NJ FamilyCare Housing Supports Program Office Hours:

HR1/OBBA Medicaid Changes

August 19, 2026

Camden Coalition

Housekeeping

- Please drop your name, organization and role into the chat
- Use the Raise Hand function and we will invite you to come off mute during Q&A

Regional Health Hubs (RHHs) play an important role supporting DMAHS in key initiatives such as the NJ FamilyCare Housing Supports Program.

Camden Coalition will:

- Deliver and curate a training series to support program roll-out
- Serve as a "help line" for providers to field/answer questions and troubleshoot issues through the process
- Liaise between the state, MCOs, and providers to support implementation

All RHHs will:

- Promote the program to recruit a robust network of providers within their regions
- Conduct member/community engagement to inform successful roll-out

Camden Coalition

GNHCC
Greater Newark Health Care Coalition

HCPC Health Coalition of Passaic County

TrentonHealthTeam

Disclaimer

The views, opinions and content expressed herein do not necessarily reflect the official position of the state of NJ's Department of Community Affairs or Division of Medical Assistance and Health Services (DMAHS).

Camden Coalition

Agenda

1:05 – 1:15	Announcements
1:15 – 2:00pm	HR1 Non-Citizen Eligibility Medicaid Changes
2:00 – 2:30pm	HSP Open Q&A

Announcements

DCA and DMAHS to fund Hospital and Housing Supports Services Integration Pilot, establishing pathways from hospital encounters to case management

Hospital-Housing Supports provider partnership

Hospitals and Housing Supports providers will **co-design a model** to:

- Identify and serve eligible HSP members that **present in clinical care settings**
- Connect members to **longitudinal housing services**

Housing Supports provider will be **lead applicant,** with **identified and mutually agreed upon hospital partner**

Flexibility in partnership design for whole person care

RFP encourages **flexible, creative, and effective care models,** such as:

- **Embedding HSP providers** in clinical settings
- Conducting **rapid response** when a member is identified
- Organizing **post-discharge placement** options

DMAHS and DCA to release **separate RFP for a technical assistance provider** that will provide **implementation support** for participating pilot sites **and pilot evaluation**

Key elements of Hospital and Housing Supports Services Integration Pilot RFP include:

1. Goal of **strengthening continuity of care** for members experiencing housing instability
2. **Joint partnership** between hospital and Housing Supports provider **agreed upon**, by RFP submission
   - Housing Supports provider will be **lead RFP applicant**
3. **Housing Supports provider readiness as a prerequisite** (e.g., must be enrolled and in-network with all 5 MCOs, with at least 20 claims approved by pilot launch)
4. **Applicant-proposed** care model design

Hospital pilot RFP release anticipated soon

Hospital RFP | DCA and DMAHS will fund hospital-Housing Supports provider partnerships to strengthen hospital-case management referral pathways

Grants will support hospital-HSP provider partnerships, including:

Hospital or health system funding	• **EHR/screening tool changes** to identify members experiencing housing stability and refer securely to partner providers • **Education for clinical, care management, and discharge planning teams** on program and referral pathways
Housing Supports Program provider funding	• **Hiring and onboarding of housing case managers** to receive and act on hospital referrals • **Mobile and field-based technology** to support community-based engagement and follow-up

Pilots are expected to span **multiple years across pilot sites,** so that partnerships have time to build operational infrastructure, test their care model, and refine approaches

Release anticipated in the coming months, with information on RFP timing and structure

TA RFP | Concurrently, DCA and DMAHS will fund a technical assistance provider to support hospital-Housing Supports provider partnerships

The TA provider will serve two core functions:

Hospital pilot implementation support	• **Pre-launch readiness and hands-on support** throughout implementation to hospital-provider partnerships • **Cross-site sessions** for pilot participants to surface what is working and/or troubleshoot, **relaying insights to DMAHS**
Hospital pilot mixed-methods assessment	• **Quantitative and qualitative analysis of pilot implementation,** synthesizing key lessons for future scale • **Shared templates, workflows, and best-practices** that other partnerships may adopt

The TA provider will serve as a **shared implementation resource** across pilot sites, translating what works into **practices other partnerships may adopt**

Release anticipated in the coming months, with information on RFP timing and structure

HSP Resources

- Next Office Hours – Open Q&A : September 2, from 1 – 2:30 pm
- Bookmark the Housing Supports webpage here.
- Sign up for our Housing Supports Program newsletter here.
- Use our Help Desk Inquiry Form to ask your questions and get timely support here.

