HR-1: Official State Resources (DMAHS)

DMAHS is the official source for NJ FamilyCare policy. Guidance is still being released, so we link directly to DMAHS materials rather than restating them. Check these pages for the most current information.

Link	Link Description
Federal Changes to NJ FamilyCare	DMAHS overview of the changes and member resources, translated into 9 languages.
Community Engagement / Work Requirements	Who must meet the new requirements, what counts, and who is exempt.
Stakeholder Resources	DMAHS site for providers, assistors, and community partners.
Stakeholder Guide on Changes in	Detailed partner guidance on work requirements, 6-month renewals, and retroactive coverage (PDF).
NJ FamilyCare Activity Requirements	Online tool members can use to see whether the new requirements may apply to them.
Medical Assistance Advisory Council	Quarterly public meetings with H.R. 1 updates; past recordings and materials.
DMAHS Federal Changes email updates	Sign up for DMAHS emails on H.R. 1 developments. Sign up here or email MAHS.FederalChanges@dhs.nj.gov. to receive emails from the DMAHS resource account.
Update Member Contact Information	Sign up for text updates or update address and phone number via the link or by calling 1-833-409-2370 or 1-800-701-0710 (the general NJ FamilyCare Customer Service number).

Partners supporting members affected by non-citizen eligibility changes can find DMAHS guidance on the Non-citizen Eligibility page.

HR-1: Frequently Asked Questions

These answers summarize DMAHS guidance as of October 2026. Details may change as the state finalizes its approach. Each answer links to the DMAHS source.

Who Is Affected

What is changing, and when?
Starting January 1, 2027, certain adults ages 19 through 64 enrolled in NJ FamilyCare's Alternative Benefit Plan (ABP), also called Expansion Adults, must meet community engagement ("work") requirements to get or keep coverage. Most of these members will also renew every 6 months instead of every 12. Retroactive coverage periods will also get shorter. Source: DMAHS Stakeholder Resources

Are children affected?
No. Work requirements do not apply to children under 19. Eligibility also stays the same for most NJ FamilyCare Aged, Blind, and Disabled members and for pregnant and postpartum members. Source: DMAHS Work Requirements

Do the work requirements apply to people 65 and older?
No. Work requirements apply only to Expansion Adults ages 19 through 64. People 65 and older, including those receiving Social Security, are not subject to them. Source: DMAHS Work Requirements

How can someone tell if the requirements apply to them?
Affected members receive a letter from NJ FamilyCare titled "General Notice of Community Engagement/Work Requirements." Members can also check their health plan ID card for "ABP" or "Alternative Benefit Plan," use the Activity Requirements Checker, or contact their insurance directly (phone number on ID card) to find out what type of Medicaid they have. Source: DMAHS Work Requirements

When will current members first be checked?
Current members are checked at their first renewal on or after January 1, 2027. The first groups affected are people who apply on or after January 1, 2027, and current members whose next renewal month is March 2027. Source: DMAHS Work Requirements

Meeting the Requirement

How can members meet the requirement?
Members can complete at least 80 hours a month of work, volunteering, job training, or school (in any combination). Going to school at least half-time also counts, as does household income of at least $580 a month. Source: DMAHS Work Requirements

Do members have to meet the requirement every month?
No. Current members need to meet it for at least one month since their last renewal. New applicants must meet it in the month before they apply. Source: DMAHS Work Requirements

What if someone earns at least $580 a month but works fewer than 80 hours?
They meet the requirement. Household income of at least $580 a month (including earned income and other types of household income, such as unemployment benefits, Social Security benefits excluding Supplemental Security Income/ SSI, rental income, and interest) counts on its own, with no separate proof of hours. Seasonal workers can use their average monthly income over the past 6 months. Source: DMAHS Stakeholder Guide

What counts as work, volunteering, or job training?
Work includes paid jobs, self-employment, and gig or contract work. Volunteering must be unpaid community service through a public or nonprofit organization, and not political. A job training program must be government-approved, such as programs at One-Stop Career Centers, Trade Act programs, or state-run programs like SNAP Employment and Training. Job searching on its own, or job search training, does not count. Job search counts only as part of a qualifying program and for State-operated or State-supervised employment and training programs, including SNAP E&T, job search must be less than half of the program's required hours. Source: DMAHS Work Requirements; DMAHS guidance to the Quality Institute (October 2026)

