

Table of Contents

State/Territory Name: **New Jersey**

State Plan Amendment (SPA) #: **23-0025**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

NJ - Submission Package - NJ2023MS00030 - (NJ-23-0025) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
Center for Medicaid & CHIP Services
601 E. 12th St., Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

March 06, 2024

Jennifer Langer Jacobs
Assistant Commissioner
Dept of Human Services - Division of Medical Assistance and Health Services
P.O. Box 712, Mail Code #26
Trenton, NJ 08625-0712

Re: Approval of State Plan Amendment NJ-23-0025

Dear Jennifer Langer Jacobs:

On December 18, 2023, the Centers for Medicare & Medicaid Services (CMS) received New Jersey State Plan Amendment (SPA) NJ-23-0025, in which the state proposed to disregard refunds issued by the state to individuals who incurred Medicare-related premiums, deductibles, and co-payments as a result of not having been enrolled in the appropriate Medicare Savings Program eligibility group.

We approve New Jersey State Plan Amendment (SPA) NJ-23-0025 with an effective date(s) of October 01, 2023.

If you have any questions regarding this amendment, please contact Terri Fraser at Terri.Fraser@cms.hhs.gov or by telephone at 410-786-5573.

Sincerely,
James G. Scott
Director, Division of Program Operations
Center for Medicaid & CHIP Services

NJ - Submission Package - NJ2023MS00030 - (NJ-23-0025) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

CMS-10434 OMB 0938-1188

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: New Jersey

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

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID NJ2023MS00030
Submission Type Official
Approval Date 03/06/2024
Superseded SPA ID N/A

SPA ID NJ-23-0025
Initial Submission Date 12/18/2023
Effective Date N/A

SPA ID and Effective Date

SPA ID NJ-23-0025

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	10/1/2023	NJ-23-0005
Qualified Medicare Beneficiaries	10/1/2023	NJ-10-03
Specified Low Income Medicare Beneficiaries	10/1/2023	NJ-10-03, NJ-10-01
Qualifying Individuals	10/1/2023	NJ-10-03, NJ-10-01
Optional Eligibility Groups	10/1/2023	NJ-23-0009
Individuals Eligible for but Not Receiving Cash Assistance	10/1/2023	NJ-10-01
Individuals Eligible for Cash Except for Institutionalization	10/1/2023	NJ-10-01
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules	10/1/2023	NJ-07-02
Individuals in Institutions Eligible under a Special Income Level	10/1/2023	NJ-07-15
Age and Disability-Related Poverty Level	10/1/2023	NJ-10-01
Medically Needy Pregnant Women	10/1/2023	NJ-10-01
Medically Needy Children under Age 18	10/1/2023	NJ-10-01
Medically Needy Populations Based on Age, Blindness or Disability	10/1/2023	NJ-19-0017

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

Att 2.2A pgs 9b,9b1,9c,11,17b,19,22,24,25; Att 2.6A pgs 2,12,12a,13,14,14a,14aa,16a,17,17b,18,20,20a,21a,22,23; Supp 8a to Att 2.6A pgs 2,3; Supp 8c to Att.2.6A pgs 1,2; Supp 1 to Att 2.6A pgs 8,9; Supp 2 to Att 2.6A pgs 1-7

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives The purpose of this SPA is to exclude refunds paid by the Division of Medical Assistance and Health Service to reimburse certain individuals who were erroneously enrolled in the Specified Low-Income Medicare Beneficiary, Qualifying Individual, and Qualified Disabled and Working Individuals groups, instead of the Qualified Medicare Beneficiary group for costs they incurred as a result of the enrollment errors (QMB disregard).

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$0

Federal Statute / Regulation Citation

Social Security Act 1902(r)(2)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe Not required pursuant to Section 7.4 of NJ Title XIX State plan.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 3/13/2024 10:18 AM EDT

NJ - Submission Package - NJ2023MS00030 - (NJ-23-0025) - Eligibility

[Summary](#)
[Reviewable Units](#)
[Versions](#)
[Correspondence Log](#)
[Analyst Notes](#)
[Approval Letter](#)
[Transaction Logs](#)
[News](#)
[Related Actions](#)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

CMS-10434 OMB 0938-1188

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-23-0005		
	System-Derived		

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		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	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		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Qualifying Individuals		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025




Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-23-0005		
	System-Derived		

B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Adult Group		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

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:

- N/A

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 3/13/2024 10:19 AM EDT

NJ - Submission Package - NJ2023MS00030 - (NJ-23-0025) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	<u>10/1/2023</u>
Superseded SPA ID	NJ-10-03		
	User-Entered		

The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

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

1. Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.
2. Have income and resources at or below the standard for this group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID NJ2023MS00030
Submission Type Official
Approval Date 03/06/2024
Superseded SPA ID NJ-10-03
User-Entered

SPA ID NJ-23-0025
Initial Submission Date 12/18/2023
Effective Date 10/1/2023

B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- General income disregard:

Name of disregard:	Description:
monetary rewards	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 are excluded.

