

30:4D-3

LEGISLATIVE HISTORY CHECKLIST
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NJSA: 30:4D-3 (Medicaid--extend to children)

LAWS OF: 1991 **CHAPTER:** 328

Bill No: A5078

Sponsor(s): Gill & Casey

Date Introduced: July 15, 1991

Committee: Assembly: Appropriations

Senate: Institutions, Health & Welfare

Amended during passage: No

Date of Passage: Assembly: August 22, 1991

Senate: December 16, 1991

Date of Approval: December 20, 1991

Following statements are attached if available:

Sponsor statement: Yes

Committee Statement: Assembly: Yes

Senate: Yes

Fiscal Note: No

Veto Message: No

Message on signing: No

Following were printed:

Reports: No

Hearings: No

KBG/dgw

1 AN ACT expanding Medicaid coverage to certain children and
2 amending P.L.1988, c.413.

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

6 1. Section 3 of P.L.1988, c.413 (C.30:4D-3) is amended to read
7 as follows:

8 3. Definitions. As used in this act, and unless the context
9 otherwise requires:

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

12 b. "Commissioner" means the Commissioner of Human
13 Services.

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

17 d. "Director" means the Director of the Division of Medical
18 Assistance and Health Services.

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

21 f. "Medicaid" means the New Jersey Medical Assistance and
22 Health Services Program.

23 g. "Medical assistance" means payments on behalf of
24 recipients to providers for medical care and services authorized
25 under this act.

26 h. "Provider" means any person, public or private institution,
27 agency or business concern approved by the division lawfully
28 providing medical care, services, goods and supplies authorized
29 under this act, holding, where applicable, a current valid license
30 to provide such services or to dispense such goods or supplies.

31 i. "Qualified applicant" means a person who is a resident of
32 this State and is determined to need medical care and services as
33 provided under this act, and who:

34 (1) Is a recipient of Aid to Families with Dependent Children;

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

38 (3) Is an "ineligible spouse" of a recipient of Supplemental
39 Security Income for the Aged, Blind and Disabled under Title XVI

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 of the Social Security Act, as defined by the federal Social
2 Security Administration:

3 (4) Would be eligible to receive public assistance under a
4 categorical assistance program except for failure to meet an
5 eligibility condition or requirement imposed under such State
6 program which is prohibited under Title XIX of the federal Social
7 Security Act such as a durational residency requirement, relative
8 responsibility, consent to imposition of a lien;

9 (5) Is a child between 18 and 21 years of age who would be
10 eligible for Aid to Families with Dependent Children, living in the
11 family group except for lack of school attendance or pursuit of
12 formalized vocational or technical training;

13 (6) Is an individual under 21 years of age who qualifies for
14 categorical assistance on the basis of financial eligibility, but
15 does not qualify as a dependent child under the State's program
16 of Aid to Families with Dependent Children (AFDC), or groups of
17 such individuals, including but not limited to, children in foster
18 placement under supervision of the Division of Youth and Family
19 Services whose maintenance is being paid in whole or in part from
20 public funds, children placed in a foster home or institution by a
21 private adoption agency in New Jersey or children in
22 intermediate care facilities, including institutions for the
23 mentally retarded, or in psychiatric hospitals;

24 (7) Meets the standard of need applicable to his circumstances
25 under a categorical assistance program or Supplemental Security
26 Income program, but is not receiving such assistance and applies
27 for medical assistance only.

28 (8) Is determined to be medically needy and meets all the
29 eligibility requirements described below:

30 (a) The following individuals are eligible for services, if they
31 are determined to be medically needy:

32 (i) Pregnant women;

33 (ii) Dependent children under the age of 21;

34 (iii) Individuals who are 65 years of age and older; and

35 (iv) Individuals who are blind or disabled pursuant to either 42
36 C.F.R. 435.530 et seq. or 42 C.F.R. 435.540 et seq., respectively.

37 (b) The following income standard shall be used to determine
38 medically needy eligibility:

39 (i) For one person and two person households, the income
40 standard shall be the maximum allowable under federal law, but
41 shall not exceed 133 1/3% of the State's payment level to two
42 person households eligible to receive assistance pursuant to
43 P.L.1959, c.86 (C.44:10-1 et seq.); and

44 (ii) For households of three or more persons, the income
45 standard shall be set at 133 1/3% of the State's payment level to
46 similar size households eligible to receive assistance pursuant to
47 P.L.1959, c.86 (C.44:10-1 et seq.).

