

**ASSEMBLY, No. 5262**

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**STATE OF NEW JERSEY**

**219th LEGISLATURE**

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INTRODUCED JANUARY 12, 2021

**Sponsored by:**

**Assemblywoman CAROL A. MURPHY**

**District 7 (Burlington)**

**Assemblyman ERIC HOUGHTALING**

**District 11 (Monmouth)**

**Assemblywoman BRITNEE N. TIMBERLAKE**

**District 34 (Essex and Passaic)**

**Co-Sponsored by:**

**Assemblywomen Chaparro and Vainieri Huttie**

**SYNOPSIS**

Revises eligibility requirements for NJ Workability Program and Personal Assistance Services Program.

**CURRENT VERSION OF TEXT**

As introduced.



**(Sponsorship Updated As Of: 5/5/2021)**

1 AN ACT concerning medical and support services provided to  
2 certain working individuals with disabilities and amending Title  
3 30 of the Revised Statutes.

4

5 **BE IT ENACTED** *by the Senate and General Assembly of the State*  
6 *of New Jersey:*

7

8 1. Section 3 of P.L.1968, c.413 (C.30:4D-3) is amended to read  
9 as follows:

10 3. Definitions. As used in P.L.1968, c.413 (C.30:4D-1 et seq.),  
11 and unless the context otherwise requires:

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

14 b. "Commissioner" means the Commissioner of Human  
15 Services.

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

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

21 e. "Division" means the Division of Medical Assistance and  
22 Health Services.

23 f. "Medicaid" means the New Jersey Medical Assistance and  
24 Health Services Program.

25 g. "Medical assistance" means payments on behalf of recipients  
26 to providers for medical care and services authorized under  
27 P.L.1968, c.413.

28 h. "Provider" means any person, public or private institution,  
29 agency, or business concern approved by the division lawfully  
30 providing medical care, services, goods, and supplies authorized  
31 under P.L.1968, c.413, holding, where applicable, a current valid  
32 license to provide such services or to dispense such goods or  
33 supplies.

34 i. "Qualified applicant" means a person who is a resident of  
35 this State, and either a citizen of the United States or an eligible  
36 alien, and is determined to need medical care and services as  
37 provided under P.L.1968, c.413, with respect to whom the period  
38 for which eligibility to be a recipient is determined shall be the  
39 maximum period permitted under federal law, and who:

40 (1) Is a dependent child or parent or caretaker relative of a  
41 dependent child who would be, except for resources, eligible for the  
42 aid to families with dependent children program under the State  
43 Plan for Title IV-A of the federal Social Security Act as of July 16,  
44 1996;

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

3 (3) Is an "ineligible spouse" of a recipient of Supplemental  
4 Security Income for the Aged, Blind and Disabled under Title XVI  
5 of the Social Security Act, as defined by the federal Social Security  
6 Administration;

7 (4) Would be eligible to receive Supplemental Security Income  
8 under Title XVI of the federal Social Security Act or, without  
9 regard to resources, would be eligible for the aid to families with  
10 dependent children program under the State Plan for Title IV-A of  
11 the federal Social Security Act as of July 16, 1996, except for  
12 failure to meet an eligibility condition or requirement imposed  
13 under such State program which is prohibited under Title XIX of  
14 the federal Social Security Act such as a durational residency  
15 requirement, relative responsibility, consent to imposition of a lien;

16 (5) (Deleted by amendment, P.L.2000, c.71).

17 (6) Is an individual under 21 years of age who, without regard to  
18 resources, would be, except for dependent child requirements,  
19 eligible for the aid to families with dependent children program  
20 under the State Plan for Title IV-A of the federal Social Security  
21 Act as of July 16, 1996, or groups of such individuals, including but  
22 not limited to, children in resource family placement under  
23 supervision of the Division of Child Protection and Permanency in  
24 the Department of Children and Families whose maintenance is  
25 being paid in whole or in part from public funds, children placed in  
26 a resource family home or institution by a private adoption agency  
27 in New Jersey or children in intermediate care facilities, including  
28 developmental centers for the developmentally disabled, or in  
29 psychiatric hospitals;

