

[Second Reprint]

ASSEMBLY, No. 5262

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED JANUARY 12, 2021

Sponsored by:

Assemblywoman CAROL A. MURPHY

District 7 (Burlington)

Assemblyman ERIC HOUGHTALING

District 11 (Monmouth)

Assemblywoman BRITNEE N. TIMBERLAKE

District 34 (Essex and Passaic)

Co-Sponsored by:

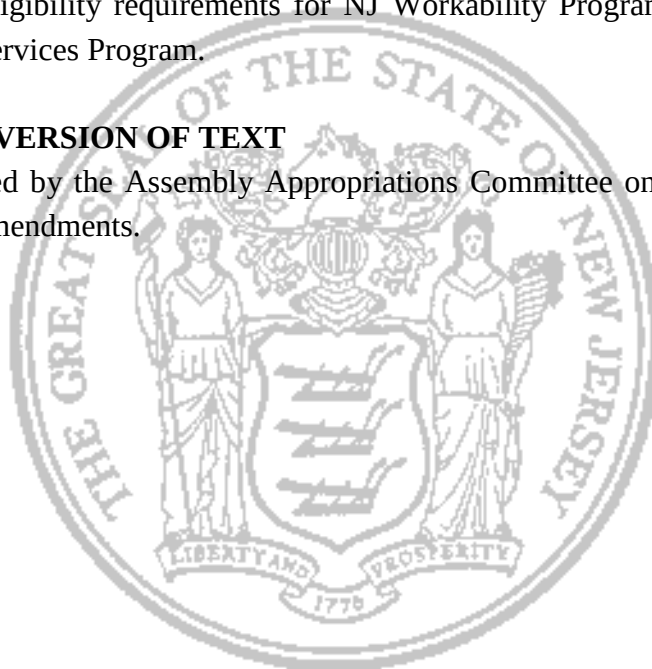
**Assemblywomen Chaparro, Vainieri Huttle, Assemblyman Benson,
Assemblywoman Dunn, Assemblyman Zwicker and Assemblywoman
Downey**

SYNOPSIS

Revises eligibility requirements for NJ Workability Program and Personal Assistance Services Program.

CURRENT VERSION OF TEXT

As reported by the Assembly Appropriations Committee on December 13, 2021, with amendments.



(Sponsorship Updated As Of: 12/20/2021)

1 AN ACT concerning medical and support services provided to certain
2 working individuals with disabilities and amending ¹["Title 30 of
3 the Revised Statutes"] P.L.1968, c.410 and P.L.1987, c.350¹ .
4

5 **BE IT ENACTED** by the Senate and General Assembly of the State
6 of New Jersey:
7

8 1. Section 3 of P.L.1968, c.413 (C.30:4D-3) is amended to read
9 as follows:

10 3. Definitions. As used in P.L.1968, c.413 (C.30:4D-1 et seq.),
11 and unless the context otherwise requires:

12 a. "Applicant" means any person who has made application for
13 purposes of becoming a "qualified applicant."

14 b. "Commissioner" means the Commissioner of Human
15 Services.

16 c. "Department" means the Department of Human Services,
17 which is herein designated as the single State agency to administer
18 the provisions of this act.

19 d. "Director" means the Director of the Division of Medical
20 Assistance and Health Services.

21 e. "Division" means the Division of Medical Assistance and
22 Health Services.

23 f. "Medicaid" means the New Jersey Medical Assistance and
24 Health Services Program.

25 g. "Medical assistance" means payments on behalf of recipients
26 to providers for medical care and services authorized under
27 P.L.1968, c.413.

28 h. "Provider" means any person, public or private institution,
29 agency, or business concern approved by the division lawfully
30 providing medical care, services, goods, and supplies authorized
31 under P.L.1968, c.413, holding, where applicable, a current valid
32 license to provide such services or to dispense such goods or
33 supplies.

34 i. "Qualified applicant" means a person who is a resident of
35 this State, and either a citizen of the United States or an eligible
36 alien, and is determined to need medical care and services as
37 provided under P.L.1968, c.413, with respect to whom the period
38 for which eligibility to be a recipient is determined shall be the
39 maximum period permitted under federal law, and who:

40 (1) Is a dependent child or parent or caretaker relative of a
41 dependent child who would be, except for resources, eligible for the
42 aid to families with dependent children program under the State
43 Plan for Title IV-A of the federal Social Security Act as of July 16,
44 1996;

EXPLANATION – Matter enclosed in bold-faced brackets **[thus]** in the above bill is
not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Assembly AHU committee amendments adopted May 12, 2021.

