# Public Benefits and HIV Advocacy Manual

*New Jersey, 2025*

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# Chapter 1 – New Jersey Disability Benefits

## Overview of Available Disability Benefits

The federal Social Security Administration (SSA) offers two programs that provide disability benefits to eligible recipients who are unable to work due to health reasons. Eligible recipients include people living with HIV. There are two different programs, Supplemental Security Income (SSI), providing cash assistance and medical assistance to low-income individuals living with a disability, and Social Security Disability Insurance (SSDI), providing cash assistance and Medicare to individuals living with a disability who have paid taxes for a certain number of years. For a detailed explanation of SSI and SSDI benefits, please consult Chapter 2 of the Public Benefits and HIV Advocacy Manual, available here. To understand the state-specific details in New Jersey, consult the section below.

The state of New Jersey also provides Temporary Disability Insurance (TDI) and Family Leave Insurance (FLI) to eligible individuals. These programs provide temporary assistance for workers who cannot work due to a non-work-related illness or injury. Additionally, the New Jersey Division of Disability Services provides a variety of programs and initiatives for working and non-working individuals living with a disability.

## Federal Social Security Disability Benefits (SSI and SSDI)

As noted above, a full break-down of federal Social Security disability benefits can be found in the AIDS Law PA Public Benefits and HIV Advocacy Manual. Below are the state-specific details, which should be read to replace the Pennsylvania details found in the above manual.

### A. New Jersey State Supplemental Payment (SSP)

State governments have the option to increase the cash benefit for SSI recipients in their states by adding a State Supplemental Payment (SSP). New Jersey has opted to provide a SSP that is administered by the Social Security Administration (SSA). In New Jersey, individual SSI recipients receive an additional sum of up to $31.25 as their SSP and couples receive up to $25.35.[1] As the federal SSA manages the program, recipients will receive one check each month that combines the federal and state SSI payments. SSP is usually sent to the bank account where the client receives their SSI check or on the state issued Electronic Benefits (EBT) card.

In New Jersey,[2] the maximum payment for an individual living independently with a disability is $1,205.25 per month. The maximum payment for a couple living independently with disabilities is $1,516.35 per month. Before an eligible recipient receives benefits, the SSA will send the recipient a letter detailing the amount and date of payment.

[1] These numbers come from subtracting the 2026 nationwide individual max of $994 from the NJ max of $1025.25 to get $31.25. For couples, it would be $1516.35-1491= $25.35.
[2] A Guide to Supplemental Security Income (SSI) for Groups and Organizations, SSA.gov, p. 5., https://www.ssa.gov/pubs/EN-05-11015.pdf.

When assisting clients, case managers must ensure that clients are receiving their SSP in addition to the federal SSI check. The SSP is not a part of the countable monthly income for purposes of calculating the total SSI benefit and is paid in full after deductions are made.

**Note:** For a comprehensive explanation of state supplemental payments, consult the SSA's 2026 guide available here.

### B. State-Specific Eligibility Requirements

In New Jersey, the Division of Disability Services (DDS) works with the SSA to determine eligibility for benefits. After an initial review of the application, SSA will forward the application to DDS. DDS is a division within the Department of Human Services. On average, it takes about 136 days for the DDS to process a claim.[3]

The SSA defines disabilities eligible for long-term protection under SSI as those preventing the engagement in "any substantial gainful activity (work) by reason of any medically determinable physical or mental impairment(s), which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of at least 12 months." To learn more about the medical evidence requirements, visit the NJ Department of Labor & Workforce Development website here.

### C. State-Specific Application Requirements

To file an application, you may complete the SSA's online application or visit a local Social Security Office. An application requires documentation of the applicant's medical history. In New Jersey, health care providers are limited to charging up to $1 per page or $50 total, plus actual cost of delivery, for the expenses of reproducing medical charts or records. (NJ Rev Stat § 45:9-22.27 (2024))

### D. Denial of Benefits and Reconsideration

In New Jersey, Social Security disability reconsideration is the first appeal step after an initial denial, requiring the applicant to file a written request (Form SSA-561) online, by mail, or in person within 60 days of receiving the denial notice, providing any new or updated medical evidence for a full review by a new examiner at Disability Determination Services (DDS) to assess your claim again. This process allows the applicant to strengthen their case with more detailed records, doctor statements, and test results, aiming to overturn the denial before potentially moving to an Administrative Law Judge (ALJ) hearing if reconsideration is also denied.

[3] https://www.donofflutz.com/how-long-for-a-decision-on-a-social-security-claim.

### E. Additional Benefits and Medicaid

People who receive SSI also receive Medicaid health insurance. In New Jersey, the NJ FamilyCare Medicaid program provides this benefit. There are five managed care organizations available to NJ residents: Aetna Better Health of New Jersey, Fidelis Care, Horizon NJ Health, UnitedHealthcare Community Plan, and Wellpoint.

To learn more about the benefits provided by NJ FamilyCare, visit the Division of Medical Assistance & Health Services website here, or read the 2025 manual available here.

**Note:** If an individual is eligible for SSI, they may also be able to get additional help through SNAP.

## Temporary Disability Insurance (TDI)

Temporary Disability Insurance provides cash assistance to eligible workers in New Jersey who are forced to stop working due to a physical or mental health condition. This assistance is for a limited term up to 26 weeks. In New Jersey, employers are permitted to choose either the state insurance plan or a plan from a private insurance company. Applicants should ask their employer what coverage they have.

**Note:** If an applicant is disabled due to an injury or illness related to their job, they should contact the Division of Workers' Compensation.

### A. Eligibility

To be eligible for TDI, workers must have paid into either the state or private program through their employment and meet minimum earnings requirements. In 2025, workers must have worked at least 20 weeks, earning at least $303 per week, or must have earned a total of $15,200 in that year. In 2026, workers must have worked at least 20 weeks earning at least $310 per week or must have earned a total of $15,500 in that year. Wages earned will determine the amount of benefits the recipient receives.

