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State/Territory Name: **New Jersey**

State Plan Amendment (SPA) #: **24-0005**

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 - NJ2024MS0001O - (NJ-24-0005) - Eligibility

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



Center for Medicaid & CHIP Services

May 17, 2024

Jennifer Langer Jacobs
Assistant Commissioner
MJ Department 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-24-0005

Dear Jennifer Langer Jacobs,

On March 25, 2024, the Centers for Medicare and Medicaid Services (CMS) received New Jersey State Plan Amendment (SPA) NJ-24-0005, in which the state proposed to eliminate the income test for its Work Incentives eligibility group and end coverage of its Ticket to Work eligibility group.

We approve New Jersey State Plan Amendment (SPA) NJ-24-0005 with an effective date of February 01, 2024.

If you have any questions regarding this amendment, please contact Terri Fraser at Terri.Fraser@cms.hhs.gov.

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

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NJ2024MS0001O | NJ-24-0005

CMS-10434 OMB 0938-1188

Package Header

Package ID	NJ2024MS0001O	SPA ID	NJ-24-0005
Submission Type	Official	Initial Submission Date	3/25/2024
Approval Date	05/17/2024	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Superseded SPA ID	N/A		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 | NJ2024MS0001O | NJ-24-0005

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Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID NJ-24-0005

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	2/1/2024	NJ-23-0025
Work Incentives	2/1/2024	NJ-23-0009
Ticket to Work Basic	2/1/2024	NJ-23-0009

Page Number of the Superseded Plan Section or Attachment (If Applicable):

TN-00-22 Attachment 2.6A pages 12d, 12e, 12f, 12g, 12h, 12i, 12j, 12k, 12l, 12n, and 12o.

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NJ2024MS0001O | NJ-24-0005

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Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives To implement legislation regarding the New Jersey WorkAbility program (P.L.2021 c.344) New Jersey intends to update the current NJ WorkAbility program by eliminating income limits while implementing premiums for individuals with income above 250% of the Federal Poverty Level. In addition, State Plan authority for the NJ WorkAbility program will be fully transferred from the Ticket to Work eligibility group to the Work Incentives eligibility group.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$1004664
Second	2025	\$2661604

Federal Statute / Regulation Citation

1902(a)(10)(A)(ii)(XIII); 1902(a)(10)(A)(ii)(XV)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

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Governor's Office Review

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

Describe Not required pursuant to Section 7.4 of New Jersey 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.

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Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NJ2024MS0001O | NJ-24-0005

CMS-10434 OMB 0938-1188

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Superseded SPA ID	NJ-23-0025		
	User-Entered		

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 type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="radio"/>	APPROVED
Work Incentives		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
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

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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 type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="radio"/>	APPROVED

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NJ2024MS0001O | NJ-24-0005

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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:

- Ticket to Work Basic

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Eligibility Groups - Options for Coverage

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | NJ2024MS0001O | NJ-24-0005

Individuals with a disability with income below 250% of the FPL, who would qualify for SSI except for earned income.

[↓ Spell Check Instructions](#) | [🔔 Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

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[VIEW ALL RESPONSES](#)

The state covers the optional Work Incentives eligibility group in accordance with the following provisions:

A. Characteristics

[Collapse](#)

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

1. Have earned income.
2. Meet the SSI definition of disability, but for earned income.
3. Meet income and resource standards following a two-step process, which includes:
 - a. Step One - A comparison of family net income to 250% FPL; and
 - b. Step Two - A comparison of individual net income and resources to the SSI standards, excluding earned income.

B. Step One Financial Methodologies and Income Test

[Collapse](#)

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

[View approved version of Non-MAGI Methodologies](#)
 - b. Less restrictive methodologies are used in calculating countable income.
 - Yes
 - No

The less restrictive income methodologies are:

- All income is disregarded. No income test is applied.

2. Income Test

Family net income must be less than 250% FPL. Please refer as necessary to Non-MAGI Methodologies for the definition of family size.

[View approved version of Non-MAGI Methodologies](#)

C. Step Two Financial Methodologies and Income/Resource Test

[Collapse](#)

1. Financial methodologies

a. SSI methodologies are used in calculating income and resources, except that earned income is not counted. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

[View approved version of Non-MAGI Methodologies](#)

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

- Yes
 No

The less restrictive income methodologies are:

All income is disregarded. No income test is applied.

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

- Yes
 No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

2. Income Test

For individuals who pass Step One, in Step Two, the individual's unearned income (plus deemed income, if appropriate) must be less than one of the following income standards:

- a. The SSI income standard.
 b. The income standard of the state supplement program.

3. Resource Test

The individual's resources must be less than the SSI resource standard.

D. Premiums and Cost Sharing

[Collapse](#)

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

E. Additional Information (optional)

[Collapse](#)

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Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Ticket to Work Basic

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

CMS-10434 OMB 0938-1188

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Group No Longer Covered

Covered Through ⓘ 1/31/2024 **Terminated As Of** ⓘ 2/1/2024

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