²Assembly AAP committee amendments adopted December 13, 2021.

- 1 (2) Is a recipient of Supplemental Security Income for the Aged,
2 Blind and Disabled under Title XVI of the Social Security Act;
- 3 (3) Is an "ineligible spouse" of a recipient of Supplemental
4 Security Income for the Aged, Blind and Disabled under Title XVI
5 of the Social Security Act, as defined by the federal Social Security
6 Administration;
- 7 (4) Would be eligible to receive Supplemental Security Income
8 under Title XVI of the federal Social Security Act or, without
9 regard to resources, would be eligible for the aid to families with
10 dependent children program under the State Plan for Title IV-A of
11 the federal Social Security Act as of July 16, 1996, except for
12 failure to meet an eligibility condition or requirement imposed
13 under such State program which is prohibited under Title XIX of
14 the federal Social Security Act such as a durational residency
15 requirement, relative responsibility, consent to imposition of a lien;
- 16 (5) (Deleted by amendment, P.L.2000, c.71).
- 17 (6) Is an individual under 21 years of age who, without regard to
18 resources, would be, except for dependent child requirements,
19 eligible for the aid to families with dependent children program
20 under the State Plan for Title IV-A of the federal Social Security
21 Act as of July 16, 1996, or groups of such individuals, including but
22 not limited to, children in resource family placement under
23 supervision of the Division of Child Protection and Permanency in
24 the Department of Children and Families whose maintenance is
25 being paid in whole or in part from public funds, children placed in
26 a resource family home or institution by a private adoption agency
27 in New Jersey or children in intermediate care facilities, including
28 developmental centers for the developmentally disabled, or in
29 psychiatric hospitals;
- 30 (7) Would be eligible for the Supplemental Security Income
31 program, but is not receiving such assistance and applies for
32 medical assistance only;
- 33 (8) Is determined to be medically needy and meets all the
34 eligibility requirements described below:
 - 35 (a) The following individuals are eligible for services, if they
36 are determined to be medically needy:
 - 37 (i) Pregnant women;
 - 38 (ii) Dependent children under the age of 21;
 - 39 (iii) Individuals who are 65 years of age and older; and
 - 40 (iv) Individuals who are blind or disabled pursuant to either 42
41 C.F.R.435.530 et seq. or 42 C.F.R.435.540 et seq., respectively.
 - 42 (b) The following income standard shall be used to determine
43 medically needy eligibility:
 - 44 (i) For one person and two person households, the income
45 standard shall be the maximum allowable under federal law, but
46 shall not exceed 133 1/3% of the State's payment level to two
47 person households under the aid to families with dependent children

1 program under the State Plan for Title IV-A of the federal Social
2 Security Act in effect as of July 16, 1996; and

3 (ii) For households of three or more persons, the income
4 standard shall be set at 133 1/3% of the State's payment level to
5 similar size households under the aid to families with dependent
6 children program under the State Plan for Title IV-A of the federal
7 Social Security Act in effect as of July 16, 1996.

8 (c) The following resource standard shall be used to determine
9 medically needy eligibility:

10 (i) For one person households, the resource standard shall be
11 200% of the resource standard for recipients of Supplemental
12 Security Income pursuant to 42 U.S.C. s.1382(1)(B);

13 (ii) For two person households, the resource standard shall be
14 200% of the resource standard for recipients of Supplemental
15 Security Income pursuant to 42 U.S.C. s.1382(2)(B);

16 (iii) For households of three or more persons, the resource
17 standard in subparagraph (c)(ii) above shall be increased by
18 \$100.00 for each additional person; and

19 (iv) The resource standards established in (i), (ii), and (iii) are
20 subject to federal approval and the resource standard may be lower
21 if required by the federal Department of Health and Human
22 Services.

23 (d) Individuals whose income exceeds those established in
24 subparagraph (b) of paragraph (8) of this subsection may become
25 medically needy by incurring medical expenses as defined in 42
26 C.F.R.435.831(c) which will reduce their income to the applicable
27 medically needy income established in subparagraph (b) of
28 paragraph (8) of this subsection.

29 (e) A six-month period shall be used to determine whether an
30 individual is medically needy.