### B. Application

Applicants can apply for TDI benefits by mail, fax, or through the online application found here. Applicants must provide personal information and a medical certification from an approved medical provider. Professional counselors, social workers, and faith healers are not approved medical providers.

Required personal information includes:

- Social Security number, contact information, and date of birth
- The date the applicant became disabled
- Contact information for the medical provider who treated them within 10 days of the first day they were unable to work
- Dates of any emergency/urgent care treatment or hospitalizations

- Dates worked for any employers in the last 18 months, the employers' contact information, and the address(es) where they worked
- Dates of any paid time off or other benefits they received after the last day they worked
- The date when they expect to recover and return to work (or the date they recovered and returned to work)

### C. Benefits

The maximum payment amount is capped at one third of the total wages the recipient earned in "covered employment" during the base year, or 26 times the weekly benefit amount, whichever is less. "Covered employment" is limited to employers who are subject to the New Jersey Temporary Disability Benefits Law. Excluded employees include federal government employees, some local government employees, out-of-state employees, faith-based organization employees, and independent contractors.

To determine the amount of benefits, New Jersey calculates the applicant's average weekly wage by dividing the "base year" earnings by the number of "base weeks." A base week, in 2026, is any week where the worker earned more than $310. A base year, in 2026, is the four quarters prior to the Sunday of the week the disability began. Claimants are paid 85% of their average weekly wage, up to the maximum benefit rate. The maximum benefit rate for 2026 is $1,119 per week.

Benefits are issued via a debit card sent in the mail.

### D. Post-Entitlement Issues

Applicants may be required to provide proof of their continuing disability if they ask to extend the benefits. A request with instructions will arrive in the mail. To extend TDI benefits, recipients must complete and return the form contained in the letter, which will be delivered prior to the last authorized benefit payment.

If an applicant is rejected, they may file an appeal within 21 calendar days. To file an appeal, an applicant can submit by mail or online, here.

## Family Leave Insurance (FLI)

Family Leave Insurance provides New Jersey workers cash assistance to take leave to care for a newborn, a newly adopted child, or to provide care for a seriously ill or injured loved one. Leave can be continuous or intermittent. Benefits are limited to 12 weeks per year. In New Jersey, employers are permitted to choose either the state insurance plan or a plan from a private insurance company. Applicants should ask their employer what coverage they have.

### A. Eligibility

To be eligible for TDI, workers must have paid into either the state or private program through their employment and meet minimum earnings requirements. Excluded employees include federal government employees, some local government employees, out-of-state employees, faith-based organization employees, and independent contractors. In 2025, workers must have worked at least 20 weeks, earning at least $303 per week, or must have earned a total of $15,200 in that year. In 2026, workers must have worked at least 20 weeks earning at least $310 per week or must have earned a total of $15,500 in that year.

### B. Application

Applicants can apply for TDI benefits by mail, fax, or through the online application found here.

### C. Benefits

To determine the amount of benefits, New Jersey calculates the applicant's average weekly wage by dividing the "base year" earnings by the number of "base weeks." A base week, in 2026, is any week where the worker earned more than $310. A base year, in 2026, is the four quarters prior to the Sunday of the week the disability began. Claimants are paid 85% of their average weekly wage, up to the maximum benefit rate. The maximum benefit rate for 2026 is $1,119 per week. Benefits are issued via a debit card sent in the mail.

### D. Post-Entitlement Issues

If an applicant is rejected, they may file an appeal within 21 calendar days. To file an appeal, an applicant can submit by mail or online, here.

## Programs Through the New Jersey Division of Disability Services

The NJ Division of Disability Services provides several programs with benefits for individuals living with a disability.

### A. Personal Assistance Service Program (PASP)

The Personal Assistance Service Program (PASP) provides up to 40 hours of routine non-medical care per week to eligible adults with permanent physical disabilities. Eligible adults include those who are employed, preparing for employment, attending school, or involved in community volunteer work and who can self-direct their services. Routine non-medical care includes personal care tasks, driving, and using public transportation.

To apply for this program, applicants should contact the Country Coordinator. To find the County Coordinator for the applicant's area, view the directory here.

### B. ABLE Accounts

New Jersey offers ABLE tax-advantaged savings accounts that aid individuals with disabilities and their families in saving funds to supplement their cash and medical assistance funds. Individuals can save up to $19,000 annually and up to $305,000 in their lifetime for use towards disability-related expenses. The money saved in this account will not count against the individual's eligibility for SSI, Medicaid, or other public benefits.

To be eligible for an account, the individual must have had a disability that was present before the age of 46, and must be either eligible for SSI/SSDI due to a disability, experience blindness, or have a similarly severe disability with a written diagnosis from a licensed physician. Until 2026, an individual had to have had a disability that was present before the age of 26.

To enroll in this program, applicants should visit: savewithable.com.

### C. NJ WorkAbility

The NJ WorkAbility program offers Medicaid to individuals living with a disability whose income or resources would render them otherwise ineligible. To be eligible, the individual must be over the age of 16, be a New Jersey resident, be employed, have a disability, and qualify within one of the tiers of the premium chart (below). If an individual has an income greater than 250% of the Federal Poverty Level, they must agree to pay a premium.

| Tier Levels | Countable Income: % of the Federal Poverty Level | Individual's Annual Countable Annual Income 2025 | Equivalent Annual Earned Income, if no Unearned Income 2025 | Monthly Premium Amount 2025 |
|---|---|---|---|---|
| **None** | <250% Age 16-64<br><250% Age 65+ | <$39,125 | <$79,284 | None |
| **1** | 251 – 350% | >$39,125 - $54,775 | >$79,284 – $110,580 | $185 |
| **2** | 351 – 450% | >$54,775 - $70,425 | >$110,580 – $141,876 | $370 |
| **3** | 451 – 550% | >$70,425 - $86,075 | >$141,876 – $173,172 | $555 |
| **4** | 551 – 650% | >$86,075 - $101,725 | >$173,172 – $204,492 | $740 |
| **5** | 651 – 750% | >$101,725 - $117,375 | >$204,492– $235,788 | $925 |
| **6** | >750% | >$117,375 | >$235,788 | $1,110 |