Camden Coalition

What you need to know about Medicaid changes for non-citizen immigrants

New Jersey | July 2026

Based on HR1 / One Big Beautiful Bill Act

Camden Coalition

What we'll cover today

1. **THE BIG PICTURE** What is HR1 and who is affected?
2. **IMMIGRANT ELIGIBILITY** Who keeps Medicaid, who loses it?
3. **WHAT HAPPENS & WHEN** Key dates and the notice process
4. **6 STEPS TO KEEP COVERAGE** Practical steps for immigrants
5. **PRIVACY & SAFETY CONCERNS** What immigrants need to know
6. **CASE STUDIES** Real scenarios to practice

On the horizon: Another HR1 change coming January 1, 2027

Today's training focuses on immigrants. But there is a second group you should know about.

Who is affected?

Very low-income adults (roughly those earning up to 138% of the Federal Poverty Level) who are currently on Medicaid. Starting January 1, 2027, these adults will face **new work reporting requirements** and will need to **renew their Medicaid every 6 months** instead of once a year. People who are deemed medically frail may be exempt — but the definition and process for that is still being determined.

This will likely be challenged

Work requirements for Medicaid have been struck down by courts before. Legal advocates are expected to challenge this in court. The rules may change significantly before January 2027.

What the law says

Adults must prove they are working, in school, volunteering, or qualifying for a medical exemption to keep Medicaid. They must also renew every 6 months — twice as often as before.

Why we are flagging it now

We don't have all the details yet — and they are likely to change. But your clients and patients need to know this is coming so they are not caught off guard. Stay tuned for updates.

On the horizon: Another HR1 change coming January 1, 2027

Bottom line

Put it on your radar. We are not addressing specifics yet because the rules are still evolving and litigation is expected. Watch for updates from NJ DMAHS and your Regional Health Hub/RHH. Additional information will be available when guidance is finalized.

SECTION 1

The big picture

What is HR1 and who does it affect?

Medicaid in New Jersey: The scale

Nearly 1 in 5 NJ residents depends on Medicaid.

1.8M
NJ Residents on Medicaid

1 in 5
NJ Residents are covered

829K
Children covered

800K
Residents may lose Medicaid or ACA Marketplace coverage by 2028

⚠ Already, 69,000 people have left the ACA Marketplace since January 2026. These changes are happening now.

Sources: NJ FamilyCare (November 2025), KFF, US Census 2024

What is HR1?

The law

HR1 is a new federal law — also called the "One Big Beautiful Bill Act" (OBBBA). It was made by Congress in Washington, D.C. and was intentionally designed to reduce the number of people on Medicaid

Medicaid in NJ

In New Jersey, Medicaid is called NJ FamilyCare. The state has to follow the new rules set by the federal government.

What changes

Starting **October 2026**, some adults will no longer qualify for Medicaid. NJ FamilyCare is sending letters to 25,000 adults asking them to submit paperwork to show they still qualify. This training focuses on immigrants.

What stays the same

Children and lawfully present pregnant people are protected. This training explains who is — and isn't — affected.

SECTION 2

Immigrant eligibility

Who keeps Medicaid — and who loses it?

Key terms you will hear in this training

Understanding these words will help you follow along — and explain things to the people you work with.

Undocumented

No legal immigration status
A person who is in the U.S. without official government permission. Also called undocumented immigrant or unauthorized immigrant. They do not have a visa, green card, or other legal status.

Lawfully present

In the U.S. with legal permission
A person who has permission from the government to be in the U.S. This includes many types of status — visas, parolee, asylum, refugee status, and more. Does NOT automatically mean they have a green card.

Lawful Permanent Resident (LPR)

Green card holder
A person who has been given the right to live and work in the U.S. permanently. They have a green card as proof. LPR is the official legal term — green card holder is the everyday term. They are the same thing.

Adjusted to LPR status

Got their green card
When someone who had a different immigration status (like refugee or asylee) went through a process to become a green card holder. For example: a refugee who later applied for and received a green card has 'adjusted to LPR status.'

