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State/Territory Name: New Jersey

State Plan Amendment (SPA) #: 19-0017

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Submission Summary
- 3) Approved SPA Coverage

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicald Services New York Regional Office 26 Federal Plaza Room 37-100 New York, NY 10278



Division of Medicaid and Children's Health Operations

October 28, 2019

Carole Johnson	
Commissioner	
Dept of Human Services - Division of Medical Assistance and Health Se	vices
Quakerbridge Plaza	
Hamilton, NJ 08619	
Re: Approval of State Plan Amendment NI-19-0017	

Dear Ms. Johnson:

On September 10, 2019, the Centers for Medicare and Medicaid Services (CMS) received New Jersey State Plan Amendment (SPA) NJ-19-0017 to NJ Medicaid State Plan to exclude income from temporary employment related to Census activities paid to an individual by the United States Census Bureau beginning with the 2020 Census when determining Medicald /NJ FamilyCare eligibility for applicable eligibility groups under Section 1902(r)(2) of the Social Security Act..

We approve New Jersey State Plan Amendment (SPA) NJ-19-0017 on October 28, 2019 with an effective date(s) of July 01, 2019.

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If you have any questions regarding this amendment, please contact Michael Cutler at michael.cutler@cms.hhs.gov.

Sincerely, Nicole McKnight

Acting Deputy Director Regional Operations Group Division of Medicaid Field Operations East

Division of Medicaid and Children's Health Operations

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NJ2019MS0004O | NJ-19-0017

Package Header

Package ID NJ2019MS0004O Submission Type Official Approval Date 10/28/2019

Superseded SPA ID N/A

SPA ID NJ-19-0017

Initial Submission Date 9/10/2019

Effective Date N/A

State Information

State/Territory Name: New Jersey

Medicald Agency Name: Dept of Human Services - Division of Medical Assistance and

Submission Component

State Plan Amendment

Medicaid

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Submission - Summary

MEDICA(D | Medicald State Plan | Eligibility | Nj2019MS00040 | Nj-19-0017

Package Header

Package ID Nj2019MS0004O

Submission Type Official

Approval Date 10/28/2019

Superseded SPA ID N/A

SPA ID NJ-19-0017

Initial Submission Date 9/10/2019 Effective Date N/A

SPA ID and Effective Date

SPA ID NJ-19-0017

Revieweble Unit	Business I Effective Date	The state of the s
Reviewanja Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	7/1/2019	19-0017
Nan-MAGI Methodologies	7/1/2019	19-0017
Medically Needy Income Level	7/1/2019	19-0017
Handling of Excess Income (Spenddown)	7/1/2019	19-0017
Medically Needy Resource Level	7/1/2019	19-0017
Mandatory Eligibility Groups	7/1/2019	19-0017
Optional Eligibility Groups	7/1/2019	19-0017
Age and Disability-Related Poverty Level	7/1/2019	19-0017
Ticket to Work Basic	7/1/2019	19-0017
Medically Needy Populations Based on Age, Blindness or Disability	7/1/2019	19-0017

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Supplement 8a to Attachment 2.6A addendum Page 1; Supplement 8a to Attachment 2.6A page 2

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NJ2019MS0004O | NJ-19-0017

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Submission Type Official

Approval Date 10/28/2019

Superseded SPA ID N/A

SPA ID NJ-19-0017

Initial Submission Date 9/10/2019

Effective Date N/A

Executive Summary

Summary Description Including To exclude income from temporary employment related to Census activities paid to an individual by the United States Census Bureau. **Goals and Objectives**

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

***********************	Federal Fiscal Year	Amount
First	2019	\$0
Second	2020	\$0

Federal Statute / Regulation Citation

Section 1902 (r)(2) and section 1931 of the Social Security Act; 42 USC Section 1396a and 1396u-1

Supporting documentation of budget impact is uploaded (optional).

