

**NEW JERSEY TITLE XXI PROGRAM &  
TITLE XXI AMENDMENT FACT SHEET**

<b>Name of Plan:</b>	<b>New Jersey FamilyCare</b>
<b>Date Plan Submitted:</b>	February 6, 1998
<b>Date Plan Approved:</b>	April 27, 1998
<b>Plan Effective Date:</b>	February 1, 1998 (Medicaid Expansion) March 1, 1998 (Separate child health program)
<b>Plan Implementation Date:</b>	February 1, 1998
<b>Date Amendment #1 Submitted:</b>	February 9, 1999
<b>Date Amendment #1 Approved:</b>	May 5, 1999
<b>Date Amendment #1 Effective:</b>	January 13, 1999
<b>Date Amendment #2 Submitted:</b>	May 6, 1999
<b>Date Amendment #2 Approved:</b>	August 3, 1999
<b>Date Amendment #2 Effective:</b>	July 1, 1999
<b>Date Amendment #3 Submitted:</b>	September 21, 1999
<b>Date Amendment #3 Approved:</b>	July 7, 2000
<b>Date Amendment #3 Effective:</b>	July 26, 1999
<b>Date Amendment #4 Submitted:</b>	December 18, 1999
<b>Date Amendment #4 Approved:</b>	March 16, 2000
<b>Date Amendment #4 Effective:</b>	January 1, 2000
<b>Date Amendment #5 Submitted:</b>	February 4, 2002
<b>Date Amendment #5 Approved:</b>	April 23, 2002
<b>Date Amendment #5 Effective:</b>	January 1, 2002
<b>Date Amendment #6 Submitted:</b>	May 7, 2002
<b>Date Amendment #6 Approved:</b>	July 22, 2002
<b>Date Amendment #6 Effective:</b>	August 24, 2001
<b>Date Amendment #7 Submitted:</b>	July 22, 2003
<b>Date Amendment #7 Approved:</b>	October 16, 2003
<b>Date Amendment #7 Effective:</b>	May 22, 2003
<b>Date Amendment #8 Submitted:</b>	June 29, 2004
<b>Date Amendment #8 Approved:</b>	September 13, 2004
<b>Date Amendment #8 Effective:</b>	August 25, 2001
<b>Date Amendment #9 Submitted:</b>	December 23, 2004
<b>Date Amendment #9 Approved:</b>	September 13, 2004
<b>Date Amendment #9 Effective:</b>	October 1, 2004

<b>Date Amendment #10 Submitted:</b>	April 4, 2005
<b>Date Amendment #10 Withdrawn:</b>	May 30, 2005
<b>Date Amendment #11 Submitted:</b>	May 30, 2005
<b>Date Amendment #11 Approved:</b>	November 22, 2005
<b>Date Amendment #11 Effective:</b>	July 1, 2005
<b>Date Amendment #12 Submitted:</b>	June 12, 2009
<b>Date Amendment #12 Approved:</b>	September 18, 2009
<b>Date Amendment #12 Effective:</b>	April 1, 2009
<b>Date Amendment #13 Submitted:</b>	June 25, 2009
<b>Date Amendment #13 Approved:</b>	May 14, 2010
<b>Date Amendment #13 Effective:</b>	April 1, 2009
<i>Date Amendment #14 Submitted:</i>	<i>June 26, 2009</i>
<i>Date Amendment #14 Approved:</i>	<i>Pending</i>
<i>Date Amendment #14 Effective:</i>	<i>May 1, 2009</i>
<b>Date Amendment #15 Submitted:</b>	September 25, 2009
<b>Date Amendment #15 Approved:</b>	December 17, 2009
<b>Date Amendment #15 Effective:</b>	July 1, 2009

## Background

- On February 6, 1998, New Jersey submitted a Children's Health Insurance Program (CHIP) State plan with a separate child health component (NJ KidCare Plans B & C) and a CHIP Medicaid expansion component (NJ KidCare Plan A). The Medicaid expansion covers uninsured children up to age 19 with family incomes at or below 133 percent of the Federal poverty level (FPL). The separate child health program initially covered uninsured children with gross family incomes above 133 percent up to and including 200 percent of the FPL. New Jersey has had approval to cover uninsured children up to and including 350 percent of the FPL since August 3, 1999, effective as of July 1, 1999. The name of New Jersey's CHIP plan was later changed to New Jersey FamilyCare (NJ FamilyCare) in January of 2001.

