to intermediate care facilities; the State did or does not cover this service.

*Agency that determines eligibility for coverage.

TN No. <u>91-41</u>	Approval Date <u>JAN 18 1992</u>	Effective Date <u>OCT 1 1991</u>
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State: New Jersey

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.135
DMAHS/IV-A

22. Individuals who --

- a. Are receiving OASDI and were receiving SSI/SSP but became ineligible for SSI/SSP after April 1977; and
- b. Would still be eligible for SSI or SSP if cost-of-living increases in OASDI paid under section 215(i) of the Act received after the last month for which the individual was eligible for and received SSI/SSP and OASDI, concurrently, were deducted from income.

Not applicable with respect to individuals receiving only SSP because the State either does not make such payments or does not provide Medicaid to SSP-only recipients.

Not applicable because the State applies more restrictive eligibility requirements than those under SSI.

The State applies more restrictive eligibility requirements than those under SSI and the amount of increase that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

*Agency that determines eligibility for coverage.

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State: New Jersey

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1634 of the
Act
DMAHS/IV-A

23. Disabled widows and widowers who would be eligible for SSI or SSP except for the increase in their OASDI benefits as a result of the elimination of the reduction factor required by section 134 of Pub. L. 98-21 and who are deemed, for purposes of title XIX, to be SSI beneficiaries or SSP beneficiaries for individuals who would be eligible for SSP only, under section 1634(b) of the Act.

Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients.

The State applies more restrictive eligibility standards than those under SSI and considers these individuals to have income equalling the SSI Federal benefit rate, or the SSP benefit rate for individuals who would be eligible for SSP only, when determining countable income for Medicaid categorically needy eligibility.

*Agency that determines eligibility for coverage.

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TN No. 86-17

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State/Territory: New Jersey

Agency* Citation(s) Groups Covered

1634(d) of the Act

DMAHS/IV-A

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

24. Disabled widows, disabled widowers, and disabled unmarried divorced spouses who had been married to the insured individual for a period of at least ten years before the divorce became effective, who have attained the age of 50, who are receiving title II payments, and who because of the receipt of title II income lost eligibility for SSI or SSP which they received in the month prior to the month in which they began to receive title II payments, who would be eligible for SSI or SSP if the amount of the title II benefit were not counted as income, and who are not entitled to Medicare Part A.

— The State applies more restrictive eligibility requirements for its blind or disabled than those of the SSI program.

— In determining eligibility as categorically needy, the State disregards the amount of the title II benefits identified in § 1634(d)(1)(A) in determining the income of the individual, but does not disregard any more of this income than would reduce the individual's income to the SSI income standard.

— In determining eligibility as categorically needy, the State disregards only part of the amount of the benefits identified in §1634(d)(1)(A) in determining the income of the individual, which amount would not reduce the individual's income below the SSI income standard. The amount of these benefits to disregarded is specified in Supplement 4 to Attachment 2.6-A.

— In determining eligibility as categorically needy, the State chooses not to deduct any of the benefit identified in § 1634(d)(1)(A) in determining the income of the individual.

*Agency that determines eligibility for coverage.

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Supersedes
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Approval Date MAY 5 1992

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ATTACHMENT 2.2-A
Page 9b

State: New Jersey

Agency	Citation(s)	Groups Covered
	A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>	
1902(a)(10)(E)(i) and 1905(p) of the Act IV-A DMAHS		25. Qualified Medicare Beneficiaries -- a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act); b. Whose income does not exceed 100 percent of the Federal poverty level; and c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index. (Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)
1902(a)(10)(E)(ii), 1905(s) and 1905(p)(3)(A)(i) of the Act DMAHS		26. Qualified Disabled and Working Individuals -- a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act; b. Whose income does not exceed 200 percent of the Federal poverty level; and c. Whose resources do not exceed two times the SSI resource limit. d. Who are not otherwise eligible for medical assistance under Title XIX of the Act. (Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)

10-03-MA (NJ)

TN No: 10-03
Supersedes TN No. 93-14

Approval Date FEB 08 2011

Effective Date 1/1/10

Revision:

State: New Jersey

Agency	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)(E)(iii),
1905(p)(3)(A)(ii), and
1860D-14(a)(3)(D)
of the Act

27. Specified Low-Income Medicare Beneficiaries --

- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income is greater than 100 percent but less than 120 percent of the Federal poverty level; and
- c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.

DMAHS

(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)

1902(a)(10)(E)(iv)
and 1905(p)(3)(A)(ii)
and 1860D-14(a)(3)(D)
of the Act

28. Qualifying Individuals --

- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
- b. whose income is at least 120 percent but less than 135 percent of the Federal poverty level;
- c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.

10-03-MA (NJ)

TN No: 10-03
Supersedes TN No. 93-14

Approval Date ~~FEB 08 2010~~

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Revision: ^{PM 95-2} HCFA RO
FEBRUARY 1995

ATTACHMENT 2.2-A
Page 9b2

State: New Jersey

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1634(e) of the Act

28. Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) or (v) of Section 1611(e)(3)(A) shall be treated, for purposes of title XIX, as receiving SSI benefits for the month.

*Agency that determines eligibility for coverage.

TN No.	<u>95-12</u>	Supersedes	Approval Date <u>APR 20 1995</u>	Effective Date	<u>FEB 10 1995</u>
TN No.	New				

OFFICIAL

State: New Jersey

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy

IV-A	42 CFR 435.210 1902(a) (10)(A)(ii) and 1905(a) of the Act	<input checked="" type="checkbox"/> 1. Individuals described below who meet the income and resource requirements of AFDC, SSI, or an optional State supplement as specified in 42 CFR 435.230, but who do not receive cash assistance.
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The plan covers all individuals as described above.

The plan covers only the following group or groups of individuals:

- Aged
- Blind
- Disabled
- Caretaker relatives
- Pregnant women

DHS/DIAHS IV-A	42 CFR 435.211	<input checked="" type="checkbox"/> 2. Individuals who would be eligible for AFDC, SSI or an optional State supplement as specified in 42 CFR 435.230, if they were not in a medical institution.
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*Agency that determines eligibility for coverage.

TN No. <u>91-43</u>	Approval Date	Effective Date <u>OCT 1 1991</u>
Supersedes	<u>FEB 26 1992</u>	
TN No. <u>None</u>		HCFA ID: 7983E

Revision: HCFA-PM-91-10 (BPD)
DECEMBER 1991

State: New Jersey

OFFICIAL

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.212 &
1902(e)(2) of the
Act, P.L. 99-272
(section 9517) P.L.
101-508(section
4732)

3. The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act, or a managed care organization (MCO), or a primary care case management (PCCM) program, but who have been enrolled in the entity for less than the minimum enrollment period listed below. Coverage under this section is limited to MCO or PCCM services and family planning services described in section 1905(a)(4)(C) of the Act.

X The State elects not to guarantee eligibility.
The State elects to guarantee eligibility. The minimum enrollment period is 6 months (not to exceed six).

The State measures the minimum enrollment period from:

___ The date beginning the period of enrollment in the MCO or PCCM, without any intervening disenrollment, regardless of Medicaid eligibility.

___ The date beginning the period of enrollment in the MCO or PCCM as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.

___ The date beginning the last period of enrollment in the MCO or PCCM as a Medicaid patient (not including periods when payment is made under this section) without any intervening disenrollment or periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section).

*Agency that determines eligibility for coverage.

TN 03-07-MA Approval Date JUN 21 2005
Supersedes: 03-07-MA (NJ) **JAN 1 2005**

05-04-MA (NJ)

State: New Jersey

OFFICIAL

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than Medically Needy (continued)

1932(a)(4) of
Act

The Medicaid Agency may elect to restrict the disenrollment rights of Medicaid enrollees of MCOs, PIHPs, PAHPs, and PCCMs in accordance with the regulations at 42 CFR 438.56 .

This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.

 X Disenrollment rights are restricted for a period of 12 months (not to exceed 12 months).

During the first three months of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least once per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.

 X No restrictions upon disenrollment rights for SSI and Aged, Blind and Disabled Groups.

1903(m)(2)(H),
1902(a)(52) of
the Act
P.L. 101-508
42 CFR 438.56(g)

In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with an MCO, PIHP, PAHP, or PCCM when they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract.

 X The agency elects to reenroll the above individuals who are ineligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.

 The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.

- Agency that determines eligibility for coverage.

03-07-MA (NJ)

TN # 03-07
Supersedes TN # 92-18

Effective Date AUG 13 2003
Approval Date MAR 17 2004

OFFICIAL

State of New Jersey

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(continued)

42 CFR 435.217

X 4.

A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

X Pace Enrollees

*Agency that determines eligibility for coverage

07-02-MA (NJ)

TN 07-02

Approval Date AUG 13 2008

Supersedes TN 92-18

Effective Date SEP 27 2007

State: New Jersey

Agency* Citation(s) Groups Covered

IV-A

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)
(A)(ii)(VII)
of the Act

5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act.

The State covers all individuals as described above.

The State covers only the following group or groups of individuals:

- Aged
- Blind
- Disabled
- Individuals under the age of--
 - 21
 - 20
 - 19
 - 18
- Caretaker relatives
- Pregnant women

*Agency that determines eligibility for coverage.

TN No. <u>92-24</u>	Approval Date <u>NOV 12 1992</u>	Effective Date <u>SEP 1 1992</u>
Supersedes		
TN No. <u>91-43</u>		HCFA ID: 7983E

State: New Jersey

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.220 6. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.

The State covers all individuals as described above.

1902(a)(10)(A)(ii) and 1905(a) of the Act The State covers only the following group or groups of individuals:

- Individuals under the age of--
- 21
- 20
- 19
- 18
- Caretaker relatives
- Pregnant women

DHS/DYFS 42 CFR 435.2
IV-A 1902(a)(10)(A)(ii) and 1905(a)(i) of the Act

7. a. All individuals who are not described in section 1902(a)(10)(A)(i) of the Act, who meet the income and resource requirements of the AFDC State plan, and who are 21 years of age or younger as indicated below.

- 20
- 19
- 18

TN No. 91-43
Supersedes
TN No. 86-17

Approval Date FEB 26 1992

Effective Date OCT 1 1991

HCFA ID: 7983E

State: New Jersey

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.222

b. Reasonable classifications of individuals described in (a) above, as follows:

- (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:
 - (a) In foster homes (and are under the age of _____).
 - (b) In private institutions (and are under the age of _____).
 - (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of _____).
- (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of _____).
- (3) Individuals in NFs (who are under the age of _____). NF services are provided under this plan.
- (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of _____).

TN No. 91-43
Supersedes
TN No. 86-17

Approval Date FEB 26 1992

Effective Date OCT 1 1991

HCFA ID: 7983E

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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State: New Jersey

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

- (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of _____). Inpatient psychiatric services for individuals under age 21 are provided under this plan.

- (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

TN No. 91-43
Supersedes
TN No. New

Approval Date FEB 26 1992

Effective Date OCT 1 1991

HCFA ID: 7983E

State: NEW Jersey

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

DHS/DYFS 1902(a)(10)
(A)(ii)(VIII)
of the Act

8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement--

a. Was eligible for Medicaid under the State's approved Medicaid plan; or

b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers individuals under the age of--

<input checked="" type="checkbox"/>	21
<input type="checkbox"/>	20
<input type="checkbox"/>	19
<input type="checkbox"/>	18

TN No. 91-43
Supersedes
TN No. 86-17

Approval Date FEB 26 1992

Effective Date OCT 1 1991

HCFA ID: 7983E

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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OMB No.: 0938-

State: New Jersey

Agency*	Citation (s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

IV-A 42 CFR 435.223

9. Individuals described below who would be eligible for AFDC if coverage under the State's AFDC plan were as broad as allowed under title IV-A:

1902(a)(10)
(A)(ii) and
1905(a) of
the Act

- Individuals under the age of--
 - 21
 - 20
 - 19
 - 18
- Caretaker relatives
- Pregnant women

TN No. 91-43
Supersedes
TN No. **Now**

Approval Date FEB 26 1992

Effective Date OCT 1 1991

HCFA ID: 7983E

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.230 10. States using SSI criteria with agreements under sections 1616 and 1634 of the Act.

The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in the State.
- d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.
 - (1) All aged individuals.
 - (2) All blind individuals.
 - (3) All disabled individuals.

TN No. <u>91-43</u>	Approval Date <u>FEB 26 1992</u>	Effective Date <u>OCT 1 1991</u>
Supersedes		
TN No. <u>86-17</u>		HCFA ID: 7983E

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

- | | | |
|----------------|--|---|
| 42 CFR 435.230 | <input checked="" type="checkbox"/> (4)
<input checked="" type="checkbox"/> (5)
<input checked="" type="checkbox"/> (6)
<input checked="" type="checkbox"/> (7)
<input type="checkbox"/> (8)
<input type="checkbox"/> (9) | Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
Individuals in additional classifications approved by the Secretary as follows: |
|----------------|--|---|

TN No. <u>91-43</u>	Approval Date <u>FEB 26 1992</u>	Effective Date <u>OCT 1 1991</u>
Supersedes		
TN No. <u>86-17</u>		

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AUGUST 1991

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State: New Jersey

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes.

No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

TN No. <u>91-43</u>	Approval Date <u>FEB 26 1992</u>	Effective Date <u>OCT 1 1991</u>
Superseded		
TN No. New		HCFA ID: 7983E

State: New Jersey

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.120
435.121
1902(a)(10)
(A)(ii)(XI)
of the Act

11. Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act.

The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in each classification and available on a Statewide basis.
- d. Paid to one or more of the classifications of individuals listed below:
 - (1) All aged individuals.
 - (2) All blind individuals.
 - (3) All disabled individuals.

TN No. 91-43
Supersedes
TN No. 87-14

Approval Date Aug 26 1992

Effective Date OCT 1 1991

HCFA ID: 7983E

OFFICIAL

Agency*	Citation(s)	Groups Covered
IV A	1902(a)(10) (A)(ii)(IX) and 1902(l) of the Act, P.L. 99-509 (Sections 9401(a) and (b))	<p><u>X</u> 13. The following individuals who are not described in section 1902(a)(10)(A)(i) of the Act whose income level (established at an amount up to 100 percent of the Federal nonfarm poverty line) specified in Supplement 1 to <u>ATTACHMENT 2.6-A</u> for a family of the same size, including the woman and infant or child and who meet the resource standards specified in Supplement 2 to <u>ATTACHMENT 2.6-A</u>:</p> <p>(a) Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy) and infants under one year of age (effective April 1, 1987);</p> <p><u>X</u> (b) Children who have attained one year of age but not attained two years of age (effective October 1, 1987);</p> <p>— (c) Children who have attained two years of age but not attained three years of age (effective October 1, 1988);</p> <p>— (d) Children who have attained three years of age but not attained four years of age (effective October 1, 1989);</p> <p>— (e) Children who have attained four years of age but not attained five years of age (effective October 1, 1990).</p> <p>Infants and children covered under items 13(a) through (e) above who are receiving inpatient services on the date they reach the maximum age for coverage under the approved plan will continue to be eligible for inpatient services until the end of the stay for which the inpatient services are furnished.</p>

*Agency that determines eligibility for coverage.

TN No. 87-16
Supersedes
TN No. 87-14

Approval Date SEP. 4 1987

Effective Date JUL. 1 1987

HCFA ID: 1036P/0015P

TWIGG

Agency* Citation(s) Groups Covered

IV A

The payment levels under the approved State AFDC plan are no lower than the AFDC payment levels in effect under the approved AFDC plan on April 17, 1986.

Yes.

Not applicable. The State does not provide coverage of this optional categorically needy group.

1902(a)
(10)(A)
(ii)(X)
and 1902(m)
(1) and (3)
of the Act,
P.L. 99-509
(Section
9402(a) and
(b))

14. In addition to individuals covered under item B.13, individuals--

(a) Who are 65 years of age or older or are disabled--

As determined under section 1614(a)(3) of the Act; or

As determined under more restrictive categorical eligibility criteria specified under item A.9(b) of this Attachment.

(b) Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal nonfarm income poverty line) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and

(c) Whose resources do not exceed the maximum amount allowed--

Under SSI;

Under the State's more restrictive financial criteria; or

Under the State's medically needy program as specified in ATTACHMENT 2.6-A.

*Agency that determines eligibility for coverage.

TN No. 88-14
Supersedes
TN No. 87-16

Approval Date MAR. 31 1988

Effective Date FEB. 1 1988

HCFA ID: 1036P/0015P

Agency*	Citation(s)		Groups Covered
IV-A	Sec 4101(a) PL 100-203 Sec 1902L (1)(A)(B) of the Act	<u>X</u> 14Z	<p>The following individuals who are described in Section 1902L(1)(A)(B) of the Act whose income level (established at an amount up to 185% of the Federal non farm poverty line) specified in Supplement 1 page 2a to <u>Attachment 2.6A</u> for a family of the same size including the woman or infant under one who meet the resource standards specified in Supplement 2 to <u>Attachment 2.6A</u>.</p> <p>(a) Woman during pregnancy (and during the 60 day period beginning on the last day of pregnancy) and infants under one year of age (effective July 1, 1988).</p> <p>(b) The resource standard & methodology applied to the pregnant woman.</p> <p><u>X</u> The State does not apply a resource standard.</p> <p><u> </u> The State applies a resource standard not more restrictive than AFDC.</p> <p>(c) The resources standard & methodology applied to the child under one year.</p> <p><u>X</u> The State does not apply a resource standard.</p> <p><u> </u> The State applies a resource standard not more restrictive than SSI.</p> <p>(d) where the gross income of the pregnant woman or child (less child care expenses) exceeds 150% of the FPL for a family of relevant size a premium not to exceed 10% of the excess may be applied.</p> <p><u>X</u> The State does not apply a premium.</p> <p><u> </u> The State applies a _____ percent premium.</p>

TN NO. 91-14

APPROVAL DATE OCT 10 1991

SEDES TN NO. New

EFFECTIVE DATE JUL 1 1991

(*)

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B. Optional Groups Other Than the Medically Needy
(Continued)

- ___ (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- ___ (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- ___ (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- ___ (7) Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- ___ (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- ___ (9) Individuals in additional classifications approved by the Secretary as follows:

TN No. 91-43
Supersedes
TN No. 86-17

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AUGUST 1991

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OMB NO.: 0938-

State: New Jersey

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes

No

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

TN No. 91-43
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TN No. 88-43

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AUGUST 1991

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

DMAHS 42 CFR 435.231 1A
1902(a)(10)
(A)(ii)(V)
of the Act

12. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A.