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vio comment Comments received		Describe	Not required pursuant to 7.4 of the plan,
to response within 45 days			
Other			
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Submission - Public Comment			
MEDICAID Medicaid State Plan Eligibility NJ2019MS0004O NJ-19-0017			
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Superseded SPA ID N/A			
Indicate whether public comment was solicited with respect to th			
 Public notice was not federally required and comment was not solid Public notice was not federally required, but comment was solicited 			
Public notice was federally required and comment was solicited	•		
Indicate how public comment was solicited:			
Newspaper Announcement			
Name of Paper:	Date of Publication:		Locations covered:
**************************************	7/5/2019		Bergen county NJ and surrounding areas
Bergen Record			
Newark Star Ledger	7/5/2019	The state of the s	Newark Nj and surrounding areas
Atlantic City Press	7/5/2019		Atlantic County and surrounding areas
Camden Courier Post	7/5/2019		Camden County NJ and surrounding areas
Trenton Times	7/5/2019		Trenton NJ and surrounding areas
Publication in state's administrative record, in accordance with the	administrative procedures	.,	
requirements		Date of Email or other electro	uf - hu 18 7040
Email to Electronic Mailing List or Similar Mechanism		notificati	
			t, in State partners , stakeholders, and individuals requesting to and receive such Notices. 4 18
		not emall, description of sim mechanism us	llar
Website Notice		Select the type of website	
		Website of the State Medicald	Agency or Responsible Agency
		Date of Post	ing: Jun 28, 2019
		Website U	JRL: http://www.state.nj.us/humanservices/providers/grants/public/in dex.html
		Website for State Regulations	
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Public Hearing or Meeting			
Other method			
Upload copies of public notices and other documents used			
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notice as published		8/29/2019 1:53 PM EDT	
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Upload with this application a written summary of public comme			And the second s
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		page programs operating to the control of the con-	and the second of the second o
Indicate the key issues raised during the public comment period	(optional)		
Quality	•		
Cost			
Payment methodology			
Eligibility			
Benefits			
Service delivery			
[] Other issue			

Submission - Tribal Input MEDICAID | Medicaid State Plan | Eligibility | NJ2019MS00040 | NJ-19-0017 **Package Header** Package ID NJ2019MS0004O SPA ID NJ-19-0017 Submission Type Official Initial Submission Date 9/10/2019 Approval Date 10/28/2019 Effective Date N/A Superseded SPA (D N/A One or more indian Health Programs or Urban Indian Organizations furnish health care services in this state O Yes O No

Income/Resource Methodologies

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | NJ2019MS0004O | NJ-19-0017

Package Header

Package ID NJ2019MS0004O

Submission Type Official

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User-Entered

SPA ID NJ-19-0017

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Effective Date 7/1/2019

A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

(a) 1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

(3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

B. Additional information (optional)

Income/Resource Methodologies

Non-MAGI Methodologies

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The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

A. Basic Financial Methodology

- 1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.
- 2. The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, with the exceptions described below in B. through G.

B. Use of Less Restrictive Methodologies

- 1. The state elects to apply income and/or resources methodologies that are less restrictive than those used under the cash assistance programs, in accordance with 42 CFR 435.601(d).
- (Yes
- ONo
- 2. The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.

Non-MAGI Methodologies

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C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.

a. The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household, except as follows:

i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:

(1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.

 (2) Considers these couples as living separately for the purpose of counting income and resources.

ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.

b. In the case of Individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the Individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.

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D. Family Size		
The family size of an individual for	whom the SSI locome and recourse methodologies are use	d (as described in section A) includes the persons identified below:
The territy size of all representation for	The Individual applying, or	r (go geschined in zerginu M) kuringes (ne betsouz (gebithied beloM)
	b. If the Individual lives together with his or her spouse, th	a individual anglying and the snovce or
		nd the individual is under 21 or has blindness or a disability, the Individual applying and the parent(s).
2. The family size of an individual for	whom the AFDC Income and resource methodologies are u	sed (as described in section A.), includes the nersons who would have been included in the family under the state's
July 16, 1996 AFDC state plan, except	where the state has elected to use the MAGI-like methodolo	gles (as described in section E).
3. The state defines family size for on	e or more of the following FPL eligibility groups to include o	thers beyond those Identified in D.1. and D.2.
	○ Yes ② No	J
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Non-MAGI Methodolog	zies	
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E. Use of MAGI-like Me	ethodologies	
E. OSE OF MAGNINE ME	ernogoloĝies	
1. The state uses MAGI-like methodol	ologies for one or more populations for whom the most closely related cash assistance program would be the AFDC	program in effect as of July 16, 1996.
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Non-MAGI Methodologies

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F. Countable Income Deductions for the Medically Needy

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In determining countable income for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

- 1. Amounts that would be deducted in determining eligibility under SSI.
- 2. The highest amounts that would be deducted in determining eligibility for optional state supplements if these supplements are paid to all individuals who are receiving SSI or would be eligible for SSI except for their income.

