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MEDICAID COMMUNICATION NO. 24-04

DATE: April 17, 2024

TO: NJ FamilyCare Eligibility Determining Agencies

SUBJECT: Continuous Eligibility for Children effective January 1, 2024

As of January 1, 2024, New Jersey children under the age of 19 who are determined eligible for Medicaid will be entitled to continuous eligibility (CE) for 12 months in accordance with Section 5112 of the Consolidated Appropriations Act, 2023. This means that children will maintain health care coverage between annual renewal periods, even if their household has a change in circumstance such as an increase in income or household size.

CE begins for all current member children in January. For existing members, the CE period will extend until 12 months after their most recent eligibility determination – e.g. a child who was previously renewed in June 2023 will have continuous eligibility through May 2024. New members will have their CE period begin in the month of initial eligibility (usually the month the application is received). CE includes programs that use both Modified Adjusted Gross Income (MAGI) and non-MAGI methodologies. It does not include the Presumptive Eligibility program, or the Medically Needy program. For members who receive three months of retroactive Medicaid eligibility, due to unpaid medical bills, the continuous eligibility period begins when their eligibility is determined, and does not include the retroactive three-month period.

Changes in circumstances that may occur within the defined 12-month period, such as changes in household composition or income, shall not result in the child's loss of eligibility. Renewals will continue to be completed annually and all changes in circumstances will be reviewed at that time.

Exceptions to the continuous coverage are:

- If the child turns age 19;
- If the child moves out of New Jersey;
- If the parents/guardians voluntarily withdraw the child from coverage;
- If it is determined that eligibility was granted due to fraud, abuse, or perjury on the part of the child or their representative;
- If a change in circumstance results in a program change that is beneficial to the member. For example, when children enrolled in CHIP (plans B, C, or D) are found to be eligible for Medicaid (Plan A) as a result of a change in circumstances, they may transition to Medicaid (Plan A) immediately.

Children who turn age 19 during the guaranteed year must be re-evaluated in their birth month unless their income as determined at their last renewal is **less** than the appropriate adult standard. If this is the case, and if the member's immigration status does not impact their eligibility, the member can be moved to the appropriate program, starting in the month after their birthday and maintain their designated renewal schedule. All other members who turn 19 must have an ex parte review attempted prior to being sent a renewal packet.

The Cover All Kids Program is included in the twelve-month CE policy. For undocumented members of this group, coverage may end at age 19. Individuals will have an ex parte review attempted prior to being sent a renewal to assess for all programs.

Children, under age 19, who stop receiving Supplemental Security Income (SSI) payments as determined by the Social Security Administration will systemically have a renewal date added to the Medicaid Eligibility System that reflects the end of their continuous eligibility period. No special action is required by the eligibility determining agency (EDA); members in this situation will automatically be placed up in the EDA's renewal schedule for the appropriate month. The renewal date will be determined by using the month of their latest effective date of SSI-related Medicaid to determine the start of the 12-month period.

For example, a child who was determined to receive SSI-related Medicaid in November 2021 will use the month of November as the start of their 12-month continuous eligibility period each year. If they lose their SSI-related Medicaid in December 2023, they will maintain eligibility as PSC 220 until October of 2024, since November would be the start of their next period. A renewal date of October 2024 with the Worker and Supervisor code of SS/SS will identify this population on the redetermination screen.

If you have any questions regarding this Medicaid Communication, please refer them to the Division's Office of Eligibility field representative for your agency.

JLJ:jm

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