# Chapter 2 – Medicaid (NJ Family Care)

## Medical Assistance Overview

Medical Assistance (MA, also known as "Medicaid" or NJ FamilyCare) is a state health insurance program provided through the New Jersey Department of Human Services, Division of Medical Assistance and Health Services to low-income individuals and families. In New Jersey, many people with HIV who have limited income should qualify for MA coverage. The Affordable Care Act (ACA) expanded MA in New Jersey so that more low-income individuals qualify for MA without regard to their assets or health.

The ACA became fully effective in 2014, expanding Medicaid to people with household income equal to or less than 138% percent of the Federal Income Poverty Guidelines (FPIG). (This percentage amount is written into law to read that a person's income needs to be below 133% of the FPIG and an additional 5% income disregard will be given if the individual does not qualify for MA). Advocates only need to look at an individual's income at 138% of the FPIG as given in the chart 5-1 below to find eligibility for MA under ACA (see § 5.2a below). The income amounts in the chart increase every year when the U.S. Department of Health and Human Services announces updated FPIGs.

In addition to expanding MA for low-income persons, the ACA also created health insurance exchanges where individuals can purchase private insurance with subsidies from the government. The ACA allowed people with employment-related insurance to remain in those plans. (For more information on provisions of ACA see Chapter 6 of this manual).

In January 2014, New Jersey expanded MA to everyone under age 65 and under 138% FPIG who are not eligible for original Medicaid. Some people who were on original MA remained in those eligibility categories (example: adults disabled from HIV). Others moved to different income-counting methodologies (examples: children and pregnant women). Since the implementation of the ACA, individuals applying for MA may be categorized as MAGI (Affordable Care Act) (§ 5.2) or Non-MAGI (Original) (§5.3).

Advocates should be aware that there are many ways to establish eligibility for various categories of MA, under the original rules, and post ACA. This chapter is written to explain these categories.

## Determining Eligibility

### A. The Basic Rules

The basic rules on MA eligibility (original MA): To be eligible for MA an individual must meet the following eligibility criteria:

- Be a New Jersey resident (there is no minimum time requirement)

- Have an immigration status that allows a person to receive MA coverage, in general have Legal Permanent Resident status in the U.S. for at least five years (except emergency MA)
- Meet income
- Be categorically eligible.

MA eligibility analysis: For all persons applying for MA in New Jersey, it is useful to ask these questions and have the following analysis done:

1. What category does this individual belong? MAGI or non-MAGI?
2. If MAGI, what is the household size of the applicant for MA?
3. Is the person under the income limit for that category and household size?

## MAGI (Modified Adjusted Gross Income) Eligibility and Definitions

### A. MAGI Income Counting Methodology

Since January 2014, New Jersey applies the MAGI income counting methodology for most MA recipients. MAGI income counting method applies the Internal Revenue Service (IRS) rules on counting income. The "counted" and "excluded" income for MAGI is based on what is included in the individual's Adjusted Gross Income (AGI) when filing a tax return with the IRS. The rule is all income counts, unless exempted by tax rules.

Under the MAGI income counting methodology, DHS will determine eligibility of each person applying for benefits on an individual basis based on: (1) the person's household size, (2) the combined income of all household members, and 3) the income limit for that household size. Applicants need not have a disability.

### B. MAGI Household Definition

When DHS determines a person's eligibility for MAGI-related MA it will first determine tax filing status and tax relationships between the individuals in the household.
Tax Filer: a person who expects to file a tax return for the current year (includes tax filer, spouse and tax dependents). If an applicant files a tax return, DHS needs to know about everyone on that applicant's tax return.

1. **Tax Dependent:** a person who expects to be claimed by another taxpayer

**If a child:**

- Must be related to the tax filer
- Must live with the tax filer more than half the year
- Must be under age 19 at the end of the year (under 21 if a full-time student)
- Can't provide more than half of their own support

**Other tax dependents:**

- Must be related to the tax filer or live in his or her home all year
- Must provide less than half of their own support

2. **Non-Filer:** a person who does not expect to file a tax return and does not expect to be claimed by another taxpayer

The Tax Filer and Tax Dependent status always refer to the expected status for the current coverage year or renewal year. It does not refer to the filing status from the prior year.

### C. MAGI Income Limits

DHS will count the total amount of the MAGI income of all individuals in the household as defined above. Income is counted on a person-by-person basis and counts the actual monthly income for eligibility purposes. DHS will use income from the 30 days prior to submitting an application. DHS will count all monthly "earned" and "unearned" income of every individual in the individual's tax household when evaluating eligibility for MA under the MAGI related categories, unless income is excluded by tax laws. If a person's monthly income is 138% of the FPIG or less, the person qualifies for MA regardless of assets or other categorical eligibility. If the monthly income exceeds 138% and is expected to decrease or end, DHS can use a monthly average of the person's annual income.

There are no resource or asset limits for MAGI categories.

> **Note**: The income of children and tax dependents is not counted unless they are expected to file tax returns.

1. **Earned Income: The following types of earned income are taken into consideration for MAGI.** This is not an exhaustive list. All income needs to be reported to DHS.

