

ASSEMBLY, No. 4612

STATE OF NEW JERSEY

221st LEGISLATURE

INTRODUCED JUNE 20, 2024

Sponsored by:

Assemblywoman SHANIQUE SPEIGHT

District 29 (Essex and Hudson)

Assemblywoman LUANNE M. PETERPAUL

District 11 (Monmouth)

Assemblywoman GARNET R. HALL

District 28 (Essex and Union)

Co-Sponsored by:

Assemblywomen Donlon and Morales

SYNOPSIS

Increases income and resource threshold limit for certain Medicaid eligibility groups.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 9/23/2024)

1 AN ACT concerning income and resource eligibility under Medicaid
2 and amending P.L.1968, c.412 and supplementing Title 30 of the
3 Revised Statutes.

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;

45 (2) Is a recipient of Supplemental Security Income for the Aged,
46 Blind and Disabled under Title XVI of the Social Security Act;

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

1 (ii) For households of three or more persons, the income
2 standard shall be set at 133 1/3% of the State's payment level to
3 similar size households under the aid to families with dependent
4 children program under the State Plan for Title IV-A of the federal
5 Social Security Act in effect as of July 16, 1996 **】** 138 percent of the
6 poverty level.

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

9 (i) For one person households, the resource standard shall be
10 **【**200% of the resource standard for recipients of Supplemental
11 Security Income pursuant to 42 U.S.C. s.1382(1)(B)**】** \$40,000;

12 (ii) For two person households, the resource standard shall be
13 **【**200% of the resource standard for recipients of Supplemental
14 Security Income pursuant to 42 U.S.C. s.1382(2)(B)**】** \$60,000;

15 (iii) For households of three or more persons, the resource
16 standard in subparagraph (c)(ii) above shall be increased by
17 **【**\$100.00**】** \$20,000 for each additional person; and

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

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

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

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

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

41 (ii) The division is responsible for certifying the eligibility of
42 individuals who are 65 years of age and older and individuals who
43 are blind or disabled. The division may enter into contracts with
44 county welfare agencies to determine certain aspects of eligibility.
45 In such instances the division shall provide county welfare agencies
46 with all information the division may have available on the
47 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%】** 133 percent of the poverty level and who meets the federal
19 Medicaid eligibility requirements set forth in section 9401 of
20 Pub.L.99-509 (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%】** 138
28 percent of the poverty level, adjusted for family size, and whose
29 resources do not exceed **【100%】** 100 percent of the resource
30 standard used to determine medically needy eligibility pursuant to
31 paragraph (8) of this subsection;

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

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

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

1 (15) (a) Is a specified low-income Medicare beneficiary pursuant
2 to 42 U.S.C. s.1396a(a)10(E)iii whose resources **【beginning**
3 **January 1, 1993】** do not exceed **【200% of】** the resource standard
4 used to determine medically needy eligibility **【under the**
5 **Supplemental Security Income program, P.L.1973, c.256 (C.44:7-**
6 **85 et seq.)】** pursuant to paragraph (8) of this subsection and whose
7 income beginning January 1, 1993 does not exceed **【110%】** 110
8 percent of the poverty level, and beginning January 1, 1995 does
9 not exceed **【120%】** 120 percent of the poverty level.

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.

1 The period of ineligibility shall begin with the month that the
2 individual would otherwise be eligible for Medicaid coverage for
3 nursing facility services or home or community-based services.

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

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

16 (a) if a dependent child, does not exceed ~~【133%】~~ 133 percent of
17 the poverty level; and

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

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

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

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

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

48 (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%】** 50 percent
17 of the poverty level, in 2007 does not exceed **【75%】** 75 percent
18 of the poverty level and in 2008 and each year thereafter does not
19 exceed **【100%】** 100 percent of the poverty level; except that a
20 person who is a recipient of Work First New Jersey general public
21 assistance, pursuant to P.L.1947, c.156 (C.44:8-107 et seq.), shall
22 not be a qualified applicant; or

23 (21) is an individual who:

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

28 (b) is not pregnant; and

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

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

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

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

46 m. "Third party" means any person, institution, corporation,
47 insurance company, group health plan as defined in section 607(1)
48 of the federal "Employee Retirement and Income Security Act of

1 1974," 29 U.S.C. s.1167(1), service benefit plan, health
2 maintenance organization, or other prepaid health plan, or public,
3 private or governmental entity who is or may be liable in contract,
4 tort, or otherwise by law or equity to pay all or part of the medical
5 cost of injury, disease or disability of an applicant for or recipient
6 of medical assistance payable under P.L.1968, c.413.