31 (f) Eligibility determinations for the medically needy program
32 shall be administered as follows:

33 (i) County welfare agencies and other entities designated by the
34 commissioner are responsible for determining and certifying the
35 eligibility of pregnant women and dependent children. The division
36 shall reimburse county welfare agencies for 100% of the reasonable
37 costs of administration which are not reimbursed by the federal
38 government for the first 12 months of this program's operation.
39 Thereafter, 75% of the administrative costs incurred by county
40 welfare agencies which are not reimbursed by the federal
41 government shall be reimbursed by the division;

42 (ii) The division is responsible for certifying the eligibility of
43 individuals who are 65 years of age and older and individuals who
44 are blind or disabled. The division may enter into contracts with
45 county welfare agencies to determine certain aspects of eligibility.
46 In such instances the division shall provide county welfare agencies
47 with all information the division may have available on the
48 individual.

1 The division shall notify all eligible recipients of the
2 Pharmaceutical Assistance to the Aged and Disabled program,
3 P.L.1975, c.194 (C.30:4D-20 et seq.) on an annual basis of the
4 medically needy program and the program's general requirements.
5 The division shall take all reasonable administrative actions to
6 ensure that Pharmaceutical Assistance to the Aged and Disabled
7 recipients, who notify the division that they may be eligible for the
8 program, have their applications processed expeditiously, at times
9 and locations convenient to the recipients; and

10 (iii) The division is responsible for certifying incurred medical
11 expenses for all eligible persons who attempt to qualify for the
12 program pursuant to subparagraph (d) of paragraph (8) of this
13 subsection;

14 (9) (a) Is a child who is at least one year of age and under 19
15 years of age and, if older than six years of age but under 19 years of
16 age, is uninsured; and

17 (b) Is a member of a family whose income does not exceed
18 133% of the poverty level and who meets the federal Medicaid
19 eligibility requirements set forth in section 9401 of Pub.L.99-509
20 (42 U.S.C. s.1396a);

21 (10) Is a pregnant woman who is determined by a provider to be
22 presumptively eligible for medical assistance based on criteria
23 established by the commissioner, pursuant to section 9407 of
24 Pub.L.99-509 (42 U.S.C. s.1396a(a));

25 (11) Is an individual 65 years of age and older, or an individual
26 who is blind or disabled pursuant to section 301 of Pub.L.92-603
27 (42 U.S.C. s.1382c), whose income does not exceed 100% of the
28 poverty level, adjusted for family size, and whose resources do not
29 exceed 100% of the resource standard used to determine medically
30 needy eligibility pursuant to paragraph (8) of this subsection;

31 (12) Is a qualified disabled and working individual pursuant to
32 section 6408 of Pub.L.101-239 (42 U.S.C. s.1396d) whose income
33 does not exceed 200% of the poverty level and whose resources do
34 not exceed 200% of the resource standard used to determine
35 eligibility under the Supplemental Security Income Program,
36 P.L.1973, c.256 (C.44:7-85 et seq.);

37 (13) Is a pregnant woman or is a child who is under one year of
38 age and is a member of a family whose income does not exceed
39 185% of the poverty level and who meets the federal Medicaid
40 eligibility requirements set forth in section 9401 of Pub.L.99-509
41 (42 U.S.C. s.1396a), except that a pregnant woman who is
42 determined to be a qualified applicant shall, notwithstanding any
43 change in the income of the family of which she is a member,
44 continue to be deemed a qualified applicant until the end of the 60-
45 day period beginning on the last day of her pregnancy;

46 (14) (Deleted by amendment, P.L.1997, c.272).

47 (15) (a) Is a specified low-income Medicare beneficiary
48 pursuant to 42 U.S.C. s.1396a(a)10(E)iii whose resources beginning

1 January 1, 1993 do not exceed 200% of the resource standard used
2 to determine eligibility under the Supplemental Security Income
3 program, P.L.1973, c.256 (C.44:7-85 et seq.) and whose income
4 beginning January 1, 1993 does not exceed 110% of the poverty
5 level, and beginning January 1, 1995 does not exceed 120% of the
6 poverty level.