Do members need to send documents?
Not unless NJ FamilyCare asks. The state checks electronic data first, such as wage records. In 2027, members can self-attest to volunteering and job training hours; documents may be required starting in 2028. Members should keep pay stubs, timesheets, and school records in case they are asked. Source: DMAHS Work Requirements

Exemptions and Medical Frailty

Who does not have to meet the requirement?
Some people are excluded or excepted. Examples include: members who are pregnant, or whose pregnancy ended in the last 12 months while they were enrolled. New applicants whose pregnancy ended in the last 2 months also qualify. Parents, guardians or caregivers of a child under age 14 or of a person with a disability. Members enrolled in Medicare, receiving SSI, or enrolled in an aged, blind or disabled program. Members who already follow another program's work rules: someone in a household that gets SNAP and is subject to the SNAP work requirement, or someone currently meeting the WorkFirst NJ or TANF work requirement. Members participating in substance use or alcohol treatment. Members who are medically frail, which we will talk about in more detail on our next slide. Veterans with a total disability rating from the VA. Members of a federally recognized American Indian tribe or Alaska Natives.

Other qualifying circumstances: a recent inpatient stay in a hospital, nursing facility or psychiatric hospital; traveling outside the community for medical care that was not available locally; currently being in jail or prison, or recently released; living in a county with high unemployment or in a presidentially-declared disaster area. Young adults under 26 who aged out of foster care are also excluded. See DMAHS for the full list.
Source: DMAHS Work Requirements

How is medical frailty determined?
A member may be medically frail if a health condition or disability makes it very hard to work or study, and the condition falls into one of these types: blind or disabled as defined by Social Security; a substance use disorder, unless the person has been in recovery for 5 or more years; a disabling mental health disorder; a serious or complex medical condition; or a physical, intellectual or developmental disability that seriously limits daily activities like bathing, dressing, eating or getting around.

In 2027, NJ FamilyCare will be identifying medical frailty in two ways:
First, at renewal, it automatically checks health plan claims and encounter data from the past 12 months.

Second, the member can report it through a short medical frailty screener included in the application, the renewal packet or a Request for Information. The screener will ask about serious physical conditions, mental health conditions, substance use disorder and disabilities. Through December 2027, members can self-attest on the screener without additional documents.

Starting January 2028, federal rules allow self-attestation only once per continuous enrollment period, so documentation will matter more. Processes for 2028 are still being developed by DMAHS. Source: DMAHS Work Requirements

Are ABD, DDD, or MLTSS members exempt?
Members enrolled in an NJ FamilyCare Aged, Blind, and Disabled (ABD) program are excluded. Receiving DDD services or MLTSS does not create an exemption on its own; what matters is whether the person is an Expansion Adult. Expansion Adults with a physical, intellectual, or developmental disability that significantly limits daily activities may qualify as medically frail. All members should still open and respond to mail from NJ FamilyCare. Source: DMAHS Work Requirements; DMAHS guidance to the Quality Institute (October 2026)

Does someone with a substance use disorder need to be in treatment to be excluded?
No. A member who reports a substance use disorder, currently or in the past 5 years, that makes it hard to meet the requirement may qualify as medically frail without being in treatment. Members self-attest through the medical frailty screener on the application, renewal packet, or request for information. Through December 2027, no documents are needed; starting in 2028, self-attestation can be used once per continuous enrollment period. Members in a substance use or alcohol treatment program are separately excluded. Source: DMAHS Stakeholder Guide; DMAHS guidance to the Quality Institute (October 2026)

How does someone show they had an inpatient hospital stay?
In 2027, no documents are needed. Members request the exception and self-attest on their application, renewal packet, or request for information. Starting in 2028, if the state can't verify the stay electronically, members may be asked for documents such as provider records, a medical bill, or admission or discharge paperwork. New Jersey has not yet finalized which documents it will accept. Source: DMAHS guidance to the Quality Institute (October 2026)

How do the high-unemployment county and travel-for-care exceptions work?
The high-unemployment county exception is automatic. NJ FamilyCare checks federal labor data for the member's county at every application and renewal, so no request or documents are needed. The travel exception applies when a member or their dependent must travel outside their community for an extended period to get care that isn't available locally. Members must request it, and can self-attest in 2027. Beginning in 2028, New Jersey will be required to ask for documentation where it is reasonably available, such as medical records showing the dates and location of services.

