To the General Assembly:

Pursuant to Article V, Section I, Paragraph 14 of the New Jersey Constitution, I am returning Assembly Joint Resolution No. 158 (First Reprint) without my approval.

This resolution would establish the New Jersey Task Force on Medicaid Financial Resource Limits. I applaud the Legislature for its efforts to study State and federal laws and regulations concerning Medicaid, particularly the interest in and attention to older residents needing long-term care. Authorized by Title XIX of the Social Security Act that was signed into law in 1965, Medicaid was designed to provide health insurance coverage for individuals with lower incomes and today provides coverage to over 1.7 million New Jersey residents.

This resolution would establish a task force charged with studying and making recommendations on Medicaid financial resource limits. The resolution specifically raises topics such as asset transfers and resource “spend down” to gain Medicaid eligibility. There are certain federal laws and regulations that govern this space in order to ensure good fiscal stewardship of Medicaid resources and to provide federal assurances that only those who are financially eligible receive this important coverage.

New Jersey Family Care shares this commitment to appropriate financial management and oversight of the Medicaid program. Where State flexibility exists, New Jersey has already acted. For example, New Jersey has created a Qualified Income Trust (QIT) mechanism to allow residents needing an institutional level of care (i.e., nursing home care) and who meet the resource limits for the program but who have income above Medicaid eligibility thresholds to, under strict guidelines, place the excess income in
the QIT when determining eligibility for Medicaid long-term services and supports. Under my Administration, Medicaid will continue to ensure that valuable Medicaid dollars are directed to those who most need them, while also continuing to help older New Jerseyans get the care and supports they need.

I agree with the sponsors that additional efforts must be made to improve the application process, which is why today I signed into law Senate Bill No. 499, which will, in part, provide for an improved system for the Medicaid application process. Specifically, Senate Bill No. 499 requires the Commissioner of Human Services to develop an information technology platform for the intake, processing, and tracking of applications for benefits under the Medicaid program. The goals of the system include simplifying the application and eligibility determination processes and allowing for the timely exchange of data relevant to applications among State and county agencies.

Senate Bill No. 499 also requires the Commissioner of Human Services to establish a system to evaluate the performance of all entities responsible for the intake and processing of applications for Medicaid, including all county welfare agencies and the State’s contracted health benefits coordinator. Another provision of Senate Bill No. 499 requires the designation of an ombudsperson to receive complaints that result from the eligibility application process. The ombudsperson will also have the authority to recommend corrective actions to address specific issues raised in Medicaid complaints.

Given the urgent need to improve the Medicaid application process, I believe it would be wiser to dedicate State resources to the implementation of Senate Bill No. 499 than to the creation of the proposed task force at this time.
Accordingly, I herewith return Assembly Joint Resolution No. 158 (First Reprint) without my approval.

Respectfully,

[seal]     /s/ Philip D. Murphy
Governor

Attest:

/s/ Matthew J. Platkin
Chief Counsel to the Governor