The State covers all individuals as described above.

The State covers only the following group or groups of individuals:

1902(a)(10)(A)
(ii) and 1905(a)
of the Act

<input checked="" type="checkbox"/>	Aged
<input checked="" type="checkbox"/>	Blind
<input checked="" type="checkbox"/>	Disabled
<input type="checkbox"/>	Individuals under the age of--
<input type="checkbox"/>	21
<input type="checkbox"/>	20
<input type="checkbox"/>	19
<input type="checkbox"/>	18
<input type="checkbox"/>	Caretaker relatives
<input type="checkbox"/>	Pregnant women

TN No. 91-43
Supersedes
TN No. 87-14

Approval Date FEB 2 8 1992

Effective Date OCT 1 1991

HCFA ID: 7983E

State: New Jersey

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

- | | | | |
|------|---|-------------------------------------|---|
| | 1902(e)(3)
of the Act | <input type="checkbox"/> | 13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in an institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

<u>Supplement 3 to ATTACHMENT 2.2-A</u> describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home. |
| IV-A | 1902(a)(10)
(A)(ii)(IX)
and 1902(1)
of the Act | <input checked="" type="checkbox"/> | 14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in <u>Supplement 1 to ATTACHMENT 2.6-A</u> for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in <u>Supplement 2 to ATTACHMENT 2.6-A</u> :

a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and

b. Infants under one year of age. |

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Supersedes
TN No. 87-14

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HCFA ID: 7983E

State: New Jersey

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

IV-A 1902(a) X
(ii)(X)
and 1902(m)
(1) and (3)
of the Act

16. Individuals--

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

TN No. 91-43

Supersedes Approval Date FEB 26 1992

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TN No. New

HCFA ID: 7983E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(47)
and 1920 of
the Act
DMAHS

X

17. Pregnant women who are determined by a "qualified provider" (as defined in §1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with §1920 of the Act.

TN No. 92-22
Supersedes 91-43 Approval Date JUL 21 1992 Effective Date APR 1 1992
TN No. _____

Citation

Groups Covered

B. Optional Coverage Other Than the Medically Needy
(Continued)

1902(a)(10)(A)
(ii)(XIV) of the Act

X 20.

Optional Targeted Low Income Children who:

DMAHS/IV-A

- a. are not eligible for Medicaid under any other optional or mandatory eligibility group;
- b. would not be eligible for Medicaid under the policies in the State's Medicaid plan as in effect on April 15, 1997 (other than because of the age expansion provided for in §1902(l)(1)(D));
- c. are not covered under a group health plan or other group health insurance (as such terms are defined in §2791 of the Public Health Service Act coverage) other than under a health insurance program in operation before July 1, 1997 offered by a State which receives no Federal funds for the program;
- d. are not members of families that are eligible for health benefits coverage under a State health benefits plan on the basis of a family members' employment with a public agency;
- e. are not inmates of public institutions or patients in institutions for mental diseases; and
- f. have family income at or below:
133 percent of the Federal poverty level for the size family involved, as revised annually in the Federal Register; or

OFFICIAL

98-02-MA(NJ)

APR 27 1998

TN

98-2

Approval Date

Supersedes TN

New

Effective Date

FEB 1 1998

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A percentage of the Federal poverty level, which is in excess of the "Medicaid applicable income level" (as defined in §2110(b)(4) of the Act) but by no more than 50 percentage points.

The State covers:

X All children described above who are under age 19 with family income at or below 133% percent of the Federal poverty level.

_____ The following reasonable classifications of children described above who are under age 19 (18, 19) with family income at or below the percent of the Federal poverty level specified for the classification:

(ADD NARRATIVE DESCRIPTION(S) OF THE REASONABLE CLASSIFICATION(S) AND THE PERCENT OF THE FEDERAL POVERTY LEVEL USED TO ESTABLISH ELIGIBILITY FOR EACH CLASSIFICATION.)

Income is established using the income and resource methodologies used for purposes of establishing eligibility under the State's title XXI State plan. (If not included in sections 4.1.3 and 4.1.4 of the State's title XXI State plan, these methodologies are explained below.)

(IF NOT INCLUDED IN YOUR TITLE XXI STATE PLAN, ADD NARRATIVE EXPLANATION OF THE METHODOLOGIES USED TO ESTABLISH COUNTABLE INCOME AND RESOURCES.)

1902(e)(12) of the Act ___21.

A child under age _____ (not to exceed age 19) who has been determined eligible is deemed to be eligible for a total of _____ months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above.

OFFICIAL

98-02-MA(NJ)

TN 98-2 Approval Date APR 27 1998
Supersedes TN New Effective Date FEB 1 1998

1920A. of the Act X 22.

Children under age 19 who are determined by a "qualified entity" (as defined in §1920A(b)(3)(A)) based on preliminary information, to meet the highest applicable income criteria specified in this plan as applicable to children.

The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.

OFFICIAL

99-22-MA(NJ)

Replaces 98-2-MA

MAR 15 2000

TN 99-22 Approval Date MAR 15 2000
Supersedes TN 98-2 Effective Date JAN 1 2000

State/Territory: New Jersey

Citation Groups Covered

B. Optional Groups Other Than the Medically
Needy(Continued)

1902(a)(10)(A)
(ii)(XVIII) of the Act

- 24. Women who:
 - a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under Title XV of the Public Health Service Act in accordance with the requirements of Section 1504 of that Act and need treatment for breast or cervical cancer, including a precancerous condition of the breast or cervix;
 - b. are not otherwise covered under creditable coverage, as defined in Section 2701(c) of the Public Health Service Act;
 - c. are not eligible for Medicaid under any mandatory categorically needy eligibility group; and
 - d. have not attained age 65.

1920B of the Act

- 25. Women who are determined by a "qualified entity" (as defined in 1920(b) based on preliminary information, to be a woman described in 1902(aa) of the Act related to certain breast and cervical cancer patients. The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

Supersedes	Approval Date _____	TN No. _____
TN No. <u>98-2</u>	Effective Date _____	HCFA ID: _____

TN 01-21 Approval Date DEC 06 2001

Supersedes TN New? Effective Date JUL 27 2001

State/Territory: New Jersey

Citation

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)(A)
(ii)(XIII) of the Act

23. BBA Work Incentives Eligibility Group – Individuals with a disability whose net family income is below 250 percent of the Federal poverty level for a family of the size involved and who, except for earned income, meet all criteria for receiving benefits under the SSI program. See page 12c of Attachment 2.6-A.

1902(a)(10)(A)
(ii)(XIII) of the Act

24. TWWIIA Basic Group Coverage - Individuals with a disability at least 16 but less than 65 years of age whose income and resources do not exceed a standard established by the State. See page 12d of Attachment 2.6-A.

1902(a)(10)(A)
(ii)(XIII) of the Act

25. TWWIIA Medical Improvement Group - Employed individuals at least 16 but less than 65 years of age with a medically improved disability whose income and resources do not exceed a standard established by the State. See page 12h of Attachment 2.6-A.

NOTE: If the State elects to cover this group, it MUST also cover the Basic Coverage Group described in no. 24 above.

TN No. 00-22
Supersedes
TN No. New

Approval Date MAR 21 2001 Effective Date OCT 01 2000
HCFA ID:

Revision: _____

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State/Territory: New Jersey

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)(A)
(ii)(XVII) of the Act

- 26. Young people under age 21 who were in foster care under the responsibility of the State on their 18th birthday, regardless of income and resources.

TN 00-23 Approval Date MAY 29 2001
 Supersedes TN **New** Effective Date 001 01 2001

TN No. _____ Approval Date _____ Effective Date _____
 Supersedes
 TN No. _____ HCFA ID: 7983E



Revision: HCFA-PM-91-4 (BPD)
 AUGUST 1991
 State: New Jersey

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 OMB NO.: 0938-

Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of the Medically Needy

42 CFR 35.301
 DMAHS/IV-A

This plan includes the medically needy.

No.

Yes. This plan covers:

1902(e) of the
 Act

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

1902(a)(10)
 (C)(ii)(I)
 of the Act

3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

TN No. 91-33
 Supersedes
 TN No. **New**

Approval Date DEC 19 1991

Effective Date OCT 1 1991

HCFA ID: 7983E

State: New Jersey

Agency* Citation(s) Groups Covered

C. Optional Coverage of Medically Needy (Continued)

- 1902(e)(4) of the Act 4. Newborn children born on or after October 1, 1984 to a woman who is eligible as medically needy and is receiving Medicaid on the date of the child's birth. The child is deemed to have applied and been found eligible for Medicaid on the date of birth and remains eligible for one year so long as the woman remains eligible and the child is a member of the woman's household.
- 42 CFR 435.308 5. a. Financially eligible individuals who are not described in section C.3. above and who are under the age of--
 21
 20
 19
 18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training
- b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below:
 (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:
 (a) In foster homes (and are under the age of ____).
 (b) In private institutions (and are under the age of ____).

TN No. 91-33
Supersedes
TN No. **New**

Approval Date DEC 19 1991

Effective Date OCT 1 1991

HCFA ID: 7983E

State: New Jersey

Agency* Citation(s) Groups Covered

C. Optional Coverage of Medically Needy (Continued)

- (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of ___).
- (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of ___).
- (3) Individuals in NFs (who are under the age of ___). NF services are provided under this plan.
- (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of ___).
- (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of ___). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

TN No. 91-33

Supersedes

TN No. New

Approval Date

DEC 19 1991

Effective Date

OCT 1 1991

HCFA ID: 7983E

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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OMB NO.: 0938-

State: New Jersey

Agency* Citation(s) Groups Covered

C. Optional Coverage of Medically Needy (Continued)

- 42 CFR 435.310 6. Caretaker relatives.
- 42 CFR 435.320 7. Aged individuals.
and 435.330
- 42 CFR 435.322 8. Blind individuals.
and 435.330
- 42 CFR 435.324 9. Disabled individuals.
and 435.330
- 42 CFR 435.326 10. Individuals who would be ineligible if they were
not enrolled in an HMO. Categorically needy
individuals are covered under 42 CFR 435.212 and
the same rules apply to medically needy
individuals.
- 435.340
DMAHS/IV-A
11. Blind and disabled individuals who:
- a. Meet all current requirements for Medicaid
eligibility except the blindness or disability
criteria;
 - b. Were eligible as medically needy in December
1973 as blind or disabled; and
 - c. For each consecutive month after December 1973
continue to meet the December 1973 eligibility
criteria.

TN No. 91-33

Supersedes

TN No.

New

Approval Date DEC 19 1991

Effective Date OCT 1 1991

HCFA ID: 7983E

OFFICIAL

Revision: HCFA-PM-91-8 (BPD)

October 1991

ATTACHMENT 2.2-A

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OMB NO.: 0938-

State: New Jersey

Citation(s)

Groups Covered

C. Optional Coverage of Medically Needy
(Continued)

1906 of the
Act

12. Individuals required to enroll in
cost effective employer-based group
health plans remain eligible for a minimum
enrollment period of _____ months.

TN 91-23 Approval Date OCT 15 1992

Supersedes TN ~~91-23~~ **New** Effective Date JUL 1 1991

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

REQUIREMENTS RELATING TO DETERMINING ELIGIBILITY FOR MEDICARE
PRESCRIPTION DRUG LOW-INCOME SUBSIDIES

Agency	Citation (s)	Groups Covered
1935(a) and 1902(a)(66) 42 CFR 423.774 and 423.904	The agency provides for making Medicare prescription drug Low Income Subsidy determinations under Section 1935(a) of the Social Security Act.	<ol style="list-style-type: none"> 1. The agency makes determinations of eligibility for premium and cost-sharing subsidies under and in accordance with section 1860D-14 of the Social Security Act; 2. The agency provides for informing the Secretary of such determinations in cases in which such eligibility is established or redetermined; 3. The agency provides for screening of individuals for Medicare cost-sharing described in Section 1905(p)(3) of the Act and offering enrollment to eligible individuals under the State plan or under a waiver of the State plan.

05-16-MA (NJ)

TN No. 05-16-MA (NJ) Approval Date ~~NOV 31 2005~~ Effective Date July 1, 2005

Supersedes TN No. NEW ~~New~~

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 1 TO ATTACHMENT 2.2-A
Page 1
OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

REASONABLE CLASSIFICATIONS OF INDIVIDUALS UNDER
THE AGE OF 21, 20, 19, AND 18

TN No. 91-43 Approval Date FEB 26 1992 Effective Date OCT 1 1991
Supersedes
TN No. 85-7
HCFA ID: 7983E

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 3 TO ATTACHMENT 2.2-A
Page 1
OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New Jersey

Method for Determining Cost Effectiveness of Caring for
Certain Disabled Children At Home

TN No. 91-43 Approval Date FEB 28 1992 Effective Date OCT 1 1991
Supersedes _____
TN No. New HCFA ID: 7983E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

OFFICIAL

State: New Jersey

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
A. General Conditions of Eligibility	
Each individual covered under the plan:	
42 CFR Part 435, Subpart G	1. Is financially eligible (using the methods and standards described in Parts B and C of this Attachment) to receive services.
42 CFR Part 435, Subpart F	2. Meets the applicable non-financial eligibility conditions. a. For the categorically needy: (i) Except as specified under items A.2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program. (ii) For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.
1902(l) of the Act	(iii) For financially eligible pregnant women, infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(l) of the Act.
1902(m) of the Act	(iv) For financially eligible aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.

TN No. 92-22 Approval Date JUL 21 1992 Effective Date APR 1 1992
Supersedes
TN No. 91-44

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of New Jersey

ELIGIBILITY CONDITIONS AND REQUIREMENTS

OFFICIAL

Citation(s)	Condition or Requirement
	b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.
1905 (p) of the Act	c. For financially eligible qualified Medicare beneficiaries covered under section 1902 (a) (10) (E) (i) of the Act, meets the non-financial criteria of section 1905(p) of the Act.
1905 (s) of the Act	d. For financially eligible qualified disabled and working individuals covered under section 1902 (a) (10) (E) (ii) of the Act, meets the non-financial criteria of section 1905 (s).

09-04-MA (NJ)

TN No: 09-04

Effective Date **APR 9 1 2009**

Supersedes TN No. 91-44

Approval Date **MAY 2 1 2010**

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of New Jersey

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)

Condition or Requirement

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13-0017-MA (NJ)

TN No: 13-0017

Effective Date **JAN 0 1 2014**

Supersedes TN No. 09-04

Approval Date **FEB 0 5 2014**

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of New Jersey

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)

Condition or Requirement

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13-0017-MA (NJ)

TN No: 13-0017

Effective Date **JAN 0 1 2014**

Supersedes TN No. 09-04

Approval Date **FEB 0 5 2014**

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of New Jersey

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s) Condition or Requirement

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13-0017-MA (NJ)

TN No: 13-0017

Effective Date

JAN 0 1 2014

Supersedes TN No. 09-04

Approval Date

FEB 0 5 2014

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of New Jersey

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)

Condition or Requirement

42 CFR 435.403
1902 (b) of the
Act

4. Is a resident of the State, regardless of whether
or not the individual maintains the residence
permanently or maintains it at a fixed address.

State has interstate residency agreement with
the following States:

Alabama	Iowa	Ohio	Wisconsin
California	Kentucky	Tennessee	Virginia
Florida	Maryland	Texas	
Georgia	New Mexico	Pennsylvania	

State has open agreement(s).

Not applicable; no residency requirement.

09-04-MA (NJ)

TN No: 09-04

Effective Date **APR 01 2009**

Supersedes TN No. 91-44

Approval Date **MAY 21 2010**

State/Territory: New Jersey

Citation	Condition or Requirement
42 CFR 435.1008	5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, intermediate care facilities, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.
42 CFR 435.1008 1905(a) of the Act	b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program. <input type="checkbox"/> Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.
42 CFR 433.145 1912 of the Act	6. Is required, as a condition of eligibility, to assign his or her own rights, or the rights of any other person who is eligible for Medicaid and on whose behalf the individual has legal authority to execute an assignment, to medical support and payments for medical care from any third party. (Medical support is defined as support specified as being for medical care by a court or administrative order.)