## Amendments

- New Jersey submitted its first State plan amendment (SPA) on February 9, 1999, to shorten the length of time that children must be uninsured before applying for the separate child health program (Plans B & C) from 12 months to 6 months.
- The State submitted its second SPA on May 6, 1999. This SPA applied income disregards to expand New Jersey KidCare (later renamed NJ FamilyCare) to children in families with incomes through 350 percent of the FPL. The expansion, known as NJ KidCare Plan D, provided health insurance to an additional 9,000 children as of September 1999.

- The State's third SPA was submitted September 21, 1999, and added exceptions to the required 6-month waiting period prior to application for NJ KidCare (later renamed NJ FamilyCare) Plans B, C and D.
- The State submitted its fourth SPA on December 18, 1999, allowing for presumptive eligibility determinations when staff of acute care hospitals, Federally qualified health centers, or local health departments indicate that a child meets either NJ KidCare (later renamed NJ FamilyCare) Plan A, B or C, or Medicaid program eligibility standards, and that the child is a member of a household with a gross income not exceeding 200 percent of the FPL.
- The State submitted its fifth SPA on February 4, 2002, adding an additional income disregard for applicants to NJ FamilyCare. The disregard applies to individuals earning monetary rewards paid by the Division of Medical Assistance and Health Services for information leading to the recovery of at least \$100 from individuals or entities that have engaged in health care-related fraud or abuse.
- The State's sixth SPA was submitted on May 7, 2002, and eliminated cost-sharing requirements for American Indians and Alaskan Native children.
- The State submitted its seventh SPA on July 22, 2003, to increase premiums by 10 percent for NJ FamilyCare enrollees with family incomes above 150 percent of the FPL. This amendment also included an annual increase in premium amounts in accordance with the change in the FPL.
- The State submitted its eighth SPA on June 29, 2004, to update its State plan to indicate compliance with the final CHIP regulations.
- The State submitted its ninth SPA on December 23, 2004, to allow self-declaration of income on the NJ FamilyCare "Express Enrollment" application in eight school districts within the State.
- The State submitted its tenth SPA on April 4, 2005. It was subsequently withdrawn.
- The State submitted its eleventh SPA on May 30, 2005, to make changes in the eligibility process, including reducing the required period of uninsurance from 6 months to 3 months, guaranteeing 12 months of continuous eligibility in NJ FamilyCare, and increasing the threshold of presumptive eligibility from the 200 percent of the FPL to 350 percent of the FPL.
- New Jersey submitted its twelfth SPA on June 12, 2009, to provide for coverage under New Jersey's CHIP State plan of uninsured pregnant women having gross income above 185 percent of the FPL up to and including 200 percent of the FPL. Since January 2001, New Jersey has been covering this population with title XXI funds through section 1115 demonstration authority. Through this SPA, New Jersey is implementing the new provision permitted by section 111 of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), which gives States the option to provide necessary prenatal, delivery, and

postpartum care to targeted low-income pregnant women through the title XXI State plan. New Jersey is requesting that coverage of these pregnant women be transitioned from its title XXI section 1115 demonstration to the title XXI State plan.

- On June 25, 2009, New Jersey submitted its thirteenth SPA to elect the new option permitted under section 214 of CHIPRA to eliminate the 5-year bar on eligibility and cover certain non-citizen children and pregnant women who are lawfully residing in the United States.
- *On June 26, 2009, New Jersey submitted its fourteenth SPA to implement the Express Lane eligibility option for children, as permitted under section 203 of CHIPRA.*
- New Jersey submitted its fifteenth SPA on September 25, 2009, to eliminate premiums for children with family incomes above 150 up to and including 200 percent of the FPL, who are covered in its separate CHIP under NJ FamilyCare Plan C, as provided by the New Jersey State Fiscal Year Appropriations Act. Copayments will remain in effect for children in Plan C. Children with family incomes at or below 150 percent of the FPL are already exempt from paying premiums and copayments (NJ FamilyCare Plans A and B).