Parolee / Humanitarian parole

Allowed in temporarily for urgent reasons
A person allowed to enter or stay in the U.S. temporarily for urgent humanitarian reasons or public benefit. This is NOT a permanent status and does NOT automatically lead to a green card. Examples: some Cubans, Haitians, Afghans, Ukrainians.

Refugee / Asylee

Fled danger and was given protection
Refugees are admitted from abroad because they face persecution. Asylees are people already in the U.S. who ask for protection. Both can eventually get a green card. Whether they have done that yet matters for Medicaid eligibility.

IMPORTANT

Who is currently enrolled?

Every adult immigrant currently on Medicaid is in the U.S. legally.

They are lawfully residing immigrants. These are not people who are undocumented immigrants. Children can be on Medicaid regardless of immigration status.

Then why are some losing coverage?

HR1 changed the federal rules about which immigration statuses qualify for Medicaid. Some legal statuses that used to qualify **no longer qualify** starting October 1, 2026. This is not about whether someone followed the rules — it is about Congress **changing the rules.**

Who keeps Medicaid after October 1, 2026

Immigration status	Before Oct 1, 2026	After Oct 1, 2026
PROTECTED — NO CHANGE		
Children Under 19 any immigration status, up to 21 if documented	Eligible	✓ Still eligible
Lawfully present pregnant people All lawful statuses — refugee, asylee, parolee, and more	Eligible	✓ Still eligible
COFA migrants Micronesia, Marshall Islands, Palau	Eligible	✓ Still eligible
Cuban / Haitian Entrants	Eligible	✓ Still eligible
LPRs (green card) — 5+ years Lawful Permanent Residents with 5+ years	Eligible	✓ Still eligible
Some LPRs (green card) less than 5 years	Eligible	✓ Still eligible
Refugees		
Asylees		
Trafficking victims & family		
Iraqi & Afghani immigrants/parolees		
Ukrainian Humanitarian Parolees (UHP)		
Veterans / military family		
Amerasian immigrants		
People whose deportation is being withheld		

Who loses Medicaid after October 1, 2026

Immigration status	Before Oct 1, 2026	After Oct 1, 2026
NO LONGER ELIGIBLE IF NOT A LPR / NO GREEN CARD		
Veterans / military family Spouse or dependent of veteran/active duty	Eligible	✗ No longer eligible
Refugees Has refugee status but has not yet gotten a green card	Eligible	✗ No longer eligible
Asylees Has asylum status but has not yet gotten a green card	Eligible	✗ No longer eligible
Trafficking victims & family Has T visa or certification but has not yet gotten a green card	Eligible	✗ No longer eligible
Iraqi & Afghani parolees Has special immigrant or parolee status but has not yet gotten a green card	Eligible	✗ No longer eligible
Ukrainian Humanitarian Parolees Paroled Feb 2022–Sep 2024, has not yet gotten a green card	Eligible	✗ No longer eligible
Temporary humanitarian parolees Paroled for 1+ year — not Afghani, UHP or Cuban/Haitian Entrant program	Eligible	✗ No longer eligible
VAWA survivors Has VAWA status but has not gotten a green card or has had the green card less than 5 years	Eligible	✗ No longer eligible

Source: NJ DMAHS | nj.gov/humanservices/dmahs/obbba/medicaid-federal-changes.shtml

MEET THE FAMILIES

These are the kinds of people you work with — and who may be in this room. Notice which terms apply to each person.

A — Ahmed (adult)

Refugee → Adjusted to LPR (has a green card)

Came from Somalia as a refugee. Got his green card 6 years ago.

Keeps Medicaid — Refugee who adjusted to LPR 5+ years ago.

M — Maria (adult)

Humanitarian parolee

Came from Honduras 3 years ago on humanitarian parole. No green card. Has two U.S.-born children.

Loses Medicaid Oct 1 — Humanitarian parolees lose coverage. Her children keep theirs.

F — Fatima (adult)

Asylee — NOT yet LPR (no green-card)

Granted asylum 2 years ago. Lawfully present but has not yet applied for a green card.

Loses Medicaid Oct 1 — Asylees who have NOT adjusted to LPR lose coverage.

J — James (adult)

LPR — under 5 years

Got his green card 2 years ago when he arrived from Jamaica. Lawful Permanent Resident — but under 5 years and does not have any statuses that qualify PLRs < 5 years

Loses Medicaid Oct 1 - Adjusted to LPR under 5 years and has no qualifying status

R — Rosa & Carlos (adults)

Undocumented — U.S. born child

Undocumented parents from Mexico. Son Diego is a U.S. citizen. Rosa is pregnant. Afraid to apply for benefits.