TN No. 92-3 Approval Date APR 10 1992 Effective Date JAN . 1 1992
Supersedes
TN No. 91-44
HCFA ID: 7985E

State/Territory: New Jersey

Citation	Condition or Requirement
	<p>An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in §1902(1)(1)(A) of the Social Security Act (pregnant women and women in the post-partum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.</p> <p>An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.</p> <p><u>/X/</u> Assignment of rights is automatic because of State law.</p> <p>42 CFR 435.910 7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number).</p>

TN No. 92-3 Approval Date APR 10 1992 Effective Date JAN 1 1992
Supersedes
TN No. New
HCFA ID: 7985E

OFFICIAL

State: New Jersey

Citation	Condition or Requirement
1902(c)(2)	8. Is not required to apply for AFDC benefits under title IV-A as a condition of applying for, or receiving, Medicaid if the individual is a pregnant woman, infant, or child that the State elects to cover under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.
1902(e)(10)(A) and (B) of the Act	9. Is not required, as an individual child or pregnant woman; to meet requirements under section 402(a)(43) of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)

TN No. 91-44
Supersedes
TN No. Now

Approval Date FEB 20 1992

Effective Date OCT 1 1991

HCFA ID: 7985E

State/Territory: New Jersey

Citation	Condition or Requirement
1906 of the Act	10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

TN No. 91-23
Supersedes _____ Approval Date OCT 15 1992 Effective Date JUL 1 1991
TN No. New HCFA ID: 7985E

State: New Jersey

Citation	Condition or Requirement
B. Posteligibility Treatment of Institutionalized Individuals' Incomes	
1. The following items are not considered in the posteligibility process:	
1902(o) of the Act	a. SSI and SSP benefits paid under §1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital, nursing home, SNF, or ICF.
Bondi v Sullivan (SSI)	b. Austrian Reparation Payments (pension (reparation) payments made under §500 - 506 of the Austrian General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments.
1902(r)(1) of the Act	c. German Reparations Payments (reparation payments made by the Federal Republic of Germany).
105/206 of P. L. 100-383	d. Japanese and Aleutian Restitution Payments.
1. (a) of P.L. 103-286	e. Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II).
10405 of P.L. 101-239	f. Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.)
6(h)(2) of P.L. 101-426	g. Radiation Exposure Compensation.
12005 of P. L. 103-66	h. VA pensions limited to \$90 per month under 38 U.S.C. 5503.

OFFICIAL

98- 15 MA-(NJ)

TN No. 98-15
Supersedes Approval Date DEC 9 1998 Effective Date JUL 1 1998
TN No. 93-13

Citation	Condition or Requirement
1924 of the Act	2. The following monthly amounts for personal needs are deducted
435.725	from total monthly income in the application of an institutionalized
435.733	individual's or couple's income to the cost of institutionalized care:
435.832	

Personal Needs Allowance (PNA) of not less than \$30 For Individuals and \$60 For Couples For All Institutionalized Persons.

a. Aged, blind, disabled

Individuals: \$50.00

Couples: \$100.00

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

b. AFDC related:

Children \$50.00

Adults \$50.00

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

c. Individual under age 21 covered in the plan as specified in Item B.7 of Attachment 2.2-A

\$50.00

17-0008 MA (NJ)

TN No. 17-0008

Approval Date: **11/27/2017**

Supersedes: 98-15

Effective Date: **07/01/2017**

State: New Jersey

Citation	Condition or Requirement
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For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

1924 of the Act

3. In addition to the amounts under item 2. , the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:

a. The monthly income allowance for the community spouse, calculated using the formula in § 1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in § 1924 (d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.

The poverty level component is calculated using the applicable percentage (set out § 1924(d)(3)(B) of the Act) of the official poverty level.

The poverty level component is calculated using a percentage greater than the applicable percentage, equal to ___ %, of the official poverty level (still subject to maximum maintenance needs standard).

The maintenance needs standard for all community spouses is set at the maximum permitted by § 1924(d)(3)(C).

SSP income standard for individual living alone(see Attachment 2.6A, supplement 6).

Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court- ordered support.

98- 15 MA-(NJ)

TN No. 98-15 DEC 9 1998 JUL 1 1998
Supersedes _____ Approval Date _____ Effective Date _____
TN No. 859

OFFICIAL

State: New Jersey

Citation	Condition or Requirement
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In determining any excess shelter allowance, utility expenses are calculated using:

the standard utility allowance under § 5(e) of the Food Stamp Act of 1977; or

the actual unreimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges.

b. The monthly income allowance for other dependent family members living with the community spouse is:

one-third of the amount by which the poverty level component (calculated under § 1924(d)(3)(A)(i) of the Act, using the applicable percentage specified in § 1924 (d)(3)(B)) exceeds the dependent family member's monthly income.

a greater amount calculated as follows:

The following definition is used in lieu of the definition provided by the Secretary to determine the dependency of family members under § 1924 (d)(1):

Children under 21 and children of any age, parents and siblings who are or could be claimed as dependents under the IRS code.

c. Amounts for health care expenses described below that are incurred by and for the institutionalized individual and are not subject to payments by a third party:

(i) Medicaid, Medicare, and other health insurance premiums.

(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amounts are described in Supplement 3 to ATTACHMENT 2.6-A.)

98- 15 MA-(NJ)

TN No. 98-15
Supersedes Approval Date DEC 9 1998 Effective Date JUL 1 1998
TN No. 85-1

OFFICIAL

State: New Jersey

Citation	Condition or Requirement
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- 435.725 4. In addition to any amounts deductible under the items
435.733 above, the following monthly amounts are deducted from
435.832 the remaining monthly income of an institutionalized
individual or an institutionalized couple:
- a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:
 - o AFDC level; or
 - o Medically needy level:

(Check one)

 - AFDC levels in Supplement 1
 - Medically needy level in Supplement 1
 - Other: \$ _____
 - b. Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third party:
 - (i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.
 - (ii) Necessary medical or remedial care recognized under State law but not covered under the State plan (Reasonable limits on amount are described in Supplement 3 to ATTACHMENT 2.6-A).
- 435.725 5. At the option of the State, as specified below, the following
435.733 is deducted from any remaining monthly income of an
435.832 institutionalized individual or an institutionalized couple:

A monthly amount for the maintenance of the home of the individual or couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period:
 No.
 Yes (the applicable amount is shown on page 5a.)

98-15 MA-(NJ)

TN No. 98-15
Supersedes Approval Date DEC 9 1998 Effective Date JUL 1 1998
TN No. 91-44

OFFICIAL

State: New Jersey

Citation	Condition or Requirement
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Amount for maintenance of home is:
\$ _____

Amount for maintenance of home is the actual maintenance costs not to exceed \$150.00.

Amount for maintenance of home is deductible when countable income is determined under §1924(d)(1) of the Act only if the individuals' home and the community spouse's home are different.

Amount for maintenance of home is not deductible when countable income is determined under § 1924 (d)(1) of the Act.

98-15 MA-(NJ)

TN No. 98-15
Supersedes Approval Date DEC 9 1998 Effective Date JUL 1 1998
TN No. 81-21

OFFICIAL

STATE NEW JERSEY

CITATION

CONDITION OR REQUIREMENT

d. Definition of dependency

The definition of dependency below is used to define dependent children, parents and siblings for purposes of deducting allowances under Section 1924:

Children under 21 and children of any age, parents and siblings who are or could be claimed as dependents under IRS code.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

OFFICIAL

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
42 CFR 435.711 435.721, 435.831	<p>C. <u>Financial Eligibility</u></p> <p>For individuals who are AFDC or SSI recipients, the income and resource levels and methods for determining countable income and resources of the AFDC and SSI program apply, unless the plan provides for more restrictive levels and methods than SSI for SSI recipients under section 1902(f) of the Act, or more liberal methods under section 1902(r)(2) of the Act, as specified below.</p> <p>For individuals who are not AFDC or SSI recipients in a non-section 1902(f) State and those who are deemed to be cash assistance recipients, the financial eligibility requirements specified in this section C apply.</p> <p><u>Supplement 1 to ATTACHMENT 2.6-A specifies the income levels for mandatory and optional categorically needy groups of individuals, including individuals with incomes related to the Federal income poverty level--pregnant women and infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act and aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act--and for mandatory groups of qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act.</u></p>

TN No. 92-22 Approval Date JUL 21 1992 Effective Date APR 1 1992
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TN No. 91-44

State: New Jersey

Citation	Condition or Requirement
<u>X</u>	Supplement 2 to ATTACHMENT 2.6-A specifies the resource levels for mandatory and optional categorically needy poverty level related groups, and for medically needy groups.
—	Supplement 7 to ATTACHMENT 2.6-A specifies the income levels for categorically needy aged, blind and disabled persons who are covered under requirements more restrictive than SSI.
—	Supplement 4 to ATTACHMENT 2.6-A specifies the methods for determining income eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.
—	Supplement 5 to ATTACHMENT 2.6-A specifies the methods for determining resource eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.
—	Supplement 8a to ATTACHMENT 2.6-A specifies the methods for determining income eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r)(2) of the Act.
—	Supplement 8b to ATTACHMENT 2.6-A specifies the methods for determining resource eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(z)(2) of the Act.
—	Supplement 14 to ATTACHMENT 2.6-A specifies income levels used by States for determining eligibility of Tuberculosis-infected individuals whose eligibility is determined under §1902(z)(1) of the Act.

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 TN No. _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

OFFICIAL

State: New Jersey

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(r)(2) of the Act	<p>1. <u>Methods of Determining Income</u></p> <p>a. <u>AFDC-related individuals (except for poverty level related pregnant women, infants, and children).</u></p> <p>(1) In determining countable income for AFDC-related individuals, the following methods are used:</p> <p><input checked="" type="checkbox"/> (a) The methods under the State's approved AFDC plan only; or</p> <p><input type="checkbox"/> (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p>(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.</p>
1902(e)(6) the Act	<p>(3) Agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.</p>

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TN No. _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

OFFICIAL

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
42 CFR 435.721 435.831, and 1902(m)(1)(B)(m)(4) and 1902(r)(2) of the Act	b. <u>Aged individuals</u> . In determining countable income for aged individuals, including aged individuals with incomes up to the Federal poverty level described in section 1902(m)(1) of the Act, the following methods are used: <input checked="" type="checkbox"/> The methods of the SSI program only. <input type="checkbox"/> The methods of the SSI program and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .

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TN No. **New**
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Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.6-A
Page 8
OMB No.: 0938-

State: New Jersey

Citation

Condition or Requirement

For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT 2.6-A; and any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

For institutional couples, the methods specified under section 1611(e)(5) of the Act.

For optional State supplement recipients under \$435.230, income methods more liberal than SSI, as specified in Supplement 4 to ATTACHMENT 2.6-A.

For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--

___ SSI methods only.

___ SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A.

___ Methods more restrictive and/or more liberal than SSI. More restrictive methods are described in Supplement 4 to ATTACHMENT 2.6-A and more liberal methods are described in Supplement 8a to ATTACHMENT 2.6-A.

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses.

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TN No. 87-16

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Effective Date OCT 1 1991

HCFA ID: 7985E

Citation	Condition or Requirement
42 CFR 435.721 and 435.831 1902(m)(1)(B), (m)(4), and 1902(r)(2) of the Act	c. <u>Blind individuals</u> . In determining countable income for blind individuals, the following methods are used: <input checked="" type="checkbox"/> The methods of the SSI program only. <input type="checkbox"/> SSI methods and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> . <input type="checkbox"/> For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u> , and any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> . <input checked="" type="checkbox"/> For institutional couples, the methods specified under section 1611(e)(5) of the Act. <input type="checkbox"/> For optional State supplement recipients under \$435.230, income methods more liberal than SSI, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u> . <input type="checkbox"/> For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements-- <input type="checkbox"/> SSI methods only. <input type="checkbox"/> SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> . <input type="checkbox"/> Methods more restrictive and/ or more liberal than SSI. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT 2.6-A</u> and more liberal methods are described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .

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HCFA ID: 7985E

State: New Jersey

Citation	Condition or Requirement
42 CFR 435.721, and 435.831 1902(m)(1)(B), (m)(4), and 1902(r)(2) of the Act	<p>In determining relative responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.</p> <p>d. <u>Disabled individuals</u>. In determining countable income of disabled individuals, including individuals with incomes up to the Federal poverty level described in section 1902(m) of the Act the following methods are used:</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> The methods of the SSI program.<input type="checkbox"/> SSI methods and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u>.<input checked="" type="checkbox"/> For institutional couples: the methods specified under section 1611(e)(5) of the Act.<input type="checkbox"/> For optional State supplement recipients under \$435.230: income methods more liberal than SSI, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u>.<input type="checkbox"/> For individuals other than optional State supplement recipients (except aged and disabled individuals described in section 1903(m)(1) of the Act): more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u>; and any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u>.

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OFFICIAL

State: New Jersey

Citation	Condition or Requirement
—	For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--
—	SSI methods only.
—	SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .
—	Methods more restrictive and/or more liberal than SSI, except for aged and disabled individuals described in section 1902(m)(1) of the Act. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT 2.6-A</u> and more liberal methods are specified in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

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Supersedes
TN No. 87-14 HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

OFFICIAL

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(1)(3)(E) and 1902(r)(2) of the Act	<p>e. <u>Poverty level pregnant women, infants, and children.</u> For pregnant women and infants or children covered under the provisions of sections 1902(a)(10)(A)(i)(IV), (VI), and (VII), and 1902(a)(10)(A)(ii)(IX) of the Act--</p> <p>(1) The following methods are used in determining countable income:</p> <p><input checked="" type="checkbox"/> The methods of the State's approved AFDC plan.</p> <p><input type="checkbox"/> The methods of the approved title IV-E plan.</p> <p><input type="checkbox"/> The methods of the approved AFDC State plan and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p><input type="checkbox"/> The methods of the approved title IV-E plan and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p>

TN No. 92-22 Approval Date JUL 21 1992 Effective Date APR 1 1992
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TN No. 91-44

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

OFFICIAL

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(e)(6) of the Act	(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.
1905(p)(1), 1902(m)(4), and 1902(r)(2) of the Act	(3) The agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.
	f. <u>Qualified Medicare beneficiaries.</u> In determining countable income for qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, the following methods are used:
	<input checked="" type="checkbox"/> The methods of the SSI program only.
	<input type="checkbox"/> SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u>
	<input checked="" type="checkbox"/> For institutional couples, the methods specified under section 1611(e)(5) of the Act.

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 TN No. _____

State: NEW JERSEY

Citation

Condition or Requirement

If an individual receives a title II benefit, any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the date of publication.

1905(s) of the Act

g. (1) Qualified disabled and working individuals.

In determining countable income for qualified disabled and working individuals covered under 1902(a)(10)(E)(ii) of the Act, the methods of the SSI program are used.

1905(p) of the Act

(2) Specified low-income Medicare beneficiaries.

In determining countable income for specified low-income Medicare beneficiaries covered under 1902(a)(10)(E)(iii) of the Act, the same method as in f. is used.

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Effective Date JAN 1 - 1993

Revision:

ATTACHMENT 2.6-A
PAGE 12d
OMB NO.: 0938-

State/Territory: New Jersey

Citation

Condition or Requirement

Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)(A)
(ii)(XIII) of the Act

(ii)

Working Individuals with Disabilities - Basic
Coverage Group - TWWIA

In determining financial eligibility for working individuals with disabilities under this provision, the following standards and methodologies are applied:

The agency does not apply any income or resource standard.

NOTE: If the above option is chosen, no further eligibility-related options should be elected.

The agency applies the following income and/or resource standard(s):

The resource standard is established at \$20,000 for an individual and \$30,000 for a couple. Earned income can not exceed 250 percent of the Federal poverty level for an individual or a couple. Unearned income can not exceed 100 percent of the Federal poverty level for an individual or a couple. Income methodologies are further described in Supplement 8a to Attachment 2.6-A.

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ATTACHMENT 2.6A

PAGE 12e

OMB NO.: 0938-

State/Territory: New Jersey

Citation

Condition or Requirement

1902(a)(10)(A)
(ii)(XIII) of the Act (cont.)

Income Methodologies

In determining whether an individual meets the income standard described above, the agency uses the following methodologies

___ The income methodologies of the SSI program.

___ The agency uses methodologies for treatment of income that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A

X The agency uses more liberal income methodologies than the SSI program. More liberal income methodologies are described in Supplement 8a to Attachment 2.6-A.

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PAGE 12f

OMB NO.: 0938-

State/Territory: New Jersey

Citation

Condition or Requirement

1902(a)(10)(A)
(ii)(XIII) of the Act (cont.)

Resource Methodologies

In determining whether an individual meets the resource standard described above, the agency uses the following methodologies

Unless one of the following items is checked, the agency, under the authority of section 1902(r)(2) of the Act, disregards all funds held in retirement funds and accounts, including private retirement accounts such as IRAs and the individual accounts, and employer-sponsored retirement plans such as 401(k), Keogh plans and employer pension plans. Any disregard involving retirement accounts is separately described in Supplement 8b to Attachment 2.6-A.

The agency disregards funds held in employer-sponsored retirement plans, but not in private retirement plans.

The agency disregards funds in retirement accounts in a manner other than those described above. The agency's disregards are specified in Supplement 8b to Attachment 2.6-A.

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ATTACHMENT 2.6A
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OMB NO.: 0938-

State/Territory: New Jersey

Citation

Condition or Requirement

1902(a)(10)(A)
(ii)(XIII) of the Act (cont.)

- ___ The agency does not disregard funds in retirement accounts.
- ___ The agency uses resource methodologies in addition to any listed above that are more liberal than those used by the SSI program. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A.
- ___ The agency uses the resource methodologies of the SSI program.
- ___ The agency uses methodologies for treatment of resources that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 5 to Attachment 2.6-A.

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OMB NO.: 0938-

State/Territory: New Jersey

Citation

Condition or Requirement

1902(a)(10)(A)
(ii)(XIII) of the Act (cont.)

(iii)

Working Individuals with
Disabilities – Employed Medically Improved
Individuals - TWWIA

In determining financial eligibility for employed medically improved individuals under this provision, the following standards and methodologies are applied:

___ The agency does not apply any income or resource standard

NOTE: If the above option is chosen, no further eligibility-related options should be elected.