7 (b) An individual who has, within 36 months, or within 60
8 months in the case of funds transferred into a trust, of applying to
9 be a qualified applicant for Medicaid services in a nursing facility
10 or a medical institution, or for home or community-based services
11 under section 1915(c) of the federal Social Security Act (42 U.S.C.
12 s.1396n(c)), disposed of resources or income for less than fair
13 market value shall be ineligible for assistance for nursing facility
14 services, an equivalent level of services in a medical institution, or
15 home or community-based services under section 1915(c) of the
16 federal Social Security Act (42 U.S.C. s.1396n(c)). The period of
17 the ineligibility shall be the number of months resulting from
18 dividing the uncompensated value of the transferred resources or
19 income by the average monthly private payment rate for nursing
20 facility services in the State as determined annually by the
21 commissioner. In the case of multiple resource or income transfers,
22 the resulting penalty periods shall be imposed sequentially.
23 Application of this requirement shall be governed by 42 U.S.C.
24 s.1396p(c). In accordance with federal law, this provision is
25 effective for all transfers of resources or income made on or after
26 August 11, 1993. Notwithstanding the provisions of this subsection
27 to the contrary, the State eligibility requirements concerning
28 resource or income transfers shall not be more restrictive than those
29 enacted pursuant to 42 U.S.C. s.1396p(c).

30 (c) An individual seeking nursing facility services or home or
31 community-based services and who has a community spouse shall
32 be required to expend those resources which are not protected for
33 the needs of the community spouse in accordance with section
34 1924(c) of the federal Social Security Act (42 U.S.C. s.1396r-5(c))
35 on the costs of long-term care, burial arrangements, and any other
36 expense deemed appropriate and authorized by the commissioner.
37 An individual shall be ineligible for Medicaid services in a nursing
38 facility or for home or community-based services under section
39 1915(c) of the federal Social Security Act (42 U.S.C. s.1396n(c)) if
40 the individual expends funds in violation of this subparagraph. The
41 period of ineligibility shall be the number of months resulting from
42 dividing the uncompensated value of transferred resources and
43 income by the average monthly private payment rate for nursing
44 facility services in the State as determined by the commissioner.
45 The period of ineligibility shall begin with the month that the
46 individual would otherwise be eligible for Medicaid coverage for
47 nursing facility services or home or community-based services.

1 This subparagraph shall be operative only if all necessary
2 approvals are received from the federal government including, but
3 not limited to, approval of necessary State plan amendments and
4 approval of any waivers;

5 (16) Subject to federal approval under Title XIX of the federal
6 Social Security Act, is a dependent child, parent or specified
7 caretaker relative of a child who is a qualified applicant, who would
8 be eligible, without regard to resources, for the aid to families with
9 dependent children program under the State Plan for Title IV-A of
10 the federal Social Security Act as of July 16, 1996, except for the
11 income eligibility requirements of that program, and whose family
12 earned income,

13 (a) if a dependent child, does not exceed 133% of the poverty
14 level; and

15 (b) if a parent or specified caretaker relative, beginning
16 September 1, 2005 does not exceed 100% of the poverty level,
17 beginning September 1, 2006 does not exceed 115% of the poverty
18 level and beginning September 1, 2007 does not exceed 133% of
19 the poverty level, plus such earned income disregards as shall be
20 determined according to a methodology to be established by
21 regulation of the commissioner;

22 The commissioner may increase the income eligibility limits for
23 children and parents and specified caretaker relatives, as funding
24 permits;

25 (17) Is an individual from 18 through 20 years of age who is not
26 a dependent child and would be eligible for medical assistance
27 pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.), without regard to
28 income or resources, who, on the individual's 18th birthday was in
29 resource family care under the care and custody of the Division of
30 Child Protection and Permanency in the Department of Children
31 and Families and whose maintenance was being paid in whole or in
32 part from public funds;

33 (18) Is a person **between the ages of** 16 years of age or older
34 and **65** who is permanently disabled and working, and **:**

35 (a) whose income is at or below 250% of the poverty level, plus
36 other established disregards;

37 **(b)** ²**(a)** whose income is at or below 450% of the poverty level,
38 plus other established disregards; and

39 **(b)** ¹**2** who pays the premium contribution and other cost sharing
40 as established by the commissioner based solely on the applicant's
41 earned and unearned income, subject to the limits and conditions of
42 federal law **;** and

43 (c) whose assets, resources and unearned income do not exceed
44 limitations as established by the commissioner**;**

45 A qualified applicant pursuant to this paragraph shall: (a) not be
46 subject to any eligibility requirements regarding the earned or
47 unearned income of the applicant or the applicant's spouse ²**1**,

1 except that if the earned or unearned income of the applicant's spouse
2 is over \$250,000, the commissioner may take into account the spouse's
3 income when determining eligibility¹² ; and (b) remain eligible for
4 medical care and services as provided under P.L.1968, c.413 for up
5 to a period of one year if, through no fault of the applicant, a job
6 loss occurs;