Children & pregnancy: eligible — Diego qualifies. Rosa qualifies for 2 separate programs during pregnancy.

REMEMBER

Lawful **Permanent** Resident (LPR) = green card holder = right to stay permanently.

Lawfully **present** = legal permission right now — not necessarily permanent.

All LPRs are lawfully present, but not all lawfully present people are LPRs.

Mixed-status families

Many families include members with different immigration statuses. Look at each person individually.

Example Family

Rosa & Miguel are undocumented. Their daughter, Sofia, was born in the U.S. (she is a U.S. citizen). Sofia is eligible for Medicaid — her parents' status does not affect her eligibility.

Children first

Children's eligibility is separate from parents'. Never assume a child is ineligible because of a parent's status.

Apply per person

When applying or renewing, eligibility is determined person by person — not by household immigration status.

Privacy protects others

Undocumented parents do NOT need to share their own immigration status when applying for benefits for their children.

SECTION 3

What happens & when

Key dates and the notice process

TIMELINE

What to expect

July 2026

Initial letter sent

NJ FamilyCare (Medicaid) sends letters to immigrants whose eligibility they cannot verify. Letter says: you may lose coverage Oct 1 — send your documents asap to avoid losing coverage.

RHHs (Regional Health Hubs) send initial texts.

July–Sep 2026

Document review & outcome letter sent

NJ FamilyCare checks documents with federal databases. They send a follow-up or “Outcome” letter: eligible, ineligible, or need more info.

RHHs send text reminder.

Mid-Sep 2026

Final notice/ Non-response letter

People who didn't respond get a final termination notice/non-response letter. It includes info on how to appeal.

Note: up to 90 extra days if more time needed to appeal.

RHHs send final text.

Oct 1 2026

Coverage ends

Medicaid ends for ineligible immigrants. THIS IS THE DEADLINE. Those still eligible keep coverage. Help people act before this date.

Dec 31 2026

Final submission deadline

Final date for people who did not respond to the initial letter to submit their documents. Do not wait.

NJ FamilyCare outreach | The Initial Letter provides a comprehensive set of instructions for members to submit their documents

Cover Page

- Explains the change in law and requests for member to submit documents
- Includes the HMS hotline to contact with questions
- Includes the member's HMS reference ID to log into the document submission portal

Taglines

- Provides information in other languages on where to get translated resources, including a translated version of this letter

Immigration Status Reporting Form

- Serves as member attestation to still-eligible status
- Tells members what documents to submit depending on what status they attest to
- Includes instructions on where and how to submit documents

Qualifying Immigration Statuses

- Outlines what immigration statuses qualify for coverage on October 1
- Routes member to the Non-citizen Eligibility webpage for more information, and to Legal Services of New Jersey (LSNJ) hotline for legal assistance

How to verify eligibility

1 **Complete the “Immigration Status Reporting Form”**

2 **Identify the specific eligibility documents needed to submit on the "Immigration Status Reporting Form" and make copies of them**

3 **Submit the documents above in one of four ways**

- **FASTEST / RECOMMENDED**
  Electronically via www.VerifyOS.com using the “Reference ID number” in the letter
- Fax: 1-877-223-8478
- Mail: HMS, PO Box 165308, Irving, TX 75016-9923
- In person: Walk into any Eligibility Determining Agency – find them in your county here NJ FamilyCare - Need Help Enrolling?

IMPORTANT TO NOTE

NJ FamilyCare hired a company called HMS to handle this process, so enrollees will interact with HMS.

Individual did not get a letter from NJ FamilyCare

If no letter was received, it could be because:

NJ FamilyCare confirmed eligibility, so they did not need to send a letter.

NJ FamilyCare could not confirm eligibility and sent a letter, BUT the individual did not receive.

Call the HMS Helpline. HMS has a list of everyone who was supposed to receive a letter and can verify.

If an individual is on the list, HMS can provide another copy of the letter and provide a reference number. A downloadable standard copy of the letter is available from the **NJFamilyCare Non-Citizen Eligibility webpage** (QR code here)

Mistakes can happen

Scenario 1: Individual submitted documents and NJ FamilyCare sends a follow up/outcome letter that states ineligibility. What to do:

- Appeal the decision. Follow the instructions to appeal in the letter or contact Legal Services of New Jersey.
- If appeal deadline is missed, reapply to NJ FamilyCare by submitting a new application.