- Wages (including tip wages)
- Salaries
- Commissions
- Bonuses
- Severance pay
- Self-employment
- Lump Sum-earnings (only in the month received)
- Foreign earned income -US citizens living abroad (not reportable to IRS, but need to report to MA)

2. **Unearned Income: The following types of unearned income are taken into consideration for MAGI related MA categories:**

- Social Security Retirement, Survivors, and Disability Insurance (not reportable to IRS, but need to report to MA)

- Tax-exempt interest (not reportable to IRS, but need to report to MA)
- Private pensions
- Annuities
- Unemployment Compensation
- Railroad Retirement
- Sick benefits
- Union benefits
- Dividends, royalties and interest posted or received in the calendar month, including tax exempt interest.
- Rental income
- Prizes and awards
- Child's unearned income that is reportable to IRS
- Lump sum-unearned (only in the month it is received)
- Cash support received (only if the person providing the cash support is claiming the individual as a tax dependent, and the tax dependent is not their spouse or their child

**3. Exempt Income: The following income does not count towards MAGI income limits:**

- SSI
- Alimony payments for settlements after 01/01/2019
- Child Support
- Any benefits paid by the Department of Veterans Affairs
- Worker's Compensation
- Black Lung Benefits
- Proceeds from Life, Accident or Health Insurance
- Federal Tax Credits and Federal Income Tax Refunds
- Assistance payments (SSI, TANF, foster care, and adoption subsidy payments)
- A lump sum (only counted as income in the month received)
- Scholarships, awards or fellowship grants used for education purposes and not for living expenses
- Inheritances
- Loans (e.g. student loans, bank loans, personal loans).
- Gifts
- Difficulty of Care payments: made to a non-relative or relative who is under contract with a public or private agency to give care to a person with a mental disability in his or her home (Examples: child or adult foster care, supplemental payment to a domiciliary care provider, parent of an intellectually disabled child, adult and family living services)
- Payments made for care of an individual based on the individual's (HCBS) waiver plan (some conditions apply)
- American Indian or Alaska Native income

**D. MAGI Categories**

The following categories of people are evaluated for MA under the MAGI income- counting methodology:

- Adults ages 19 to 64
- Pregnant women
- Children, newborn to age 18
- Parents (biological, adoptive or step)
- Caretakers

The income limits and additional information on the aforesaid categories are detailed.

1. **Adults, age 19 to 64 (Medicaid expansion population)**

The ACA increased the income limit of the original MA for the adult population. This update is now known as Medicaid Expansion. Adults aged 19-64 can apply for MA without regard to health and/or resources. The income limit for this category is 138% of the Federal Income Poverty Guidelines (FPIG) including a 5% income disregard. Adults with Medicare are not eligible for the MAGI category.

| **Income Level for Adults aged 19-64, under the MAGI category (138 % FPIG incl. 5% income disregard) - 2025[4]** | | |
|---|---|---|
| **Family Size** | **Monthly Income** | **Annual Income** |
| 1 | $1,800 | $21, 597 |
| 2 | $2,433 | $29,187 |
| 3 | $3,065 | $36,777 |
| 4 | $3,698 | $44,367 |
| 5 | $4,330 | $51,957 |
| 6 | $4,963 | $59,547 |

2. **Pregnant Adults and Children**

With NJFamilyCare Children under 19 are eligible with higher incomes of up to 355% of the Federal Poverty Level (FPL). Parents still need to renew the coverage each year. Children can qualify regardless of immigration status.

Pregnant people with income up to 205% FPL are eligible for MA. Pregnant people who are lawfully present can qualify for MA regardless of the date that they entered the US.

[4] https://njfamilycare.dhs.state.nj.us/who_eligbl.aspx

| Income Level for Pregnant People and Children under 19 under the MAGI category – 2025 (including the 5% income disregard) | | |
|---|---|---|
| **Family Size*** | **Pregnant Adults (205% FPIG)** | **Children Under 19 (355% FPIG)** |
| 1 | $2,674 | $4,630 |
| 2 | $3,614 | $6,257 |
| 3 | $4,553 | $7,884 |
| 4 | $5,493 | $9.512 |
| 5 | $6,432 | $11,139 |
| 6 | $7,372 | $12,766 |
| Each Add'l | $940 | $1,628 |

*Size of family may be determined by the **total number** of parent(s) or caretaker(s), and all blood-related children under the age of 21 who are tax dependent, as well as any other tax dependent residing in the home.

**Note:** As of January 1, 2023, all income-eligible children can obtain MA coverage in New Jersey regardless of immigration status.

### 3. Immigrant Exceptions

Some immigrant adults can qualify if they are lawfully present, regardless of when they entered the US. Examples are refugees and asylees. Immigrants age 19 and 20 who are lawfully present and have very low income ($509/month for a single person and $805/month for a family of 2) can also qualify.[5]

### 4. Former Foster Care Youth

Young adults under age 26 who have aged out of foster care can qualify for this MA as Former Foster Care Youth. Former foster care youths who were receiving MA (in federal or state-funded foster care on or after their 18th birthday) continue to qualify for MA in this category without regard to income or assets if they are not otherwise eligible for MA. The New Jersey Medicaid benefit is only available to young adults who are, or were, in foster care in the state.

[5] https://njfamilycare.dhs.state.nj.us/who_eligbl.aspx

## Non-MAGI Eligibility and Definitions

### A. NJ FamilyCare: Aged, Blind, and Disabled

The NJ Family Care Aged, Blind, Disabled (ABD) programs provide medical coverage to individuals who are 65 years or older as well as individuals determined blind or disabled by the Social Security Administration or by the State of New Jersey. It is designed for people whose income and resources are not enough to meet the cost of necessary care and services.

1. **Eligibility:** the individual must be:

- A resident of New Jersey
- A citizen of the United States or,
- A Qualified Immigrant
    - If an adult, Legal Permanent Residence status for at least five years

2. **Income**

- For individuals: ≤ $1,305 /mo.
- For couples: ≤ $1,763 /mo. (100% of FPL)

3. **Resources:**

- For individuals: ≤ 4,000
- For couples: ≤ $ 6,000
- Exempt resources include home and one car

Applicants need to file a Medicaid application in New Jersey either online or at the local County Social Service Agency (CSSA). Applicants must provide certain documentation with their application.