- Census Bureau wages are disregarded.

Description of disregard: All wages paid by the Census Bureau for temporary employment related to Census activities are excluded

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

- The following less restrictive methodologies are used:

Name of methodology:	Description:
MSP Lump sum revised language	Refunds paid by the Division of Medical Assistance and Health Services to reimburse certain individuals who were erroneously enrolled in the Specified Low-Income Medicare Beneficiary, Qualifying individual, and Qualified Disabled and working individuals groups, instead of the Qualified Medicare Beneficiary group, for Medicare premiums and cost-sharing they incurred as a result of the enrollment errors, are excluded.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-10-03		
	User-Entered		

C. Income Standard Used

The amount of the income standard for this group is 100% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-10-03		
	User-Entered		

F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 3/13/2024 10:19 AM EDT

NJ - Submission Package - NJ2023MS00030 - (NJ-23-0025) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Individuals with income above 100% and below 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	<u>10/1/2023</u>
Superseded SPA ID	NJ-10-03, NJ-10-01		
	User-Entered		

The state covers the mandatory specified low income Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

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

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Have income below the income standard and resources at or below the resource standard for this group.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-10-03, NJ-10-01		
	User-Entered		

B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
 No

The less restrictive income methodologies are:

- General income disregard:

Name of disregard:	Description:
monetary rewards	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 are excluded.

- Census Bureau wages are disregarded.

Description of disregard: All wages paid by the Census Bureau for temporary employment related to Census activities are excluded

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
 No

The less restrictive resource methodologies are:

- The following less restrictive methodologies are used:

Name of methodology:	Description:
MSP Lump sum revised language	Refunds paid by the Division of Medical Assistance and Health Services to reimburse certain individuals who were erroneously enrolled in the Specified Low-Income Medicare Beneficiary, Qualifying individual, and Qualified Disabled and working individuals groups, instead of the Qualified Medicare Beneficiary group, for Medicare premiums and cost-sharing they incurred as a result of the enrollment errors, are excluded.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-10-03, NJ-10-01		
	User-Entered		

C. Income Standard Used

Family income must be above 100% FPL and below 120% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-10-03, NJ-10-01		
	User-Entered		

F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 3/13/2024 10:20 AM EDT

NJ - Submission Package - NJ2023MS00030 - (NJ-23-0025) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Individuals with income at or above 120% and below 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	<u>10/1/2023</u>
Superseded SPA ID	NJ-10-03,NJ-10-01		
	User-Entered		

The state covers the mandatory qualifying individuals group in accordance with the following provisions:

A. Characteristics

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

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Are not otherwise eligible for Medicaid under the state plan.
3. Have income below the income standard and resources at or below the resource standard for this group.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-10-03,NJ-10-01		
	User-Entered		

B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- General income disregard:

Name of disregard:	Description:
monetary rewards	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 are excluded.

- Census Bureau wages are disregarded.

Description of disregard: All wages paid by the Census Bureau for temporary employment related to Census activities are excluded

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

- The following less restrictive methodologies are used:

Name of methodology:	Description:
MSP Lump sum revised language	Refunds paid by the Division of Medical Assistance and Health Services to reimburse certain individuals who were erroneously enrolled in the Specified Low-Income Medicare Beneficiary, Qualifying individual, and Qualified Disabled and working individuals groups, instead of the Qualified Medicare Beneficiary group, for Medicare premiums and cost-sharing they incurred as a result of the enrollment errors, are excluded.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-10-03,NJ-10-01		
	User-Entered		

C. Income Standard Used

Family income must be at or above 120% FPL and below 135% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-10-03,NJ-10-01		
	User-Entered		

F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 3/13/2024 10:20 AM EDT

NJ - Submission Package - NJ2023MS00030 - (NJ-23-0025) - Eligibility

[Summary](#)
[Reviewable Units](#)
[Versions](#)
[Correspondence Log](#)
[Analyst Notes](#)
[Approval Letter](#)
[Transaction Logs](#)
[News](#)
[Related Actions](#)

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

CMS-10434 OMB 0938-1188

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	<u>10/1/2023</u>
Superseded SPA ID	NJ-23-0009		
	System-Derived		