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Income/Resource Standards

Medically Needy Income Level

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A. Income Level Used

- 1. The state employs a single income level for the medically needy,
- 2. The income level varies based on differences between shelter costs in urban and rural areas.

() Yes

😝 No

3. The level used is:

Household size	Standard
1	\$367.00
2	\$434.00
3	\$567.00
4	\$659.00
5	\$742.00
6	\$825,00
7	\$909.00
8	\$975.00
9	\$1042.00
10	\$1109.00

The state uses an additional incremental amount for larger household sizes.

Yes

ONo.

Incremental Amount:

\$67.00

The dollar amounts increase automatically each year

() Yes

🚯 No

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Medically Needy Income Level

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1. Minimum Income Level

B. Basis for Income Level

The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

2. Maximum Income Level

The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

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C. Additional Information	tion (optional)				- Mar 100 100
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If countable income exceeds the inco third party, in accordance with 42 CFF		ome medical expenses incurred by the individual or family or hi	nancially responsible relatives that are not subject to payment by a
A. Budget Periods			
Income in excess of the appropriate i	income standard is considered available for p	payment of medical or remedial care expenses in budget periods	s that do not exceed six months.
	ountable income is reduced by the amount of	f Incurred medical or remedial care expenses during the budget	period specified below:
a. One budget period of:	Mi 6 months		
	(i) i. 6 months (ii) ii) ii) iii) iii) iii) iii) iii) i		
	O ill. 4 months		
	O iv. 3 months		
	O v. 2 months O vi. 1 manth		
Ob. More than one budget period, a			
2. The state includes part or all of the	e retroactive period in the budget period.		
Ø Yes			
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B. Types of Eligible Expenses

- 1. In determining incurred expenses to be deducted from income, the state includes:
 - a. Medicare, Medicaid, and other health insurance premiums and enrollment fees.
 - b. Cost sharing, including copayments, coinsurance, and deductibles, imposed by Medicare, Medicaid or other health insurance.
 - c. Expenses for necessary medical and remedial services recognized by state law but not included in the state plan.
 - d. Expenses for necessary medical and remedial services included in the state plan, including those that exceed limitations on the amount, duration, and scope of services.
- 2. The state also includes medical institutional expenses projected to the end of the budget period at the Medicald reimbursement rate.
- () Yes
- Ø No
- 3. Incurred expenses subject to payment by a third party are not deducted unless the third party is a public program (other than Medicald) of a state and the program is financed by the state.

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C. Timeframe of Deduction of Expenses

in determining incurred expenses to be deducted from income, the state deducts:

- 1. For retroactive budget periods and a budget period that includes both retroactive and prospective budget, the state deducts:
 - a. Eligible expenses incurred during the budget period, whether paid or unpaid.
 - b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
 - c. Unpaid eligible expenses, which have not been deducted previously in establishing eligibility, and were incurred:
 - i. At any time prior to the budget period.
 - \bigcirc ii. Prior to the third month before the month of application, but no earlier than:
 - \bigcirc ill. No earlier than the third month before the month of application.

- 2. For prospective budget period(s), the state deducts:
 - a. Eligible expenses incurred during the budget period, whether paid or unpaid.
 - b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
 - c. Unpaid eligible expenses that are carried over from the prior budget period and have not been deducted previously in establishing eligibility.

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D. Order of Deduction of Expenses

incurred medical or remedial care expenses are deducted in the following order:

1. Dy the type of service, in the following order:

- a. Premiums, deductibles, coinsurance and co-payments.
- b. Expenses for necessary medical or remedial care services that are recognized under state law but not included in the State Plan.
- c. Expenses for necessary medical or remedial care services that are included in the state Plan that exceed agency limitations on amount, duration, or scope of services.
- d. Expenses for necessary medical or remedial care services that are included in the state Plan that are within the agency limitations on amount, duration, or scope of services,
- Q ? In chronological order by the date of the service, or the date cost sharing payments are due.
- \bigcirc 3. In chronological order by the date the bill is submitted to the state by the individual.

