



State of New Jersey

DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES  
PO Box 712  
TRENTON, NEW JERSEY 08625-0712

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*Acting Governor*

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*Acting Director*

**MEDICAID COMMUNICATION NO. 01 -16    DATE: September 7, 2001**

1-800-356-1561

**TO:** County Welfare Agencies  
Statewide Eligibility Determination Agency

**SUBJECT:** County Processing of NJ FamilyCare Plan B Children/Plan D Parents

**RE:** N.J.A.C. 10:69  
N.J.A.C. 10:79

This is to advise that effective with the receipt of this Communication, county welfare agencies will begin the eligibility processing of certain NJ FamilyCare cases which have previously been referred to the statewide eligibility determination agency for further evaluation.

At this time, this change in operational policy **only** applies to Plan A cases under the NJ FamilyCare components 10:69 AFDC-Related Medicaid and 10:79 NJ KidCare in the following manner:

- Case is currently under the supervision of the county welfare agencies, and
- As a result of a redetermination process or updated financial information, the county welfare agency has determined that the case is no longer eligible for Plan A Medicaid coverage up to 133% FPL, and
- Children and parents now qualify as Plans B/D respectively at or below 150% FPL, and
- Because coverage under these plans requires managed care enrollment at time of eligibility, these cases must have already been enrolled in a managed care plan.

In addition, beneficiaries must be provided with a ten-day written notice advising them of the change in coverage, including a description of the scope of services. Attached for your use are descriptions of the NJ FamilyCare service packages to include with your letters. To assure continuation of managed care coverage, it is imperative that any data changes be made prior to systems cut-off dates so that your notices coincide with the changes in Program Status Codes on the Medicaid Eligibility File.

Until further notice, these cases must be terminated on FAMIS and manually entered on the Medicaid Eligibility System. As a reminder, there will be some 10:69 AFDC Medicaid cases in which a change in income will trigger a Medicaid extension rather than a transition to Plans B/D. Those cases will continue to be processed by FAMIS.

Any cases determined to have incomes above 150% FPL and not eligible for Plans B/D will be transferred to Maximus in the customary manner. In addition, cases with Plan A children under your supervision with Plan D parents under the supervision of Maximus will currently remain under that arrangement.

Until coordination issues involving enrollment into managed care between your agencies and the health benefits coordinator are worked out, your agencies do not have the capacity to effectively process new Plan B/D cases. A workgroup has been formed to address this process so that you will be able to evaluate new cases in the near future.

We are pleased to be able to expand your important role in the administration of the NJ FamilyCare program at this time and look forward to working together to enroll additional families into the program.

Sincerely,

A handwritten signature in black ink, appearing to read "Deborah C. Bradley".

Deborah C. Bradley  
Acting Director

DCB: S

Attachments

c: George DiFerdinando, M.D., Acting Commissioner  
William Conroy, Deputy Commissioner  
Department of Health and Senior Services

David Heins, Director  
Division of Family Development

Charles Venti, Director  
Division of Youth and Family Services

# **NJ FAMILYCARE PLAN A SERVICE PACKAGE**

**NOTE:** Any family member or adult who receives this plan is entitled to fee-for-service until enrollment in managed care.

## **Services available through the Health Maintenance Organization (HMO) or through prior approval by the HMO**

- Primary and Specialty Care
- Preventive Health Care and Counseling
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program Services, including non-legend drugs, ventilator services in the home, and private duty nursing when indicated as a result of an EPSDT screening.
- Emergency Medical Care
- Inpatient Hospital Services, including acute care, rehabilitation and special hospitals.
- Outpatient Hospital Services
- Laboratory Services
- Radiology Services – Diagnostic and Therapeutic
- Prescription Drugs – legend and non-legend covered by the Medicaid program, excluding clozapine, risperidone, olanzapine, quetiapine, methadone, and their generic equivalents.
- Family Planning Services and Supplies
- Audiology Services
- Inpatient Rehabilitation Services
- Podiatrist Services
- Chiropractor Services
- Optometrist Services
- Optical Appliances
- Hearing Aid Services
- Hospice Agency Services
- Durable Medical Equipment (DME)/Assistive Technology Devices
- Medical Supplies
- Prosthetics and Orthotics
- Dental Services
- Organ Transplants – both inpatient and outpatient services for donor and recipient
- Transportation Services, including ambulance, MICUs, and invalid coach
- Post-acute care – Services rendered at an acute care hospital or nursing facility for 30 days or less for inpatient rehabilitation services and provided by a Medicaid participating provider.
- Home Health Agency Services

## **Services available fee-for-service (FFS)**

**Note:** For mental health services related to clients of the Division of Developmental Disabilities, see Newsletter Vol.10, No. 66.