A. Options for Coverage

The state provides Medicaid 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 MACPro):

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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Work Incentives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-23-0009		
	System-Derived		

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-23-0009		
	System-Derived		

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:

- N/A

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 3/13/2024 10:21 AM EDT

NJ - Submission Package - NJ2023MS00030 - (NJ-23-0025) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Individuals who are eligible for but not receiving federal cash assistance or an optional state supplement.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	<u>10/1/2023</u>
Superseded SPA ID	NJ-10-01		
	User-Entered		

The state covers the optional Individuals Eligible for but Not Receiving Cash Assistance eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Meet the eligibility requirements of at least one of the following cash assistance programs:

- a. SSI
- b. Optional State Supplement
- c. AFDC

2. Do not receive cash assistance under these programs.

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-10-01		
	User-Entered		

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

Yes

No

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-10-01		
	User-Entered		

C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, SSI methodologies are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

General income disregard:

Name of disregard:	Description:
monetary rewards	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 are excluded.

Census Bureau wages are disregarded.

Description of disregard: All wages paid by the Census Bureau for temporary employment related to Census activities are excluded

4. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

The following less restrictive methodologies are used:

Name of methodology:	Description:
MSP Lump sum revised language	Refunds paid by the Division of Medical Assistance and Health Services to reimburse certain individuals who were erroneously enrolled in the Specified Low-Income Medicare Beneficiary, Qualifying individual, and Qualified Disabled and working individuals groups, instead of the Qualified Medicare Beneficiary group, for Medicare premiums and cost-sharing they incurred as a result of the enrollment errors, are excluded.

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-10-01		
	User-Entered		

D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-10-01		
	User-Entered		

F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 3/13/2024 10:21 AM EDT

NJ - Submission Package - NJ2023MS00030 - (NJ-23-0025) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Individuals who would be eligible for federal cash assistance or an optional state supplement, except for institutionalization.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	<u>10/1/2023</u>
Superseded SPA ID	NJ-10-01		
	User-Entered		

The state covers the optional Individuals Eligible for Cash Except for Institutionalization eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Are in a medical institution.
2. Would meet the eligibility requirements for at least one of the following cash assistance programs, but for the lower income standards used to determine eligibility for institutionalized individuals:
 - a. SSI
 - b. Optional State Supplement
 - c. AFDC

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-10-01		
	User-Entered		

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-10-01		
	User-Entered		

C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, SSI methodologies are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

Yes

No

4. Less restrictive methodologies are used in calculating countable resources.

Yes

No

The less restrictive resource methodologies are:

The following less restrictive methodologies are used:

Name of methodology:	Description:
MSP Lump sum revised language	Refunds paid by the Division of Medical Assistance and Health Services to reimburse certain individuals who were erroneously enrolled in the Specified Low-Income Medicare Beneficiary, Qualifying individual, and Qualified Disabled and working individuals groups, instead of the Qualified Medicare Beneficiary group, for Medicare premiums and cost-sharing they incurred as a result of the enrollment errors, are excluded.

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-10-01		
	User-Entered		

D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-10-01		
	User-Entered		

F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 3/13/2024 10:22 AM EDT

NJ - Submission Package - NJ2023MS00030 - (NJ-23-0025) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Individuals who would be eligible for Medicaid if they were in an institution and who receive home and community-based services.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	<u>10/1/2023</u>
Superseded SPA ID	NJ-07-02		
	User-Entered		

The state operates the Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Would be eligible for Medicaid if in a medical institution.
2. But for the provision of home and community-based services under a waiver granted under section 1915(c), (d) or (e) of the Act:
 - a. For waivers granted under 1915(c), the individuals would otherwise require the level of care furnished in a hospital, a nursing facility or an intermediate care facility for individuals with intellectual disabilities.
 - b. For waivers granted under 1915(d) or (e), the individuals would otherwise require the level of care furnished in a hospital or nursing facility.
3. Will receive the waived services.

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-07-02		
	User-Entered		

B. Income and Resource Methodologies

1. The income and resource methodologies used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
 No

The less restrictive income methodologies are:

- General income disregard:

Name of disregard:	Description:
monetary rewards	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 are excluded.

- Census Bureau wages are disregarded.

Description of disregard: All wages paid by the Census Bureau for temporary employment related to Census activities are excluded

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
 No

The less restrictive resource methodologies are:

- The following less restrictive methodologies are used:

Name of methodology:	Description:
MSP Lump sum revised language	Refunds paid by the Division of Medical Assistance and Health Services to reimburse certain individuals who were erroneously enrolled in the Specified Low-Income Medicare Beneficiary, Qualifying individual, and Qualified Disabled and working individuals groups, instead of the Qualified Medicare Beneficiary group, for Medicare premiums and cost-sharing they incurred as a result of the enrollment errors, are excluded.

