

[First Reprint]

ASSEMBLY, No. 3678

STATE OF NEW JERSEY

220th LEGISLATURE

INTRODUCED MARCH 21, 2022

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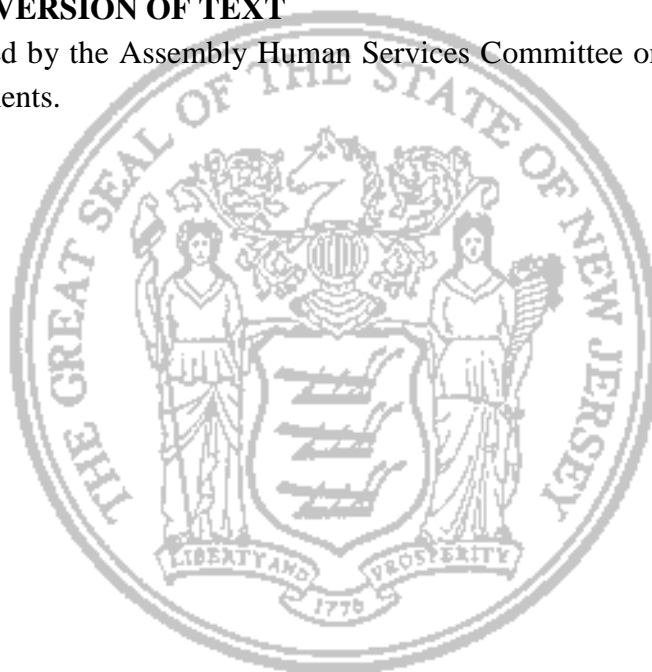
Assemblywoman Park

SYNOPSIS

Requires DHS to conduct annual Medicaid eligibility redeterminations.

CURRENT VERSION OF TEXT

As reported by the Assembly Human Services Committee on June 9, 2022, with amendments.



(Sponsorship Updated As Of: 6/16/2022)

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

3
4 **BE IT ENACTED** *by the Senate and General Assembly of the State*
5 *of New Jersey:*

6
7 1. a. As used in this section:

8 “Beneficiary” means an individual eligible for medical assistance
9 through ¹the Medicaid ¹program established pursuant to
10 P.L.1968, c.413 (C.30:4D-1 et seq.)¹ or ¹the NJ FamilyCare
11 ¹program, established pursuant to P.L.2005, c.156 (C.30:4J-8 et
12 al.)¹.

13 “Commissioner” means the Commissioner of Human Services.

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

16 “Eligibility redetermination” means the administrative process
17 by which the division or a county welfare agency reviews a
18 beneficiary’s income, financial resources, and circumstances
19 relating to the beneficiary’s application for continuation of benefits
20 received under ¹the Medicaid or ¹the NJ FamilyCare
21 ¹programs¹.

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

24 ¹“NJ FamilyCare” means the NJ FamilyCare program established
25 pursuant to P.L.2005, c.156 (C.30:4J-8 et al.)¹.

26 b. The division or a county welfare agency shall conduct an
27 eligibility redetermination for a beneficiary no less than 365 days
28 following the date of the beneficiary’s initial enrollment ¹in¹, or the
29 date of the beneficiary’s last eligibility redetermination ¹for¹, ¹in
30 the¹ Medicaid ¹program, established pursuant to P.L.1968, c.413
31 (C.30:4D-1 et seq.),¹ or ¹the¹ NJ FamilyCare ¹program,
32 established pursuant to P.L.2005, c.156 (C.30:4J-8 et al.)¹. The
33 commissioner shall determine the means and method by which an
34 eligibility redetermination shall be conducted.

35 c. ¹The To the extent permitted under federal law and
36 regulation, the¹ commissioner shall provide for 12 months of
37 continuous Medicaid eligibility ¹[, without imposing any reporting
38 requirements regarding changes of income or resources,]¹ for adult
39 eligibility groups ¹[, without imposing any reporting requirements
40 regarding changes of income or resources and¹ regardless of the
41 delivery system through which the beneficiary receives benefits
42 ¹[and to the extent permitted under federal law and regulation]¹.

43 d. The commissioner shall apply for such State plan
44 amendments or waivers as may be necessary to implement the

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 June 9, 2022.

1 provisions of this act and to secure federal financial participation
2 for State Medicaid expenditures under the federal Medicaid
3 program.

4

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

9

10 3. This act shall take effect on the first day of the ¹first full¹
11 month ¹next¹ following the expiration of the federal public health
12 emergency declared in response to the SARS-CoV-2 pandemic,
13 except that the ¹**【commissioner】** Commissioner of Human
14 Services¹ may take any anticipatory administrative action in
15 advance thereof as may be necessary for the implementation of this
16 act.