### B. Medicaid Eligibility from SSI Eligibility

1. **Individual:**

- Age 65 years or older OR
- Blind or disabled (any age)

2. **Income (follows income levels from SSI):**

- For individuals: ≤ $998.25/mo.
- For couples: ≤ $1,476.35 /mo. (person or couple living alone or with other in own household)

3. **Resources:**

- For individuals: ≤ $2,000
- For couples: ≤ $3,000
- Exempt resources include one's home and one car

**Note:** Income from SSI is based on the federal benefit amount plus the state supplement. The income limit for SSI related Medicaid and Medicaid only are based on the SSI total monthly payments in 2025 which are location- specific and differ depending on an applicant's individual living arrangements. If the applicant is living in a licensed residential healthcare facility or is living in someone else's household receiving support and maintenance, this income limit will be different.

Resources must be below the limit at the stroke of midnight on the first of the month each month. Resources may go over the limit during the course of the month. Applicants must make sure they are below the resource limit by the first of the following month.

### C. SSI - Medicaid Only

This option is for applicants who only want Medicaid without the SSI cash assistance. It has the same eligibility criteria as SSI-Related Medicaid. Applicants need to file a Medicaid application in New Jersey either online (or at the local County Social Service Agency (CSSAs)).

### D. NJ WorkAbility Program

The NJ WorkAbility Program offers full Medicaid coverage to working disabled individuals whose income or assets would otherwise make them ineligible.

**1. Eligibility:**
- Age 16 years or older
- Working full-time, part-time or self-employed with proof employment
- Must have net earnings of $400 or more and file federal taxes
- Disability determination (SSA or NJ Medical Review Team)

**2. Income**
- Unlimited (premiums may apply to higher incomes)
- Spouse's income is not counted in determining eligibility or premiums

**3. Resources**
- Unlimited

**Note:** People with HIV must have documentation of HIV infection in addition to one other health condition as laid out in in 14.11 of Disability Evaluation Under Social Security (https://www.ssa.gov/disability/professionals/bluebook/14.00-Immune-Adult.htm#14_00F1)

Apply at www.nj.gov/humanservices/dds/programs/njworkability/.

### E. Medically Needy Program

The Medically Needy Program provides limited medical benefits to New Jersey residents who may not be able to afford health care services but have income and/or assets that are too high for them to qualify for Medicaid. Medically Pregnant women, children under 21, people aged 65 or older, the blind, and the disabled may be eligible. The Medically Needy Program is unique in that if the income of the household exceeds the standard, the client may spend down their income and attain eligibility if they have outstanding medical bills. Spend down is the process of subtracting certain medical bills and health insurance premiums from a client's income until it is equal to the monthly income limit they must reach.

In New Jersey, eligibility is determined in six-months periods, so clients must spend down accordingly.[6]

**To qualify for services, you must be either:**

- A pregnant woman
- A needy child (under 21 years of age)
- Aged (65 years of age or older)
- Blind or disabled

**AND fall at or below certain limits (2026 levels):**

- Income (follows income levels from SSI):
  - For individuals: ≤ $367/mo.
  - For couples: ≤ $434 /mo.
- Resources:
  - For individuals: ≤ $4,000
  - For couples: ≤ $6,000

### F. TANF Related Medicaid

Most recipients of a TANF money grant are eligible to receive Medicaid. Persons who are eligible for a TANF grant may elect to receive Medicaid only. Persons who are no longer eligible for a money grant due to the receipt of earned income, unemployment or state disability payments or child support may receive extended Medicaid benefits for an additional 4-24 months.

### G. 1619(b) Status

This section refers to a work incentive rule in the Social Security Act that provides for extended MA coverage. 1619(b) Status allows an individual to receive MA while working and earning below the 1619(b) threshold amount. A client whose earned income exceeds the SSI limit, and thus does not receive any cash payment, may still be eligible for MA under this program. To be eligible for this status, the

[6] https://www.somersetcountynj.gov/government/affiliated-agencies/social-services/medicaid-programs; https://www.gloucestercountynj.gov/611/Medically-Needy-Community

beneficiary must need MA in order to work, have income inadequate to replace the cost of MA coverage (In New Jersey, $63,400 for 2026, and increases annually), and continue to be disabled.

SSA's detailed description of this program along with the threshold amounts for each state for 2025-2026 can be found here.

## New Jersey Medicaid Long-Term Care

### A. Long-Term Care Categories

There are three categories of Medicaid programs through which New Jersey older adults and persons with disabilities may be eligible for long-term care:

1. **Institutional / Nursing Home Medicaid:** Anyone who is eligible will receive assistance. Benefits are provided in Medicaid-certified nursing homes.

2. **Home and Community Based Services (HCBS):** Although New Jersey previously offered HCBS Medicaid Waivers for the aged, the state no longer does. With waivers, the number of participant slots was limited and waiting lists for services could exist. Currently, long-term care services are provided at home, adult day care, adult family care homes (adult foster care homes), comprehensive personal care homes, and assisted living residences via a managed care system. Unlike with HCBS Waivers, the managed care program does not have enrollment caps, which means there is no waiting list to receive long-term care benefits. The DHS Division of Development Disabilities does administer two Medicaid waiver programs, the Supports Program and Community Care Program, for people with developmental disabilities.[7]

3. **FamilyCare ABD Programs:** Anyone who is eligible will receive services. While regular Medicaid is not Long-Term Care Medicaid, some long-term care services, such as personal care assistance or adult day care, may be available.