- Personal Care Assistant Services
- Medical Day Care
- Outpatient Rehabilitation – Physical Therapy, Occupational Therapy, and Speech Pathology
- Abortions and Related Services
- Transportation – lower mode
- Sex abuse examinations
- Services provided by New Jersey Mental Health/Substance Abuse and DYFS Residential Treatment Facilities, Group Homes, or Assisted Living Settings. Medical care required by these residents remains the HMO's responsibility, providing the HMO's provider network and facilities are utilized.
- Family Planning Services and Supplies – These services are both HMO covered services and also may be covered by the FFS program at the enrollee's option. Medicaid providers may bill the FFS program directly.
- Mental Health Services for all non-DDD beneficiaries
- Substance Abuse: Covered for all non-DDD beneficiaries
- Costs for Methadone and its administration: Covered for all non-DDD beneficiaries
- Clozapine, risperidone, olanzapine, quetiapine and generically-equivalent drug products

- Up to 12 inpatient hospital days when required for social necessity
- DDD/Community Care Waiver special waiver services such as case management and social work services.
- Nursing Facility Care
- Inpatient psychiatric services for individuals under 21 or over 65
- Intermediate Care Facility/Mental Retardation (ICF/MR)

**Note:**

The NJ FamilyCare "Plan A" service package shall contain those services described in N.J.A.C. 10:49-5.2, except that long term care services shall be restricted to individuals who would qualify for programs for the aged, blind and disabled under Medicaid but for Federal immigration residency restrictions and/or categorical requirements.

## **NJ FAMILY CARE PLAN B SERVICE PACKAGE**

**NOTE:** Any child who receives this plan is only entitled to service after enrollment in managed care.

### **Services available through the Health Maintenance Organization (HMO)**

- Primary and Specialty Care
- Preventive Health Care and Counseling
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program Services, including early and periodic screening and diagnosis, but only those treatment services identified in the examination that are available under the HMO's benefit package or services specified as fee-for-service.
- Emergency Medical Care
- Inpatient Hospital Services, including acute care, rehabilitation and special hospitals
- Outpatient Hospital Services
- Laboratory Services
- Radiology Services – Diagnostic and Therapeutic
- Prescription Drugs – legend and non-legend covered by the Medicaid program, excluding clozapine, risperidone, olanzapine, quetiapine, methadone, and their generic equivalents
- Family Planning Services and Supplies, when in-plan
- Audiology Services
- Inpatient Rehabilitation Services
- Podiatrist Services
- Chiropractor Services
- Optometrist Services
- Optical Appliances
- Hearing Aid Services
- Hospice Agency Services
- Durable Medical Equipment (DME)/Assistive Technology Devices
- Medical Supplies
- Prosthetics and Orthotics
- Dental Services
- Organ Transplants – both inpatient and outpatient services for donor and recipient
- Transportation Services, including ambulance, MICUs, and invalid coach
- Post-acute care – Services rendered at an acute care hospital or nursing facility for 30 days or less for inpatient rehabilitation services and provided by a Medicaid participating provider
- Home Health Agency Services

### **Services available fee-for-service (FFS)**

- Outpatient Rehabilitation – Physical Therapy, Occupational Therapy, and Speech Pathology, limited to 60 days per type of therapy per year
- Abortions and Related Services
- Sex abuse examinations
- Services provided by New Jersey Mental Health/Substance Abuse and DYFS Residential Treatment Facilities, Group Homes, or Assisted Living Settings. Medical care required by these residents remains the HMO's responsibility, providing the HMO's provider network and facilities are utilized
- Family Planning Services and Supplies – These services are both HMO covered services and also may be covered by the FFS program at the enrollee's option. Medicaid providers may bill the FFS program directly.
- Mental Health Services
- Substance Abuse Services for all non-DDD beneficiaries.
- Costs for Methadone and its administration
- Clozapine, risperidone, olanzapine, quetiapine, and generically-equivalent drug products
- Up to 12 inpatient hospital days, when required for social necessity