### **Children Covered Under Program**

- The State reported that 167,009 children were ever enrolled in its program in Federal fiscal year (FFY) 2009.
- New Jersey estimates that an additional 11,000 children will be made eligible in FFY 2010 in Medicaid and CHIP as a result of the CHIPRA section 214 eligibility expansion. Approximately 4000 of these children will be covered in New Jersey's title XXI Medicaid expansion and separate child health program components and the remainder in Medicaid.

### **Pregnant Women Covered Under Program**

- Enrollment of pregnant women in New Jersey's title XXI section 1115 demonstration has remained relatively stable. Therefore, New Jersey projects an average monthly enrollment of 90 pregnant women under the title XXI State plan.
- The number of pregnant women ever enrolled in FFY 2009 was 306.

### **Administration**

- The Division of Medical Assistance and Health Services within the New Jersey Department of Human Services administers the program.

### **Health Care Delivery System**

- The existing Medicaid delivery system is used to provide services.

## **Benefit Package**

- Children with family incomes at or below 133 percent of the FPL in the Medicaid expansion receive the Medicaid benefit package (NJ FamilyCare Plan A).
- Benchmark coverage equal to the FEHBP Blue Cross/Blue Shield plan is provided in the separate child health program (NJ FamilyCare Plans B & C) for children with family incomes above 133 up to and including 200 percent of the FPL.
- Benchmark coverage equal to the plan offered by an HMO that has the largest insured commercial non-Medicaid enrollment in the State is provided in the separate child health program for children with family incomes above 200 up to and including 350 percent of the FPL (NJ FamilyCare Plan D).
- Pregnant women receive Secretary–approved coverage, which is coverage that is the same as the coverage provided to pregnant women under New Jersey’s Medicaid State plan and consists of the full, comprehensive Medicaid benefit package, in addition to pregnancy-related services.

## **Cost Sharing**

- Premiums will be required for children in families with incomes above 200 percent of the FPL (NJ FamilyCare Plan D) as follows:
  - \$40 per family per month for children with family incomes above 200 up to and including 250 percent of the FPL.
  - \$79 per family per month for children with family incomes above 250 up to and including 300 percent of the FPL.
  - \$133 per family per month for children with family incomes above 300 up to and including 350 percent of the FPL.
- Premiums will increase annually with the increases in the FPL.
- Copayments are required for children in families with incomes above 150 percent of the FPL (NJ FamilyCare Plans C & D) as follows: \$5 for practitioner visits (including visits to physicians, nurse midwives, nurse practitioners, clinics, podiatrists, dentists, chiropractors, optometrists and psychologists); \$5 for outpatient clinic visits; \$10 for use of the emergency room under Plan C and \$35 under Plan D; \$1 for generic prescription drugs and \$5 for brand-name prescription drugs in Plan C; and \$5 or \$10 for both generic and brand-name prescription drugs in Plan D, depending on the amount supplied (up to a 34-day supply or more than a 34-day supply).
- There are no premiums, copayments, or any cost sharing for pregnant women.

## **Crowd-Out Strategy**

- A child with income greater than 133 percent of the FPL must have been uninsured for a minimum of 3 months before becoming eligible for coverage.

- The required period of uninsurance for the Premium Support Program is 6 months for those having access to cost-effective employer sponsored insurance.
- Exceptions to the required period of uninsurance will be made under limited circumstances.
- There is no waiting period of prior uninsurance applied to pregnant women.

### **Coordination Between CHIP and Medicaid**

- New Jersey uses a joint Medicaid and CHIP mail-in application.

### **Outreach Activities**

- The State plan describes a four-fold outreach effort involving: (1) public awareness, (2) targeted outreach, (3) community education, and (4) consumer education. There is also a commitment by the State to conduct outreach to special populations, including individuals with HIV and homeless families.
- All outreach workers are trained in eligibility requirements for CHIP and Medicaid programs. Bilingual staff and/or language services are offered to applicants when needed.

### **Financial Information**

Total FFY '09 CHIP Allotment -- \$505,395,000

Total FFY '10 CHIP Allotment -- \$634,744,914

FFY '10 Enhanced Matching Rate -- 65%

*Date Last Updated: May 14, 2010*