

ASSEMBLY HUMAN SERVICES COMMITTEE

STATEMENT TO

[First Reprint]

SENATE, No. 2118

STATE OF NEW JERSEY

DATED: JUNE 9, 2022

The Assembly Human Services Committee reports favorably Senate Bill No. 2118 (1R).

This bill requires the Division of Medical Assistance and Health Services in the Department of Human Services or a county welfare agency to conduct eligibility redeterminations for Medicaid and NJ FamilyCare beneficiaries no less than 365 days following the date of a beneficiary's initial enrollment in, or the date of the beneficiary's last eligibility redetermination for, Medicaid or NJ FamilyCare. The bill additionally requires the Commissioner of Human Services to determine the means and method by which the annual eligibility redetermination is to be conducted. Currently, New Jersey statute does not specify the frequency with which Medicaid and NJ FamilyCare eligibility redeterminations are to occur.

The bill further requires the commissioner, to the extent permitted under federal law and regulation, to provide for 12 months of continuous Medicaid eligibility for adult beneficiary groups, without imposing reporting requirements for changes of income or resources and regardless of the delivery system through which the beneficiary receives benefits.

As reported by the committee, Senate Bill No. 2118 (1R) is identical to Assembly Bill No. 3678 which was reported and amended by the committee on this date.