[7] The Community Care Program has a waitlist. Waitlist procedure can be found here.

| Type of Medicaid | Single | | | Married (both spouses applying) | | | Married (one spouse applying) | | |
|---|---|---|---|---|---|---|---|---|---|
| | Income Limit | Asset Limit | Level of Care Required | Income Limit | Asset Limit | Level of Care Required | Income Limit | Asset Limit | Level of Care Required |
| **Institutional / Nursing Home Medicaid** | $2,982 / month* | $2,000 | Nursing Home | $5,964/ month* | $3,000 | Nursing Home | $2,982 / month for applicant* | $2,000 for applicant & $162,660 for non-applicant | Nursing Home |
| **Home and Community Based Services** | $2,982 / month† | $2,000 | Nursing Home | $5,964/ month† | $3,000 | Nursing Home | $2,982 / month for applicant† | $2,000 for applicant & $162,660for non-applicant | Nursing Home |
| **Regular Medicaid / Aged Blind and Disabled** | $1,305 / month (eff. 1/1/25 – 12/31/25)‡ | $4,000 | Help with ADLs | $1,763 / month (eff. 1/1/25 – 12/31/25)‡ | $6,000 | Help with ADLs | $1,763 / month (eff. 1/1/25 – 12/31/25)‡ | $6,000 | Help with ADLs |

*All of a beneficiary's monthly income, with the exception of a Personal Needs Allowance of $50.00 / month, Medicare premiums, and potentially a Needs Allowance for a non-applicant spouse, must go towards nursing home costs. This is called a Patient Liability.

†Based on one's living setting, a program beneficiary may not be able to keep monthly income up to this level.

‡ Another pathway to Medicaid eligibility is through SSI. In New Jersey, persons who are determined eligible for SSI are automatically approved for Regular Medicaid. This includes long-term services and supports via Regular Medicaid, given one meets the functional criteria.

### B. Pathways to Receive HCBS

**Individuals enrolled in NJ FamilyCare, Medicaid Only, and ABD** are eligible for three HCBS benefits through New Jersey's state plan which provides home health care, medical day care and the Personal Care Assistant (PCA) benefit. All three benefits provide qualified individuals with assistance with daily activities, such as bathing, dressing and household tasks. PCA services can be self-directed through the Personal Preference Program .

**Individuals enrolled in NJ WorkAbility** are eligible to receive HCBS state plan benefits, as well as more extensive long-term care benefits based on clinical need.

**People needing long-term care services beyond state plan benefits** can access support through NJ FamilyCare Managed Long Term Services and Supports (MLTSS). To qualify for MLTSS enrollment in 2025, individuals must meet clinical eligibility (nursing facility level of care), have a monthly income below 300% of the federal SSI limit ($2,829 in 2025 or, for higher incomes, set up a Qualified Income Trust), and have resources at or below $2,000 for an individual. MLTSS helps with aging in private homes, assisted living residencies, group homes, and nursing facilities.

**Eligible adults with developmental disabilities** receive supportive services through one of two Division of Developmental Disabilities HCBS programs: the Supports Program or Community Care Program (CCP). These programs provide an array of services necessary to allow people with developmental disabilities to live in the community. Each of these programs has specific eligibility requirements. The Supports Program services are available to people living in unlicensed settings, such as their own home or family home, and provides "Employment/Day Services" and "Individual/Family Support Services." CCP services are available to people living in either unlicensed or licensed settings and provide "Employment/Day Services," "Individual/Family Support Services," and "Individual Services."

### C. New Jersey Managed Care Overview

New Jersey's Medicaid Program, known as NJ FamilyCare, delivers most services, including HCBS Personal Care Assistance, through managed care. Rather than paying providers directly for each service, the state contracts with private managed care plans and pays them a fixed monthly amount to provide services.

New Jersey currently contracts with five Medicaid Managed Care Services:

- Aetna Better Health of New Jersey
- Fidelis Care
- Horizon NJ Health
- UnitedHealthcare Community Plan
- Wellpoint

### D. Other Care Delivery Models

Some HCBS services, including waiver services available through the DDD, remain "carved out" of managed care, and are still paid for on a fee-for-service basis.

Program of All-inclusive Care for the Elderly (PACE) is a service delivery option for people age 55 and older who are eligible for Medicare and/or Medicaid and meet a nursing facility level of care. This model provides services and socialization at a PACE center during the day, along with HCBS in the

enrollee's private home. Eight PACE agencies are currently operating in New Jersey and clients must live in their coverage areas to participate. Those centers are:

- Capital Health LIFE which serves all individuals residing in Mercer County and those who reside in Burlington County with one of the following zip codes: 08015, 08016, 08022, 08060, 08068, 08505, 08515, 08518, 08554.
- Trinity Health LIFE New Jersey which serves individuals residing in most Camden County communities, as well as some in Burlington County, including addresses with these zip codes: 08052, 08065, 08076, 08077.
- Lutheran Senior LIFE which serves most of Hudson County, including residents of these zip codes: 07002, 07030, 07047, 07086, 07087, 07093, 07094, 07302, 07304, 07305, 07306, 07307, 07310, 07311.
- Inspira LIFE, located in Vineland and Williamstown, is operated by Inspira Health Network which serves all of Cumberland, Gloucester and Salem Counties.
- BoldAge PACE which serves all zip codes in Ocean County.
- BoldAge PACE. which serves all zip codes in Monmouth County.
- AtlantiCare LIFE Connection which serves residents of Atlantic and Cape May Counties.

New Jersey also offers a type of Medicare Advantage plan, known as a Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP), to provide services to people who are dually eligible for both Medicare and Medicaid. These plans coordinate and cover an enrollee's Medicare and Medicaid benefits, including long-term care benefits.