30 (7) Would be eligible for the Supplemental Security Income  
31 program, but is not receiving such assistance and applies for  
32 medical assistance only;

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

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

37 (i) Pregnant women;

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

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

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

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

44 (i) For one person and two person households, the income  
45 standard shall be the maximum allowable under federal law, but  
46 shall not exceed 133 1/3% of the State's payment level to two  
47 person households under the aid to families with dependent children

1 program under the State Plan for Title IV-A of the federal Social  
2 Security Act in effect as of July 16, 1996; and

3 (ii) For households of three or more persons, the income standard  
4 shall be set at 133 1/3% of the State's payment level to similar size  
5 households under the aid to families with dependent children  
6 program under the State Plan for Title IV-A of the federal Social  
7 Security Act in effect as of July 16, 1996.

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

10 (i) For one person households, the resource standard shall be  
11 200% of the resource standard for recipients of Supplemental  
12 Security Income pursuant to 42 U.S.C. s.1382(1)(B);

13 (ii) For two person households, the resource standard shall be  
14 200% of the resource standard for recipients of Supplemental  
15 Security Income pursuant to 42 U.S.C. s.1382(2)(B);

16 (iii) For households of three or more persons, the resource  
17 standard in subparagraph (c)(ii) above shall be increased by  
18 \$100.00 for each additional person; and

19 (iv) The resource standards established in (i), (ii), and (iii) are  
20 subject to federal approval and the resource standard may be lower  
21 if required by the federal Department of Health and Human  
22 Services.

23 (d) Individuals whose income exceeds those established in  
24 subparagraph (b) of paragraph (8) of this subsection may become  
25 medically needy by incurring medical expenses as defined in 42  
26 C.F.R.435.831(c) which will reduce their income to the applicable  
27 medically needy income established in subparagraph (b) of  
28 paragraph (8) of this subsection.

29 (e) A six-month period shall be used to determine whether an  
30 individual is medically needy.

31 (f) Eligibility determinations for the medically needy program  
32 shall be administered as follows:

33 (i) County welfare agencies and other entities designated by the  
34 commissioner are responsible for determining and certifying the  
35 eligibility of pregnant women and dependent children. The division  
36 shall reimburse county welfare agencies for 100% of the reasonable  
37 costs of administration which are not reimbursed by the federal  
38 government for the first 12 months of this program's operation.  
39 Thereafter, 75% of the administrative costs incurred by county  
40 welfare agencies which are not reimbursed by the federal  
41 government shall be reimbursed by the division;

42 (ii) The division is responsible for certifying the eligibility of  
43 individuals who are 65 years of age and older and individuals who  
44 are blind or disabled. The division may enter into contracts with  
45 county welfare agencies to determine certain aspects of eligibility.  
46 In such instances the division shall provide county welfare agencies  
47 with all information the division may have available on the  
48 individual.

1 The division shall notify all eligible recipients of the  
2 Pharmaceutical Assistance to the Aged and Disabled program,  
3 P.L.1975, c.194 (C.30:4D-20 et seq.) on an annual basis of the  
4 medically needy program and the program's general requirements.  
5 The division shall take all reasonable administrative actions to  
6 ensure that Pharmaceutical Assistance to the Aged and Disabled  
7 recipients, who notify the division that they may be eligible for the  
8 program, have their applications processed expeditiously, at times  
9 and locations convenient to the recipients; and

10 (iii) The division is responsible for certifying incurred medical  
11 expenses for all eligible persons who attempt to qualify for the  
12 program pursuant to subparagraph (d) of paragraph (8) of this  
13 subsection;

14 (9) (a) Is a child who is at least one year of age and under 19  
15 years of age and, if older than six years of age but under 19 years of  
16 age, is uninsured; and

17 (b) Is a member of a family whose income does not exceed  
18 133% of the poverty level and who meets the federal Medicaid  
19 eligibility requirements set forth in section 9401 of Pub.L.99-509  
20 (42 U.S.C. s.1396a);