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

- 1 (i) For one person households, the resource standard shall be
2 200% of the resource standard for recipients of Supplemental
3 Security Income pursuant to 42 U.S.C. §1382(1)(B);
- 4 (ii) For two person households, the resource standard shall be
5 200% of the resource standard for recipients of Supplemental
6 Security Income pursuant to 42 U.S.C. §1382(2)(B);
- 7 (iii) For households of three or more persons, the resource
8 standard in subparagraph (c)(ii) above shall be increased by
9 \$100.00 for each additional person; and
- 10 (iv) The resource standards established in (i), (ii), and (iii) are
11 subject to federal approval and the resource standard may be
12 lower if required by the federal Department of Health and Human
13 Services.
- 14 (d) Individuals whose income exceeds those established in
15 subparagraph (b) of paragraph (8) of this subsection may become
16 medically needy by incurring medical expenses as defined in 42
17 C.F.R. 435.831(c) which will reduce their income to the
18 applicable medically needy income established in subparagraph (b)
19 of paragraph (8) of this subsection.
- 20 (e) A six-month period shall be used to determine whether an
21 individual is medically needy.
- 22 (f) Eligibility determinations for the medically needy program
23 shall be administered as follows:
- 24 (i) County welfare agencies are responsible for determining
25 and certifying the eligibility of pregnant women and dependent
26 children. The division shall reimburse county welfare agencies for
27 100% of the reasonable costs of administration which are not
28 reimbursed by the federal government for the first 12 months of
29 this program's operation. Thereafter, 75% of the administrative
30 costs incurred by county welfare agencies which are not
31 reimbursed by the federal government shall be reimbursed by the
32 division;
- 33 (ii) The division is responsible for certifying the eligibility of
34 individuals who are 65 years of age and older and individuals who
35 are blind or disabled. The division may enter into contracts with
36 county welfare agencies to determine certain aspects of
37 eligibility. In such instances the division shall provide county
38 welfare agencies with all information the division may have
39 available on the individual.
- 40 The division shall notify all eligible recipients of the
41 Pharmaceutical Assistance to the Aged and Disabled program,
42 P.L.1975, c.194 (C.30:4D-20 et seq.) on an annual basis of the
43 medically needy program and the program's general
44 requirements. The division shall take all reasonable
45 administrative actions to ensure that Pharmaceutical Assistance
46 to the Aged and Disabled recipients, who notify the division that
47 they may be eligible for the program, have their applications
48 processed expeditiously, at times and locations convenient to the
49 recipients; and

1 (iii) The division is responsible for certifying incurred medical
2 expenses for all eligible persons who attempt to qualify for the
3 program pursuant to subparagraph (d) of paragraph (8) of this
4 subsection;

5 (9) (a) Is a child who is at least one year of age and under six
6 years of age; and

7 (b) Is a member of a family whose income does not exceed
8 133% of the poverty level and who meets the federal Medicaid
9 eligibility requirements set forth in section 9401 of Pub.L.99-509
10 (42 U.S.C. §1396a);

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

15 (11) Is an individual 65 years of age and older, or an individual
16 who is blind or disabled pursuant to section 301 of Pub.L.92-603
17 (42 U.S.C. §1382c), whose income does not exceed 100% of the
18 poverty level, adjusted for family size, and whose resources do
19 not exceed 100% of the resource standard used to determine
20 medically needy eligibility pursuant to paragraph (8) of this
21 subsection;

22 (12) Is a qualified disabled and working individual pursuant to
23 section 6408 of Pub.L. 101-239 (42 U.S.C. §1396d) whose income
24 does not exceed 200% of the poverty level and whose resources
25 do not exceed 200% of the resource standard used to determine
26 eligibility under the Supplemental Security Income Program,
27 P.L.1973, c.256 (C.44:7-85 et seq.); [or]

28 (13) Is a pregnant woman or is a child who is under one year of
29 age and is a member of a family whose income does not exceed
30 185% of the poverty level and who meets the federal Medicaid
31 eligibility requirements set forth in section 9401 of Pub.L.99-509
32 (42 U.S.C. §1396a), except that a pregnant woman who is
33 determined to be a qualified applicant shall, notwithstanding any
34 change in the income of the family of which she is a member,
35 continue to be deemed a qualified applicant until the end of the
36 60 day period beginning on the last day of her pregnancy; or

37 (14) Is a child born after September 30, 1983 who has attained
38 6 years of age but has not attained 19 years of age and is a
39 member of a family whose income does not exceed 100% of the
40 poverty level.