# Chapter 3 – New Jersey Cash Assistance – Work First New Jersey (WFNJ)

## Cash Assistance Overview

New Jersey's overall cash assistance program is called Work First New Jersey (WFNJ). This program provides monthly cash assistance, short-term housing, help with the job search, and childcare. Work First New Jersey, also known as Temporary Assistance for Needy Families, (WFNJ/TANF), is available to individuals with children or individuals living together and functioning as an economic unit with a biological or legal relationship. The second subcategory of WFNJ is Work First New Jersey/General Assistance (WFNJ/GA) and is available to single adults or couples without children.

For more information, including an ASL summary of available resources, please visit: https://www.nj.gov/disabilities/essential-needs/cash-assistance/.

## Eligibility for Cash Assistance

### A. Citizenship

To receive cash assistance, you must be a United States citizen or qualified non-citizen, and you must be a resident of New Jersey. Qualified non-citizens include: those lawfully admitted for permanent residence, meaning holders of green cards, asylees, parolees, conditional entrants, Cuban or Haitian entrants under the Refugee Education Assistance Act of 1980, battered non-citizens (under certain circumstances), trafficking victims under the Trafficking Victims Protection Act of 2000, and Iraqi and Afghan Special Immigrants.

Regardless of qualified non-citizen status, the applicant and their family must have Social Security numbers or apply for them.

### B. Income Limits for Eligibility

**Income Limit for WFNJ/TANF:** The maximum allowable income level for WFNJ/TANF depends on the number of individuals in the household.[8]

| Number of Individuals in the Household | Maximum Allowable Income |
|---|---|
| 1 | $321 |
| 2 | $638 |
| 3 | $839 |
| 4 | $966 |
| 5 | $1,092 |
| 6 | $1,221 |
| 7 | $1,341 |
| 8 | $1,442 |
| 8+ | Add $99 for each additional person |

**Income Limit for WFNJ/GA:** The maximum allowable income level for WFNJ/GA depends on the number of individuals in the household.

| Number of Individuals in the Household | Maximum Allowable Income |
|---|---|
| 1 | $278 |
| 2 | $381 |

### C. Resource Limits for Eligibility

For all WFNJ programs, the assistance unit's resources, including all things with cash value with the exclusion of the applicant's primary residence, must have a value of $2,000 or less.

[8] https://www.law.cornell.edu/regulations/new-jersey/N-J-A-C-10-90-3-3

### D. Work Requirements

All recipients of WFNJ assistance must "continuously and actively seek employment in an effort to gain self-sufficiency" unless otherwise exempted.[9] WFNJ/TANF recipients must participate in WFNJ work requirements up to 40 hours a week, and WFNJ/GA recipients must participate in a work activity up to 30 hours a week. All WFNJ participants, unless enrolled in school full-time or otherwise exempted, must sign an initial "individual responsibility plan" (IRP) that will determine the terms of their work activity.

WFNJ/GA recipients who are also receiving SNAP benefits may fulfill their work activity through the NJ SNAP ETP program. WFNJ/GA recipients not receiving SNAP benefits must register with the New Jersey One-Stop Career Center (NJOSCC) and participate in their work activity.

**Exemptions** to this section include[10]:

- Individuals 62 or older
- Individuals with a disability
- WFNJ/GA recipients determined to be unemployable per N.J.A.C. 10:90-2.9(a)2
- Pregnant women in the first two trimesters of pregnancy with a doctor's certification, and in the third trimester with no certification necessary
- A parent and main caretaker of a child 12 years or younger
- Individuals participating in a CWEP or AWEP activity
- A sole caretaker of a disabled child or family member
- Individuals determined to be victims of family violence who request temporary deferral

**Note:** All deferrals relating to disabilities or medical conditions must be petitioned for using the appropriate forms, including the Form WFNJ-MED-1.

### E. Child Support and Collections

To receive WFNJ cash assistance, applicants must cooperate with their child support obligations with good faith, unless exempted for good cause. Applicants are required to identify their children, their custodial parents, their date of birth, and their Social Security numbers. Applicants must then sign an affidavit of cooperation. A county social service agency worker (CWA/CSU) will assist you in determining your cooperation requirements at your IV-D interview.

Cooperation in good faith is necessary to receive benefits, meaning that applicants must provide the CWA/CSU with all information they have, or can reasonably obtain. Information is considered sufficient if it either:

1. Includes the non-custodial parent's full name and three of the following:

[9] https://www.law.cornell.edu/regulations/new-jersey/N-J-A-C-10-90-4-1
[10] https://www.law.cornell.edu/regulations/new-jersey/N-J-A-C-10-90-4-10

- Date of birth;
- Social Security number;
- Address (current or last known);
- Employer (current or last known) or other sources of income;
- Manufacturer, model and license plate number of automobile;
- Motor vehicle driver's license number; or
- The address of the non-custodial parent's parent(s) or sibling(s)

Or:

2. Includes the non-custodial parent's full name and additional information that the CWA/CSU determines to be reasonably equivalent to the information listed above, with which the individual may be located.

If a determination of non-cooperation is made, the applicant and the children in the assistance unit shall be ineligible for cash assistance.

Any child support collected during the period in which you are receiving cash assistance will be collected by the state of New Jersey. If you have one dependent child, you may receive up to $100 of child support that the state collects per month, or up to $200 if you have two or more children. When your cash assistance ends, you will receive all the child support the state collects during this period.

### F. Minor Parents

Minor parents (under the age of 18) may be eligible for cash assistance. To be eligible, the minor parent must:

- Reside in their parent’s home and have the benefits paid to their parents; and
- Regularly attend a high school or equivalent program on a full-time basis; or
- Engage in a work activity or TANF Initiative for Parents (TIP) program for at least 35 hours per week if they have completed secondary education.

Alternatively, if living with a parent or legal guardian is determined to be unsuitable with a showing of “good cause,” the county agency may place the minor parent to an alternative adult-supervised living arrangement.

If the minor parent lives with their parents, the income limits of the WFNJ will apply to their parents.