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

25 (11) Is an individual 65 years of age and older, or an individual  
26 who is blind or disabled pursuant to section 301 of Pub.L.92-603  
27 (42 U.S.C. s.1382c), whose income does not exceed 100% of the  
28 poverty level, adjusted for family size, and whose resources do not  
29 exceed 100% of the resource standard used to determine medically  
30 needy eligibility pursuant to paragraph (8) of this subsection;

31 (12) Is a qualified disabled and working individual pursuant to  
32 section 6408 of Pub.L.101-239 (42 U.S.C. s.1396d) whose income  
33 does not exceed 200% of the poverty level and whose resources do  
34 not exceed 200% of the resource standard used to determine  
35 eligibility under the Supplemental Security Income Program,  
36 P.L.1973, c.256 (C.44:7-85 et seq.);

37 (13) Is a pregnant woman or is a child who is under one year of  
38 age and is a member of a family whose income does not exceed  
39 185% of the poverty level and who meets the federal Medicaid  
40 eligibility requirements set forth in section 9401 of Pub.L.99-509  
41 (42 U.S.C. s.1396a), except that a pregnant woman who is  
42 determined to be a qualified applicant shall, notwithstanding any  
43 change in the income of the family of which she is a member,  
44 continue to be deemed a qualified applicant until the end of the 60-  
45 day period beginning on the last day of her pregnancy;

46 (14) (Deleted by amendment, P.L.1997, c.272).

47 (15) (a) Is a specified low-income Medicare beneficiary pursuant  
48 to 42 U.S.C. s.1396a(a)10(E)iii whose resources beginning January

1 1, 1993 do not exceed 200% of the resource standard used to  
2 determine eligibility under the Supplemental Security Income  
3 program, P.L.1973, c.256 (C.44:7-85 et seq.) and whose income  
4 beginning January 1, 1993 does not exceed 110% of the poverty  
5 level, and beginning January 1, 1995 does not exceed 120% of the  
6 poverty level.

7 (b) An individual who has, within 36 months, or within 60  
8 months in the case of funds transferred into a trust, of applying to  
9 be a qualified applicant for Medicaid services in a nursing facility  
10 or a medical institution, or for home or community-based services  
11 under section 1915(c) of the federal Social Security Act (42 U.S.C.  
12 s.1396n(c)), disposed of resources or income for less than fair  
13 market value shall be ineligible for assistance for nursing facility  
14 services, an equivalent level of services in a medical institution, or  
15 home or community-based services under section 1915(c) of the  
16 federal Social Security Act (42 U.S.C. s.1396n(c)). The period of  
17 the ineligibility shall be the number of months resulting from  
18 dividing the uncompensated value of the transferred resources or  
19 income by the average monthly private payment rate for nursing  
20 facility services in the State as determined annually by the  
21 commissioner. In the case of multiple resource or income transfers,  
22 the resulting penalty periods shall be imposed sequentially.  
23 Application of this requirement shall be governed by 42 U.S.C.  
24 s.1396p(c). In accordance with federal law, this provision is  
25 effective for all transfers of resources or income made on or after  
26 August 11, 1993. Notwithstanding the provisions of this subsection  
27 to the contrary, the State eligibility requirements concerning  
28 resource or income transfers shall not be more restrictive than those  
29 enacted pursuant to 42 U.S.C. s.1396p(c).

30 (c) An individual seeking nursing facility services or home or  
31 community-based services and who has a community spouse shall  
32 be required to expend those resources which are not protected for  
33 the needs of the community spouse in accordance with section  
34 1924(c) of the federal Social Security Act (42 U.S.C. s.1396r-5(c))  
35 on the costs of long-term care, burial arrangements, and any other  
36 expense deemed appropriate and authorized by the commissioner.  
37 An individual shall be ineligible for Medicaid services in a nursing  
38 facility or for home or community-based services under section  
39 1915(c) of the federal Social Security Act (42 U.S.C. s.1396n(c)) if  
40 the individual expends funds in violation of this subparagraph. The  
41 period of ineligibility shall be the number of months resulting from  
42 dividing the uncompensated value of transferred resources and  
43 income by the average monthly private payment rate for nursing  
44 facility services in the State as determined by the commissioner.  
45 The period of ineligibility shall begin with the month that the  
46 individual would otherwise be eligible for Medicaid coverage for  
47 nursing facility services or home or community-based services.