Submission Type Official Initial Submission D	ALD NJ-19-0017 Nate 9/10/2019 Nate 7/1/2019
Submission Type Official Initial Submission D Approval Date 10/28/2019 Effective D Supersaded SPA ID 19-0017 User-Entered E. Reasonable Limitations The state sets reasonable limits on the amount to be deducted for expenses. () Yes	1
Approval Date 10/28/2019 Effective D Superseded SPA ID 19-0017 User-Entered E. Reasonable Limitations The state sets reasonable limits on the amount to be deducted for expenses. () Yes	ate 7/1/2019
Superseded SPAID 19-0017 User-Entered E. Reasonable Limitations The state sets reasonable limits on the amount to be deducted for expenses. () Yes	
User-Entered E. Reasonable Limitations The state sets reasonable limits on the amount to be deducted for expenses. () Yes	
E. Reasonable Limitations The state sets reasonable limits on the amount to be deducted for expenses. Yes	
The state sets reasonable limits on the amount to be deducted for expenses. () Yes	
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F. Spenddown Payments Made by Individuals

The state permits individuals to pay-in their spenddown liability.

○Yes

No

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Income/Resource Standards

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NJ2019MS0004O | NJ-19-0017

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A. Medically Needy Resource Level Structure

- 1. The state employs a single resource level for the medically needy.
- 2. The resource level is equal to or higher than the lowest resource standard used under the most closely related cash assistance program.

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NJ2019MS0004O | NJ-19-0017

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B. Resource Level Used

The level used is:

Household size	Standard
1	\$4000.00
2	\$6000.00
3	\$6100.00
4	\$6200,00
5	\$6300.00
6	\$6400,00

The state uses an additional incremental amount for larger household sizes.

Yes

O No

Incremental Amount

Ĺ	Medically Needy Resou	rce Level			
	Package Header Package ID Submission Type Approval Date Superseded SPA ID C. Additional Informat	10/28/2019 19-0017 User-Entered	SPA ID Initial Submission Date Effective Date		
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Mandatory Eligibility Groups

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Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 🕢	Included in Another Submission Package	Source Type 🕖
Infants and Children under Age 19	9	С		0	CONVERTED
Parents and Other Caretaker Relatives	9	С	D	O	CONVERTED
Pregnant Women	9	E i		0	CONVERTED
Deemed Newborns	P	C	О	0	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care	9	С	D	0	NEW
Former Foster Care Children	Ø	С		0	NEW
Transitional Medical Assistance	Ø	C		0	NEW
Extended Medicaid due to Spousal Support Collections	P	C		0	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package 🥝	Included in Another Submission Package	Source Type 🛭
SSI Beneficiaries	Ø	С		0	NEW
Closed Eligibility Groups	9	С		0	NEW
Individuals Deemed To Be Receiving SSI	9	С		0	NEW
Working Individuals under 1619(b)	P	Е		0	NEW
Qualified Medicare Beneficiaries	ø	L		O	NEW
Qualifiéd Disabled and Working Individuals	9	Е	П	0	NEW
Specified Low Income Medicare Beneficiaries	9	С	- O	0	NEW
Qualifying Individuals	P	C		0	NEW

Package Header Package ID N Submission Type O Approval Date 10 Supersaded SPA ID 19	fficial 0/28/2019		Initial Submission D	k ID NJ-19-0017 ate 9/10/2019 ate 7/1/2019	
The state elects the Adult Group, diversion () No					
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Eligibility Group Name		Covered in State Plan	Include RU in Package 🕏	included in Another Submission Package	Source Type 🕏
dult Group	P			0	CONVERTED
additional information (optional)	cted from Covera	ge			
igibility Groups Desele	cted from Covera	ge			
following eligibility groups were p	previously covered in the so	urce approved version of the stat	te plan and deselected from covers	age as part of this submission pac	kage:
• N/A					
		•			
	·				

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NJ2019MS00040 | NJ-19-0017

Package Header

Package ID NJ2019MS0004O

Submission Type Official

Approval Date 10/28/2019

Superseded SPA ID 19-0017

User-Entered

SPA ID NI-19-0017

Initial Submission Date 9/10/2019

Effective Date 7/1/2019

A. Options for Coverage

The state provides Medicald to specified optional groups of individuals.

😝 Yes 🔘 No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACProj.

