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State/Territory Name:  New Jersey

State Plan Amendment (SPA) #:  NJ-22-0033

This file contains the following documents in the order listed:

1) Approval Letter
2) State Plan Pages
July 13, 2022

Jennifer Langer Jacobs
Assistant Commissioner
State of New Jersey Department of Human Services
Division of Medical Assistance and Health Services
PO Box 712
Trenton, NJ 08625-0712

Dear Ms. Jacobs:

Your title XXI Children’s Health Insurance Program (CHIP) State Plan Amendments (NJ-22-0031, NJ-22-0032, and NJ-22-0033), submitted on May 8, 2022, have been approved. Through these SPAs, New Jersey eliminates premiums and waiting periods. The SPAs were effective July 1, 2021.

NJ-22-0031 remove premium and disenrollment procedures from sections 4.3, 8, and 12.1 of the CHIP state plan. NJ-22-0032 clarifies that the state no longer collects premiums or implements a 90-day premium lock-out period. NJ-22-0033 removes the state’s three-month waiting period. The state will continue to monitor substitution of coverage consistent with 42 CFR 457.805.

A copy of the approved MMDL SPA templates CS21, CS20, and state plan pages is attached to be incorporated into the state’s approved CHIP state plan.

Your title XXI project officer is Shakia Singleton. She is available to answer questions concerning this amendment and other CHIP-related issues. Her contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, MD 21244-1850
Telephone: (410) 786-8102
E-mail: Shakia.Singleton@cms.hhs.gov

If you have any questions, please contact Meg Barry, Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,
/Signed by Amy
Lutzky/

Amy Lutzky
Deputy Director
Separate Child Health Insurance Program
Non-Financial Eligibility - Substitution of Coverage

Substitution of Coverage

The CHIP Agency provides assurance that it has methods and policies in place to prevent the substitution of group health coverage or other commercial health insurance with public funded coverage. These policies include:

- Substitution of coverage prevention strategy:

<table>
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<tr>
<th>Add</th>
<th>Name of policy</th>
<th>Description</th>
<th>Remove</th>
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<tbody>
<tr>
<td></td>
<td>Crowd out policy</td>
<td>An applicant is not eligible for NJ FamilyCare if he or she: Is currently covered under a non-governmental group health plan, is currently covered, or eligible for coverage, under Medicare, Medicaid or NJ FamilyCare Children's Program, or under a group health plan sponsored or self-funded by a government unit. See Substitution Strategy on &quot;Addendum to New CS20&quot;.</td>
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A waiting period during which an individual is ineligible due to having dropped group health coverage. No

If the state elects to offer dental only supplemental coverage, the following assurances apply:

- The other coverage exclusion does not apply to children who are otherwise eligible for dental only supplemental coverage as provided in section 2110(b)(5) of the SSA.

- The waiting period does not apply to children eligible for dental only supplemental coverage.

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