

CHAPTER 123

AN ACT providing for annual Medicaid eligibility redeterminations and supplementing Title 30 of the Revised Statutes.

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

C.30:4D-3d Definitions, Medicaid eligibility redetermination.

1. a. As used in this section:

“Beneficiary” means an individual eligible for medical assistance through Medicaid or NJ FamilyCare.

“Commissioner” means the Commissioner of Human Services.

“Division” means the Division of Medical Assistance and Health Services in the Department of Human Services.

“Eligibility redetermination” means the administrative process by which the division or a county welfare agency reviews a beneficiary’s income, financial resources, and circumstances relating to the beneficiary’s application for continuation of benefits received under Medicaid or NJ FamilyCare.

“Medicaid” means the Medicaid program established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.).

“NJ FamilyCare” means the NJ FamilyCare program established pursuant to P.L.2005, c.156 (C.30:4J-8 et al.).

b. No later than the first day of the fourteenth month next following the expiration of the federal public health emergency declared in response to the SARS-CoV-2 pandemic, the commissioner shall direct the division or a county welfare agency to conduct an eligibility redetermination for a beneficiary no less than 365 days following the date of the beneficiary’s initial enrollment in, or the date of the beneficiary’s last eligibility redetermination for, Medicaid or NJ FamilyCare. The commissioner shall determine the means and method by which an eligibility redetermination shall be conducted.

c. To the extent permitted under federal law and regulation, the commissioner, not later than the first day of the fourteenth month next following the expiration of the federal public health emergency declared in response to the SARS-CoV-2 pandemic, shall provide for at least 12 months of continuous Medicaid eligibility for adult eligibility groups without imposing any reporting requirements regarding changes of income or resources and regardless of the delivery system through which the beneficiary receives benefits.

d. The commissioner shall apply for such State plan amendments or waivers as may be necessary to implement the provisions of this act and to secure federal financial participation for State Medicaid expenditures under the federal Medicaid program.

C.30:4D-3e Rules, regulations.

2. The Commissioner of Human Services shall adopt rules and regulations as shall be necessary to implement the provisions of this act, which rules and regulations shall be effective immediately upon filing with the Office of Administrative Law for a period not to exceed 18 months and may, thereafter, be amended, adopted, or readopted in accordance with the “Administrative Procedure Act” P.L.1968, c.410 (C.52:14B-1 et seq.).

3. This act shall take effect on the first day of the first full month next following the expiration of the federal public health emergency declared in response to the SARS-CoV-2

pandemic, except that the Commissioner of Human Services may take any anticipatory administrative action in advance thereof as may be necessary for the implementation of this act.

Approved December 1, 2022.