Scenario 2: Documents were not submitted, and the individual did not respond to the final termination notice for whatever reason.

- Reapply to NJ FamilyCare by submitting a new application.

SECTION 4

6 steps to help keep coverage

What immigrants can do right now

6 steps for immigrants to keep Medicaid

1 Open all mail & lookout for letter in July

Even if it looks like junk mail, open it. Sign up with the USPS for a free, daily email that tells you what mail is coming to your house soon. Sign up at: https://www.usps.com/manage/informed-delivery.htm

2 Keep documents organized

Put Medicaid letters in one place — a folder, binder, or envelope. Separate important mail from junk. Note deadlines.

3 Read notices carefully

Read every notice to understand what is changing, when it changes, and action steps needed. If it's not in their language, go back to the taglines in the letter for translation resources.

4 Send documents

If Medicaid asks for paperwork, send it — even if unsure about eligibility. Sending documents does not hurt the individual. It may keep coverage.

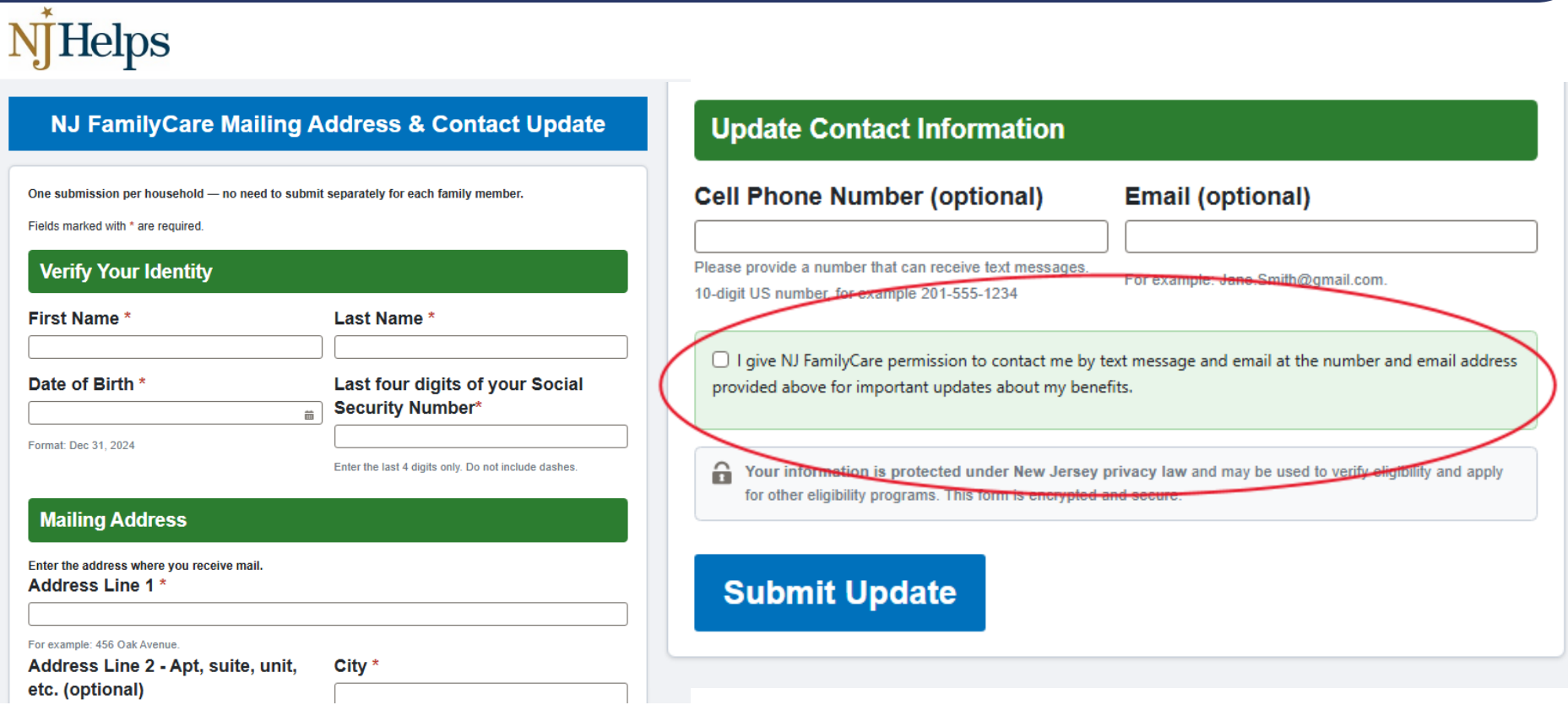
5 Appeal if needed

If coverage is cut and the individual disagrees, they have the right to appeal. Submit a 'Request for Fair Hearing.' Free legal help is available (see next slide).

6 Request texts and emails

If the individual remains eligible, request future messages from NJ FamilyCare via text and email **https://dmahs-nj.my.site.com/addressupdate/**

What the contact info update webpage looks like



Resources and Helplines

Legal Services of NJ HealthLine

1-833-576-5776 (TTY:711)

This new HealthLine provides free legal advice to help understand eligiblility, what documents to submit, how to appeal a decision and how to access free/low-cost health care services.

NJ FamilyCare Non-Citizen Eligibility webpage

Use this QR code to visit the NJ FamilyCare Non-Citizen Eligibility webpage

HMS Helpline

1 833-635-7060 (TTY:711)

This new Helpline walks through which documents to send, can resend letters, provide reference number, and verify whether documents were received.

Others to contact

- Established health care provider
- Other trusted community helpers such as people from places of worship, community groups, etc.
- Health plan — find the 1-800# on the back of your insurance card

NJ FamilyCare materials to help immigrants with the Medicaid eligibility process

Immigrant Document Guide

Information about required documents to be submitted with applications.

Flyer

Shareable flyer for providers and primary care offices to post or distribute to patients.

Notice Templates

Examples and templates of the notice's members will receive from NJ FamilyCare or MCOs.

Live Member Support Resources