### G. Kinship Care Subsidy Program

The Kinship Care Subsidy Program (KCSP) provides cash assistance for low income individuals caring for children who are not their own. These individuals are known as “kinship legal guardians.” Assistance is allocated by each county, and is given to children on a first come, first serve basis. To be eligible to

apply, the kinship legal guardian must have a family income less than or equal to 150% of the Federal Poverty Level. Eligible guardians may be eligible for up to $250 per month, per child.

For more information, visit the Department of Children and Family's website.

## Applying for Cash Assistance

Applicants can apply online, in person, or by mail.

**Cash Assistance Application Instructions**

**Step 1:** Fill out the application.

**Step 2:** Complete a phone or in-person interview to determine whether you will receive TANF or GA assistance.

**Step 3:** Submit verifying documents on MyNJHelps.gov. These documents include:

- A valid ID (e.g. driver's license, birth certificate, government-issued ID)
- Proof of address (e.g. lease, utility bill, mail)
- Proof of income (e.g. paystub, letter of employment, tax forms)
- Proof of unearned income (e.g. benefits award letter)
- Proof of resources (e.g. bank statements)
- Social Security number
- Proof of immigration status (only for non-citizens)

**Note:** For more information, you may call 609-989-4320, Menu Option 1, 1.

## Appeals

If the application for assistance is denied, or the recipient receives notice that their assistance is being terminated, and they believe this is wrong, they have the right to a fair hearing. To keep their benefits while they go to the hearing, recipients must request a hearing within 15 days. Recipients may request a hearing up to 90 days after the date you received a notice, but if they miss the 15-day deadline, they will not receive benefits during this waiting period.

To request a hearing, applicants or recipients must call the welfare office and speak with a fair hearing liaison or welfare director. They may also call the State Fair Hearings Hotline at 1-800-792-9773.

**Tip:** When you call the welfare office, make sure you get the name of the person you speak with, and ask them for a written letter confirming that you asked them for a fair hearing, and including the date.

## Maximum Benefit Payment Levels

Cash payments to assistance units vary in amount based on the number of individuals in a household.

### A. WFNJ/TANF Maximum Benefit Payment Levels

| Number of Individuals in the Assistance Unit | Maximum Benefit Payments Levels |
|---|---|
| 1 | $214 |
| 2 | $425 |
| 3 | $559 |
| 4 | $644 |
| 5 | $728 |
| 6 | $814 |
| 7 | $894 |
| 8 | $961 |
| 8+ | Add $66 for each additional person |

### B. WFNJ/GA Maximum Benefit Payment Levels

| Employability Status | Number of Individuals in the Assistance Unit | Maximum Benefit Payment Levels |
|---|---|---|
| **Employable** Single Adults and Couples without Dependent Children | 1 | $185 |
| **Employable** Single Adults and Couples without Dependent Children | 2 | $254 |
| **Unemployable** Single Adults and Couples without Dependent Children | 1 | $277 |
| **Unemployable** Single Adults and Couples without Dependent Children | 2 | $382 |

## Timeline of Expected Benefits and Time Limits

For most applicants, cash assistance benefits are available within 30 days of the application. However, some applicants may qualify for "immediate need," meaning that the applicant or applicant's household lacks shelter, or is in imminent risk of losing shelter, essential utilities, food, or clothing. Qualification for "immediate need" services is evaluated at the time of the application.

All WFNJ cash assistance is limited in time. New Jersey residents are limited to 60 months of cash assistance during their lifetime. When a person receiving cash assistance gets a job and stops receiving cash assistance, the time counted towards that limit is paused, and only includes the time accrued up to that point.

## Burial/Cremation Expense Payments

Recipients of WFNJ may receive payments for funeral and burial expenses in the form of supplementing resources.[11] Payments are available to individuals including, but not limited to, those who are already receiving WFNJ benefits, who applied for assistance prior to the death, or whose eligibility for assistance was established within 15 days prior to the death. Limits on the payment for burial apply. More information can be found here.

## Redetermination of Benefits

When an applicant is approved for WFNJ, they are given a certain approval period, which is generally either 6 or 12 months. At the end of this approval period, recipients must redetermine their status to continue receiving cash assistance. Recipients will receive a letter in the mail from the county Social Service Agency with a scheduled interview appointment. After that interview, recipients must submit the requested documents by the provided deadline.

[11] https://www.law.cornell.edu/regulations/new-jersey/N-J-A-C-10-90-8-1

# Chapter 4 – New Jersey AIDS Drug Distribution Program

## Eligibility Criteria

The New Jersey Aids Drug Distribution Program (ADDP) provides FDA approved life-sustaining and life-prolonging medications to low income individuals with no other source of payment for these drugs.

To apply, clients can call 1-877-613-4533 to get an application. Applicants must submit forms DHSTS-27 (the Application for Participation in the AIDS Drug Distribution Program) and DHSTS-37 (Certification by Licensed Health Care Provider).

In the State of New Jersey, to be eligible for ADDP enrollment, an individual must meet the following criteria:

- Have a positive HIV/AIDS diagnosis
- You must be a New Jersey resident 30 days prior to the date of your application.
- Your annual income must NOT EXCEED 500 percent of the federal poverty level.
- You must present a letter from a physician that certifies the medical necessity of receiving the covered medication(s).
- You must sign a consent form which attests to the accuracy of the information and allows for verification.
- If you have other forms of reimbursement through private insurance, you may not be eligible for our program unless you have received the maximum benefits allowable under the plan.

### A. ADDP Income Limits

| ADDP Income Limits 2025 | |
|---|---|
| **Number of Members in the Household** | **Income Level 500%** |
| 1 | $78,250 |
| 2 | $105,750 |
| 3 | $133,250 |
| 4 | $160,750 |
| 5 | $188,250 |
| 6 | $215,750 |