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

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

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

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

25 (1) an alien present in the United States prior to August 22,
26 1996, who is:

27 (a) a lawful permanent resident;

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

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

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

35 (e) an alien who has been granted parole for less than one year
36 by the U.S. Citizenship and Immigration Services pursuant to
37 section 212(d)(5) of the federal "Immigration and Nationality Act"
38 (8 U.S.C. s.1182(d)(5));

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

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

45 (2) An alien who entered the United States on or after August
46 22, 1996, who is:

47 (a) an alien as described in paragraph (1)(b), (c), (d) or (g) of
48 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, c.1)
8
- 9 2. (New Section) Notwithstanding any other law to the contrary,
10 the following resource standards shall be used to determine eligibility
11 for a qualified applicant or beneficiary for the Medicaid Managed
12 Long-Term Services and Supports Program:
- 13 a. For one person households, the resource standard shall be
14 \$40,000;
- 15 b. For two person households, the resource standard shall be
16 \$60,000; and
- 17 c. For households of three or more persons, the resource
18 standard in subsection b. of this section shall be increased by
19 \$20,000 for each additional person.
20
- 21 3. (New section) Notwithstanding any other law to the contrary,
22 and pursuant to the federal flexibilities provided under section
23 1902(r)(2) of the Social Security Act (42 U.S.C. 1396a(r)(2))
24 regarding asset eligibility for Medicare Savings Programs, the
25 following resource standards shall be used to determine eligibility for a
26 qualified applicant for the Qualified Medicare Beneficiary Program,
27 the Specified Low-Income Medicare Beneficiary Program, and the
28 Qualifying Individual Program:
- 29 a. For one person households, the resource standard shall be
30 \$40,000;
- 31 b. For two person households, the resource standard shall be
32 \$60,000; and
- 33 c. For households of three or more persons, the resource
34 standard in subsection b. of this section shall be increased by
35 \$20,000 for each additional person.
36
- 37 4. The Commissioner of Human Services shall apply for such
38 State plan amendments or waivers as may be necessary to implement
39 the provisions of this act and to secure federal financial participation
40 for State Medicaid expenditures under the federal Medicaid program.
41
- 42 5. The Commissioner of Human Services, pursuant to the
43 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.),
44 shall adopt rules and regulations necessary to implement the
45 provisions of this act.
46
- 47 6. This act shall take effect immediately.

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STATEMENT

This bill increases income and resource threshold limits for certain Medicaid eligibility groups. Specifically, the bill increases the income eligibility for the Aged, Blind, and Disabled (ABD) eligibility group from 100 percent of the federal poverty level to 138 percent of the federal poverty level, which, in 2024, would increase the income threshold from \$15,060 per year to \$20,783 per year for an individual. In doing so, the bill provides for an identical income threshold under Medicaid for the ABD population as is currently used for individuals under 65 years of age without disabilities. The Medicaid ABD pathway provides medical coverage to individuals who are age 65 years or older as well as individuals determined blind or disabled by the federal Social Security Administration or by the State.

The bill also increases the Medically Needy Income Limit, which allows an income ineligible applicant for ABD benefits to deduct certain medical expenses from the applicant's income in order to become eligible for Medicaid. Under the bill, this threshold would also be 138 percent of the federal poverty level. In 2024, the State's Medically Needy Income Limit is \$367 per month for an individual, which would increase to \$1,732 under the bill.

Finally, the bill increases the resource eligibility limit for the ABD eligibility group and the Medically Needy eligibility group, as well as for qualified applicants for the State's Managed Long-Term Services and Supports (MLTSS) Program and Medicare Savings Programs, to \$40,000 for an individual and \$60,000 for a couple. The current resource thresholds for an individual under these eligibility pathways are as follows: \$4,000 for the ABD and Medically Needy; \$2,000 for the MLTSS; and \$9,090 for the Medicare Savings Programs.

The MLTSS program provides access to Medicaid long-term care benefits, in addition to all other covered services, for older adults and people with disabilities who require a skilled nursing facility level of care. Medicare Savings Programs - such as the Qualified Medicare Beneficiary Program, the Specified Low-Income Medicare Beneficiary Program, and the Qualifying Individual Program - assist low-income individuals with Medicare costs via the Medicaid program. The bill aligns these programs' resource standards with the State's current resource threshold under the Jersey Assistance for Community Caregiver, or JACC, program. JACC provides non-Medicaid recipients access to a range of home and community-based services.