___ The agency applies the following income and/or resource standard(s):

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State/Territory: New Jersey

Citation

Condition or Requirement

1902(a)(10)(A)
(ii)(XIII) of the Act (cont.)

Income Methodologies

In determining whether an individual meets the income standard described above, the agency uses the following methodologies

The income methodologies of the SSI program.

The agency uses methodologies for treatment of income that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A

The agency uses more liberal income methodologies than the SSI program. These more liberal methodologies are described in Supplement 8a to Attachment 2.6-A

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PAGE 12j
OMB NO.: 0938-

State/Territory: New Jersey

Citation

Condition or Requirement

1902(a)(10)(A)
(ii)(XIII) of the Act (cont.)

Resource Methodologies

In determining whether the individual meets the resource standard described above, the agency uses the following methodologies.

Unless one of the following items is checked the agency, under the authority of Section 1902(r)(2) of the Act, disregards all funds held in retirement funds and accounts, including private retirement accounts such as IRAs and other individual accounts, and employer-sponsored retirement plans such as 401(k) plans, Keogh plans, and employer pension plans. Any disregard involving retirement accounts is separately described in Supplement 8b to Attachment 2.6-A.

The agency disregards funds held in employer-sponsored retirement plans, but not private retirement plans.

The agency disregards funds in retirement accounts in a manner other than those listed above. The agency's disregards are specified in Supplement 8b to Attachment 2.6-A.

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State/Territory: New Jersey

Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XIII) of the Act (cont.)	_____ The agency does not disregard funds in retirement accounts.
	_____ The agency uses resource methodologies in addition to any indicated above that are more liberal than those used by the SSI program. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A.
	_____ The agency uses the resource methodologies of the SSI program.
	_____ The agency uses methodologies for treatment of resources that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 5 to Attachment 2.6-A.

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PAGE 121
OMB NO.: 0938-

State/Territory: New Jersey

Citation

Condition or Requirement

1902(a)(10)(A)
(ii)(XIII) of the Act (cont.)

Definition of Employed – Employed Medically
Improved Individuals - TWWIIA

_____ The agency uses the statutory definition of “employed”, i.e., earning at least the minimum wage, and working at least 40 hours per month

_____ The agency uses an alternative definition of “employed” that provides for substantial and reasonable threshold criteria for hours of work, wages, or other measures. The agency’s threshold criteria are described below:

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State/Territory: New Jersey

Citation Condition or Requirement

1902(a)(10)(A)

(ii)(XIII) of the Act (con't.)

Payment of Premiums or Other Charges Cost Sharing

For individuals eligible under the BBA eligibility group described in No. 23 on Page 23e of Attachment 2.2-A:

 x The agency requires payment of premiums or other cost-sharing charges on a sliding scale based on income. The premiums or other cost-sharing charges, and how they are applied, are described below:

For beneficiaries with countable income greater than 250% of the Federal Poverty Level (FPL), a monthly premium will be assessed as follows:

Premium methodology: The premium structure utilizes six payment tiers, assigned by determining total countable income in relation to Federal Poverty Levels above 250%. The first premium tier is based on the standard Medicare Part B monthly premium schedule amount, rounded up to the nearest dollar. The subsequent tiers are determined by multiplying the original amount by tier number (1, 2, 3, etc...). Each tier represents an additional 100% FPL increment with Tier 6 being the highest premium threshold. For example, when calculating the premium amounts for tiers 1, 2, and 3 the calculation breakdown for 2024 is as follows: Tier 1 premium increment is $\$175 \times 1 = \175 , Tier 2 premium increment is $\$175 \times 2 = \350 , Tier 3 premium increment is $\$175 \times 3 = \525 and so on.

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Approved : **05/17/2024**

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State/Territory: New Jersey

Condition or Requirement (con't)

These premium amounts will be updated annually based on the Medicare Part B premium adjustments and posted to the NJ Division of Medical Assistance and Health Services website at <https://www.nj.gov/humanservices/dds/programs/njworkability/>. An example of premium tiers based on the 2024 Medicare Part B monthly premium schedule amount are:

2024 Premium Tiers and Income Levels					
Tier Levels	"Countable Income" - by FPL	Program Status Codes	Annual "Countable" Income Levels (2024 \$\$)	Equivalent Earned Income if no Unearned Income (2024 \$\$)	Monthly Premium Amount (2024 \$\$)
None	<250% Age 16-64	291	≤\$37,650	≤\$76,332	None
	<250% Age 65+	292			
Tier 1	251 – 350%	293	>\$37,650 – \$52,710	>\$76,332 – \$106,452	\$175
Tier 2	351 – 450%	294	>\$52,710 - \$67,770	>\$106,452– \$136,572	\$350
Tier 3	451 – 550%	591	>\$67,770 - \$82,830	>\$136,572 –\$166,692	\$525
Tier 4	551 – 650%	592	>\$82,830 - \$97,890	>\$166,692 – \$196,812	\$700
Tier 5	651 – 750%	593	>\$97,890 - \$112,950	>\$196,812 – \$226,932	\$875
Tier 6	>750%	594	>\$112,950	>\$226,932	\$1050

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PAGE 12n
OMB NO.: 0938-

State/Territory: New Jersey

Citation

Condition or Requirement

1902(a)(10)(A)
(ii)(XIII) of the Act (cont.)

For individuals eligible under the Basic Coverage Group described in No. 24 on Page 23e of Attachment 2.2-A, and the Medical Improvement Group described in No. 25 on Page 23e of Attachment 2.2-A:

NOTE: Regardless of the option selected below, the agency MUST require that individuals whose annual adjusted gross income, as defined under the IRS statute, exceeds \$75,000, pay 100 percent of premiums.

— The agency requires individuals to pay premiums or other cost-sharing charges on a sliding scale based on income. For individuals with net annual income below 450% of the Federal poverty level for a family of the size involved, the amount of premiums cannot exceed 7.5 percent of the individual's income.

The premiums or other cost-sharing charges, and how they are applied, are described on page 12o.

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PAGE 12o
OMB NO.: 0938-

State/Territory: New Jersey

Citation

Condition or Requirement

1902(a)(10)(A)
(ii)(XIII) of the Act (cont.)

Premiums or Other Cost Sharing Charges

For the Basic Coverage Group and the Medical Improvement Group, the agency's premium or other cost-sharing charges, and how they are applied, are described below.

There is no cost sharing provision. The premium to be applied is \$25 per month for any individual (\$50 per couple) whose net income exceeds 150 percent of the Federal poverty level.

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HCFA ID:

State: New Jersey

Citation	Condition or Requirement
1902(k) of the Act	<p>2. Medicaid Qualifying Trusts</p> <p>In the case of a Medicaid qualifying trust described in section 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whose spouse established the trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or initial trust decree established before April 7, 1986, solely for the benefit of a mentally retarded individual who resides in an intermediate care facility for the mentally retarded.</p> <p><input type="checkbox"/> The agency does not count the funds in a trust as described above in any instance where the State determines that it would work an undue hardship. <u>Supplement 10 of ATTACHMENT 2.6-A</u> specifies what constitutes an undue hardship.</p>
1902(a)(10) of the Act	<p>3. Medically needy income levels (MNILs) are based on family size.</p> <p><u>Supplement 1 to ATTACHMENT 2.6-A</u> specifies the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under section 1902(f) of the Act, <u>Supplement 1</u> so indicates.</p>

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State: New Jersey

Citation	Condition or Requirement
42 CFR 435.732, 435.831	4. Handling of Excess Income - Spend-down for the Medically Needy in All States and the Categorically Needy in 1902(f) States Only a. <u>Medically Needy</u> (1) Income in excess of the MNIL is considered as available for payment of medical care and services. The Medicaid agency measures available income for periods of either <u>6</u> or <u>X</u> month(s) (not to exceed 6 months) to determine the amount of excess countable income applicable to the cost of medical care and services. (2) If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order: (a) Health insurance premiums, deductibles and coinsurance charges. (b) Expenses for necessary medical and remedial care not included in the plan. (c) Expenses for necessary medical and remedial care included in the plan. — Reasonable limits on amounts of expenses deducted from income under a.(2)(a) and (b) above are listed below.

1902(a)(17) of the Act

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

TN No. 91-44
Supersedes 87-16
TN No. 87-16

Approval Date FEB 20 1992

Effective Date OCT 1 1991

HCFA ID: 7985E

Revision: HCFA-PM-91-8 (MB)
October 1991

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State/Territory: New Jersey

Citation	Condition or Requirement
1903(f)(2) of the Act	a. <u>Medically Needy (Continued)</u> (3) If countable income exceeds the MNIL standard, the agency deducts spenddown payments made to the State by the individual.

TN No. 92-2
Supersedes
TN No. **New**

Approval Date MAR 23 1992

Effective Date JAN 1 1991

HCFA ID: 7985E/

OFFICIAL

Revision: HCFA R/O
March 1996

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State/Territory New Jersey

Citation	Condition or Requirement
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Medically Needy (continued)

1902(a)(17)
435.831(g)(2)
436.831(g)(2)

States are permitted to exclude from incurred medical expenses those bills for services furnished more than three months before a Medicaid Application

 Yes, the State elects to exclude such expenses.

 X No, the State does not elect to exclude such expenses.

TN No. 96-18
Supersedes
TN No. NEW

Approval date SEP 27 1996 Effective Date July 1, 1996

OFFICIAL

State: New Jersey

Citation

Condition or Requirement

42 CFR
435.732

b. Categorically Needy - Section 1902 (f) States

The agency applies the following policy under the provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income:

- (1) Any SSI benefit received.
- (2) Any State supplement received that is within the scope of an agreement described in sections 1616 or 1634 of the Act, or a State supplement within the scope of section 1902(a)(10)(A)(ii)(XI) of the Act.
- (3) Increases in OASDI that are deducted under §§435.134 and 435.135 for individuals specified in that section, in the manner elected by the State under that section.
- (4) Other deductions from income described in this plan at Attachment 2.6-A, Supplement 4.
- (5) Incurred expenses for necessary medical and remedial services recognized under State law.

1902(a)(17) of the
Act, P.L. 100-203

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

TN No. 91-44
Supersedes
TN No. 87-16

Approval Date FEB 20 1992

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HCFA ID: 7985E

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October 1991

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Citation	Condition or Requirement
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4.b. Categorically Needy - Section 1902(f) States
Continued

1903(f)(2) of
the Act

___ (6) Spenddown payments made to the State by
the individual.

NOTE: FFP will be reduced to the extent a State is
paid a spenddown payment by the individual.

TN No. 92-2
Supersedes
TN No. **New**

Approval Date MAR 23 1992

Effective Date JAN 1 1991

HCFA ID: 7985E/

State: New Jersey

Citation	Condition or Requirement
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5. Methods for Determining Resources

a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children).

(1) In determining countable resources for AFDC-related individuals, the following methods are used:

(a) The methods under the State's approved AFDC plan; and

(b) The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.

(2) In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

TN No. 91-43
Supersedes 88-4
TN No. 88-4

Approval Date FEB 1 1992

Effective Date OCT 01 1991

HCFA ID: 7985E

State: New Jersey

Citation	Condition or Requirement
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5. Methods for Determining Resources

1902(a)(10)(A),
1902(a)(10)(C),
1902(m)(1)(B)
and (C), and
1902(r) of the Act

b. Aged individuals. For aged individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, the agency used the following methods for treatment of resources:

- The methods of the SSI program.
- SSI methods and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.
- Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those of the SSI program. Supplement 5 to ATTACHMENT 2.6-A describes the more restrictive methods and Supplement 8b to ATTACHMENT 2.6-A specifies the more liberal methods.

TN No. 91-45
Supersede **New** Approval Date FEB 4 1992 Effective Date OCT 01 1991
TN No. New HCFA ID: 7985E

State: New Jersey

Citation

Condition or Requirement

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses.

1902(a)(10)(A),
1902(a)(10)(C),
1902(m)(1)(B), and
1902(r) of the
Act

c. Blind individuals. For blind individuals the agency uses the following methods for treatment of resources:

- The methods of the SSI program.
- SSI methods and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.
- Methods that are more restrictive and/or more liberal than those of the SSI program. Supplement 5 to ATTACHMENT 2.6-A describe the more restrictive methods and Supplement 8b to ATTACHMENT 2.6-A specify the more liberal methods.

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

TN No. 91-45
Supersedes
TN No. 87-14

Approval Date FEB 1 1992

Effective Date OCT 01 1991

HCFA ID: 7985E

State: New Jersey

Citation	Condition or Requirement
1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B) and (C), and 1902(r)(2) of the Act	<p>d. <u>Disabled individuals, including individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act.</u> The agency uses the following methods for the treatment of resources:</p> <p><input checked="" type="checkbox"/> The methods of the SSI program.</p> <p><input type="checkbox"/> SSI methods and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p><input type="checkbox"/> Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those under the SSI program. More restrictive methods are described in <u>Supplement 5 to ATTACHMENT 2.6-A</u> and more liberal methods are specified in <u>Supplement 8b to ATTACHMENT 2.6-A.</u></p> <p>In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.</p>
1902(1)(3) and 1902(r)(2) of the Act	<p>e. <u>Poverty level pregnant women covered under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX)(A) of the Act.</u></p> <p>The agency uses the following methods in the treatment of resources.</p> <p><input type="checkbox"/> The methods of the SSI program only.</p> <p><input type="checkbox"/> The methods of the SSI program and/or any more liberal methods described in <u>Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.</u></p>

TN No. 91-45 Approval Date FEB 4 1992 Effective Date OCT 01 1991
 Supersedes _____
 TN No. 87-14 HCFA ID: 7985E

State: New Jersey

Citation	Condition or Requirement
	<p><input type="checkbox"/> Methods that are more liberal than those of SSI. The more liberal methods are specified in <u>Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.</u></p> <p><input checked="" type="checkbox"/> Not applicable. The agency does not consider resources in determining eligibility.</p> <p>In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.</p>
1902(1)(3) and 1902(r)(2) of the Act	<p>f. <u>Poverty level infants covered under section 1902(a)(10)(A)(i)(IV) of the Act.</u></p> <p>The agency uses the following methods for the treatment of resources:</p> <p><input type="checkbox"/> The methods of the State's approved AFDC plan.</p> <p><input type="checkbox"/> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(1)(3)(C) of the Act, as specified in <u>Supplement 5a of ATTACHMENT 2.6-A.</u></p>
1902(1)(3)(C) of the Act	<p><input type="checkbox"/> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in <u>Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.</u></p>
1902(r)(2) of the Act	<p><input checked="" type="checkbox"/> Not applicable. The agency does not consider resources in determining eligibility.</p>

TN No. 91-45 Approval Date FEB 4 1992 Effective Date OCT 01 1991
Supersedes
TN No. 87-16
HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

OFFICIAL

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(l)(3) and 1902(r)(2) of the Act	g. 1. <u>Poverty level children covered under section 1902(a)(10)(A)(i)(VI) of the Act.</u> The agency uses the following methods for the treatment of resources: — The methods of the State's approved AFDC plan. — Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(l)(3)(C) of the Act, as specified in <u>Supplement 5a of ATTACHMENT 2.6-A.</u> — Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in <u>Supplement 8b to ATTACHMENT 2.6-A.</u> <u>X</u> Not applicable. The agency does not consider resources in determining eligibility. In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.
1902(l)(3)(C) of the Act	
1902(r)(2) of the Act	

TN No. 92-22 Approval Date JUL 21 1992 Effective Date APR 1 1992
Supersedes 91-45
TN No. 91-45

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: New Jersey

OFFICIAL

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(1)(3) and 1902(r)(2) of the Act	<p>g. 2. <u>Poverty level children under section 1902(a)(10)(A)(i)(VII)</u></p> <p>The agency uses the following methods for the treatment of resources:</p> <p>— The methods of the State's approved AFDC plan.</p>
1902(1)(3)(C) of the Act	<p>— Methods more liberal than those in the State's approved AFDC plan (but not more restrictive) as specified in <u>Supplement 5a of ATTACHMENT 2.6-A.</u></p>
1902(r)(2) of the Act	<p>— Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p><input checked="" type="checkbox"/> Not applicable. The agency does not consider resources in determining eligibility.</p> <p>In determining relative responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.</p>

TN No. 92-22
Supersedes New Approval Date JUL 21 1992 Effective Date APR 1 1992
TN No. New

State/Territory: New Jersey

Citation	Condition or Requirement
1905(p)(1) (C) and (D) and 1902(r)(2) of the Act	<p>5. h. <u>For Qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act the agency uses the following methods for treatment of resources:</u></p> <p><input checked="" type="checkbox"/> The methods of the SSI program only.</p> <p><input type="checkbox"/> The methods of the SSI program and/or more liberal methods as described in <u>Supplement 8b to ATTACHMENT 2.6-A.</u></p>
1905(s) of the Act	i. For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the agency uses SSI program methods for the treatment of resources.
1902(u) of the Act	<p>j. For COBRA continuation beneficiaries, the agency uses the following methods for treatment of resources:</p> <p><input type="checkbox"/> The methods of the SSI program only.</p> <p><input type="checkbox"/> More restrictive methods applied under section 1902(f) of the Act as described in Supplement 5 to Attachment 2.6-A.</p>

TN No. 92-3 Approval Date APR 10 1992 Effective Date JAN 1 1992
 Supersedes
 TN No. 91-45 HCFA ID: 7985E

State: New Jersey

Citation	Condition or Requirement
1902(a)(10)(E)(iii) of the Act	<p>k. <u>Specified low-income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act--</u></p> <p>The agency uses the same method as in 5.h. of Attachment 2.6-A.</p>
	<p>6. Resource Standard - Categorically Needy</p> <p>a. 1902(f) States (except as specified under items 6.c. and d. below) for aged, blind and disabled individuals:</p> <p>___ Same as SSI resource standards.</p> <p>___ More restrictive.</p> <p>The resource standards for other individuals are the same as those in the related cash assistance program.</p>
	<p>b. Non-1902(f) States (except as specified under items 6.c. and d. below)</p> <p>The resource standards are the same as those in the related cash assistance program.</p> <p><u>Supplement 8 to ATTACHMENT 2.6-A specifies for 1902(f) States the categorically needy resource levels for all covered categorically needy groups.</u></p>

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(1)(3)(A), (B) and (C) of the Act	<p>c. For pregnant women and infants covered under the provisions of section 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act, the agency applies a resource standard.</p> <p><input type="checkbox"/> Yes. <u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the standard which, for pregnant women, is no more restrictive than the standard under the SSI program; and for infants is no more restrictive than the standard applied in the State's approved AFDC plan.</p> <p><input checked="" type="checkbox"/> No. The agency does not apply a resource standard to these individuals.</p>
1902(1)(3)(A) and (C) of the Act	<p>d. For children covered under the provisions of section 1902(a)(10)(A)(i)(VI) of the Act, the agency applies a resource standard.</p> <p><input type="checkbox"/> Yes. <u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the standard which is no more restrictive than the standard applied in the State's approved AFDC plan.</p> <p><input checked="" type="checkbox"/> No. The agency does not apply a resource standard to these individuals.</p>

State: New Jersey

Citation	Condition or Requirement
1902(m)(1)(C) and (m)(2)(B) of the Act	e. For aged and disabled individuals described in section 1902(m)(1) of the Act who are covered under section 1902(a)(10)(A)(ii)(X) of the Act, the resource standard is: <input type="checkbox"/> Same as SSI resource standards. <input checked="" type="checkbox"/> Same as the medically needy resource standards, which are higher than the SSI resource standards (if the State covers the medically needy).
<u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the resource levels for these individuals.	