## **NJ FAMILY CARE PLAN C SERVICE PACKAGE**

**NOTE:** Any child enrolled in this plan is required to pay a \$15.00 premium per family

### **Services available through the Health Maintenance Organization (HMO)**

- Primary and Specialty Care, \$5 co-pay
- Preventive Health Care and Counseling
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program Services, including early and periodic screening and diagnosis, but only those treatment services identified in the examination that are available under the HMO's benefit package or services specified as fee-for-service.
- Emergency Medical Care, \$10 co-pay for non-emergency services
- Inpatient Hospital Services, including acute care, rehabilitation and special hospitals
- Outpatient Hospital Services, \$5 co-pay, except for preventive services
- Laboratory Services
- Radiology Services – Diagnostic and Therapeutic
- Prescription Drugs – legend and non-legend covered by the Medicaid program, excluding clozapine, risperidone, olanzapine, quetiapine, methadone, and their generic equivalents, \$5 co-pay for brand name drugs and \$1 co-pay for generic drugs
- Family Planning Services and Supplies, if in-plan
- Audiology Services
- Inpatient Rehabilitation Services
- Podiatrist Services, \$5 co-pay, except for routine care
- Chiropractor Services, spinal manipulation only, \$5 co-pay
- Optometrist Services, \$5 co-pay
- Optical Appliances
- Hearing Aid Services
- Hospice Agency Services
- Durable Medical Equipment (DME)/Assistive Technology Devices
- Medical Supplies
- Prosthetics and Orthotics
- Dental Services, \$5 co-pay, except for preventive services
- Organ Transplants – both inpatient and outpatient services
- Transportation Services, including ambulance, MICUs, and invalid coach
- Post-acute care – Services rendered at an acute care hospital or nursing facility for 30 days or less for inpatient rehabilitation services and provided by a Medicaid participating provider
- Home Health Agency Services

### **Services available fee-for-service (FFS)**

- Outpatient Rehabilitation – Physical Therapy, Occupational Therapy, and Speech Pathology. For Plan C, limited to 60 days per type of therapy per year, except for school-based rehabilitation services
- Abortions and Related Services
- Sex abuse examinations
- Services provided by New Jersey Mental Health/Substance Abuse and DYFS Residential Treatment Facilities, Group Homes, or Assisted Living Settings. Medical care required by these residents remains the HMO's responsibility, providing the HMO's provider network and facilities are utilized.
- Family Planning Services and Supplies – These services are both HMO covered services and also may be covered by the FFS program, at the enrollee's option. Medicaid providers may bill the FFS program directly.
- Home Health Agency Services
- Mental Health Services
- Substance Abuse Services
- Costs for Methadone and its administration
- Clozapine, risperidone, olanzapine, quetiapine, and generically-equivalent drug products
- Up to 12 inpatient hospital days, when required for social necessity

## **NJ FAMILY CARE PLAN D SERVICE PACKAGE**

**NOTE:** Any family member or adult enrolled in this plan is only eligible for service after enrollment in managed care. Premiums and co-payments are required for families and children with income greater than 150% of the Federal poverty level.

### **Services available through the Health Maintenance Organization (HMO)**

- Primary and Specialty Care, \$5 co-pay, except for preventive services
- Well child care, including immunization, and lead screening and treatments
- Emergency Room Services, with \$35 co-pay for non-emergency treatment
- Family Planning Services and Supplies, including: Medical history and physical exams, diagnostic and laboratory tests, drugs and biologicals, medical supplies and devices, counseling, continuing medical supervision, continuity of care and genetic counseling
- Home Health Care Services, limited to skilled nursing care for a home-bound beneficiary which is provided or supervised by a registered nurse when the purpose of the treatment is skilled care necessary for the treatment of the beneficiary's medical condition
- Hospice Services
- Inpatient Hospital Services, including acute care, rehabilitation and special hospitals
- Outpatient Hospital Services, including outpatient surgery, \$5 co-pay, except for preventive services
- Laboratory Services, \$5 co-pay
- Radiology Services – Diagnostic and Therapeutic, \$5 co-pay
- Optometrist Services: Including one routine eye examination per year, \$5 co-pay
- Optical Appliances: Limited to one pair of glasses (or contact lenses) per 24 month period, or as medically necessary
- Organ Transplants
- Prescription Drugs, excluding over-the-counter drugs, \$5 co-pay for brand name drugs and \$1 co-pay for generic drugs
- Dental Services, limited to preventive dental services only for children under the age of 12 years; including oral exams, oral prophylaxis, and topical application of fluorides
- Podiatrist Services, excluding routine hygienic care of feet in the absence of a pathological condition, \$5 co-pay
- Prosthetic Appliances, limited to initial provision of a prosthetic device that temporarily or permanently replaces all or part of an external body part lost or impaired as a result of disease, injury, or congenital defect
- Private Duty Nursing, when authorized by the HMO
- Transportation Services, limited to ambulance services for medical emergency only
- Maternity and related newborn care
- Diabetic Supplies and Equipment