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-07-02		
	User-Entered		

C. Income and Resource Standards

The income and resource standards used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-07-02		
	User-Entered		

D. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 3/13/2024 10:22 AM EDT

NJ - Submission Package - NJ2023MS00030 - (NJ-23-0025) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Individuals who are in medical institutions for at least 30 consecutive days who are eligible under a special income level.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	<u>10/1/2023</u>
Superseded SPA ID	NJ-07-15		
	User-Entered		

The state covers Individuals in Institutions Eligible under a Special Income Level in accordance with the following provisions:

A. Characteristics

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

1. Have been in a medical institution for at least 30 consecutive days.
2. Have income at or below a standard described in section D.

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-07-15		
	User-Entered		

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
 No

2. The state covers the following populations:

- a. Individuals age 65 or older
 b. Individuals who have blindness
 c. Individuals who have a disability
 d. Pregnant women
 e. All Individuals under age 21, or a lower age
 f. Reasonable classifications of children.

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-07-15		
	User-Entered		

C. Financial Methodologies

1. In calculating household income, the methodologies of the most closely related cash assistance program are used, except that disregards are not applied.
2. In calculating household resources, the methodologies of the most closely related cash assistance program are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
3. Less restrictive methodologies are used in calculating countable resources.

- Yes
 No

The less restrictive resource methodologies are:

- A specified type of resource is disregarded:

Name of resource type:	Description:
MSP Lump sum disregard	Refunds paid by the Division of Medical Assistance and Health Services to reimburse certain individuals who were erroneously enrolled in the Specified Low-Income Medicare Beneficiary, Qualifying individual, and Qualified Disabled and working individuals groups, instead of the Qualified Medicare Beneficiary group, for Medicare premiums and cost-sharing they incurred as a result of the enrollment errors, are excluded.

- A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-07-15		
	User-Entered		

D. Income Standard Used

The income standard for this group is:

- 1. 300% of the SSI Federal Benefit Rate (FBR) for an individual
- 2. Other lower income level

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-07-15		
	User-Entered		

E.Resource Standard Used

The resource standard for this group is the one used for the most closely-related cash assistance program.

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-07-15		
	User-Entered		

F.Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 3/13/2024 10:23 AM EDT

NJ - Submission Package - NJ2023MS00030 - (NJ-23-0025) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

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

CMS-10434 OMB 0938-1188

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	<u>10/1/2023</u>
Superseded SPA ID	NJ-10-01		
	User-Entered		

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.

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-10-01		
	User-Entered		

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-10-01		
	User-Entered		

C. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

Yes

No

a. The state uses the same less restrictive income methodologies for all individuals covered.

Yes

No

The less restrictive income methodologies are:

General income disregard:

Name of disregard:	Description:
monetary rewards	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 are excluded.

Census Bureau wages are disregarded.

Description of disregard: All wages paid by the Census Bureau for temporary employment related to Census activities are excluded

3. Less restrictive methodologies are used in calculating countable resources.

Yes

No

a. The state uses the same less restrictive resource methodologies for all individuals covered.

Yes

No

The less restrictive resource methodologies are:

The following less restrictive methodologies are used:

Name of methodology:	Description:
MSP Lump sum revised language	Refunds paid by the Division of Medical Assistance and Health Services to reimburse certain individuals who were erroneously enrolled in the Specified Low-Income Medicare Beneficiary, Qualifying individual, and Qualified Disabled and working individuals groups, instead of the Qualified Medicare Beneficiary group, for Medicare premiums and cost-sharing they incurred as a result of the enrollment errors, are excluded.

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-10-01		
	User-Entered		

D. Income Standard Used

The income standard for this eligibility group is:

- 1. 100% FPL
- 2. A lower percent of the FPL:

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-10-01		
	User-Entered		

E. Resource Standard Used

The resource standard used is:

- 1. The resource limit for the SSI program; or
- 2. The resource limit used in the state's medically needy program, if higher.