7 (19) Is an uninsured individual under 65 years of age who:

8 (a) has been screened for breast or cervical cancer under the
9 federal Centers for Disease Control and Prevention breast and
10 cervical cancer early detection program;

11 (b) requires treatment for breast or cervical cancer based upon
12 criteria established by the commissioner;

13 (c) has an income that does not exceed the income standard
14 established by the commissioner pursuant to federal guidelines;

15 (d) meets all other Medicaid eligibility requirements; and

16 (e) in accordance with Pub.L.106-354, is determined by a
17 qualified entity to be presumptively eligible for medical assistance
18 pursuant to 42 U.S.C. s.1396a(aa), based upon criteria established
19 by the commissioner pursuant to section 1920B of the federal Social
20 Security Act (42 U.S.C. s.1396r-1b);

21 (20) Subject to federal approval under Title XIX of the federal
22 Social Security Act, is a single adult or couple, without dependent
23 children, whose income in 2006 does not exceed 50% of the poverty
24 level, in 2007 does not exceed 75% of the poverty level and in 2008
25 and each year thereafter does not exceed 100% of the poverty level;
26 except that a person who is a recipient of Work First New Jersey
27 general public assistance, pursuant to P.L.1947, c.156 (C.44:8-107
28 et seq.), shall not be a qualified applicant; or

29 (21) is an individual who:

30 (a) has an income that does not exceed the highest income
31 eligibility level for pregnant women established under the State
32 plan under Title XIX or Title XXI of the federal Social Security
33 Act;

34 (b) is not pregnant; and

35 (c) is eligible to receive family planning services provided
36 under the Medicaid program pursuant to subsection k. of section 6
37 of P.L.1968, c.413 (C.30:4D-6) and in accordance with 42 U.S.C.
38 s.1396a(ii).

39 j. "Recipient" means any qualified applicant receiving benefits
40 under this act.

41 k. "Resident" means a person who is living in the State
42 voluntarily with the intention of making his home here and not for a
43 temporary purpose. Temporary absences from the State, with
44 subsequent returns to the State or intent to return when the purposes
45 of the absences have been accomplished, do not interrupt continuity
46 of residence.

47 l. "State Medicaid Commission" means the Governor, the
48 Commissioner of Human Services, the President of the Senate and

1 the Speaker of the General Assembly, hereby constituted a
2 commission to approve and direct the means and method for the
3 payment of claims pursuant to P.L.1968, c.413.

4 m. "Third party" means any person, institution, corporation,
5 insurance company, group health plan as defined in section 607(1)
6 of the federal "Employee Retirement and Income Security Act of
7 1974," 29 U.S.C. s.1167(1), service benefit plan, health
8 maintenance organization, or other prepaid health plan, or public,
9 private or governmental entity who is or may be liable in contract,
10 tort, or otherwise by law or equity to pay all or part of the medical
11 cost of injury, disease or disability of an applicant for or recipient
12 of medical assistance payable under P.L.1968, c.413.

13 n. "Governmental peer grouping system" means a separate
14 class of skilled nursing and intermediate care facilities administered
15 by the State or county governments, established for the purpose of
16 screening their reported costs and setting reimbursement rates under
17 the Medicaid program that are reasonable and adequate to meet the
18 costs that must be incurred by efficiently and economically operated
19 State or county skilled nursing and intermediate care facilities.

20 o. "Comprehensive maternity or pediatric care provider" means
21 any person or public or private health care facility that is a provider
22 and that is approved by the commissioner to provide comprehensive
23 maternity care or comprehensive pediatric care as defined in
24 subsection b. (18) and (19) of section 6 of P.L.1968, c.413
25 (C.30:4D-6).

26 p. "Poverty level" means the official poverty level based on
27 family size established and adjusted under Section 673(2) of
28 Subtitle B, the "Community Services Block Grant Act," of
29 Pub.L.97-35 (42 U.S.C. s.9902(2)).

