

## **NEW JERSEY TITLE XXI PROGRAM & TITLE XXI AMENDMENT FACT SHEET**

<b>Name of Plan:</b>	<b>New Jersey FamilyCare</b>
<b>Date Plan Submitted:</b>	February 6, 1998
<b>Date Plan Approved:</b>	April 27, 1998
<b>Plan Effective Date:</b>	February 1, 1998 (Medicaid Expansion) March 1, 1998 (Separate child health program)
<b>Plan Implementation Date:</b>	February 1, 1998
<b>Date Amendment #1 Submitted:</b>	February 9, 1999
<b>Date Amendment #1 Approved:</b>	May 5, 1999
<b>Date Amendment #1 Effective:</b>	January 13, 1999
<b>Date Amendment #2 Submitted:</b>	May 6, 1999
<b>Date Amendment #2 Approved:</b>	August 3, 1999
<b>Date Amendment #2 Effective:</b>	July 1, 1999
<b>Date Amendment #3 Submitted:</b>	September 21, 1999
<b>Date Amendment #3 Approved:</b>	July 7, 2000
<b>Date Amendment #3 Effective:</b>	July 26, 1999
<b>Date Amendment #4 Submitted:</b>	December 18, 1999
<b>Date Amendment #4 Approved:</b>	March 16, 2000
<b>Date Amendment #4 Effective:</b>	January 1, 2000
<b>Date Amendment #5 Submitted:</b>	February 4, 2002
<b>Date Amendment #5 Approved:</b>	April 23, 2002
<b>Date Amendment #5 Effective:</b>	January 1, 2002
<b>Date Amendment #6 Submitted:</b>	May 7, 2002
<b>Date Amendment #6 Approved:</b>	July 22, 2002
<b>Date Amendment #6 Effective:</b>	August 24, 2001
<b>Date Amendment #7 Submitted:</b>	July 22, 2003
<b>Date Amendment #7 Approved:</b>	October 16, 2003
<b>Date Amendment #7 Effective:</b>	May 22, 2003

### **Background**

- On February 6, 1998, New Jersey submitted a title XXI State plan with a separate child health component (NJ KidCare Plans B & C) and a Medicaid expansion component (NJ KidCare Plan A). The Medicaid expansion covers children with family incomes up to 133 percent of the Federal poverty level (FPL). The separate child health program covered children with family income from 134 through 200 percent of the FPL.

## **Amendments**

- New Jersey submitted its first amendment on February 9, 1999, to shorten the length of time that children must be uninsured before applying for the separate child health program (Plans B & C) from 12 months to 6 months.
- The State submitted its second amendment on May 6, 1999. This amendment applied income disregards to expand New Jersey KidCare to children in families with incomes of 350 percent of the FPL. The expansion, known as NJ KidCare Plan D, provided health insurance to an additional 9,000 children as of September 1999.
- The State's third amendment was submitted September 21, 1999, and added exceptions to the required 6-month waiting period prior to application for NJ KidCare Plans B, C and D.
- New Jersey submitted its fourth State plan amendment on December 18, 1999, allowing for presumptive eligibility determinations when staff of acute care hospitals, federally qualified health centers, or local health departments indicate that a child meets either NJ KidCare Plan A, B or C, or Medicaid program eligibility standards, and that the child is a member of a household with a gross income not exceeding 200 percent of the FPL.
- The State submitted its fifth State plan amendment on February 4, 2002, adding an additional income disregard for applicants to NJ KidCare. The disregard applies to individuals earning monetary rewards paid by the Division of Medical Assistance and Health Services for information leading to the recovery of at least \$100.00 from individuals or entities that have engaged in health care-related fraud or abuse.
- The State's sixth amendment was submitted on May 7, 2002, and eliminated cost-sharing requirements for American Indians and Alaskan Native children.
- New Jersey submitted its seventh amendment on July 22, 2003, to increase premiums by 10 percent for NJ FamilyCare enrollees with family incomes above 150 percent of the FPL. This amendment also indicates an annual increase in premium amounts in accordance with the change in the FPL.

## **Children Covered Under Program**

- The State reported that 117,053 children were ever enrolled in SCHIP in Federal fiscal year 2002.

## **Administration**

- The Division of Medical Assistance and Health Services within the New Jersey Department of Human Services administers the program.

## **Health Care Delivery System**

- The existing Medicaid delivery system is used to provide services.

## **Benefit Package**

- Benchmark coverage equal to the FEHBP Blue Cross/Blue Shield plan is provided for the separate child health program (KidCare Plans B & C) for children with family incomes from 134 percent through 200 percent of the FPL.
- Benchmark coverage equal to the plan offered by an HMO that has the largest insured commercial non-Medicaid enrollment in the State is provided for the separate child health program for children with family incomes through 350 percent of the FPL (KidCare Plan D).

## **Cost Sharing**

- Premiums will be required for children in families with incomes above 150 percent of the FPL as follows:
  - \$16.50 per family per month for children with family income above 150 and at or below 200 percent of the FPL.
  - \$33 per family per month for children with family income above 200 and at or below 250 percent of the FPL.
  - \$66 per family per month for children with family income above 250 and at or below 300 percent of the FPL.
  - \$110 per family per month for children with family income above 300 and at or below 350 percent of the FPL.
- Premiums will increase annually with the increases in the FPL.
- Copayments are required for children in families with incomes above 150 percent of the FPL as follows: \$5 for practitioner visits (including visits to physicians, nurse midwives, nurse practitioners, clinics, podiatrists, dentists, chiropractors, optometrists and psychologists); \$5 for outpatient clinic visits; \$10 for use of the emergency room; \$1 for generic prescription drugs; and, \$5 for brand-name prescription drugs.

## **Crowd-Out Strategy**

- A child with income greater than 133 percent of the FPL who meets the criteria for NJ KidCare coverage under Plans B, C, or D must have been uninsured for a minimum of 6 months before becoming eligible for coverage.
- Other exceptions will also be made under limited circumstances.

## **Coordination Between SCHIP and Medicaid**

- New Jersey uses a joint Medicaid and SCHIP mail-in application, and the Medicaid and SCHIP programs share a health care delivery system.

## **Outreach Activities**

- The State plan describes a four-fold outreach effort involving: (1) public awareness, (2) targeted outreach, (3) community education, and (4) consumer education. There is also a commitment by the State to conduct outreach to special populations, including individuals with HIV and homeless families.
- All outreach workers are trained in eligibility requirements for title XIX and title XXI programs. Bilingual staff and/or language services are offered to applicants when needed.

## **Financial Information**

Total FFY '03 SCHIP Allotment -- \$69,346,099  
FFY '03 Enhanced Matching Rate -- 65%

*Date Last Updated: October 16, 2003*