TN No. 91-45 Approval Date FEB 1 1992 Effective Date OCT 01 1991
Superseded
TN No. **New** HCFA ID: 7985E

State: New Jersey

Citation	Condition or Requirement
1902(a)(10)(C)(i) of the Act	<p>7. Resource Standard - Medically Needy</p> <p>a. Resource standards are based on family size.</p> <p>b. A single standard is employed in determining resource resource eligibility for all groups.</p> <p><input type="checkbox"/> c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for--</p> <p><input type="checkbox"/> Aged</p> <p><input type="checkbox"/> Blind</p> <p><input type="checkbox"/> Disabled</p>
1902(a)(10)(E), 1905(p)(1)(D), 1905(p)(2)(B) and 1860D-14(a)(3)(D) of the Act	<p>8. Resource Standard - Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries and Qualifying Individuals</p> <p>For Qualified Medicare Beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, Specified Low-Income Medicare Beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, and Qualifying Individuals covered under 1902(a)(10)(E)(iv) of the Act, the resource standard is three times the SSI resource limit, adjusted annually since 1996 by the increase in the consumer price index.</p>
1902(a)(10)(E)(ii), 1905(s) and 1860D-14(a)(3)(D) of the Act	<p>9. Resource Standard - Qualified Disabled and Working Individuals</p> <p>For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is two times the SSI resource limit.</p>

Supplement 2 to ATTACHMENT 2.6-A specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., Supplement 2 to ATTACHMENT 2.6-A so indicates.

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1902(u) of the Act

10. For COBRA continuation beneficiaries, the resource standard is:

Twice the SSI resource standard for an individual.

More restrictive standard as applied under section 1902(f) of the Act as described in Supplement 8 to Attachment 2.6-A.

1902(u) of the Act

11. Excess Resources

a. Categorically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries

b. Categorically Needy Only

This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.

c. Medically Needy

Any excess resources make the individual ineligible.

10-03-MA (NJ)

TN No: 10-03

Approval Date FEB 08 2011

Effective Date 1/1/10

Supersedes TN No. 93-25

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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OMB No.: 0938-

State: New Jersey

Citation	Condition or Requirement
42 CFR 435.914	<p>11. Effective Date of Eligibility</p> <p>a. Groups Other Than Qualified Medicare Beneficiaries</p> <p>(1) For the prospective period.</p> <p>Coverage is available for the full month if the following individuals are eligible at any time during the month.</p> <p><input checked="" type="checkbox"/> Aged, blind, disabled. <input checked="" type="checkbox"/> AFDC-related.</p> <p>Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.</p> <p><input type="checkbox"/> Aged, blind, disabled. <input type="checkbox"/> AFDC-related.</p> <p>(2) For the retroactive period.</p> <p>Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:</p> <p><input type="checkbox"/> Aged, blind, disabled. <input type="checkbox"/> AFDC-related.</p> <p>Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied..</p> <p><input checked="" type="checkbox"/> Aged, blind, disabled. <input checked="" type="checkbox"/> AFDC-related.</p>

TN No. 91-45 Approval Date FEB 4 1992 Effective Date OCT 01 1991
Supersedes
TN No. 87-14
HCFA ID: 7985E

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1920(b)(1) of the Act	<p><u>X</u> (3) For a presumptive eligibility for pregnant women only.</p> <p>Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in ATTACHMENT 2.6-A of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.</p>
1902(e)(8) and 1905(a) of the Act	<p><u>X</u> b. For qualified Medicare beneficiaries defined in section 1905(p)(1) of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The eligibility determination is valid for--</p> <p><u>X</u> 12 months</p> <p>___ 6 months</p> <p>___ months (no less than 6 months and no more than 12 months)</p>

OFFICIAL

Citation	Condition or Requirement
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1902(a)(18) and 1902(f) of the Act

12. Pre-OBRA 93 Transfer of Resources- Categorically and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals

The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources.

Disposal of resources at less than fair market value affects eligibility for certain services as detailed in Supplement 9 to Attachment 2.6-A.

- 1917 (c) 13. Transfer of Assets-All eligibility groups. The agency complies with the provisions of section 1917(c) of the Act, as enacted by OBRA 93, with regard to the transfer of assets. Disposal of assets as less than fair market value affects eligibility for certain services as detailed in Supplement 9(a) to Attachment 2.6-A, except in instances where the agency determines that the transfer rules would work an undue hardship.
14. Treatment of Trusts-All eligibility groups. The agency complies with the provisions of section 1917(c) of the Act, as amended by OBRA 93, with regard to trusts.

1917(d) The agency uses more restrictive methodologies under section 1920 (f) of the Act, and applies those methodologies in dealing with trusts.

The agency meets the requirements in section 1917(d)(f)(B) of the Act for use of Miller trusts.

The agency does not count the funds in a trust in any instance where the agency determines that the transfer would work an undue hardship, as described in Supplement 10 to Attachment 2.6-A.

14-009-MA(NJ)

TN No.: 14-009

Approval Date: OCT 16 2014

Supersedes TN No.: 99-5

Effective Date: DEC 01 2014

State: New Jersey

Citation	Condition or Requirement
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1924 of the Act 15. The agency complies with the provisions of § 1924 with respect to income and resource eligibility and posteligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community

When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:

the maximum standard permitted by law;

the minimum standard permitted by law; or

\$ a standard that is an amount between the minimum and the maximum.

OFFICIAL

99-12-MA-(NJ)

TN No. 99-12
 Supersedes
 TN No. 98-15

Approval Date AUG 5 1999 Effective Date APR 1 1999

AUG 5 1999

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

INCOME ELIGIBILITY LEVELS

OFFICIAL

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

<u>Family Size</u>	<u>Payment Standard</u>
1	\$185
2	369
3	443
4	507
5	567
6	624
7	677
8	728

Each additional person: \$50

2. Pregnant Women and Infants under Section 1902(a)(10)(i) (IV) of the Act:

Effective April 1, 1990, based on the following percent of the official Federal income poverty level.

133 percent _____ percent (no more than 185 percent (specify))

Note: The optional 185% coverage was implemented on 7/1/91.

Note: NJ had a legislative impediment to implementation of 133% coverage of pregnant women and children. That expansion was subsequently implemented effective April 1, 1991.

07-05-MA (NJ)

Supersedes 06-09

Approval Date DEC 05 2007

TN No. _____

JAN 01 2007

Effective Date _____

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: new Jersey

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY (Continued)

3. For children under Section 1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
4. For children under Section 1902(a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

TN No. 92-22 Approval Date JUL 21 1992 Effective Date APR 1 1992
Supersedes
TN No. 92-16

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Revision: HCFA REGION _____

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

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OMB No: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

C. INCOME ELIGIBILITY LEVELS - OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES UP TO FEDERAL POVERTY LINE.

1. Pregnant Women and Infants under one year

The levels for determining income eligibility for groups of pregnant women and infants under Section 1902L(1)(A)(B) of the Act are As follows:

Based on 185 percent of the official Federal nonfarm income poverty line:

<u>Size of Family Unit</u>	<u>Annual Income Levels Continental United States</u>
1	12,247
2	16,428
3	20,609
4	24,790
5	28,971
6	33,152

TN NO. _____

91-14

APPROVAL DATE _____

OCT 10 1991

CONVERSEDES TN NO. _____

New

EFFECTIVE DATE _____

JUL 1 1991

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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State: New Jersey

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOME RELATED TO
FEDERAL POVERTY LEVELS

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902 (a) (1) (A) (ii) (IX) and 1902 (l) (2) of the Act are as follows:

Based on 185% percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent)

07-05-MA (NJ)

Supersedes 06-09

Approval Date DEC 05 2007

TN No. _____

Effective Date JAN 01 2007

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: New Jersey

INCOME ELIGIBILITY LEVELS (Continued)

07-

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

2. Children Between Ages 6 and 8

The levels for determining income eligibility for groups of children who are born after September 30, 1983 and who have attained 6 years of age but are under 8 years of age under the provisions of section 1902(1)(2) of the Act are as follows:

Based on 100 percent (no more than 100 percent) of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	<u>\$ 645</u>
<u>2</u>	<u>\$ 864</u>
<u>3</u>	<u>\$ 1,082</u>
<u>4</u>	<u>\$ 1,300</u>
<u>5</u>	<u>\$ 1,519</u>
<u>6</u>	<u>\$ 1,737</u>
<u>7</u>	<u>\$ 1,955</u>
<u>8</u>	<u>\$ 2,174</u>
<u>9</u>	<u>\$ 2,392</u>
<u>10</u>	<u>\$ 2,610</u>

NOTE: This option is now mandatory which renders this page obsolete.
(see supp. 1 to Attach 2.6A, page 2).

TN No. 96-7
Supersedes
TN No. 95-11
Approval Date APR 02 1996
Effective Date JAN 01 1996
HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)
August 1991

SUPPLEMENT 1 to ATTACHMENT 2.6-A
Page 5
OMB No.: 0938-

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902 (m) (4) of the Act are as follows:

Based on 100 percent of the official Federal income poverty line.

07-05-MA (NJ)

Supersedes 06-09

Approval Date DEC 05 2007

TN No.

Effective Date JAN 01 2007

OFFICIAL

Supplement 1 to
Attachment 2.6-A
Pages 6 and 7

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Determination of Eligibility**

STATE OF NEW JERSEY

As directed by HCFA Program Memorandum 93-5, New Jersey Medicaid is deleting Pages 6 and 7 of Supplement 1 to Attachment 2.6-A of the Title XIX State Plan.

94-6-MA (NJ)

TN 94-6 Approval Date APR 14 1994

Supersedes TN 93-6 Effective Date JAN 1 - 1994
and 91-45

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

Applicable to all groups.

Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for _____ months	Amount by which Column (2) exceeds limits specified in 42 CFR	Net income level for persons living in rural areas for _____ months	Amount by which Column (4) exceeds limits specified in 42 CFR
<input type="checkbox"/> urban only		435.1007 ^{1/2}		435.1007 ^{1/2}
<input checked="" type="checkbox"/> urban & rural				
1	\$ 367	\$	\$	\$
2	\$ 434	\$	\$	\$
3	\$ 567	\$	\$	\$
4	\$ 659	\$	\$	\$

For each additional person, add:

\$ _____ \$ _____ \$ _____ \$ _____

The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

NOV 22 1995

TN 95-39 Approval Date _____

Supersedes TN 91-45 Effective Date JUL 1 - 1995

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

(1) Family Size	(2) Net income level protected for maintenance for _____ months	(3) Amount by which Column (2) exceeds limits specified in 42 CFR	(4) Net income level for persons living in rural areas for _____ months	(5) Amount by which Column (4) exceeds limits specified in 42 CFR
<input type="checkbox"/> urban only		435.1007 ^{1/}		435.1007 ^{2/}
<input checked="" type="checkbox"/> urban & rural				
5	\$ 742	\$	\$	\$
6	\$ 825	\$	\$	\$
7	\$ 909	\$	\$	\$
8	\$ 975	\$	\$	\$
9	\$ 1,042	\$	\$	\$
10	\$ 1,109	\$	\$	\$
For each additional person, add:	67	\$	\$	\$

^{1/} The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

TN 95-39 Approval Date NOV 22 1995

Supersedes TN 91-45 Effective Date JUL 1 - 1995

OFFICIAL

Revision: HCFA-PM-91-4
AUGUST 1991

(BPD)

SUPPLEMENT 2 TO ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

RESOURCE LEVELS

A. CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women

a. Mandatory Groups

Same as SSI resources levels.

Less restrictive than SSI resource levels and is as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	_____
<u>2</u>	_____

b. Optional Groups

Same as SSI resources levels.

Less restrictive than SSI resource levels and is as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	_____
<u>2</u>	_____

TN No. 91-45 Approval Date FEB 4 1992 Effective Date OCT 01 1991
 Supersedes _____
 TN No. 87-14 HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

A. RESOURCE LEVELS - CATEGORICALLY NEEDY GROUPS WITH INCOMES UP TO 133% FEDERAL POVERTY LINE

1. Pregnant Women

___ Same as SSI resources levels.

___ Less restrictive than SSI resource levels and is as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	_____
<u>2</u>	_____

2. Children under six

___ Same as AFDC levels

___ Less restrictive than AFDC levels as follows:

<u>Size</u>	<u>Resource Level</u>
1	_____
2	_____
3	_____

TN NO. 9144

APPROVAL DATE OCT 10 1991

SUPERSEDES TN NO. 91-6

EFFECTIVE DATE JUL 1 1991

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 2 TO ATTACHMENT 2.6-A
Page 2
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

2. Infants

a. Mandatory Group of Infants

- Same as resource levels in the State's approved AFDC plan.
 Less restrictive than the AFDC levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	_____
<u>2</u>	_____
<u>3</u>	_____
<u>4</u>	_____
<u>5</u>	_____
<u>6</u>	_____
<u>7</u>	_____
<u>8</u>	_____
<u>9</u>	_____
<u>10</u>	_____

TN No. 91-45 Approval Date FEB 4 1992 Effective Date OCT 01 1991
Supersedes 88-4
TN No. 88-4
HCFA ID: 7985E

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 2 TO ATTACHMENT 2.6-A
Page 3
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

b. Optional Group of Infants

Same as resource levels in the State's approved AFDC plan.

Less restrictive than the AFDC levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	_____
<u>2</u>	_____
<u>3</u>	_____
<u>4</u>	_____
<u>5</u>	_____
<u>6</u>	_____
<u>7</u>	_____
<u>8</u>	_____
<u>9</u>	_____
<u>10</u>	_____

TN No. 91-45 Approval Date FEB 4 1992 Effective Date OCT 01 1991
Supersedes 89-2
TN No. _____ HCFA ID: 7985E

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 2 TO ATTACHMENT 2.6-A
Page 6
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

4. Aged and Disabled Individuals

Same as SSI resource levels.

More restrictive than SSI levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	_____
<u>2</u>	_____
<u>3</u>	_____
<u>4</u>	_____
<u>5</u>	_____

Same as medically needy resource levels (applicable only if State has a medically needy program)

TN No. 91-45
Superseded NEW Approval Date FEB 4 1992 Effective Date OCT 01 1991
TN No. _____ HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 2 TO ATTACHMENT 2.6-A
Page 7
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

RESOURCE LEVELS (Continued)

B. MEDICALLY NEEDY

Applicable to all groups -

Except those specified below under the provisions of section 1902(f) of the Act.

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	<u>4,000</u>
<u>2</u>	<u>6,000</u>
<u>3</u>	<u>6,100</u>
<u>4</u>	<u>6,200</u>
<u>5</u>	<u>6,300</u>
<u>6</u>	<u>6,400</u>
<u>7</u>	<u>6,500</u>
<u>8</u>	<u>6,600</u>
<u>9</u>	<u>6,700</u>
<u>10</u>	<u>6,800</u>
For each additional person	<u>\$100.00</u>

TN No. 91-45 Approval Date FEB 4 1992 Effective Date OCT 01 1991
 Superseded New
 TN No. New HCFA ID: 7985E

OFFICIAL

Revision: HCFA-PM-85-3 (BERC)
May 1985

Supplement 3 to Attachment 2.6-A
Page 1
OMB No. 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEW JERSEY

**REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL OR REMEDIAL
CARE NOT COVERED UNDER MEDICAID**

Effective January 1, 2010, the following policy applies to post eligibility medical deductions.

A deduction of any amount of medical expenses for dates of service before the three month retroactive period associated with the month of Medical Assistance application is disallowed.