Families and Adults

Eligibility Group Name		Covered in State Plan	Include RU in Package 🥸	Included in Another Submission Package	Source Type 🕅
Optional Coverage of Parents and Other Caretaker Relatives	P		D	0	NEW
Reasonable Classifications of Individuals under Age 21	9		D	0	NEW
Children with Non-IV-E Adoption Assistance	Ø	С	D	0	CONVERTED
Independent Foster Care Adolescents	9		П	0	CONVERTED
Optional Targeted Low Income Children	p		D	0	NEW
Individuals above 133% FPL under Age 65	P			0	NEW
Individuals Needing Treatment for Breast or Cervical Cancer	Ø	E	С	0	NEW
Individuals Eligible for Family Planning Services	P			•	APPROVED
individuals with Tuberculosis	P		D	0	NEW
Individuals Electing COBRA Continuation Coverage	ø			0	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered in State Plan	incjude RU in Package 🥹	included in Another Submission Package	Source Type 🤣
Individuals Eligible for but Not Receiving Cash Assistance	ø	E		0	NEW
Individuals Eligible for Cash Except for Institutionalization	19	С	ם	0	NEW
Individuals Receiving Home and Community- Based Walver Services under Institutional Rules	Ø	Е	ם	0	NEW
Optional State Supplement Beneficiaries	9	С		0	NEW
Individuals in institutions Eligible under a Special Income Level	P	С	а	0	NEW
PACE Participants	P	Е	а	0	NEW
Individuals Receiving Hospice	P	С		0	NEW
Children under Age 19 with a Disability	P		0	0	NEW
Age and Disability-Related Poverty Level	[9]			0	APPROVED
Work Incentives	P		П	0	NFW
Ticket to Work Basic	P	С		0	APPROVED
Ficket to Work Medical mprovements	Ø			0	NEW

20			caid State Plan Print Vie	•		
Eligibility Group Name	**************************************	Covered in State Plan	Include RU In Package 🛭	included in Another Submission Package	Source Type 🗸	
Family Opportunity Act Children with a Disability	P	а		0	NEW	
ndividuals Receiving State Plan Home and Community-Based Services	Ø			0	NEW	
ndividuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers	9			0	NEW	
		J				!

Superveeded Park 10/28/2019 19-0017 Superveeded Park 10-19-0017 B. Medically Needy Options for Coverage he state provides Medically specified groups of individuals who are medically needy. Park 10/10 Park 10/1	Optional Eligibility Groups (EDICAID Medicald State Plan Eligibility Package Header Package ID NJ2	NJ2019MS0004O NJ-19-001	7		LID NJ-19-0017	
An Medically Needy Options for Coverage he state provides Medical to specified groups of individuals who are medically needy. Nes ONO Individuals Medically Needy: Ammilies and Adults Eligibility Group Name Coverad in State Plan Include RU in Package Included in Another Submission Package Medically Needy Programs Women Coverad in State Plan Include RU in Package Included in Another Submission Package Source Type. Regional Medically Needy Programs Coverad in State Plan Include RU in Package Included in Another Submission Package Source Type. Coverad in State Plan Include RU in Package Included in Another Submission Package Source Type. Coverad in State Plan Include RU in Package Included in Another Submission Package Source Type. Medically Needy Parkage Included in Another Submission Package Source Type. Medically Needy Parkage Included in Another Submission Package Source Type. Medically Needy Parkage Included in Another Submission Package Source Type. Medically Needy Parkage Included in Another Submission Package Source Type. Medically Needy Parkage Included In Another Submission Package Eligibility Group Name Coverad in State Plan Include RU in Package Included in Another Submission Package Source Type. Medically Needy Parkage Included In Another Submission Package Source Type. Medically Needy Parkage Included In Another Submission Package Source Type. Medically Needy Parkage Included In Another Submission Package Source Type. Medically Needy Parkage Included In Another Submission Package Source Type. Medically Needy Parkage Included In Another Submission Package Source Type. Medically Needy Parkage Included In Another Submission Package Source Type. Medically Needy Parkage Included In Another Submission Package Source Type. Approved Disability	Approval Date 10/. Superseded SPA ID 19-	roval Date 10/28/2019 Effective Date 7/1/2019 ded SPA ID 19-0017				
And the state plan are:						
Mandatory Medically Needy: Milles and Adults		d groups of Individuals w	ho are medically needy.			
The Big billity Group Name Covered in State Plan Include RU in Package Submission Package Source Type- Redically Needy Children under ge 18 Eligibility Group Name Covered in State Plan Include RU in Package Included in Another Submission Package Redically Needy Children under ge 18 Eligibility Group Name Covered in State Plan Include RU in Package Included in Another Submission Package NRW NRW Optional Medically Needy: millies and Adults Eligibility Group Name Covered in State Plan Include RU in Package Included in Another Submission Package NRW NRW NRW Optional Medically Needy: millies and Adults Eligibility Group Name Covered in State Plan Include RU in Package Included in Another Submission Package Source Type- Submission Package Source Type- Submission Package New Medically Needy Parents and Adults Covered in State Plan Include RU in Package Included in Another Submission Package Source Type- Submission Package Source Type- Included in Another Submission Package Source Type- Submission Package Source Type- Included in Another Submission Package New Medically Needy Parents and Adults Included in Another Submission Package New Approved Included In Another Submission Package Source Type- Included In Another Submission Package Approved Included In Another Submission Package Included In Another Submission Package Approved Included Include RU In Package Included Include		•				
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ased on Age, Blindness or Approved Stability	Eligibility Group Name		Covered in State Plan	include RU in Package 🤣		Source Type ©
	ased on Age, Blindness or isability	•	С	С	0	APPROVED