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-10-01		
	User-Entered		

F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 3/13/2024 10:23 AM EDT

NJ - Submission Package - NJ2023MS00030 - (NJ-23-0025) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Woman who are pregnant or post-partum who would qualify under the state's Pregnant Women eligibility group, except for income.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	<u>10/1/2023</u>
Superseded SPA ID	NJ-10-01		
	User-Entered		

The state covers the Medically Needy Pregnant Women eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Are pregnant or post-partum, as defined in 42 CFR 435.4.
2. Would qualify under the Pregnant Women eligibility group, except for income.
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-10-01		
	User-Entered		

B. Financial Methodologies

1. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- General income disregard:

Name of disregard:	Description:
monetary rewards	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 are excluded.

- Census Bureau wages are disregarded.

Description of disregard: All wages paid by the Census Bureau for temporary employment related to Census activities are excluded

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

- The following less restrictive methodologies are used:

Name of methodology:	Description:
MSP Lump sum revised language	Refunds paid by the Division of Medical Assistance and Health Services to reimburse certain individuals who were erroneously enrolled in the Specified Low-Income Medicare Beneficiary, Qualifying individual, and Qualified Disabled and working individuals groups, instead of the Qualified Medicare Beneficiary group, for Medicare premiums and cost-sharing they incurred as a result of the enrollment errors, are excluded.

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-10-01		
	User-Entered		

C. Income Standard Used

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

D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-10-01		
	User-Entered		

F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 3/13/2024 10:24 AM EDT

NJ - Submission Package - NJ2023MS00030 - (NJ-23-0025) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Children under age 18 who would qualify under the state's categorically needy eligibility groups, except for income.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	<u>10/1/2023</u>
Superseded SPA ID	NJ-10-01		
	User-Entered		

The state covers the Medically Needy Children under Age 18 eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Are under age 18.
2. Would qualify as categorically needy, except for income.
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-10-01		
	User-Entered		

B. Financial Methodologies

1. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- General income disregard:

Name of disregard:	Description:
monetary rewards	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 are excluded.

- Census Bureau wages are disregarded.

Description of disregard: All wages paid by the Census Bureau for temporary employment related to Census activities are excluded

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

- The following less restrictive methodologies are used:

Name of methodology:	Description:
MSP Lump sum revised language	Refunds paid by the Division of Medical Assistance and Health Services to reimburse certain individuals who were erroneously enrolled in the Specified Low-Income Medicare Beneficiary, Qualifying individual, and Qualified Disabled and working individuals groups, instead of the Qualified Medicare Beneficiary group, for Medicare premiums and cost-sharing they incurred as a result of the enrollment errors, are excluded.

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-10-01		
	User-Entered		

C. Income Standard Used

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

D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-10-01		
	User-Entered		

F. Additional Information (optional)

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-10-01		
	User-Entered		

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 3/13/2024 10:25 AM EDT

NJ - Submission Package - NJ2023MS00030 - (NJ-23-0025) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

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

CMS-10434 OMB 0938-1188

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	<u>10/1/2023</u>
Superseded SPA ID	NJ-19-0017		
	System-Derived		

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.

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-19-0017		
	System-Derived		

B. Individuals Covered

The state covers the following populations:

- 1. Individuals age 65 or older
- 2. Individuals with blindness
- 3. Individuals who have a disability

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-19-0017		
	System-Derived		

C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

- Yes
 No

2. The financial methodology used is:

a. SSI methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

b. Less restrictive methodologies are used in calculating countable income.

- Yes No

The less restrictive income methodologies are:

General income disregard:

Name of disregard:	Description:
monetary rewards	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 are excluded.

Census Bureau wages are disregarded.

Description of disregard: All wages paid by the Census Bureau for temporary employment related to Census activities are excluded

c. Less restrictive methodologies are used in calculating countable resources.

- Yes No

The less restrictive resource methodologies are:

A specified type of resource is disregarded:

Name of resource type:	Description:
MSP Lump sum disregard	Refunds paid by the Division of Medical Assistance and Health Services to reimburse certain

Name of resource type:	Description:
	individuals who were erroneously enrolled in the Specified Low-Income Medicare Beneficiary, Qualifying individual, and Qualified Disabled and working individuals groups, instead of the Qualified Medicare Beneficiary group, for Medicare premiums and cost-sharing they incurred as a result of the enrollment errors, are excluded.

- A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-19-0017		
	System-Derived		

D. Income Standard Used

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

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-19-0017		
	System-Derived		

E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-19-0017		
	System-Derived		

F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | NJ2023MS00030 | NJ-23-0025

Package Header

Package ID	NJ2023MS00030	SPA ID	NJ-23-0025
Submission Type	Official	Initial Submission Date	12/18/2023
Approval Date	03/06/2024	Effective Date	10/1/2023
Superseded SPA ID	NJ-19-0017		
	System-Derived		

G. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 3/13/2024 10:25 AM EDT