For necessary medical expenses recognized under State law and incurred during the retroactive period or during a period of eligibility, the income adjustment is limited to the Medical Assistance fees in effect on the date of service. If no Medical Assistance fee exists and the medical service is necessary and recognized under State law, the income adjustment will be limited to the least of the billed charge, the fee under the largest commercial plan in New Jersey or 80% of the Medicare fee schedule.

The deduction for medical and remedial care expenses that were incurred during or as the result of imposition of a transfer of assets penalty period is limited to zero.

TN No. 10-02
Supercedes
TN No. 85-7

Approval Date: JUN 24 2010
Effective Date: JAN 01 2010

HCFA ID: 4093E/0002P

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 4 TO ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

METHODS FOR TREATMENT OF INCOME THAT DIFFER FROM THOSE OF THE SSI PROGRAM

(Section 1902(f) more restrictive methods and criteria and State supplement criteria in SSI criteria States without section 1634 agreements and in section 1902(f) States. Use to reflect more liberal methods only if you limit to State supplement recipients. DO NOT USE this supplement to reflect more liberal policies that you elect under the authority of section 1902(r)(2) of the Act. Use Supplement 8a for section 1902(r)(2) methods.)

TN No. 91-45 Approval Date FEB 4 1992 Effective Date OCT 01 1991
Supersedes _____
TN No. New HCFA ID: 7985E

Revision: HCFA-PM-91-4
AUGUST 1991

(BPI)

OFFICIAL

SUPPLEMENT 5 TO ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

MORE RESTRICTIVE METHODS OF TREATING RESOURCES
THAN THOSE OF THE SSI PROGRAM - Section 1902(f) States only

TN No. 91-43 Approval Date FEB 4 1992 Effective Date OCT 01 1991
Supersedes
TN No. 87-14 HCFA ID: 7985E

OFFICIAL

Revision: HCFA-PM-91-4 (BPL)
AUGUST 1991

SUPPLEMENT 5a TO ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

METHODS FOR TREATMENT OF RESOURCES FOR INDIVIDUALS
WITH INCOMES RELATED TO FEDERAL POVERTY LEVELS

(Do not complete if you are electing more liberal methods under the authority of section 1902(r)(2) of the Act instead of the authority specific to Federal poverty levels. Use Supplement 8b for section 1902(r)(2) methods.)

TN No. 91-45 Approval Date FEB 4 1992 Effective Date OCT 01 1991
Supersedes
TN No. 87-14

HCFA ID: 7985E

OFFICIAL

**Attachment 2.6-A
Supplement 6**

State:

New Jersey

Standards for Optional State Supplementary Payments

Payment Category

Administered by

Income Level

(Reasonable Classification)	Gross				Net		Income Disregards Employed
	Federal	State	One Person	Couple	One Person	Couple	
(1)	(2)		(3)		(4)		(5)
Residential Health Care Facility - SSI	X		300% of SSI FBR	300% of SSI FBR X 2	813.05	1,607.36	Same as SSI
Living Alone or Living with Others - SSI	X		300% of SSI FBR	300% of SSI FBR X 2	634.25	929.36	Same as SSI
Living in Household of Another, Receiving Support and Maintenance - SSI	X		300% of SSI FBR	300% of SSI FBR X 2	446.31	695.76	Same as SSI
Title XIX Approved Facility	X		300% of SSI FBR	300% of SSI FBR X 2	1809.00		

TN

Approval Date **MAR 05 2007**

06-09-MA (NJ)

Supersedes 05-07

Supersedes TN

Effective Date _____

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 7 TO ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

INCOME LEVELS FOR 1902(f) STATES - CATEGORICALLY NEEDY
WHO ARE COVERED UNDER REQUIREMENTS MORE RESTRICTIVE THAN SSI

TN No. 91-45 Approval Date FEB 4 1992 Effective Date ~~OCT 01 1991~~
Supersedes
TN No. 85-7 HCFA ID: 7985E

UNOFFICIAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 8 TO ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

RESOURCE STANDARDS FOR 1902(f) STATES - CATEGORICALLY NEEDY

TN No. 91-45 Approval Date FEB 4 1992 Effective Date OCT 01 1991
Supersedes 85-7
TN No. 85-7 HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)
August 1991

SUPPLEMENT 8a to ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902(r) (2) OF THE ACT*

Section 1902 (f) State

Non-Section 1902 (f) State

For blind individuals who would qualify for the optional state supplement as specified in 42 CFR 435.230 but for income, New Jersey will disregard the difference between 100% FPL and the SSI Standards including the New Jersey State supplement for an individual or couple as revised annually in the Federal Register.

*More liberal methods may not result in exceeding gross income limitations under section 1903(f).

07-05-MA (NJ)

Supersedes 91-45
Approval Date DEC 05 2007
TN No. _____

Effective Date JAN 01 2007

State Plan Under Title XIX of the Social Security Act

State: New Jersey

**LESS RESTRICTIVE METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT**

X For all eligibility groups not subject to the limitations on payment explained in section 1903(f) of the Act*: All wages paid by the Census Bureau for temporary employment related to Census 2000 activities are excluded.

X For the TWWIIA Basic Group described at page 23e of Attachment 2.2-A, the amount of unearned income equal to the difference between the SSI payment (including State supplemental payment) and 100 percent of the Federal poverty level shall be disregarded.

X For the TWWIIA Basic Group described at page 23e of Attachment 2.2-A, the entire amount of any Social Security Disability payment and Railroad Retirement System disability payment shall be disregarded.

X For all groups subject to section 1902(r)(2) of the Act, monetary rewards paid by the Division of Medical Assistance and Health Services for information leading to the recovery of at least \$100.00 from individuals or entities that have engaged in health care-related fraud or abuse are excluded.

* Less restrictive methods may not result in exceeding gross income limitations under section 1903(f).

TN No. 02-01
Supersedes _____ Approval Date _____ Effective Date _____
TN No. _____

HCFA ID: 7985E

TN 02-01 Approval Date MAR 27 2002

Supersedes TN 00-22 Effective Date JAN 01 2002

State Plan Under Title XIX of the Social Security Act
State: New Jersey
LESS RESTRICTIVE METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT

- X For the eligibility groups listed below all wages paid by the Census Bureau for temporary employment related to Census 2000 and 2010 activities are excluded.
- A. Qualified children and pregnant women under 1902(a)(10)(A)(i)(III).
 - B. Poverty level related pregnant women and infants under 1902(a)(10)(A)(i)(IV).
 - C. Poverty level related children aged 1 and up to age 6 under 1902(a)(10)(A)(i)(VI).
 - D. Poverty level related children aged 6 up to age 19 under 1902(a)(10)(A)(i)(VII).
 - E. State-subsidized-adoption children eligible under 1902(a)(10)(A)(ii)(VIII).
 - F. Optional categorically needy groups under 1902(a)(10)(A)(ii) as listed below.
 - (1) Individuals who meet the income and resource requirements of the appropriate cash assistance program (SSI or AFDC) under 1902(a)(10)(A)(ii)(I) and (IV).
 - (2) Aged or disabled individuals with income that does not exceed 100 percent of the Federal poverty level, under 1902(a)(10)(A)(ii)(X).
 - (3) Targeted low income children under 1902(a)(10)(A)(ii)(XIV).
 - (4) Working disabled individuals who buy into Medicaid under TWWIIA Basic Coverage Group under 1902(a)(10)(A)(ii)(XV).
 - G. Medically Needy individuals under 1902(a)(10)(C).
 - H. QMBs, SLMBs, and QIs under 1905(p).

*Less restrictive methods may not result in exceeding gross income limitations under section 1903(f).

- X For the TWWIIA Basic Group described at page 23e of Attachment 2.2-A, the amount of unearned income equal to the difference between the SSI payment (including State supplemental payment) and 100 percent of the Federal poverty level shall be disregarded.
- X For the TWWIIA Basic Group described at page 23e of Attachment 2.2-A, the entire amount of any Social Security Disability payment and Railroad Retirement System disability payment shall be disregarded.

TN #:10-01

Approval Date: FEB 17 2011

Supersedes: **NEW**

Effective Date: 1/1/10

some material now contained on these new pages
formerly appeared on SPA 02-01

OFFICIAL

State Plan Under Title XIX of the Social Security Act
State: New Jersey
LESS RESTRICTIVE METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT

- X For the following groups subject to section 1902(r)(2) of the Act, monetary rewards paid by the Division of Medical Assistance and Health Services for information leading to the recovery of at least \$100.00 from individuals or entities that have engaged in health care-related fraud or abuse are excluded:
- A. Qualified children and pregnant women under 1902(a)(10)(A)(i)(III).
 - B. Poverty level related pregnant women and infants under 1902(a)(10)(A)(i)(IV).
 - C. Poverty level related children aged 1 and up to age 6 under 1902(a)(10)(A)(i)(VI).
 - D. Poverty level related children aged 6 up to age 19 under 1902(a)(10)(A)(i)(VII).
 - E. State-subsidized-adoption children eligible under 1902(a)(10)(A)(ii)(VIII).
 - F. Optional categorically needy groups under 1902(a)(10)(A)(ii) as listed below.
 - (1) Individuals who meet the income and resource requirements of the appropriate cash assistance program (SSI or AFDC) under 1902(a)(10)(A)(ii)(I) and (IV).
 - (2) Aged or disabled individuals with income that does not exceed 100 percent of the Federal poverty level under 1902(a)(10)(A)(ii)(X).
 - (3) Targeted low income children under 1902(a)(10)(A)(ii)(XIV).
 - (4) Working disabled individuals who buy into Medicaid under TWWIIA Basic Coverage Group under 1902(a)(10)(A)(ii)(XV).
 - G. Medically Needy individuals under 1902(a)(10)(C).
 - H. QMBs, SLMBs, and QIs under 1905(p).

TN #:10-01

Approval Date: FEB 17 2011

Supersedes: 
some material now contained on this new page
formerly appeared on SPA 00-08

Effective Date: 1/1/10

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August 1991

Supplement 8b to Attachment 2.6-A
Page 1
OMB No.: 0938-

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

MORE LIBERAL METHODS OF TREATING RESOURCES
UNDER SECTION 1902(r)(2) OF THE ACT

Section 1902(f) State

Non-Section 1902(f) State

For blind individuals who would qualify for the optional state supplement as specified in 42 CFR 435.230 but for resources, New Jersey will disregard the first \$2,000 for an individual and the first \$3,000 for a couple.

07-05-MA (NJ)

Supersedes 91-45

Approval Date DEC 05 2007

TN No. _____

Effective Date JAN 01 2007

HCFA ID: 7985E

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

MORE LIBERAL METHODS OF TREATING RESOURCES UNDER SECTION
1902(r) (2) OF THE ACT

Section 1902(f) State

Non-Section 1902(f) State

For all applicants and recipients described on page 12 of Attachment 2.2-A and as specified in 42 CFR 435.222 who would qualify as specified in 42 CFR 435.222 but for resources, New Jersey will disregard all resources.

11-18-MA(NJ)

TN No. 11-18-MA (NJ)
Supersedes : New

New

Approval Date: **MAR 27 2012**
Effective Date : **OCT 01 2011**

ORIGINAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

STATE LONG-TERM CARE INSURANCE PARTNERSHIP

1902(r)(2) The following more liberal methodology applies to individuals who are
 1917(b)(1)(C) eligible for medical assistance under one of the following eligibility groups:

individuals in a medical institution for a period of not less than 30 consecutive days, who meet the resource requirements and whose income does not exceed 300% of the federal benefit rate pursuant to 1902(a)(10)(A)(ii)(V); and

aged, blind or disabled individuals under the Medically Needy Program.

An individual who is a beneficiary under a long-term care insurance policy that meets the requirements of a "qualified State long-term care insurance partnership" policy (partnership policy) as set forth below, is given a resource disregard as described in this amendment. The amount of the disregard is equal to the amount of the insurance benefit payments made to or on behalf of the individual. The term "long-term care insurance policy" includes a certificate issued under a group insurance contract.

X The State Medicaid Agency (Agency) stipulates that the following requirements will be satisfied in order for a long-term care policy to qualify for a disregard. Where appropriate, the Agency relies on attestations by the State Insurance Commissioner (Commissioner) or other State official charged with regulation and oversight of insurance policies sold in the state, regarding information within the expertise of the State's Insurance Department.

- The policy is a qualified long-term care insurance policy as defined in section 7702B(b) of the Internal Revenue Code of 1986.
- The policy meets the requirements of the long-term care insurance model regulation and long-term care insurance model Act promulgated by the National Association of Insurance Commissioners (as adopted as of October 2000) as those requirements are set forth in section 1917(b)(5)(A) of the Social Security Act.

TN No. **07-15**

Supersedes

TN No. **NEW**Approval Date **FEB 12 2008**Effective Date **NOV 23 2007**

ATTORNEY GENERAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

STATE LONG-TERM CARE INSURANCE PARTNERSHIP

- The policy was issued no earlier than the effective date of this State plan amendment.
- The insured individual was a resident of a Partnership State when coverage first became effective under the policy. If the policy is later exchanged for a different long-term care policy, the individual was a resident of a Partnership State when coverage under the earliest policy became effective.
- The policy meets the inflation protection requirements set forth in section 1917(b)(1)(C)(iii)(IV) of the Social Security Act.
- The Commissioner requires the issuer of the policy to make regular reports to the Secretary that include notification regarding when benefits provided under the policy have been paid and the amount of such benefits paid, notification regarding when the policy otherwise terminates, and such other information as the Secretary determines may be appropriate to the administration of such partnerships.
- The State does not impose any requirement affecting the terms or benefits of a partnership policy that the state does not also impose on non-partnership policies.
- The State Insurance Department assures that any individual who sells a partnership policy receives training, and demonstrates evidence of an understanding of such policies and how they relate to other public and private coverage of long-term care.
- The Agency provides information and technical assistance to the Insurance Department regarding the training described above.

TN No. **07-15**
Supersedes
TN No. **NEW**

Approval Date FEB 12 2008 Effective Date NOV 23 2007

OFFICIAL

Revision: HCFA-AT-85-3 (BERC)
FEBRUARY 1985

SUPPLEMENT 9 TO ATTACHMENT 2.6-A
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEW JERSEY

TRANSFER OF RESOURCES

1902(f) and 1917
of the Act

The agency provides for the denial of eligibility by reason of disposal of resources for less than fair market value.

A. Except as noted below, the criteria for determining the period of ineligibility are the same as criteria specified in section 1613(c) of the Social Security Act (Act).

1. Transfer of resources other than the home of an individual who is an inpatient in a medical institution.

a. / / The agency uses a procedure which provides for a total period of ineligibility greater than 24 months for individuals who have transferred resources for less than fair market value when the uncompensated value of disposed of resources exceeds \$12,000. This period bears a reasonable relationship to the uncompensated value of the transfer. The computation of the period and the reasonable relationship of this period to the uncompensated value is described as follows:

TN No. 85-7
Supersedes
TN No. —

Approval Date AUG 21 1985

Effective Date APR 1 1985

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Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: New Jersey

b. The period of ineligibility is less than 24 months, as specified below:

c. The agency has provisions for waiver of denial of eligibility in any instance where the State determines that a denial would work an undue hardship.

OBSOLETE

TN No. 91-45 Approval Date FEB 4 1992 Effective Date OCT 01 1991
Supersedes
TN No. 85-7

HCFA ID: 7985E

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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State: New Jersey

2. ~~Transfer~~ of the home of an individual who is an inpatient in a medical institution.

7 A period of ineligibility applies to inpatients in an SNF, ICF or other medical institution as permitted under section 1917(c)(2)(B)(i).

a. Subject to the exceptions on page 2 of this supplement, an individual is ineligible for 24 months after the date on which he disposed of the home. However, if the uncompensated value of the home is less than the average amount payable under this plan for 24 months of care in an SNF, the period of ineligibility is a shorter time, bearing a reasonable relationship (based on the average amount payable under this plan as medical assistance for care in an SNF) to the uncompensated value of the home as follows:

OBSOLETE

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FEBRUARY 1985

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Page 4

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State: NEW JERSEY

- b. Subject to the exceptions on page 2 of this supplement, if the uncompensated value of the home is more than the average amount payable under this plan as medical assistance for 24 months of care in an SNF, the period of ineligibility is more than 24 months after the date on which he disposed of the home. The period of ineligibility bears a reasonable relationship (based upon the average amount payable under this plan as medical assistance for care in an SNF) to the uncompensated value of the home as follows:

TN No. 85-7
Supersedes
TN No.

Approval Date AUG 21 1985

Effective Date APR 1 1985

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AUGUST 1991

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No individual is ineligible by reason of item A.2
if--

- (i) A satisfactory showing is made to the agency (in accordance with any regulations of the Secretary of Health and Human Services) that the individual can reasonably be expected to be discharged from the medical institution and to return to that home;
- (ii) Title to the home was transferred to the individual's spouse or child who is under age 21, or (for States eligible to participate in the State program under title XVI of the Social Security Act) is blind or permanently and totally disabled or (for States not eligible to participate in the State program under title XVI of the Social Security Act) is blind or disabled as defined in section 1614 of the Act;
- (iii) A satisfactory showing is made to the agency (in accordance with any regulations of the Secretary of Health and Human Services) that the individual intended to dispose of the home either at fair market value or for other valuable consideration; or
- (iv) The agency determines that denial of eligibility would work an undue hardship.