### **Services available fee-for-service (FFS)**

- Abortion Services
- Skilled Nursing Facility Services
- Outpatient Rehabilitation – Physical Therapy, Occupational Therapy, and Speech Pathology: Limited to: 1) non-chronic conditions and acute illnesses and injuries; and 2) 60 consecutive day period per incident of illness or injury beginning with the first day of treatment per contract year. Speech therapy rendered for treatment of delays in speech development, unless resulting from disease, injury or congenital defects, is not covered.
- Inpatient Hospital Services for Mental Health, including psychiatric hospitals, limited to 35 days per year
- Outpatient Benefits for Short-Term, Outpatient Evaluative and Crisis Intervention, or Home Health Mental Health Services, limited to 20 visits per year, \$25 co-pay:

1. When authorized by DMAHS, one (1) mental health inpatient day may be exchanged for up to four (4) home health visits or four (4) outpatient services, including partial care. Limited to an exchange of up to a maximum of 10 inpatient days for a maximum of 40 additional outpatient visits.

2. When authorized by DMAHS, one (1) mental health inpatient day may be exchanged for two (2) days of treatment in partial hospitalization up to the maximum number of covered inpatient days.
- Inpatient and Outpatient Substance Abuse: Limited to detoxification, \$25 co-pay for outpatient visits

**NOTE:** Co-pays are not required for General Assistance/NJ FamilyCare or for adults when income is above 50% of the Federal Poverty Line, up to 150% of the Federal Poverty Line.

## YOUR RIGHTS

### Concerning the fair hearing, you have right to:

- Present your own case or have a relative, friend or attorney make the presentation.
- Submit any evidence and or bring any witnesses that bear on your case.
- Examine records or case files including the application form. You may also examine the case record in advance except for those records which are protected from release and which may not be introduced by the county welfare agency as evidence,
- Review a complete and up-to-date copy of the Medicaid Only Manual.

### If Regarding Legal Services

**You have the right to legal counsel at your fair hearing. For individuals who cannot afford to pay for the services of an attorney, there are private legal services organizations available which provide free legal counsel.**

**If you wish free legal counsel, you may consult with: Legal Services of New Jersey: Health Care Access Project, (toll free) 1-888-576-5529 or (local legal services).**

If you have been denied eligibility or have had your eligibility terminated, you have the right to reapply for Medicaid benefits if there is any change in your current circumstances.

Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973 prohibit discrimination on the grounds of race, color, national origin, age, or handicap in the administration of any program for which Federal funds are received.

\_\_\_\_\_  
Eligibility Worker's Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Eligibility Worker's Signature

\_\_\_\_\_  
Date

**Importante:** Si usted no entiende esta noticia, pongase en contacto con un representante de esta oficina \_\_\_\_\_.

To: \_\_\_\_\_ Re: \_\_\_\_\_  
\_\_\_\_\_ Program: \_\_\_\_\_  
\_\_\_\_\_ Case # \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

This notification is to advise you of the following decision concerning your eligibility for the Medicaid program.

\_\_\_ Eligible effective \_\_\_\_\_ Terminated effective \_\_\_\_\_  
\_\_\_ Denied

This action has been taken because: \_\_\_\_\_

This action is required by the following regulations: \_\_\_\_\_

#### **FAIR HEARING NOTICE**

You have the right to request a fair hearing on this action. You must request a fair hearing within 20 days of the date of this letter. If you have been receiving Medicaid benefits and request a fair hearing within the 20-day period, your Medicaid benefits may continue until a hearing decision is reached so long as you remain eligible in all respects. **However, if the fair hearing decision is not in your favor, you may be required to repay any Medicaid benefits to which you were not entitled.**

#### **FAIR HEARING REQUEST**

To request a fair hearing, complete this section in full and send a legible copy of this form to:

Division of Medical Assistance and Health Services  
Fair Hearing Unit  
P.O. Box 712  
Trenton, New Jersey 08625

If you require assistance, please call (609) 588-2655.

I want a fair hearing because: \_\_\_\_\_

**Only if your Medicaid benefits were terminated, check one:**

\_\_\_ I wish to continue my Medicaid benefits.  
\_\_\_ I do not wish to continue my Medicaid benefits.

If other than the applicant/recipient completed this request please complete:

Name of representative \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_