1 This subparagraph shall be operative only if all necessary  
2 approvals are received from the federal government including, but  
3 not limited to, approval of necessary State plan amendments and  
4 approval of any waivers;

5 (16) Subject to federal approval under Title XIX of the federal  
6 Social Security Act, is a dependent child, parent or specified  
7 caretaker relative of a child who is a qualified applicant, who would  
8 be eligible, without regard to resources, for the aid to families with  
9 dependent children program under the State Plan for Title IV-A of  
10 the federal Social Security Act as of July 16, 1996, except for the  
11 income eligibility requirements of that program, and whose family  
12 earned income,

13 (a) if a dependent child, does not exceed 133% of the poverty  
14 level; and

15 (b) if a parent or specified caretaker relative, beginning  
16 September 1, 2005 does not exceed 100% of the poverty level,  
17 beginning September 1, 2006 does not exceed 115% of the poverty  
18 level and beginning September 1, 2007 does not exceed 133% of  
19 the poverty level, plus such earned income disregards as shall be  
20 determined according to a methodology to be established by  
21 regulation of the commissioner;

22 The commissioner may increase the income eligibility limits for  
23 children and parents and specified caretaker relatives, as funding  
24 permits;

25 (17) Is an individual from 18 through 20 years of age who is not  
26 a dependent child and would be eligible for medical assistance  
27 pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.), without regard to  
28 income or resources, who, on the individual's 18th birthday was in  
29 resource family care under the care and custody of the Division of  
30 Child Protection and Permanency in the Department of Children  
31 and Families and whose maintenance was being paid in whole or in  
32 part from public funds;

33 (18) Is a person **between the ages of** 16 years of age or older  
34 and **65** who is permanently disabled and working, and**:**

35 (a) whose income is at or below 250% of the poverty level, plus  
36 other established disregards;

37 (b) **who** pays the premium contribution and other cost sharing  
38 as established by the commissioner based solely on the applicant's  
39 earned and unearned income, subject to the limits and conditions of  
40 federal law**;** and

41 (c) whose assets, resources and unearned income do not exceed  
42 limitations as established by the commissioner**.**

43 A qualified applicant pursuant to this paragraph shall: (a) not be  
44 subject to any eligibility requirements regarding the earned or  
45 unearned income of the applicant or the applicant's spouse; and (b)  
46 remain eligible for medical care and services as provided under

1 P.L.1968, c.413 for up to a period of one year if, through no fault of  
2 the applicant, a job loss occurs;  
3 (19) Is an uninsured individual under 65 years of age who:  
4 (a) has been screened for breast or cervical cancer under the  
5 federal Centers for Disease Control and Prevention breast and  
6 cervical cancer early detection program;  
7 (b) requires treatment for breast or cervical cancer based upon  
8 criteria established by the commissioner;  
9 (c) has an income that does not exceed the income standard  
10 established by the commissioner pursuant to federal guidelines;  
11 (d) meets all other Medicaid eligibility requirements; and  
12 (e) in accordance with Pub.L.106-354, is determined by a  
13 qualified entity to be presumptively eligible for medical assistance  
14 pursuant to 42 U.S.C. s.1396a(aa), based upon criteria established  
15 by the commissioner pursuant to section 1920B of the federal Social  
16 Security Act (42 U.S.C. s.1396r-1b);  
17 (20) Subject to federal approval under Title XIX of the federal  
18 Social Security Act, is a single adult or couple, without dependent  
19 children, whose income in 2006 does not exceed 50% of the poverty  
20 level, in 2007 does not exceed 75% of the poverty level and in 2008  
21 and each year thereafter does not exceed 100% of the poverty level;  
22 except that a person who is a recipient of Work First New Jersey  
23 general public assistance, pursuant to P.L.1947, c.156 (C.44:8-107  
24 et seq.), shall not be a qualified applicant; or  
25 (21) is an individual who:  
26 (a) has an income that does not exceed the highest income  
27 eligibility level for pregnant women established under the State  
28 plan under Title XIX or Title XXI of the federal Social Security  
29 Act;  
30 (b) is not pregnant; and  
31 (c) is eligible to receive family planning services provided  
32 under the Medicaid program pursuant to subsection k. of section 6  
33 of P.L.1968, c.413 (C.30:4D-6) and in accordance with 42 U.S.C.  
34 s.1396a(ii).  
35 j. "Recipient" means any qualified applicant receiving benefits  
36 under this act.  
37 k. "Resident" means a person who is living in the State  
38 voluntarily with the intention of making his home here and not for a  
39 temporary purpose. Temporary absences from the State, with  
40 subsequent returns to the State or intent to return when the purposes  
41 of the absences have been accomplished, do not interrupt continuity  
42 of residence.  
43 l. "State Medicaid Commission" means the Governor, the  
44 Commissioner of Human Services, the President of the Senate and  
45 the Speaker of the General Assembly, hereby constituted a  
46 commission to approve and direct the means and method for the  
47 payment of claims pursuant to P.L.1968, c.413.



