

**CHAPTER 72**

**NEW JERSEY CARE ... SPECIAL MEDICAID PROGRAMS MANUAL**

**Authority**

N.J.S.A. 30:4D-3 and 7 and Section 1902(a)(10) of Social Security Act (42 U.S.C. § 1396a(a)(1)).

**Source and Effective Date**

R.2002 d.241, effective July 3, 2002.  
See: 34 N.J.R. 1240(a), 34 N.J.R. 2840(a).

**Chapter Expiration Date**

Chapter 72, New Jersey Care ... Special Medicaid Programs Manual, expires on July 3, 2007.

**Chapter Historical Note**

Chapter 72, New Jersey Care ... Special Medicaid Programs Manual, was adopted as Emergency New Rules by R.1987 d.312, effective June 29, 1987. See: 19 N.J.R. 1324(a). The concurrent proposal of R.1987 d.312 was adopted by R.1987 d.380, effective August 27, 1987. See: 19 N.J.R. 1324(a), 19 N.J.R. 1731(a).

Subchapter 6, Presumptive Eligibility, was adopted as R.1988 d.192, effective May 2, 1988. See: 20 N.J.R. 367(a), 20 N.J.R. 983(a).

Pursuant to Executive Order No. 66(1978), Chapter 72, New Jersey Care ... Special Medicaid Programs Manual, was readopted by R.1992 d.364, effective September 21, 1992. See: 24 N.J.R. 2145(a), 24 N.J.R. 3343(a).

Pursuant to Executive Order No. 66(1978), Chapter 72, New Jersey Care ... Special Medicaid Programs Manual, was readopted by R.1997 d.379, effective August 15, 1997. See: 29 N.J.R. 2541(a), 29 N.J.R. 4136(a).

Chapter 72, New Jersey Care ... Special Medicaid Programs Manual, was readopted by R.2002 d.241, effective July 3, 2002. See: Source and Effective Date.

**CHAPTER TABLE OF CONTENTS**

**SUBCHAPTER 1. INTRODUCTION**

- 10:72-1.1 Program scope
- 10:72-1.2 Purpose
- 10:72-1.3 Administrative organization
- 10:72-1.4 Principles of administration
- 10:72-1.5 Confidentiality of information
- 10:72-1.6 Materials distributed to Medicaid applicants or eligible persons
- 10:72-1.7 Nondiscrimination
- 10:72-1.8 Assignment of medical support rights

**SUBCHAPTER 2. CASE PROCESSING**

- 10:72-2.1 Application
- 10:72-2.2 Interview
- 10:72-2.3 Verification requirements
- 10:72-2.4 Case transfer
- 10:72-2.5 Redetermination of eligibility
- 10:72-2.6 Post-application client responsibilities
- 10:72-2.7 Retroactive eligibility

**SUBCHAPTER 3. NONFINANCIAL ELIGIBILITY FACTORS**

- 10:72-3.1 General provisions
- 10:72-3.2 Citizenship
- 10:72-3.3 State residency
- 10:72-3.4 Eligible persons
- 10:72-3.5 Household unit
- 10:72-3.6 Third party liability
- 10:72-3.7 Persons sanctioned under AFDC rules
- 10:72-3.8 Application for other benefits
- 10:72-3.9 Inmates of public institutions
- 10:72-3.10 Emergency services for aliens and limited prenatal care for aliens

**SUBCHAPTER 4. FINANCIAL ELIGIBILITY**

- 10:72-4.1 Income eligibility limits
- 10:72-4.2 Prospective budgeting of income
- 10:72-4.3 Countable income; pregnant women and infants
- 10:72-4.4 Income eligibility; aged, blind, and disabled individuals
- 10:72-4.5 Resource eligibility

**SUBCHAPTER 5. ADMINISTRATIVE REQUIREMENTS**

- 10:72-5.1 Notice of the county welfare agency decision
- 10:72-5.2 Fair hearings
- 10:72-5.3 Case records

**SUBCHAPTER 6. PRESUMPTIVE ELIGIBILITY**

- 10:72-6.1 Scope
- 10:72-6.2 Responsibilities of a qualified provider
- 10:72-6.3 Responsibility of the Division of Medical Assistance and Health Services
- 10:72-6.4 Responsibility of the county welfare agency
- 10:72-6.5 Responsibility of the applicant
- 10:72-6.6 Notification and fair hearing rights

**SUBCHAPTER 7. PRESUMPTIVE ELIGIBILITY FOR CHILDREN**

- 10:72-7.1 Scope
- 10:72-7.2 Period of presumptive eligibility
- 10:72-7.3 Presumptive eligibility determination entities
- 10:72-7.4 Policies governing the presumptive eligibility processing performed by the presumptive eligibility determination entity
- 10:72-7.5 Presumptive eligibility process performed by the Division of Medical Assistance and Health Services
- 10:72-7.6 Presumptive eligibility processing performed by the eligibility determination agency
- 10:72-7.7 Responsibility of the applicant
- 10:72-7.8 Notification and fair hearing rights
- 10:72-7.9 Scope of services during the presumptive eligibility period
- 10:72-7.10 Limitation on number of presumptive eligibility periods

**SUBCHAPTER 8. BREAST AND CERVICAL CANCER PREVENTION AND TREATMENT ACT SERVICES**

- 10:72-8.1 Purpose and scope
- 10:72-8.2 Definitions
- 10:72-8.3 Breast and cervical cancer-related prevention and treatment program eligibility
- 10:72-8.4 Presumptive eligibility process
- 10:72-8.5 Service restrictions
- 10:72-8.6 Redetermination of eligibility