Optional Eligibility Groups

MEDICAID | Medicald State Plan | Eligibility | NJ2019MS0004O | NJ-19-0017

Package Header

Package ID NJ2019M50004O

Submission Type Official

Approval Date 10/28/2019

Superseded SPA ID 19-0017 User-Entered

Initial Submission Date 9/10/2019

Effective Date 7/1/2019

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

Eligibility Groups - Options for Coverage

Age and Disability- Related Poverty Level

MEDICAID | Medicald State Plan | Eligibility | NJ2019MS00040 | NJ-19-0017

Individuals who are age 65 or older or who have a disability, with income no higher than 100% FPL.

Package Header

Package ID NJ2019MS0004O

Submission Type Official

Approval Date 10/28/2019

Superseded SPA ID 19-0017

User-Entered

SPA ID NJ-19-0017

initial Submission Date 9/10/2019

Effective Date 7/1/2019

The state covers the optional Age and Disability-Related Poverty Level eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Meet at least one of the following condition(s):

a. Are age 65 or older; or

b. Have a disability.

2. Have income and resources at or below the standard for this group.

e and Disability- Rela CAID Medicald State Plan Eligibli			
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	NUMBER OF STREET	SPA ID NJ-19-0017	
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Submission Type		Initial Submission Date 9/10/2019	
Approval Date		Effective Date 7/1/2019	
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ndividuals Covered			
e state covers all individuals who	meet the characteristics described in section A.		
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Approval Date	10/28/2019	ı	Effective Date 7/1/2019	
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. Financial Methodolo				
		income and resources. Please refer as necessary to Non-MAGI Methodolo	gies, completed by the state.	
Less restrictive methodologies are	used in calculating	countable income.		
Yes No				
		the same less restrictive income methodologies for all individuals covered.		
	⊕ Yes ○ No			
		The less restrictive income methodologies are:		
		General Income disregard:		
			Nume of discounts	Dorgolation
			Name of disregard:	Description: monetary rewards paid by the
			monetary rewards	Division of Medical Assistance and Health services for information leading to the recovery of at least \$100 from
				individuals or entitles that have engaged in health care related fraud or abuse are excluded.
		Census Bureau wages are disregarded.	Description of disregard:	All wages paid by the Census Bureau for temporary employme
				related to Census activities are excluded
.ess restrictive methodologies are	used in calculating	countable resources,		related to Census activities are
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ge and Disability- Relate	ed Poverty Level			
DICAID Medicaid State Plan Eligibility	NJ2019MS0004Q NJ-19-0017			
ackage Header				
Package ID N	1201014500040	OI A93	NJ-19-0017	
		Initial Submission Date		
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Approval Date 10		Effective Date	7/1/2019	
Superseded SPA ID 19	9-0017			
U	ser-Entered			
Income Standard Use	d			
income standard for this eligibility g	rova is:			
) 1. 100% FPL			
	2. A lower percent of the FPL:			
•	, z.r. (orte) percent of sterr is			

Age and Disability-Related Poverty Level

MEDICAID { Medicald State Plan | Eligibility | Nj2019MS00040 | Nj-19-0017

Package Header

Package ID Nj2019M50004O

Submission Type Official

Approval Date 10/28/2019
Superseded SPA ID 19-0017

User-Entered

SPA ID NJ-19-0017

Initial Submission Date 9/10/2019

Effective Date 7/1/2019

E. Resource Standard Used

The resource standard used is:

1. The resource limit for the SSI program; or

② 2. The resource limit used in the state's medically needy program, if higher.

