

ASSEMBLY, No. 2

STATE OF NEW JERSEY

220th LEGISLATURE

INTRODUCED MAY 18, 2023

Sponsored by:

Assemblyman ROY FREIMAN

District 16 (Hunterdon, Mercer, Middlesex and Somerset)

Assemblyman PAUL D. MORIARTY

District 4 (Camden and Gloucester)

Assemblywoman ELLEN J. PARK

District 37 (Bergen)

Assemblyman WILLIAM W. SPEARMAN

District 5 (Camden and Gloucester)

Assemblywoman LISA SWAIN

District 38 (Bergen and Passaic)

Assemblyman P. CHRISTOPHER TULLY

District 38 (Bergen and Passaic)

SYNOPSIS

Increases the income eligibility threshold and eliminates asset test for Medicare Savings Programs; Appropriates funds.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 6/8/2023)

A2 FREIMAN, MORIARTY

2

1 AN ACT concerning Medicare Savings Programs, amending
2 P.L.1968, c.412, supplementing Title 30 of the Revised Statutes,
3 and making an appropriation.

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.412 (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.

- 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 pursuant
48 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%] 200
6 percent of the federal poverty level, or such other amount as
7 determined by the Commissioner of Human Services pursuant to
8 section 2 of P.L. , c. (C.) (pending before the Legislature
9 as this bill).

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

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

1 individual would otherwise be eligible for Medicaid coverage for
2 nursing facility services or home or community-based services.

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

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

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

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

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

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

35 (18) Is a person 16 years of age or older and who is permanently
36 disabled and working, and who pays the premium contribution and
37 other cost sharing as established by the commissioner based solely
38 on the applicant's earned and unearned income, subject to the limits
39 and conditions of federal law.

40 A qualified applicant pursuant to this paragraph shall: (a) not be
41 subject to any eligibility requirements regarding the earned or
42 unearned income of the applicant or the applicant's spouse; and (b)
43 remain eligible for medical care and services as provided under
44 P.L.1968, c.413 for up to a period of one year if, through no fault of
45 the applicant, a job loss occurs;

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

1 (a) has been screened for breast or cervical cancer under the
2 federal Centers for Disease Control and Prevention breast and
3 cervical cancer early detection program;

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

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

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

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

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

22 (21) is an individual who:

23 (a) has an income that does not exceed the highest income
24 eligibility level for pregnant women established under the State
25 plan under Title XIX or Title XXI of the federal Social Security
26 Act;

27 (b) is not pregnant; and

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

32 j. "Recipient" means any qualified applicant receiving benefits
33 under this act.

34 k. "Resident" means a person who is living in the State
35 voluntarily with the intention of making his home here and not for a
36 temporary purpose. Temporary absences from the State, with
37 subsequent returns to the State or intent to return when the purposes
38 of the absences have been accomplished, do not interrupt continuity
39 of residence.

40 l. "State Medicaid Commission" means the Governor, the
41 Commissioner of Human Services, the President of the Senate and
42 the Speaker of the General Assembly, hereby constituted a
43 commission to approve and direct the means and method for the
44 payment of claims pursuant to P.L.1968, c.413.

45 m. "Third party" means any person, institution, corporation,
46 insurance company, group health plan as defined in section 607(1)
47 of the federal "Employee Retirement and Income Security Act of
48 1974," 29 U.S.C. s.1167(1), service benefit plan, health

1 maintenance organization, or other prepaid health plan, or public,
2 private or governmental entity who is or may be liable in contract,
3 tort, or otherwise by law or equity to pay all or part of the medical
4 cost of injury, disease or disability of an applicant for or recipient
5 of medical assistance payable under P.L.1968, c.413.

6 n. "Governmental peer grouping system" means a separate
7 class of skilled nursing and intermediate care facilities administered
8 by the State or county governments, established for the purpose of
9 screening their reported costs and setting reimbursement rates under
10 the Medicaid program that are reasonable and adequate to meet the
11 costs that must be incurred by efficiently and economically operated
12 State or county skilled nursing and intermediate care facilities.

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

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

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

24 (1) an alien present in the United States prior to August 22,
25 1996, who is:

26 (a) a lawful permanent resident;

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

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

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

34 (e) an alien who has been granted parole for less than one year
35 by the U.S. Citizenship and Immigration Services pursuant to
36 section 212(d)(5) of the federal "Immigration and Nationality Act"
37 (8 U.S.C. s.1182(d)(5));

38 (f) an alien granted conditional entry pursuant to section
39 203(a)(7) of the federal "Immigration and Nationality Act" (8
40 U.S.C. s.1153(a)(7)) in effect prior to April 1, 1980; or

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

44 (2) An alien who entered the United States on or after August
45 22, 1996, who is:

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

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

3 (3) A legal alien who is a victim of domestic violence in
4 accordance with criteria specified for eligibility for public benefits
5 as provided in Title V of the federal "Illegal Immigration Reform
6 and Immigrant Responsibility Act of 1996" (8 U.S.C. s.1641).
7 (cf: P.L.2021, c.344, s.1)

8
9 2. (New section) a. The Commissioner of Human Services shall
10 implement a State Medicaid benefit, that maximizes federal funding
11 available under the Qualified Medicare Beneficiary Program, the
12 Specified Low-Income Medicare Beneficiary Program, and the
13 Qualifying Individual Program, to provide State residents enrolled
14 in the Medicare program, whose incomes are equal to or less than
15 200 percent of the federal poverty level, and without regard to the
16 resident's assets, with assistance in the payment of all medicare
17 cost-sharing as defined in section 1905(p)(3) of the Social Security
18 Act (42 U.S.C. 1396d(p)(3)).