Federal rules do not set a distance standard, and New Jersey has not yet decided whether to set one. Source: DMAHS guidance to the Quality Institute (October 2026)

If someone applies at age 19 but was 18 the month before, do the requirements apply?
Not at first. For new applicants, exceptions are based on the month before they apply, so someone who was 18 that month is excepted due to age. The work requirements will apply at their next renewal. Source: DMAHS guidance to the Quality Institute (October 2026)

Renewnals

How often will affected members renew?
Every 6 months instead of every 12, starting January 1, 2027. Many members will be renewed automatically. American Indian and Alaska Native members keep a 12-month renewal cycle. Source: DMAHS Work Requirements

What should members do now to prepare?
Update their address, phone, and email online or at 1-833-409-2370. Open and respond to all mail from NJ FamilyCare. Use the Activity Requirements Checker, and start keeping records. Source: DMAHS Work Requirements

If Coverage Ends

What happens if a member doesn't respond to a letter?
Letters asking for information usually have a 30-day deadline, and coverage can end if the deadline is missed, even for someone who still qualifies. If coverage ends, the member has 90 days to send the missing information without a new application. Sending it within 60 days lowers the chance of a gap. Source: DMAHS Work Requirements

Can someone re-apply after losing coverage?
Yes, at any time, online, by phone at 1-800-701-0710 (TTY: 711), or in person. Members who think a decision was wrong can request a fair hearing within 30 days of the termination notice. Source: DMAHS Work Requirements

Can someone who loses coverage get Marketplace help?
People who lose NJ FamilyCare for not meeting the work requirement may buy a plan through Get Covered NJ, but they cannot get financial help to lower the cost. Source: DMAHS Work Requirements

How much retroactive coverage will be available?
Starting January 1, 2027, NJ FamilyCare can cover Expansion Adults' medical bills for up to one month before the month they apply, down from three. For most other members, including ABD applicants, the limit is two months. The window is counted from the month the application is submitted, not the approval date. Applications submitted before January 1, 2027 follow the current three-month rule. New Jersey is not adopting the new optional CHIP retroactive coverage period as of January 1, 2027. Source: DMAHS Stakeholder Guide; DMAHS guidance to the Quality Institute (October 2026)

Help for Partners

How can our staff get trained to help members apply and renew?
Email MAHS.NJFamilyCare@dhs.nj.gov to join the waitlist for NJ FamilyCare Application Assistance Training. Quality Institute webinars and weekly office hours are also open to partner organizations (see above). Source: DMAHS Stakeholder Guide

Regional Health Hubs

New Jersey's four Regional Health Hubs are working alongside DMAHS to help members and partners through these changes. Hubs share DMAHS-approved resources, run outreach and information sessions, train community organizations and providers, and connect affected members with help. Find the hub for your region below.

HR-1: Regional Health hubs

Hub	Region	H.R. 1 resources
Camden Coalition	Burlington, Camden, Atlantic, Gloucester, Salem, Cumberland, Cape May	Hosts the monthly virtual South Jersey Work Group on H.R. 1 Medicaid changes, with training recordings and resource links.
Trenton Health Team	Hunterdon, Somerset, Mercer, Middlesex, Monmouth, Ocean	Email inbox for questions and links to resources.
Greater Newark Healthcare Coalition	Essex, Union, Hudson	Links to H.R.1 DMAHS resources.
Health Coalition of Passaic County	Bergen, Passaic, Morris, Warren, Sussex	Hosts general information sessions for local groups, community & faith-based partners, and providers. Links to H.R.1 resources

Access to Free or Sliding Scale Care

New Jersey Department of Health – https://www.nj.gov/health/findcare/.

The Your Care NJ tool allows individuals to find health centers, free clinics, and family planning sites across the state. Many of these providers offer care regardless of insurance status.

The site also includes other information:

- Information about the new federal requirements
- Guidance on whether these rules apply to a resident
- Steps individuals can take to maintain their NJ FamilyCare coverage
- Links to renewal support, coverage options, and immediate care resources

Free Clinic Association Flyer.