OBSOLETE

TN No. 91-45
Supersedes TN No. 05-7 Approval Date FEB 4 1991 Effective Date OCT 01 1991

HCFA ID: 7985E

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AUGUST 1991

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State: New Jersey

3. 1902(f) States

Under the provisions of section 1902(f) of the Social Security Act, the following transfer of resource criteria more restrictive than those established under section 1917(c) of the Act, apply:

B. Other than those procedures specified elsewhere in the supplement, the procedures for implementing denial of eligibility by reason of disposal of resources for less than fair market value are as follows:

1. If the uncompensated value of the transfer is \$12,000 or less:

2. If the uncompensated value of the transfer is more than \$12,000:

OBSOLETE

TN No. 91-45

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Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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State: New Jersey

3. If the agency sets a period of ineligibility of less than 24 months and applies it to all transfers of resources (regardless of uncompensated value):

4. Other procedures:

OBSOLETE

TN No. 91-45
Supersedes 85-7 Approval Date FEB 4 1992 Effective Date OCT 01 1991
TN No. 85-7

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

**Transfer of Resources
Hardship Provision**

1917(c) of the Act

An institutionalized person shall not be denied eligibility for nursing facility services, equivalent services in a medical institution, or home & community-based services by reason of resources determined to have been disposed of for less than fair market value under the terms of section 1917c of the Act, where the state determines that denial of eligibility on that basis would work an undue hardship.

TN NO. 90-20
Supercedes
TN NO. 90-15

Approval Date JAN 23 1991
Effective Date APR 01 1990

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEW JERSEY

TRANSFER OF ASSETS

1917(c) The agency provides for the denial of certain Medicaid services by reason of disposal of assets for less than fair market value.

1. Institutionalized individuals may be denied certain Medicaid services upon disposing of assets for less than fair market value on or after the look-back date.

The agency withholds payment to institutionalized individuals for the following services:

Payments based on a level of care in a nursing facility;

Payments based on a nursing facility level of care in a medical institution;

Home and community-based services under a 1915 waiver.

2. Non-institutionalized individuals:

— The agency applies these provisions to the following non-institutionalized eligibility groups. These groups can be no more restrictive than those set forth in section 1905(a) of the Social Security Act:

The agency withholds payment to non-institutionalized individuals for the following services:

Home health services (section 1905(a)(7));

Home and community care for functionally disabled and elderly adults (section 1905(a)(22));

Personal care services furnished to individuals who are not inpatients in certain medical institutions, as recognized under agency law and specified in section 1905(a)(24).

— The following other long-term care services for which medical assistance is otherwise under the agency plan:

OFFICIAL

99-5-MA(NJ)

TN No. 99-5

Supersedes **New**
TN No.

Approval Date JUN 23 1999

Effective Date JAN 1 1999

JAN 1 1999

State: NEW JERSEY
TRANSFER OF ASSETS

3. Penalty Date--The beginning date of each penalty period imposed for an uncompensated transfer of assets is:

the first day of the month in which the asset was transferred;

the first day of the month following the month of transfer.

4. Penalty Period - Institutionalized Individuals--

In determining the penalty for an institutionalized individual, the agency uses:

the average monthly cost to a private patient of nursing facility services in the agency;

the average monthly cost to a private patient of nursing facility services in the community in which the individual is institutionalized.

5. Penalty Period - Non-institutionalized Individuals--

The agency imposes a penalty period determined by using the same method as is used for an institutionalized individual, including the use of the average monthly cost of nursing facility services;

imposes a shorter penalty period than would be imposed for institutionalized individuals, as outlined below:

OFFICIAL

99-5-MA(NJ)

TN No. 99-5

Supersedes

TN No. **New**

Approval Date JUN 23 1999 Effective Date JUN 1 1999

State: NEW JERSEY

TRANSFER OF ASSETS

6. Penalty period for amounts of transfer less than cost of nursing facility care--

a. Where the amounts of the transfer is less than the monthly cost of nursing facility care, the agency:

does not impose a penalty;

imposes a penalty for less than a full month, based on the proportion of the agency's private nursing facility rate that was transferred.

b. Where an individual makes a series of transfers, each less than the private nursing facility rate for a month, the agency:

does not impose a penalty;

imposes a series of penalties, each for less than a full month.

7. Transfers made so that penalty periods would overlap--

The agency:

totals the value of all assets transferred to produce a single penalty period;

calculates the individual penalty periods and imposes them sequentially.

8. Transfers made so that penalty periods would not overlap--

The agency:

assigns each transfer its own penalty period;

uses the method outlined below:

OFFICIAL

99-5-MA(NJ)

TN No. 99-5

Supersedes

TN No. **New**

Approval Date JUN 23 1999

Effective Date JAN 1 1999

State: NEW JERSEY

TRANSFER OF ASSETS

9. Penalty periods - transfer by a spouse that results in a penalty period for the individual--

- (a) The agency apportions any existing penalty period between the spouses using the method outlined below, provided the spouse is eligible for Medicaid. A penalty can be assessed against the spouse, and some portion of the penalty against the individual remains.
- (1) If one spouse enters an institution, the penalty period is assessed against the penalized individual. If the other spouse enters an institution, the remaining penalty period is apportioned equally between the two spouses, for the remainder of the penalty period.
- (b) If one person is not longer subject to a penalty, the remaining penalty period must be served by the remaining spouse.

10. Treatment of income as an asset--

When income has been transferred as a lump sum, the agency will calculate the penalty period on the lump sum value.

The agency will impose partial month penalty periods.

When a stream of income or the right to a stream of income has been transferred, the agency will impose a penalty period for each income payment.

For transfers of individual income payments, the agency will impose partial month penalty periods.

For transfers of the right to an income stream, the agency will use the actuarial value of all payments transferred.

The agency uses an alternate method to calculate penalty periods, as described below:

OFFICIAL

99-5-MA(NJ)

TN No. 99-5

Supersedes **New**
TN No. _____

Approval Date JUN 23 1999

Effective Date JAN 1 1999

State: NEW JERSEY

TRANSFER OF ASSETS

11. Imposition of a penalty would work an undue hardship--

The agency does not apply the transfer of assets provisions in any case in which the agency determines that such an application would work an undue hardship. The agency will use the following procedures in making undue hardship determinations:

The county welfare agency shall determine when undue hardship exists only in the most extraordinary of circumstances. The process begins with the initial determination followed by an opportunity to rebut the presumption of transfer to qualify, and subsequent due process.

The following criteria will be used to determine whether the agency will not count assets transferred because the penalty would work and undue hardship:

Undue hardship exists if the application of the transfer of assets provision would deprive the individual of medical care, food, clothing, shelter, or other necessities of life or when such deprivation will endanger his or her life or health.

OFFICIAL

99-5-MA(NJ)

TN No. 99-5

Supersede **New**

TN No.

Approval Date JUN 23 1999

Effective Date JAN 1 1999

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF NEW JERSEY

TRANSFER OF ASSETS

1917(c)

FOR TRANSFERS OF ASSETS FOR LESS THAN FAIR MARKET VALUE MADE ON OR AFTER FEBRUARY 8, 2006, the agency provides for the denial of certain Medicaid services.

1. Institutionalized individuals are denied coverage of certain Medicaid services upon disposing of assets for less than fair market value on or after the look-back date.

The agency does not provide medical assistance coverage for institutionalized individuals for the following services:

Nursing facility services;

Nursing facility level of care provided in a medical institution;

Home and community-based services under a 1915(c) or (d) waiver.

2. Non-institutionalized individuals:

_____ The agency applies these provisions to the following non-institutionalized eligibility groups. These groups can be no more restrictive than those set forth in section 1905(a) of the Social Security Act:

The agency withholds payment to non-institutionalized individuals for the following services:

Home health services (section 1905(a)(7));

Home and community care for functionally disabled elderly adults (section 1905(a)(22));

Personal care services furnished to individuals who are not inpatients in certain medical institutions, as recognized under agency law and specified in section 1905(a)(24).

_____ The following other long-term care services for which payment for medical assistance is otherwise made under the agency plan:

Supersedes: NEW

TN

New

Approval Date

SEP 24 2008

08-06-MA (NJ)

Supersedes TN

Effective Date

FEB 08 2008

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

OFFICIAL

STATE OF NEW JERSEY
TRANSFER OF ASSETS

3. Penalty Date—The beginning date of each penalty period imposed for an uncompensated transfer of assets is the later of:
- The first day of a month during or after which assets have been transferred for less than fair market value;
- The State uses the first day of the month in which the assets were transferred
- The State uses the first day of the month after the month in which the assets were transferred

OR

- The date on which the individual is eligible for medical assistance under the State plan and is receiving institutional level care services described in paragraphs 1 and 2 that, were it not for the imposition of the penalty period, would be covered by Medicaid;

AND

which does not occur during any other period of ineligibility for services by reason of a transfer of assets penalty.

4. Penalty Period - Institutionalized Individuals—
In determining the penalty for an institutionalized individual, the agency uses:
- the average monthly cost to a private patient of nursing facility services in the State at the time of application;
- the average monthly cost to a private patient of nursing facility services in the community in which the individual is institutionalized at the time of application.
5. Penalty Period - Non-institutionalized Individuals—
The agency imposes a penalty period determined by using the same method as is used for an institutionalized individual, including the use of the average monthly cost of nursing facility services;

imposes a shorter penalty period than would be imposed for institutionalized individuals, as outlined below:

~~TN~~ **New**

Supersedes: ~~NEW~~

~~Approval Date~~

~~08-06-MA (NJ)~~

Supersedes TN

~~Effective Date~~

~~SEP 24 2007~~

~~FEB 08 2008~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF NEW JERSEY

TRANSFER OF ASSETS

6. Penalty period for amounts of transfer less than cost of nursing facility care--

x Where the amount of the transfer is less than the monthly cost of nursing facility care, the agency imposes a penalty for less than a full month, based on the option selected in item 4.

x The state adds together all transfers for less than fair market value made during the look-back period in more than one month and calculates a single period of ineligibility, that begins on the earliest date that would otherwise apply if the transfer had been made in a single lump sum.

7. Penalty periods - transfer by a spouse that results in a penalty period for the individual--

(a) The agency apportions any existing penalty period between the spouses using the method outlined below, provided the spouse is eligible for Medicaid. A penalty can be assessed against the spouse, and some portion of the penalty against the individual remains.

(b) If one spouse is no longer subject to a penalty, the remaining penalty period must be served by the remaining spouse.

8. Treatment of a transfer of income—

When income has been transferred as a lump sum, the agency will calculate the penalty period on the lump sum value.

When a stream of income or the right to a stream of income has been transferred, the agency will impose a penalty period for each income payment.

x For transfers of individual income payments, the agency will impose partial month penalty periods using the methodology selected in 6. above.

x For transfers of the right to an income stream, the agency will base the penalty period on the combined actuarial value of all payments transferred.

Supersedes: NEW

TN **New**
Supersedes TN

Approval Date

SEP 24 2008

Effective Date

FEB 08 2009

08-06-MA (NJ)

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF NEW JERSEY
TRANSFER OF ASSETS**

9. Imposition of a penalty would work an undue hardship--

The agency does not impose a penalty for transferring assets for less than fair market value in any case in which the agency determines that such imposition would work an undue hardship. The agency will use the following criteria in making undue hardship determinations:

The individual can irrefutably demonstrate that the transferred assets are beyond his or her control and that the assets cannot be recovered. The individual shall demonstrate that he or she made good faith efforts, including exhaustion of remedies at law or in equity, to recover the assets transferred; and

Application of a transfer of assets penalty would deprive the individual:

- (a) Of medical care such that the individual's health or life would be endangered; or
- (b) Of food, clothing, shelter, or other necessities of life.

10. Procedures for Undue Hardship Waivers

The agency has established a process under which hardship waivers may be requested that provides for:

- (a) Notice to a recipient subject to a penalty that an undue hardship exception exists;
- (b) A timely process for determining whether an undue hardship waiver will be granted; and
- (c) A process, which is described in the notice, under which an adverse determination can be appealed.

These procedures shall permit the facility in which the institutionalized individual is residing to file an undue hardship waiver application on behalf of the individual with the consent of the individual or the individual's personal representative.

11. Bed Hold Waivers For Hardship Applicants

The agency provides that while an application for an undue hardship waiver is pending in the case of an individual who is a resident of a nursing facility:

_____ Payments to the nursing facility to hold the bed for the individual will be made for a period not to exceed _____ days (may not be greater than 30).

Supersedes: NEW

New
TN
Supersedes TN

Approval Date **SEP 24 2006**
Effective Date **FEB 08 2006**
08-06-MA (NJ)

March 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEW JERSEY

TRANSFER OF ASSETS

The agency does not apply the trust provisions in any case in which the agency determines that such application would work an undue hardship.

The following criteria will be used to determine whether the agency will not count assets transferred because doing so would work an undue hardship:

The penalty will not be applied if applying such criteria would create an undue hardship such that application of the transfer of trust provision would deprive the individual of medical care, food, clothing, shelter, or other necessities of life when such deprivation will endanger his or her life or health.

OFFICIAL

Under the agency's undue hardship provisions, the agency exempts the funds in an irrevocable burial trust.

The maximum value of the exemption for an irrevocable burial trust is \$ unlimited.

99-5-MA(NJ)

TN No. 99-5

Supersedes

TN No. 91-45

Approval Date JUN 23 1999

Effective Date JAN 1 1999

Disclosure Statement for Post Eligibility Preprint

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is #0938-0673. The time required to complete this information collection is estimated at 5 hours per response, including the time to review instructions, searching existing data resources, gathering the data needed and completing and reviewing the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to HCFA, 7500 Social Security Boulevard, NZ-14-26, Baltimore Maryland 21244-1850 and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

The PNA is increased by the amount a beneficiary actually pays in child support under a court order of child support to which the beneficiary is subject.

The PNA is increased for beneficiaries under guardianship by the amount equal to 6% of the beneficiary's income, to the extent the individual's income is actually paid to the guardian.

-The PNA increases described above apply only to payments made from the beneficiary's income pursuant to the court-ordered child support or to the guardian in the same period covered by the PNA; and

-The increase does not apply to any other court ordered or statutorily set payments nor to garnishments for any other reason.

For institutionalized eligible individuals in Title XIX participating facilities, an amount of \$50.00 plus the gross amount of income derived from work (such as sheltered workshop) that is considered essential toward satisfying the individual's development need to achieve a certain degree of independence shall be exempt from the Medicaid reimbursement. The combined total exemption may not exceed the community living standard established by a non-institutionalized individual in the same eligibility category, i.e. SSI/MA only or AFDC.

An individual residing in a nursing facility, who is discharged to the community but not to a Title XIX facility, may retain their income, from all sources, after appropriate allowance(s) for other exemptions and the personal needs allowance, for the month of discharge, for the purpose of paying a community provider.

18-0002 MA (NJ)

TN No. 18-0002

Approval Date: **06/14/2018**

Supersedes: 17-0008

Effective Date: **03/01/2018**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
New Jersey
ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The State covers low-income families and children under section 1931 of the Act.

The following groups were included in the AFDC State plan effective July 16, 1996:

- Pregnant women with no other eligible children.
- AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996 without modification.

In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996, with the following modifications;

The agency applies lower income standards which are no lower than the AFDC standards in effect on May 1, 1988, as follows:

The agency applies higher income standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

OFFICIAL

98-17-MA-(NJ)

TN 98-17 Approval Date SEP 28 1998
Supersedes TN New Effective Date APR 1 1998

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
New Jersey
ELIGIBILITY UNDER SECTION 1931 OF THE ACT

- _____ The agency applies higher resource standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:
- The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:
1. All resources in excess of \$1,000 are exempt in the eligibility determination. The remaining resources are compared to the resource standard in effect as of July 16, 1996.
 2. The equity value of one motor vehicle is exempt.
 3. The earned income from wages, or the income from temporary disability insurance and temporary worker's compensation payments (which are analogous to sick pay and are considered earned income when such payments are employer funded, made to an individual who remains employed during recuperation from illness or injury pending his/her return to the job and are specifically characterized under State law as temporary wage replacement), is disregarded for the 12 months following receipt of this income if the receipt of this income or the loss of other earned income disregards would have caused the family to lose eligibility under this group.
 4. The Early Employment Initiative payments will be disregarded in the month in which the payments are received.
 5. Earned income will be disregarded as follows, unless previously applied methodologies are more advantageous to the applicant or beneficiary: 1.) the first \$90 of earned income per individual; 2.) for all beneficiaries, the difference between 133% of the Federal poverty level and the income standard established 7/1/92, and for all applicants, the difference between 100% of the Federal poverty level and the income standard established 7/1/92; 3.) the actual costs, up to established limits, of child care or care for an incapacitated individual in the home of the eligible family.
 6. Monetary rewards paid by the Division of Medical Assistance and Health Services for information leading to the recovery of at least \$100.00 from individuals or entities that have engaged in health care-related fraud or abuse are excluded.

The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

05-15-MA (NJ)

TN
Supersedes SPA 02-11-MA
Supersedes

Approval Date DEC 0 8 2005
Effective Date SEP 0 1 2005

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
New Jersey
ELIGIBILITY UNDER SECTION 1931 OF THE ACT

1. In effect as of July 16, 1996, there was no disregard of countable resources.
2. The equity value of a motor vehicle was exempt up to \$1,500.
3. In effect as of July 16, 1996, there was no disregard of earned income or income from temporary disability if the family had already received any other time-limited disregards and the receipt of such income caused the family to otherwise lose eligibility.
4. In effect as of July 16, 1996, there was no disregard of early employment initiative payments. Similar payments were disregarded prior to that date.
5. In effect as of July 16, 1996, earned income disregards were time-limited and consisted of the first \$30.00 and one-third of the remainder for each employed individual.

_____ The agency terminates medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements.

_____ The agency continues to apply the following waivers of provisions of Part A of Title IV in effect as of July 16, 1996, or submitted prior to August 22, 1996 and approved by the Secretary on or before July 1, 1997.