30 q. "Eligible alien" means one of the following:

31 (1) an alien present in the United States prior to August 22,
32 1996, who is:

33 (a) a lawful permanent resident;

34 (b) a refugee pursuant to section 207 of the federal "Immigration
35 and Nationality Act" (8 U.S.C. s.1157);

36 (c) an asylee pursuant to section 208 of the federal
37 "Immigration and Nationality Act" (8 U.S.C. s.1158);

38 (d) an alien who has had deportation withheld pursuant to
39 section 243(h) of the federal "Immigration and Nationality Act" (8
40 U.S.C. s.1253 (h));

41 (e) an alien who has been granted parole for less than one year
42 by the U.S. Citizenship and Immigration Services pursuant to
43 section 212(d)(5) of the federal "Immigration and Nationality Act"
44 (8 U.S.C. s.1182(d)(5));

45 (f) an alien granted conditional entry pursuant to section
46 203(a)(7) of the federal "Immigration and Nationality Act" (8
47 U.S.C. s.1153(a)(7)) in effect prior to April 1, 1980; or

1 (g) an alien who is honorably discharged from or on active duty
2 in the United States armed forces and the alien's spouse and
3 unmarried dependent child.

4 (2) An alien who entered the United States on or after August
5 22, 1996, who is:

6 (a) an alien as described in paragraph (1)(b), (c), (d) or (g) of
7 this subsection; or

8 (b) an alien as described in paragraph (1)(a), (e) or (f) of this
9 subsection who entered the United States at least five years ago.

10 (3) A legal alien who is a victim of domestic violence in
11 accordance with criteria specified for eligibility for public benefits
12 as provided in Title V of the federal "Illegal Immigration Reform
13 and Immigrant Responsibility Act of 1996" (8 U.S.C. s.1641).
14 (cf: P.L.2018, c.1, s.1)

15

16 2. Section 4 of P.L.1987, c.350 (C.30:4G-16) is amended to
17 read as follows:

18 4. A person is eligible for the personal assistance services
19 program if:

20 a. The person has a permanent physical disability;

21 b. The person is 18 **through 70** years of age or older;

22 c. The person is a resident of this State;

23 d. The person is in need of personal assistance services
24 pursuant to a written plan of service;

25 e. The person is capable of managing and supervising their
26 personal assistance services;

27 f. A relative or other informal caregiver is not available to
28 provide the services that the person needs;

29 g. The person lives or plans to live in a private house or
30 apartment, rooming or boarding house, group home, educational
31 facility or residential health care facility; and the personal
32 assistance services that the person shall receive are supplemental to,
33 and not duplicative of, services provided to the person in the
34 rooming or boarding house, group home, educational facility or
35 residential health care facility pursuant to licensure requirements.

36 A person who resides, or is a patient, in a nursing, assisted living,
37 or intermediate care facility, special hospital or other inpatient
38 medical setting is not eligible for the personal assistance services
39 program;

40 h. The attending physician of the person who shall receive the
41 personal assistance services has confirmed in writing that the
42 person has a permanent physical disability, requires no assistance in
43 the coordination of therapeutic regimes, and that the personal
44 assistance services will be appropriate to meet the person's needs;
45 and

46 i. The person receives no more than 40 hours of personal
47 assistance services from this program or any other program per

1 week. The commissioner shall develop rules for individual
2 exceptions to this requirement.

3 j. The commissioner shall develop rules for individual
4 exceptions to the age criteria.
5 (cf: P.L.2009, c.160, s.3)
6

7 3. The Commissioner of Human Services shall apply for such
8 State plan amendments or waivers as may be necessary to
9 implement the provisions of this act and to continue to secure
10 federal financial participation for the New Jersey Medicaid
11 program¹. In applying for State plan amendments or waivers, the
12 commissioner shall seek authorization under the “Balanced Budget
13 Act of 1997,” Pub.L.105-33, as may be necessary to ensure the
14 provisions of this act are authorized under the “Ticket to Work and
15 Work Incentives Improvement Act of 1999,” Pub.L.106-170, to the
16 extent necessary to enable individuals age 65 and older who are no
17 longer eligible for benefits under the “Ticket to Work and Work
18 Incentives Improvement Act” to have the opportunity to buy into
19 Medicaid under the NJ WorkAbility Program¹ .
20

21 4. The Commissioner of Human ¹~~Services~~ Services¹ ,
22 pursuant to the “Administrative Procedure Act,” P.L.1968, c.410
23 (C.52:14B-1 et seq.) shall adopt such rules and regulations ¹as are¹
24 necessary to implement the provisions of this act.
25

26 5. This act shall take effect immediately, but shall remain
27 inoperative until the Commissioner of Human Services receives any
28 federal approvals following the submission of ¹applications for¹
29 State plan amendments or waivers ¹~~[,]~~¹ pursuant to section 3 ¹of
30 this act¹ .