HMS hotline, LSNJ hotline, and Conduent call centers — trained navigators to help members through the process.

FAQs for Impacted Immigrants

Frequently asked questions for non-citizen immigrants navigating the eligibility changes.

NJ FamilyCare Application Assistance Training

Updated training for those helping members apply. Request a flyer or graphic to promote it.

Overall eligibility changes: **nj.gov/humanservices/dmahs/obbba/medicaid-federal-changes.shtml**
Non-citizen specific eligibility changes: **nj.gov/humanservices/dmahs/obbba/noncitizen.shtml**

Actions you can take

Examples of how to support community members that can and will be affected by these changes

Guiding NJ FamilyCare members through the documentation process

On an Organizational Level:

- ✓ Sign up for a new DMAHS listserv to stay informed about HR1 changes – get policy updates, new resources, and answers to common questions as they become available. Send an email to this address and ask to be added: MAHS.FederalChanges@dhs.nj.gov.
- ✓ Check out the Camden Coalition's new webpage: South Jersey Work Group on HR1 Medicaid Changes & More
- ✓ Conduct this training for your staff and partner organizations – and report it to the Camden Coalition.
- ✓ Advertise to your clients you can help them with this process by posting on social media, hanging signs in your office, etc.
- ✓ Pro-actively and discretely identify clients you believe must go through this process by asking them if they received a letter from NJ FamilyCare and/or asking other screening questions.
- ✓ Dedicate part of a staff member's time to assist clients who request help with the process if possible.

Guiding NJ FamilyCare members through the documentation process

On an Individual Level:

- ✓ Explain the overall process using the instructions in their Initial Letter and guide them to complete their Immigration Status Reporting Form. If they are in person, help them submit their documents by uploading them into the HMS portal / VerifyOS.com or faxing them.
- ✓ For more help, direct them to the dedicated state webpage: Federal Changes to Non-citizen Eligibility for NJ FamilyCare / Medicaid | Division of Medical Assistance and Health Services and to other support organizations — especially the Legal Services of NJ dedicated HealthLine: +1 833-576-5776 (TTY: 711).
- ✓ For clients who are no longer eligible:
  - ✓ Encourage them to use their coverage while enrolled – go to the dentist, get medication refills, get their eyes checked and possibly new glasses, etc.
  - ✓ Connect them to the NJ Marketplace, GetCovered NJ, and help them determine if they can afford the coverage or refer them to an insurance assistor to do this at this link.
  - ✓ Connect them to free and low-cost health care services via the online directory called My Resource Pal.