19 b. To the extent that federal law and regulation do not permit
20 the implementation of the provisions in subsection a. regarding the
21 provision of assistance in the payment of all medicare cost-sharing
22 under the Specified Low-Income Medicare Beneficiary Program
23 and the Qualifying Individual Program, the State shall provide such
24 assistance via a separate subprogram using State funds only.

25 c. The Commissioner of Human Services shall be authorized to
26 establish alternative income eligibility standards to the standard
27 described in subsection a. of this section in order to comply with
28 federal law and regulations and to maximize federal funding
29 available under the Specified Low-Income Medicare Beneficiary
30 Program and the Qualifying Individual Program, provided that the
31 alternative income eligibility standards are no higher than 230
32 percent of the federal poverty level.

33 d. The provisions of this section shall in no way be construed
34 to permit the Commissioner of Human Services to alter the federal
35 requirements for the Qualified Medicare Beneficiary Program, the
36 Specified Low-Income Medicare Beneficiary Program, and the
37 Qualifying Individual Program beyond the flexibilities provided to
38 the State, pursuant to section 1902(r)(2) of the Social Security Act
39 (42 U.S.C. 1396a(r)(2)), regarding income and asset eligibility.

40 e. As used in this section:

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

43 "Medicare" means the federal Medicare program established
44 pursuant to Pub.L.89-97 (42 U.S.C. s.1395 et seq.).

45
46 3. (New section) The Commissioner of Human Services shall
47 apply for such State plan amendments or waivers as may be necessary
48 to implement the provisions of this act and to secure federal financial

1 participation for State Medicaid expenditures under the federal
2 Medicaid program.

3

4 4. (New Section) The Commissioner of Human Services shall
5 adopt rules and regulations pursuant to the "Administrative Procedure
6 Act" P.L.1968, c.410 (C.52:14B-1 et seq.) to effectuate the purposes of
7 this act.

8

9 5. (New section) There is appropriated from the General Fund
10 to the Department of Human Services such an amount as is
11 necessary, as determined by the Commissioner of Human Services,
12 to effectuate the provisions of this act.

13

14 4. This act shall take effect immediately.

15

16

17

STATEMENT

18

19 This bill increases the income eligibility threshold and eliminates
20 the asset test for the Qualified Medicare Beneficiary (QMB) Program,
21 the Specified Low-Income Medicare Beneficiary (SLMB) Program,
22 and the Qualifying Individual (QI) Program. The bill also appropriates
23 from the General Fund to the Department of Human Services (DHS)
24 such an amount as is necessary to carry out these provisions.

25

26 Generally, these programs are referred to as Medicare Savings
27 Programs, which are federal programs administered by each individual
28 state Medicaid agency and provide people with limited income and
29 resources assistance in paying their Medicare cost sharing obligations.
30 The QMB program pays for eligible individuals Medicare Part A and
31 B premiums, copayments, coinsurances, and deductibles. The SLMB
32 and QI programs pay for eligible individuals Medicare Part B
33 premiums.

34

35 Currently, New Jersey implements the federal income – between
36 100 percent and 135 percent of the federal poverty level (FPL) - and
37 asset cap - \$9,090 for individuals and \$13,630 for married couples – to
38 determine eligibility for these Medicare Savings Programs. States,
39 however, have the option of modifying federal income and asset
40 eligibility criteria, pursuant to Section 1902(r)(2) of the Social Security
41 Act, by increasing income and asset disregards.

42

43 Using this authority, the bill directs the Commissioner of Human
44 Services to implement a State Medicaid benefit, that maximizes
45 federal funding available under the QMB, SLMB, and QI programs, to
46 provide State residents enrolled in the Medicare program, whose
47 incomes are equal to or less than 200 percent of the FPL, or \$29,160
for singles and \$39,440 for married couples in 2023, and without
regard to resident's assets, with assistance in the payment of all
medicare cost-sharing. Under the bill, medicare cost-sharing includes

1 Medicare Part A and B premiums, copayments, coinsurances, and
2 deductibles.

3 To the extent that federal law and regulation do not permit the
4 provision of assistance in the payment all medicare cost-sharing
5 under the SLMB and QI programs, the bill directs the DHS to
6 provide such assistance via a separate subprogram using State funds
7 only. Furthermore, the bill authorizes the Commissioner of Human
8 Services to establish alternative income eligibility standards to the
9 standard described under the bill in order to comply with federal
10 law and regulations and to maximize federal funding available
11 under the SLMB and QI programs, provided that the alternative
12 income eligibility standards are no higher than 230 percent of the
13 FPL.

14 The bill explicitly states that its provisions are in no way to be
15 construed to permit the Commissioner of Human Services to alter
16 the federal requirements for the QMB, SLMB, and QI programs
17 beyond the flexibilities provided to the State by the federal
18 government regarding income and asset eligibility.