02-01-MA (NJ)

Supersedes SPA 00-12-MA

TN 02-01 Approval Date MAR 27 2002

Supersedes TN 00-12 Effective Date JAN 01 2002

State Plan under Title XIX of the Social Security Act
State: New Jersey
ELIGIBILITY UNDER SECTION 1931 OF THE ACT

OFFICIAL

The State covers low-income families and children under section 1931 of the Act

 X The agency uses less restrictive income and/or resource methodologies that those in effect as of July 6, 1996, as follows:

 X All wages paid by the Census Bureau for temporary employment related to Census 2010 activities are excluded.

TN #:10-01

New
NEW

Approval Date: FEB 17 2011

Supersedes: NEW
some material now contained on this new page
formerly appeared on SPA 00-08

Effective Date: 1/1/10

Revision: HCFA-PM-00-1
February 2000

Supplement 12 to Attachment 2.6-A
ADDENDUM - Page 1

State Plan Under Title XIX of the Social Security Act

State: New Jersey

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The State covers low-income families and children under section 1931 of the Act.

_____ The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

All wages paid by the Census Bureau for temporary employment related to Census 2000 activities are excluded.

_____ The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

TN 00-08 Approval Date MAY 18 2000

Supersedes TN **New** Effective Date JAN 1 2000

00-8-MA(NJ)

New page

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: NEW JERSEY

SECTION 1924 PROVISIONS

- A. Income and resource eligibility policies to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with Section 1924.
- B. The state spousal resource standard is the minimum allowed under Section 1924 subject to consumer price index adjustment.
- C. "An institutional spouse who (or whose spouse) has excess resources shall not be found ineligible under Title XIX of the Social Security Act, per 1924(c)(3)(C), where the state determines that denial of eligibility on the basis of excess resources would work an undue hardship."

TN No. 89-21 Approval Date MAR 06 1991 Effective Date OCT 01 1989
Supersedes TN No. NEW

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New Jersey

ELIGIBILITY CONDITIONS AND REQUIREMENTS

INCOME AND RESOURCE REQUIREMENTS FOR TUBERCULOSIS (TB)
INFECTED INDIVIDUALS

For TB infected individuals under §1902(z)(1) of the Act, the income and resource eligibility levels are as follows:

TN No. 96-14 Approval Date AUG 05 1996 Effective Date APR 01 1996
Supersede **New**
TN No.

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

ASSET VERIFICATION SYSTEM

1940(a)
of the Act

1. The agency will provide for the verification of assets for purposes of determining or redetermining Medicaid eligibility for aged, blind and disabled Medicaid applicants and recipients using an Asset Verification System (AVS) that meets the following minimum requirements.
 - A. The request and response system must be electronic:
 - (1) Verification inquiries must be sent electronically via the internet or similar means from the agency to the financial institution (FI).
 - (2) The system cannot be based on mailing paper-based requests.
 - (3) The system must have the capability to accept responses electronically.
 - B. The system must be secure, based on a recognized industry standard of security (e.g., as defined by the U.S. Commerce Department's National Institute of Standards and Technology, or NIST).
 - C. The system must establish and maintain a database of FIs that participate in the agency's AVS.
 - D. Verification requests also must be sent to FIs other than those identified by applicants and recipients, based on some logic such as geographic proximity to the applicant's home address, or other reasonable factors whenever the agency determines that such requests are needed to determine or redetermine the individual's eligibility.
 - E. The verification requests must include a request for information on both open and closed accounts, going back up to 5 years as determined by the State.

Revision:

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

ASSET VERIFICATION SYSTEM

2. System Development

A. The agency itself will develop an AVS.

In 3 below, provide any additional information the agency wants to include.

B. The agency will hire a contractor to develop an AVS.

In 3 below provide any additional information the agency wants to include.

C. The agency will be joining a consortium to develop an AVS.

In 3 below, identify the States participating in the consortium. Also, provide any other information the agency wants to include pertaining to how the consortium will implement the AVS requirements.

D. The agency already has a system in place that meets the requirements for an acceptable AVS.

In 3 below, describe how the existing system meets the requirements in Section 1.

E. Other alternative not included in A. - D. above.

In 3 below, describe this alternative approach and how it will meet the requirements in Section 1.

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Revision:

SUPPLEMENT 16 TO ATTACHMENT 2.6-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

ASSET VERIFICATION SYSTEM

3. Provide the AVS implementation information requested for the implementation approach checked in Section 2, and any other information the agency may want to include.

In order to implement the requirements of an asset verification system, the State agency will select a contractor through a Request for Proposals (RFP) process. The contractor will meet the State's regulatory criteria and qualifications. The contractor will be responsible for utilizing the required authorizations from applicants and recipients to carry out the asset verification program aforementioned in Section 1 and consistent with the program utilized by the Commissioner of Social Security under section 1631(e)(1)(B)(ii) of the Social Security Act. The State will provide guidance to the contractor in the development of the program and monitor the program's implementation. The contractor shall be responsible for compilation of data for the State to comply with federally required AVS report submissions. The contracted entity shall be subject to the same requirements on use and disclosure of information as would be applicable if the State were to directly perform the AVS activities.

TN No. 09-01

Approval Date APR 16 2009

Effective Date SEP 30 2009

Supersedes TN No. NEW

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF NEW JERSEY

DISQUALIFICATION FOR LONG-TERM CARE ASSISTANCE FOR INDIVIDUALS WITH
SUBSTANTIAL HOME EQUITY

1917(f) The State agency denies reimbursement for nursing facility services and other long-term care services covered under the State plan for an individual who does not have a spouse, child under 21 or adult disabled child residing in the individual's home, when the individual's equity interest in the home exceeds the following amount:

 \$500,000 (increased by the annual percentage increase in the urban component of the consumer price index beginning with 2011, rounded to the nearest \$1,000).

 X An amount that exceeds \$500,000 but does not exceed \$750,000 (increased by the annual percentage increase in the urban component of the consumer price index beginning with 2011, rounded to the nearest \$1,000).

The amount chosen by the State is \$750,000 .

 X This higher standard applies statewide.

 This higher standard does not apply statewide. It only applies in the following areas of the State:

 X This higher standard applies to all eligibility groups.

 This higher standard only applies to the following eligibility groups:

The State has a process under which this limitation will be waived in cases of undue hardship.

Supersedes: NEW

TN

New

Supersedes TN

Approval Date **SEP 24 2008** 08-06-MA (NJ)

Effective Date **FEB 08 2006**

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State Plan Under Title XIX of the Social Security Act

State: New Jersey

METHODOLOGY FOR IDENTIFICATION OF APPLICABLE FMAP RATES

The State will determine the appropriate FMAP rate for expenditures for individuals enrolled in the adult group described in 42 CFR 435.119 and receiving benefits in accordance with 42 CFR Part 440 Subpart C. The adult group FMAP methodology consists of two parts: an individual-based determination related to enrolled individuals, and as applicable, appropriate population-based adjustments.

Part 1 – Adult Group Individual Income-Based Determinations

For individuals eligible in the adult group, the state will make an individual income-based determination for purposes of the adult group FMAP methodology by comparing individual income to the relevant converted income eligibility standards in effect on December 1, 2009, and included in the MAGI Conversion Plan (Part 2) approved by CMS on March 4, 2014. In general, and subject to any adjustments described in this SPA, under the adult group FMAP methodology, the expenditures of individuals with incomes below the relevant converted income standards for the applicable subgroup are considered as those for which the newly eligible FMAP is not available. The relevant MAGI-converted standards for each population group in the new adult group are described in Table 1.

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Table 1: Adult Group Eligibility Standards and FMAP Methodology Features

Population Group	Covered Populations Within New Adult Group	Applicable Population Adjustment					
		Relevant Population Group Income Standard	Resource Proxy	Enrollment Cap	Special Circumstances	Other Adjustments	
	<p>For each population group, indicate the lower of:</p> <ul style="list-style-type: none"> The reference in the MAGI Conversion Plan (Part 2) to the relevant income standard and the appropriate cross-reference, or 133% FPL. <p>If a population group was not covered as of 12/1/09, enter "Not covered".</p>						
A	B		C	D	E	F	
Parents/Caretaker Relatives	Attachment A, Column C, line 1 of the CMS approved MAGI Conversion Plan, including any subsequent CMS approved modifications to the MAGI conversion plan.	N	N	N	N	N	
Disabled Persons, non-institutionalized	Attachment A, Column C, line 2 of Part 2 of the CMS approved MAGI Conversion Plan, including any subsequent CMS approved modifications to the MAGI conversion plan.	N	N	N	N	N	
Disabled Persons, institutionalized	Attachment A, Column C, line 3 of the CMS approved MAGI Conversion Plan, including any subsequent CMS approved modifications to the MAGI conversion plan.	N	N	N	N	N	
Children Age 19 or 20	Attachment A, Column C, line 4 of the CMS approved MAGI Conversion Plan, including any subsequent CMS approved modifications to the MAGI conversion plan.	N	N	N	N	N	
Childless Adults	Not covered	NA	NA	NA	NA	NA	

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**Part 2 – Population-based Adjustments to the Newly Eligible Population
Based on Resource Test, Enrollment Cap or Special Circumstances**

A. Optional Resource Criteria Proxy Adjustment (42 CFR 433.206(d))

1. New Jersey applies a resource proxy adjustment to a population group(s) that was subject to a resource test that was applicable on December 1, 2009.
 New Jersey does NOT apply a resource proxy adjustment (Skip items 2 through 3 and go to Section B)

Table 1 indicates the group or groups for which New Jersey applies a resource proxy adjustment to the expenditures applicable for individuals eligible and enrolled under 42 CFR 435.119. A resource proxy adjustment is only permitted for a population group(s) that was subject to a resource test that was applicable on December 1, 2009.

The effective date(s) for application of the resource proxy adjustment is specified and described in Attachment B.

2. Data source used for resource proxy adjustments:

New Jersey:

- Applies existing state data from periods before January 1, 2014.
 Applies data obtained through a post-eligibility statistically valid sample of individuals.

Data used in resource proxy adjustments is described in Attachment B.

3. Resource Proxy Methodology: Attachment B describes the sampling approach or other methodology used for calculating the adjustment.

B. Enrollment Cap Adjustment (42 CFR 433.206(e))

1. An enrollment cap adjustment is applied (complete items 2 through 4).
 An enrollment cap adjustment is not applied (skip items 2 through 4 and go to Section C).
2. Attachment C describes any enrollment caps authorized in section 1115 demonstrations as of December 1, 2009 that are applicable to populations that New Jersey covers in the eligibility group described at 42 CFR 435.119 and received full benefits, benchmark benefits, or benchmark equivalent benefits as determined by CMS. The enrollment cap or caps are as specified in the

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applicable section 1115 demonstration special terms and conditions as confirmed by CMS, or in alternative authorized cap or caps as confirmed by CMS. Attach CMS correspondence confirming the applicable enrollment cap(s).

3. New Jersey applies a combined enrollment cap adjustment for purposes of claiming FMAP in the adult group:

Yes. The combined enrollment cap adjustment is described in Attachment C

No.

4. Enrollment Cap Methodology: Attachment C describes the methodology for calculating the enrollment cap adjustment, including the use of combined enrollment caps, if applicable.

C. Special Circumstances (42 CFR 433.206(g)) and Other Adjustments to the Adult Group FMAP Methodology

1. New Jersey applies special circumstances adjustment(s).
 New Jersey does not apply a special circumstances adjustment.
2. New Jersey applies additional adjustment(s) to the adult group FMAP methodology (complete item 3).
 New Jersey does not apply any additional adjustment(s) to the adult group FMAP methodology (skip item 3 and go to Part 3).
3. Attachment D describes the special circumstances and other proxy adjustment(s) that are applied, including the population groups to which the adjustments apply and the methodology for calculating the adjustments.

Part 3 – One-Time Transitions of Previously Covered Populations into the New Adult Group

A. Transitioning Previous Section 1115 and State Plan Populations to the New Adult Group

Individuals previously eligible for Medicaid coverage through a section 1115 demonstration program or a mandatory or optional state plan eligibility category will be transitioned to the new adult group described in 42 CFR 435.119 in accordance with a CMS-approved transition plan and/or a section 1902(e)(14)(A) waiver. For purposes of claiming federal funding at the appropriate FMAP

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for the populations transitioned to new adult group, the adult group FMAP methodology is applied pursuant to and as described in Attachment E, and where applicable, is subject to any special circumstances or other adjustments described in Attachment D.

New Jersey does not have any relevant populations requiring such transitions.

Part 4 - Applicability of Special FMAP Rates

A. Expansion State Designation

New Jersey:

Does NOT meet the definition of expansion state in 42 CFR 433.204(b). (Skip section B and go to Part 4)

Meets the definition of expansion state as defined in 42 CFR 433.204(b), determined in accordance with the CMS letter confirming expansion state status, dated _____ (insert date)

B. Qualification for Temporary 2.2 Percentage Point Increase in FMAP.

New Jersey:

Does NOT qualify for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7).

Qualifies for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7), determined in accordance with the CMS letter confirming eligibility for the temporary FMAP increase, dated _____ (insert date). The New Jersey will not claim any federal funding for individuals determined eligible under 42 CFR 435.119 at the FMAP rate described in 42 CFR 433.10(c)(6).

Part 5 - State Attestations

The State attests to the following:

- A. The application of the adult group FMAP methodology will not affect the timing or approval of any individual's eligibility for Medicaid.

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- B. The application of the adult group FMAP methodology will not be biased in such a manner as to inappropriately establish the numbers of, or medical assistance expenditures for, individuals determined to be newly or not newly eligible.

ATTACHMENTS

Not all of the attachments indicated below will apply to all states; some attachments may describe methodologies for multiple population groups within the new adult group. Indicate those of the following attachments which are included with this SPA:

- Attachment A – Conversion Plan Standards Referenced in Table 1
- Attachment B – Resource Criteria Proxy Methodology
- Attachment C – Enrollment Cap Methodology
- Attachment D – Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology
- Attachment E – Transition Methodologies

SUPPLEMENTAL SECURITY INCOME AND MEDICAID
OR
"MEDICAID ONLY"

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TO BE ELIGIBLE
ONE MUST BE:

AGED

BLIND

DISABLED

AGE

65 or older

any age

any age

Medical
Determination

No

Yes-

Yes-

Division of Public Welfare's Bureau of Medical Affairs for
"Medicaid Only" cases or Department of Labor and Industry,
Disability Review Section for SSI

Citizen:

EITHER CITIZEN OR LAWFULLY ADMITTED ALIEN

Resident of
USA:

Yes

Yes

Yes

Resources:

Individual \$1,500.

Couple \$2,250.

Available:
Potential:

Cash or any resource readily convertible to cash
Excluded for consideration: house with current fair market
Not to exceed ----- \$25,000
Household goods and personal effects not to exceed \$ 1,500
Car ----- not to exceed \$ 1,200
Life insurance policy if face value is under ----- \$ 1,500

Income

Unearned-

\$20- disregard in computing benefit *

Earned-

Wages are gross wages from employment; or that from self-employment;
disregards are first \$65. and 1/2 of remainder in computing benefit.

* If there is no unearned income, \$20. disregard may be added to
the earned income, disregard of \$65. plus 1/2 of the remainder;
but not vice versa.

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STATE OF NEW JERSEY
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
INCOME STANDARDS FOR MEDICAID ONLY PROGRAM
EFFECTIVE JANUARY 1, 2007

<u>Variations in Living Arrangements</u>	<u>Medicaid Eligibility Income Standard</u>
Residential Health Care Facility Eligible Person	Federal Benefit Rate for an Individual + State Supplement Payment + Lifeline Payment = Total Payment
Residential Health Care Facility Eligible Couple	Federal Benefit Rate for a Couple + State Supplement Payment + Lifeline Payment = Total Payment
Living Alone or Living with Others Eligible Person	Federal Benefit Rate for an Individual + State Supplement Payment + Lifeline Payment = Total Payment
Living Alone or Living with Others Eligible Couple	Federal Benefit Rate for a Couple + State Supplement Payment + Lifeline Payment = Total Payment
Living Alone or Living with Others Eligible Individual with Ineligible Spouse Only	Federal Benefit Rate for an Individual + State Supplement Payment + Lifeline Payment = Total Payment
Living in Household of Another, Receiving Support and Maintenance Eligible Person	Federal Benefit Rate for an Individual Receiving Support and Maintenance + State Supplement Payment + Lifeline Payment = Total Payment
Living in Household of Another, Receiving Support and Maintenance Eligible Couple	Federal Benefit Rate for a Couple Receiving Support and Maintenance + State Supplement Payment + Lifeline Payment = Total Payment
Title XIX Approved Facility Includes person in acute care hospital, nursing facility, ICF/MR, licensed special hospital (Class A, B, C) and Title XIX psychiatric hospital (for persons under 21 and 65 and over) or a combination of these facilities for a full calendar month, Individual. †	Individual: Federal Benefit Rate for an Individual X 300% = Total Payment Couple: Federal Benefit Rate for a Couple X 300% = Total Payment

"Federal Benefit Rate" means the amount established annually by the Social Security Administration in accordance with 42 U.S.C.S. §1382e and 20 CFR 416.405.

"State Supplement Payment" means the amount established annually by agreement between the State and the Social Security Administration in accordance with 42 U.S.C.S. §1382e.

"Lifeline payment" means the supplemental amount determined annually in accordance with N.J.S.A. 48:2-29.15 et seq. for the purpose of assisting consumers with home energy costs.

†The Medicaid "cap" is applied to gross income (i.e., income prior to the application of income exclusion).