1 m. "Third party" means any person, institution, corporation,  
2 insurance company, group health plan as defined in section 607(1)  
3 of the federal "Employee Retirement and Income Security Act of  
4 1974," 29 U.S.C. s.1167(1), service benefit plan, health  
5 maintenance organization, or other prepaid health plan, or public,  
6 private or governmental entity who is or may be liable in contract,  
7 tort, or otherwise by law or equity to pay all or part of the medical  
8 cost of injury, disease or disability of an applicant for or recipient  
9 of medical assistance payable under P.L.1968, c.413.

10 n. "Governmental peer grouping system" means a separate  
11 class of skilled nursing and intermediate care facilities administered  
12 by the State or county governments, established for the purpose of  
13 screening their reported costs and setting reimbursement rates under  
14 the Medicaid program that are reasonable and adequate to meet the  
15 costs that must be incurred by efficiently and economically operated  
16 State or county skilled nursing and intermediate care facilities.

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

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

27 q. "Eligible alien" means one of the following:

28 (1) an alien present in the United States prior to August 22,  
29 1996, who is:

30 (a) a lawful permanent resident;

31 (b) a refugee pursuant to section 207 of the federal "Immigration  
32 and Nationality Act" (8 U.S.C. s.1157);

33 (c) an asylee pursuant to section 208 of the federal  
34 "Immigration and Nationality Act" (8 U.S.C. s.1158);

35 (d) an alien who has had deportation withheld pursuant to  
36 section 243(h) of the federal "Immigration and Nationality Act" (8  
37 U.S.C. s.1253 (h));

38 (e) an alien who has been granted parole for less than one year  
39 by the U.S. Citizenship and Immigration Services pursuant to  
40 section 212(d)(5) of the federal "Immigration and Nationality Act"  
41 (8 U.S.C. s.1182(d)(5));

42 (f) an alien granted conditional entry pursuant to section  
43 203(a)(7) of the federal "Immigration and Nationality Act" (8  
44 U.S.C. s.1153(a)(7)) in effect prior to April 1, 1980; or

45 (g) an alien who is honorably discharged from or on active duty  
46 in the United States armed forces and the alien's spouse and  
47 unmarried dependent child.

1 (2) An alien who entered the United States on or after August  
2 22, 1996, who is:

3 (a) an alien as described in paragraph (1)(b), (c), (d) or (g) of  
4 this subsection; or

5 (b) an alien as described in paragraph (1)(a), (e) or (f) of this  
6 subsection who entered the United States at least five years ago.

7 (3) A legal alien who is a victim of domestic violence in  
8 accordance with criteria specified for eligibility for public benefits  
9 as provided in Title V of the federal "Illegal Immigration Reform  
10 and Immigrant Responsibility Act of 1996" (8 U.S.C. s.1641).