41 An individual who has, within 30 months of applying to be a
42 qualified applicant for Medicaid services in a nursing facility or a
43 medical institution, or for home or community-based services
44 under section 1915(c) of the federal Social Security Act (42
45 U.S.C. §1396n(c)), disposed of resources for less than fair market
46 value shall be ineligible for assistance for nursing facility
47 services, an equivalent level of services in a medical institution,
48 or home or community-based services under section 1915(c) of
49 the federal Social Security Act (42 U.S.C. §1396n(c)). The period

1 of the ineligibility shall be the lesser of 30 months or the number
2 of months resulting from dividing the uncompensated value of the
3 transferred resources by the average monthly private payment
4 rate for nursing facility services in the State as determined
5 annually by the commissioner.

6 j. "Recipient" means any qualified applicant receiving benefits
7 under this act.

8 k. "Resident" means a person who is living in the State
9 voluntarily with the intention of making his home here and not
10 for a temporary purpose. Temporary absences from the State,
11 with subsequent returns to the State or intent to return when the
12 purposes of the absences have been accomplished, do not
13 interrupt continuity of residence.

14 l. "State Medicaid Commission" means the Governor, the
15 Commissioner of Human Services, the President of the Senate
16 and the Speaker of the General Assembly, hereby constituted a
17 commission to approve and direct the means and method for the
18 payment of claims pursuant to this act.

19 m. "Third party" means any person, institution, corporation,
20 insurance company, public, private or governmental entity who is
21 or may be liable in contract, tort, or otherwise by law or equity
22 to pay all or part of the medical cost of injury, disease or
23 disability of an applicant for or recipient of medical assistance
24 payable under this act.

25 n. "Governmental peer grouping system" means a separate
26 class of skilled nursing and intermediate care facilities
27 administered by the State or county governments, established for
28 the purpose of screening their reported costs and setting
29 reimbursement rates under the Medicaid program that are
30 reasonable and adequate to meet the costs that must be incurred
31 by efficiently and economically operated State or county skilled
32 nursing and intermediate care facilities.

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

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

43 (cf: P.L.1991, c.187, s.41)

44 2. This act shall take effect immediately.

STATEMENT

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This bill expands Medicaid eligibility to a child born after September 30, 1983, who is between six and 19 years of age and is a member of a family whose income does not exceed 100% of the poverty level. This expansion would bring the State into compliance with federal mandates.

HUMAN SERVICES

Expands Medicaid eligibility to children up to 19 years old.

STATEMENT

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This bill expands Medicaid eligibility to a child born after September 30, 1983, who is between six and 19 years of age and is a member of a family whose income does not exceed 100% of the poverty level. This expansion would bring the State into compliance with federal mandates.

HUMAN SERVICES

Expands Medicaid eligibility to children up to 19 years old.

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

ASSEMBLY, No. 5078

STATE OF NEW JERSEY

DATED: AUGUST 1, 1991

The Assembly Appropriations Committee reports favorably Assembly Bill No. 5078.

Assembly Bill No. 5078 expands Medicaid eligibility to a child born after September 30, 1983, who is between six and 19 years of age and is a member of a family whose income does not exceed 100% of the poverty level. This expansion brings the State into compliance with federal mandates.

FISCAL IMPACT:

The Appropriations Act for fiscal year 1992 appropriates approximately \$2.8 million in State and federal funds for the cost of this program expansion.

SENATE INSTITUTIONS, HEALTH AND WELFARE COMMITTEE

STATEMENT TO

ASSEMBLY, No. 5078

STATE OF NEW JERSEY

DATED: DECEMBER 9, 1991

The Senate Institutions, Health and Welfare Committee favorably reports Assembly Bill No. 5078.

This bill expands Medicaid eligibility to a child born after September 30, 1983, who is between six and 19 years of age and is a member of a family whose income does not exceed 100% of the poverty level. This expansion would bring the State into compliance with federal mandates.

The State's FY 1992 budget contains an appropriation of \$1.45 million in State monies to fund this expansion of Medicaid.

This bill is identical to Senate Bill No. 3655 (Rice) which the committee also reported favorably on this date.