Package ID NJ2019MS00040 SPA ID NJ-19-0017 Submission Type Official Initial Submission Date 9/10/2019 Approval Date 10/28/2019 Effective Date 7/1/2019 Superseded SPA ID 19-0017 User-Entered	Age and Disability- Related Poverty Level AEDICAID Medicaid state Plan Eligibility NJ2019M500040 NJ-19-0017 Package Header	
	Package ID NJ2019MS00040 Submission Type Official Approval Date 10/28/2019 Superseded SPA ID 19-0017	initial Submission Date 9/10/2019
	F. Additional Information (optional)	

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Ticket to Work Basic

MEDICAID | Medicald State Plan | Eligibility | NJ2039MS00040 | NJ-19-0017

Individuals between ages 16 and 64 with a disability, who have earned income.

Package Header

Package ID Nj2019MS0004O

Submission Type Official

Approval Date 10/28/2019

Superseded SPA ID 19-0017

The state covers the optional Ticket to Work basic eligibility group in accordance with the following provisions:

SPA ID NJ-19-0017

Initial Submission Date 9/10/2019

Effective Date 7/1/2019

Ticket to Work Basic MEDICAID | Medicald State Plan | Eligibility | NJ2019M500040 | NJ-19-0017 Package Header Package ID NJ2019M500040 Submission Type Official

Approval Date 10/28/2019

Superseded SPA ID 19-0017

SPA ID NJ-19-0017 Initial Submission Data 9/10/2019 Effective Data 7/1/2019

User-Entered

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

- 1. Are at least age 16 but less than 65 years of age.
- 2. Have earned income.
- 3. But for earned income, meet the SSI definition of disability.
- 4. Have income and resources that do not exceed the standards established by the state.

Ticket to Work Basic			
MEDICAID Medicaid State Plan Eligibility Nj2019MS00040 Nj-19-0017			
Package Header			
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Submission Type Official	Initial Submission Date		
Approval Date 10/28/2019	Effective Date		
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User-Entered			
3. Financial Methodologies			
I. SSI methodologies are used in calculating household income and resources. Please refer as necessary t	o Non-MAGI Methodologies, completed	by the state.	
2. Less restrictive methodologies are used in calculating countable income.		.,	
Yes			
on C			
the less restrictive income methodologies are:			
The difference between one income standard and another is disregarded.			
Between the following percentages of the FPL:	Between this standard:		funearned income equal to the difference to the nd that includes the state supplemental paymen
O Between the medically needy income limit and a percentage of the FPL:	and this standard:		от от приня в не мет меренения в развичать в приня в п
OBetween the SSI Federal Benefit Rate and:	anu tris standard:	10070 FFL	
Between other income standards:			
Geograf Income discountry			
General Income disregard:			
		*** - #1 3414 - #1 41 - #344	
	Name of disregard:		Description:
	A		monetary rewards paid by the Division of
	Ì		Medical Assistance and Health services for
	monetary rewards		information leading to the recovery of at least \$100 from individuals or entities that have
			engaged in health care related fraud or abuse
	\$1500 4.500pperspect to profession and profession a		are excluded.
			the entire amount of any Social security
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Census Bureau wages are disregarded.	Description of disregard:		
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	Reputipolari av mini ogurus		by the Census Bureau for temporary employme sus activities are excluded
8. Less restrictive methodologies are used in calculating countable resources.	· ·		
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Superseded SPA ID	19-0017		
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ncome Standard Us	ed		
			
ncome standard for this group is	:		
• •	○ 1. No income standard		
	2. A percentage of the federal poverty level:		
		FPL 250.00%	
	On A company of the Est Section I Brown St. Section	712 200007	
	() 3. A percentage of the SSI Federal Benefit Rate:		
	O 4. A dollar amount		
	○ 5, Other		
,			
•			

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NJ2019MS0004O | NJ-19-0017

Package Header

Package ID Nj2019MS0004O

Submission Type Official

Approval Date 10/28/2019

Superseded SPA ID 19-0017

User-Entered

D. Resource Standard Used

The resource standard for this group is:

- 1. No resource standard
- O 2. SSI resource standard
- 4. A dollar amount higher than the SSI resource standard