11 (cf: P.L.2018, c.1, s.1)

12

13 2. Section 4 of P.L.1987, c.350 (C.30:4G-16) is amended to  
14 read as follows:

15 4. A person is eligible for the personal assistance services  
16 program if:

17 a. The person has a permanent physical disability;

18 b. The person is 18 **through 70** years of age or older;

19 c. The person is a resident of this State;

20 d. The person is in need of personal assistance services  
21 pursuant to a written plan of service;

22 e. The person is capable of managing and supervising their  
23 personal assistance services;

24 f. A relative or other informal caregiver is not available to  
25 provide the services that the person needs;

26 g. The person lives or plans to live in a private house or  
27 apartment, rooming or boarding house, group home, educational  
28 facility or residential health care facility; and the personal  
29 assistance services that the person shall receive are supplemental to,  
30 and not duplicative of, services provided to the person in the  
31 rooming or boarding house, group home, educational facility or  
32 residential health care facility pursuant to licensure requirements.

33 A person who resides, or is a patient, in a nursing, assisted living,  
34 or intermediate care facility, special hospital or other inpatient  
35 medical setting is not eligible for the personal assistance services  
36 program;

37 h. The attending physician of the person who shall receive the  
38 personal assistance services has confirmed in writing that the  
39 person has a permanent physical disability, requires no assistance in  
40 the coordination of therapeutic regimes, and that the personal  
41 assistance services will be appropriate to meet the person's needs;  
42 and

43 i. The person receives no more than 40 hours of personal  
44 assistance services from this program or any other program per  
45 week. The commissioner shall develop rules for individual  
46 exceptions to this requirement.

1 j. The commissioner shall develop rules for individual  
2 exceptions to the age criteria.  
3 (cf: P.L.2009, c.160, s.3)  
4

5 3. The Commissioner of Human Services shall apply for such  
6 State plan amendments or waivers as may be necessary to implement  
7 the provisions of this act and to continue to secure federal financial  
8 participation for the New Jersey Medicaid program.  
9

10 4. The Commissioner of Human services, pursuant to the  
11 “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et seq.)  
12 shall adopt such rules and regulations necessary to implement the  
13 provisions of this act.  
14

15 5. This act shall take effect immediately, but shall remain  
16 inoperative until the Commissioner of Human Services receives any  
17 federal approvals following the submission of State plan  
18 amendments or waivers, pursuant to section 3.  
19  
20

## 21 STATEMENT

22  
23 This bill revises eligibility requirements for the NJ Workability  
24 Program and the Personal Assistance Services Program. It is the  
25 sponsor’s intent that this bill will remove barriers to employment and  
26 career advancement for individuals with disabilities.

27 The NJ Workability Program is a Medicaid buy-in option for  
28 employed, permanently-disabled individuals, authorized under the  
29 federal “Ticket to Work and Work Incentives Improvement Act of  
30 1999,” Pub.L.106-170. The bill expands the eligibility for this  
31 program in various ways. First, the bill removes the upper age limit  
32 for eligibility, providing that any individual who is older than 16 may  
33 qualify. The current age requirement is between 16 and 65 years of  
34 age. Second, the bills requires that the premium contribution  
35 established by the commissioner is to be based solely on the  
36 applicant’s earned and unearned income. In doing so, the income of  
37 the applicant’s spouse cannot be considered in this determination.  
38 Third, the bill eliminates the program’s existing income eligibility  
39 limit of 250 percent of the federal poverty level and explicitly provides  
40 that a qualified applicant is not to be subject to any eligibility  
41 requirements regarding the earned or unearned income of the applicant  
42 or the applicant’s spouse. Finally, the bill permits that an eligible  
43 applicant for the program is to remain eligible for Medicaid for up to a  
44 period of one year if, through no fault of the applicant, a job loss  
45 occurs.

46 The Personal Assistance Services Program is a State-funded  
47 program that provides up to 40 hours per week of non-medical  
48 personal care assistance to those individuals with permanent

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1 physical disabilities who work, seek educational advancement, or  
2 volunteer in the community for a minimum of 20 hours per month.  
3 Currently, only individuals 18 through 70 years of age can qualify  
4 for this program. Under the bill, the age cap is removed, providing  
5 that anyone over the age of 18 may be eligible for these services.