SECTION 5

Privacy & safety

What immigrants need to know about their personal information

Data sharing is happening

Federal agencies (USDA, HHS) have made efforts to share public benefit data with the Department of Homeland Security (DHS/immigration). Efforts to stop this are ongoing in courts — but not fully resolved.

Should someone withdraw from benefits?

Withdrawing now does NOT remove your information from records the government already has. If DHS already has your address through immigration filings, applying for benefits does not create additional new risk.

Protecting others in your household

When applying for benefits for children, you are NOT required to provide immigration status or Social Security numbers for household members who are NOT applying. An undocumented parent can apply for her U.S. citizen child without disclosing her own status.

Ultimately, it's a personal decision

Benefits can be life-saving. The decision about applying — weighing the value of health coverage against privacy concerns — belongs to each individual and family. Help them understand the real risks and real benefits so they can decide.

Source: Philadelphia Community Legal Services; Protecting Immigrant Families coalition (pifcoalition.org)

How to talk with immigrant families

Key messages to share — in plain language

1. If you are already receiving benefits, your information is already in government records. Withdrawing now doesn't erase that.

2. If DHS already has your address (through an asylum or other immigration application), applying for benefits doesn't create new risk.

3. You do NOT have to share your immigration status or Social Security number for family members who are NOT applying for benefits.

4. Benefits programs can be very valuable and even life-saving. Weigh the value of health coverage against your concerns and make the choice that is right for you and your family.

5. You are not alone. Free legal help and community support is available to help you make this decision.

SECTION 6

Case studies

Let's practice with real scenarios

CASE STUDY 1

M

Maria

Humanitarian parolee

- 35-year-old woman
- Came to the U.S. from Honduras 3 years ago
- Has 2 US-born children — ages 2 yrs old and 2 months old (US citizens)
- Family currently receives Medicaid

Received a letter from NJ FamilyCare that she doesn't understand. She's scared to call anyone because she's afraid it will get her in trouble.

Discussion: What would you tell Maria?

✓ **KEY POINTS**

1. Maria (humanitarian parolee) will likely lose Medicaid on October 1, 2026.
2. Her children (U.S. citizens) will NOT lose Medicaid — their eligibility is separate from hers.
3. She should ask for help and respond with documents by the deadline.
4. She should be connected to free legal help, application assistance for the GetCovered NJ Marketplace, and resources for free and low-cost care at My Resource Pal.

CASE STUDY 2

A

Ahmed

Refugee → Adjusted to LPR

- 52-year-old man
- Came to the U.S. from Somalia 7 years ago
- Currently receives Medicaid
- Has diabetes and sees specialist regularly

Received the initial letter in July that he threw away because he thought it was junk mail. It's now August and he hasn't done anything yet.

Discussion: What would happen next?

✓ KEY POINTS

1. Good news: Refugees who adjusted to LPR (have a green card) KEEP their Medicaid coverage. Ahmed is NOT in the losing group.
2. However, he must respond to the notice to confirm his eligibility
3. Help him contact the HMS Helpline to request a copy of his letter - or he can download a copy of the letter from the new NJ FamilyCare "Non-citizen Eligibility" webpage and submit his documents via fax, US mail or in person.
4. Coach him on the 'open all mail' rule - this situation shows why it matters - and encourage him to update his address and phone number if/when it changes using the NJ FamilyCare online Mailing Address and Contact Update form.

CASE STUDY 3

Yolanda

Undocumented

- Never applied for Medicaid for herself
- Has an 8-year-old US-born son, Carlos, who qualifies for Medicaid
- Carlos has asthma and needs regular medication

Heard on social media that if she applied for Medicaid for Carlos, ICE will get her address. She has not renewed Carlos's coverage and is afraid.

Discussion: How do you respond to Yolanda's concern?

✓ KEY POINTS

1. Acknowledge her fear — it is valid. Share what is known about data privacy without making promises. Refer her to a legal aid organization for personalized guidance.
2. Yolanda does NOT need to share her own immigration status to apply for Carlos — only Carlos's information is required.
3. Carlos's coverage is not affected by his mother's status. He has asthma and not having medication puts him at real medical risk.
4. The decision is hers. Your job is to make sure she has accurate information to decide.