Single Individual \$20000.00

Couple \$30000,00

SPA ID NJ-19-0017

Initial Submission Date 9/10/2019

Effective Date 7/1/2019

MEDICAID Medicaid State Plan Eligibi Package Header	iky (NJ2019M50004O (NJ-19-0017			
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E. Premiums and Cost				
	•			
Requirements for premiums and cost	sharing for this group are found in the pren	nium and cost sharing sections of the state plan.		100
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Ticket to Work Basic	
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Package Header	
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Approval Date	10/28/2019
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	User-Entered
F. Additional Informat	ion (optional)
	•

SPA ID NJ-19-0017 Initial Submission Date 9/10/2019 Effective Date 7/1/2019

Medicald State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | NJ2019M500040 | NJ-19-0017

Individuals who are age 65 or older or who have blindness or a disability who do not qualify as categorically needy.

Package Header

Package ID NJ2019MS0004O

Submission Type Official Approval Date 10/28/2019 Superseded SPA ID 19-0017

SPA ID NJ-19-0017

Initial Submission Date 9/10/2019

Effective Date 7/1/2019

The state covers the optional Medically Needy Populations Based on Age, Blindness or Disability eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1.Meet at least one of the following:

a, Are age 65 or older;

b. Have blindness; or

c. Have a disability.

- 2. Are not otherwise eligible for categorically needy coverage under the state plan.
- 3. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

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	NJ2019MS0004CI	SPA ID	NJ-19-0817	
Submission Type		initial Submission Date	9/10/2019	
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	User-Entered			
individuals Covered				
state covers the following popular	lons:			
1. Individuals age 65 or older				
2. Individuals with blindness 3. Individuals who have a disability				
5. Individuals who have a disability				
				•
		•		

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Submission Type			Initial Submission	Date 9/10/2019	
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Financial Methodol	ogles				
he state uses the same financial r	methodology for all	individuals covered.			
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lo he financial methodology used is:					
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		methodologies are used in calculating countable income.	, ,	,	
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		The less restrictive income methodologies are:			
		General income disregard:			
			f.	Name of discounts	Descriptions
			-	Name of disregard:	Description:
					monetary rewards paid by the Division of Medical Assistance
					and Health services for
			1	monetary rewards	information leading to the recovery of at least \$100 from
		•			individuals or entities that have engaged in health care related
			ļ.,	,,	fraud or abuse are excluded.
				- 14 79 1	All wages paid by the Census
		Census Bureau wages are disregarded.		Description of disregard:	
		Census Bureau wages are disregarded.		Description of disregard:	Bureau for temporary employment related to Census activities are
	c. Less restrictive Yes \(\int \) No	methodologies are used in calculating countable resource The less restrictive resource methodologies are:			Bureau for temporary employment related to Census activities are excluded
		methodologies are used in calculating countable resource	ance partnership" policy	(partnership policy), as defined in s	Bureau for temporary employment related to Census activities are excluded ection 1917(b)(1)(C) of the Social
		methodologies are used in calculating countable resource The less restrictive resource methodologies are: A beneficiary of a "qualified state long-term care insus Security Act and 45 CFR 144,200 et seq., is provided a	ance partnership" policy	(partnership policy), as defined in s	Bureau for temporary employment related to Census activities are excluded ection 1917(b)(1)(C) of the Social
		methodologies are used in calculating countable resource The less restrictive resource methodologies are: A beneficiary of a "qualified state long-term care insus Security Act and 45 CFR 144,200 et seq., is provided a	ance partnership" policy	(partnership policy), as defined in s	Bureau for temporary employment related to Census activities are excluded ection 1917(b)(1)(C) of the Social
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Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | NJ2019MS00040 | NJ-19-0017

Superseded SPA ID 19-0017

Package Header

Package ID NJ2019MS0004O Submission Type Official Approval Date 10/28/2019

SPA ID NJ-19-0017 Initial Submission Date 9/10/2019 Effective Date 7/1/2019

D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

User-Entered

ckage Header Package ID	Nj2019MS0004O	SPA ID NJ-19-0017	
Submission Type	Official	Initial Submission Date 9/10/2019	
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state allows individuals to deduct inc	urred medical and remedial expenses (spe	nd down) to become eligible under this group. Spenddown is de	fined in the Unndling of Eventr Income (Spanddown) 312
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