**SUBCHAPTER 9. NJ WORKABILITY**

- 10:72-9.1 Purpose, scope and applicability
- 10:72-9.2 Definitions
- 10:72-9.3 Non-financial eligibility for NJ WorkAbility
- 10:72-9.4 Income eligibility for NJ WorkAbility

- 10:72-9.5 Resource eligibility for NJ WorkAbility  
 10:72-9.6 Premium payments  
 10:72-9.7 Services available through the NJ WorkAbility program  
 10:72-9.8 Application process

## SUBCHAPTER 1. INTRODUCTION

### 10:72-1.1 Purpose

(a) This chapter contains the criteria for Medicaid eligibility for certain pregnant women and infants not eligible under the provisions of N.J.A.C. 10:81 and 82, as well as, certain aged, blind, and disabled persons not eligible under the provisions of N.J.A.C. 10:71.

1. Because the eligibility criteria established by the rules contained within this chapter are more liberal than those applicable under AFDC-related Medicaid and SSI-related Medicaid, pregnant women, infants, and aged, blind or disabled individuals losing Medicaid eligibility because of financial reasons should be evaluated under the provisions of this chapter for the possibility of continuing Medicaid eligibility.

2. Except for children between the ages of one and 19, persons financially ineligible for Medicaid under the provisions of N.J.A.C. 10:71, 10:81 and 10:82 and who are income ineligible for Medicaid under the provisions of this chapter shall be evaluated for eligibility as Medically Needy under the provisions of N.J.A.C. 10:70.

i. Persons determined eligible for the Medically Needy Program may be also determined eligible as Specified Low-Income Medicare Beneficiaries.

3. Infants not eligible under the provisions of N.J.A.C. 10:71, 10:72, 10:81 or 10:82 should be evaluated for NJ KidCare under the provisions of N.J.A.C. 10:79.

(b) Medicaid eligibility under the provisions of this chapter is limited to:

1. Pregnant women; and
2. Infants under the age of one.
3. Aged, blind, and disabled individuals (as defined by Title XIX of the Social Security Act), who otherwise meet the requirements specified in this chapter. For purposes of this chapter, an aged individual is a person who is 65 years of age or older.
4. Aged, blind, and disabled individuals (as defined in (b)3 above) who qualify as Specified Low-Income Medicare Beneficiaries.

i. Specified low-income Medicare beneficiaries must be residents of the State, must be receiving Medicare benefits, Parts A and B, and must meet the income and resource requirements specified in N.J.A.C. 10:72-4.1(b) and 4.5(b).

ii. The enrollment and outreach process for specified low-income Medicare beneficiaries is administered by the Department of Health and Senior Services, through the Office of Pharmaceutical Assistance to the Aged and Disabled (PAAD), using the standard PAAD application form.

iii. Persons determined eligible as specified low-income Medicare beneficiaries are entitled to payment of Medicare Part B Premiums only, beginning in the month of application and up to three prior months, but no earlier than January 1, 1993.

iv. The Division of Medical Assistance and Health Services shall promptly notify any applicant for, or beneficiary of, the Specified Low-Income Medicare Beneficiary benefit, in writing, of any agency decision affecting the application disposition or the receipt of the benefit. When a decision relates to any adverse action which may entitle an individual to a fair hearing, the action may not be implemented until at least 10 days after the mailing of the notice. Such notices shall conform with provisions at N.J.A.C. 10:72-5.1(b).

(c) Retroactive Medicaid eligibility is available beginning with the third month prior to the month of application for Medicaid for any month during which the applicant meets all eligibility criteria and during which the applicant has unpaid medical expenses for covered services. In order to qualify for retroactive coverage, an individual need not be determined eligible at the time of application for Medicaid benefits. Application for retroactive Medicaid coverage may be made on behalf of a deceased person so long as the person was alive during a portion of the three-month period immediately prior to the month of application and he or she has unpaid medical expenses for Medicaid covered services.

1. Retroactive Medicaid coverage is not available under the provisions of this chapter for an infant for any period prior to the effective date of program coverage for the age of the child. Retroactive eligibility is not available to pregnant women and infants up to the age of one whose family income exceeds 133 percent of the Federal poverty guideline for any period prior to July 1, 1991.

Emergency Amendment, R.1988 d.96, effective February 2, 1988 (expired April 2, 1988).

See: 20 N.J.R. 548(a).

Substantially amended.

Adopted Concurrent Proposal, R.1988 d.212, effective May 16, 1988.

See: 20 N.J.R. 548(a), 20 N.J.R. 1103(a).

Emergency Amendment, R.1991 d.223, effective March 28, 1991 (operative April 1, 1991; expires May 27, 1991).

See: 23 N.J.R. 1200(a).

Deleted obsolete language and adopted Federally required coverage pursuant to Omnibus Budget Reconciliation Act of 1989.

Adopted Concurrent Proposal, R.1991 d.302, effective May 24, 1991.

See: 23 N.J.R. 1200(a), 23 N.J.R. 1945(a).

Provisions of emergency amendment R.1991 d.223 readopted without change.

Emergency Amendment, R.1991 d.445, effective July 29, 1991 (expires September 27, 1991).

See: 23 N.J.R. 2543(a).