Resources and Reminders

What if someone loses Medicaid

Losing Medicaid does not mean losing all access to care. Here are some other options to consider.

Prenatal and Family Planning Services

The New Jersey Supplemental Prenatal and Contraceptive Program provides prenatal and family planning services to women who do not qualify for NJ FamilyCare because of their immigration status. Access the program at a Community Health Center. More information here - https://njfamilycare.dhs.state.nj.us/njspcp.aspx.

NJ GetCovered / Marketplace

Immigrants who lose Medicaid will qualify for the NJ health insurance marketplace (NJ GetCovered). However, not all of them will qualify for financial help to pay for the coverage. Some will pay the full cost. This is worth exploring but may not be affordable.

Free & Low-Cost Care (My Resource Pal)

Use tools like My Resource Pal to find free and low-cost primary care, mental health, dental, vision, and reproductive health care near you. Your organization may have a community health worker who can help.

Community Health Centers (FQHCs)

Federally Qualified Health Centers offer care on a sliding-fee scale, regardless of immigration or insurance status. This is often the best option for ongoing primary care for uninsured immigrants.

Medical Emergency Payment Program (MEPP)

MEPP provides emergency medical coverage for immigrants who do not qualify for full Medicaid. It covers acute emergency care and crisis situations, including labor and delivery for undocumented pregnant people. It is not full coverage, but it is a critical safety net when no other coverage is available.

Can immigrants use the Health Insurance Marketplace?

Some immigrants who lose Medicaid may qualify — and some will pay full cost, no subsidies.

What is the Marketplace?

In New Jersey it is called GetCovered NJ (getcoverednj.com). It the same as the Affordable Care Act and Obamacare. It is where people can buy health insurance if they do not have it through work or Medicaid.

⚠ Important:

Immigrants who lose Medicaid due to HR1 qualify for Marketplace insurance — but those with the smallest incomes, under 100% of the federal poverty level, will NOT get subsidies to help pay for it. They pay the full premium, which can be very expensive.

Sources: State Health & Value Strategies and GetCovered NJ

Immigrant Eligibility for Marketplace Insurance

	Now	January 2027
Eligible for Marketplace coverage	All lawfully present individuals	All lawfully present individuals
Eligible for Marketplace federal financial help (subsidy)	Lawfully present individuals with income between 100 – 400% of the federal poverty level	**Some** lawfully present individuals with income between 100 - 400% of the federal poverty level: 1) Lawful Permanent Residents (LPRs), 2) Cuban/Haitian entrants, 3) COFA migrants (from Micronesia, Marshall Islands, Palau)
Not eligible for Marketplace federal financial help (subsidy)	Lawfully present individuals with income below 100% of the federal poverty level DACA recipients (Deferred Action for Childhood Arrivals or Dreamers)	Lawfully present individuals with income below 100% of the federal poverty level DACA recipients (Deferred Action for Childhood Arrivals or Dreamers) Lawfully present individuals with income between 100 – 400% of the federal poverty level who are not in the 3 groups in the row above

Key reminders for healthcare & social care workers

Information is changing fast

Treat this like COVID: act urgently, and update your information as things change. Don't wait for the perfect answer — share what you know now.

Help people respond to notices

The most important action is responding to Medicaid notices with documents. Help clients do this. If they don't know their status, connect them to legal aid to learn what documents to submit.

Don't share false reassurances

Avoid telling immigrants their data is 100% safe or that there is no risk. Be honest about what is known and unknown. Trust is built on accurate information.

Children and pregnant people are protected

Remind every family: children's eligibility is NOT affected. Pregnant people remain covered. If you are pregnant and you get a notice, submit the documents to let NJ FamilyCare know.

You are not alone in this

Connect with partners — legal aid, community health workers, health plans, and HMS. You don't have to have all the answers. Know who to call.

This training is a starting point

Guidance is still evolving. Check the NJ Medicaid website for updates. Come back with questions. We'll keep updating this training as things change.

ONLINE LIBRARY OF RESOURCES

CamdenHealth.org

Scan the QR code to access resources and information about HR1 changes

Questions / Discussion

- What questions do you have about eligibility changes?
- What tools or support do you need to help your clients/member with this?
- What situations are you already seeing in your work with immigrant members?
- What would make it easier for immigrants you work with to take action?

HSP Office Hours

OPEN Q & A