



Affordable health coverage. Quality care.

NJ FamilyCare Aged, Blind, Disabled Programs



2024



STATE OF NEW JERSEY

Department of Human Services

Division of Medical Assistance and Health Services

The NJ FamilyCare Aged, Blind, Disabled (ABD) Programs provide medical coverage to individuals who are age 65 years or older as well as individuals determined blind or disabled by the Social Security Administration or by the State of NJ. It is designed for people whose income and resources are not enough to meet the cost of necessary care and services. The individual must be a resident of New Jersey and a citizen of the United States or Qualified Immigrant. An adult must have Legal Permanent Residence status for at least five years.

Income and other countable resources are used to determine eligibility. Countable resources are found inside this brochure under What You Own on Page 7.

Covered Benefits

Comprehensive and quality services include, but are not limited to:

- Dental
- Doctor Visits
- Hospitalization
- Lab tests and X-rays
- Mental Health
- Long Term Services and Supports (see Page 5)
- Eyeglasses
- Specialist Visits
- Prescriptions
- Rehabilitative Care
- Substance Use

Services provided by:



Aetna Better Health® of New Jersey



FIDELIS CARE®



Another option for individuals in need of Long Term Services and Supports in the community, is the Program of All-Inclusive Care for the Elderly (PACE). PACE is only available in certain counties. For more information on the PACE Program, call 1-800-792-8820.

NJ FamilyCare Aged, Blind, Disabled Programs

Supplemental Security Income (SSI)

The Supplemental Security Income (SSI) program, administered by the Social Security Administration, is a federal program that provides monthly payments to eligible individuals who are 65 years of age or older and persons determined blind or disabled by the Social Security Administration. In New Jersey, individuals that are determined to be eligible for SSI automatically receive full NJ FamilyCare ABD Program benefits.

An individual may be eligible for SSI in New Jersey in 2024 if his/her gross monthly income is equal to or less than \$974.25 or \$1,440.35 for a couple (the first \$20 per month of income is excluded). The current resource maximum for an individual is \$2,000 and \$3,000 for a couple.

For more information about SSI, or to apply for SSI benefits, please contact the Social Security Administration at 1-800-772-1213.

Medicaid Only

The Medicaid Only Program is an Aged, Blind, Disabled Program for individuals who do not receive SSI but have income and resources under the SSI standards listed above.

New Jersey Care... Special Medicaid Programs

The New Jersey Care... Special Medicaid Programs are for individuals with gross monthly income that is equal to or less than 100% of the Federal Poverty Level which is \$1,255 per month for a single person and a resource maximum of \$4,000; \$1,704 per month for a couple and a resource maximum of \$6,000 in 2024.

NJ WorkAbility

The NJ WorkAbility Program offers full Medicaid coverage to working disabled individuals whose income or assets would otherwise make them ineligible.

NJ WorkAbility has expanded to cover more individuals with disabilities!

NJ WorkAbility Expansion:

- Expands eligibility to those 65 and older, who have had a disability determination
- No longer limits eligibility based on income
- No longer counts spouse's income when determining eligibility or premium
- No longer limits eligibility based on assets

Please visit

<https://www.nj.gov/humanservices/dds/programs/njworkability/> for current eligibility information or call the Division of Disability Services at 1-888-285-3036.

Important Note: Individuals with countable income in excess of 250% of the Federal Poverty Level must agree to pay a premium. Please apply for a full eligibility determination using the NJ FamilyCare Aged, Blind, Disabled Programs Application.



Long Term Services and Supports (LTSS)

LTSS are additional services and supports for people who are determined clinically eligible. Clinical eligibility means that they require assistance with three or more activities of daily living, such as mobility assistance, dressing, bathing, eating and other self-care. These individuals may need nursing home placement or choose to live in their community, such as an assisted living type setting or in their home. LTSS can help people remain in their homes and communities by providing extra services such as, but not limited to, personal care, home-delivered meals, and care management.

To qualify for LTSS, an applicant must be both clinically and financially eligible. The local County Welfare Agency will do the financial evaluation using information provided in the Aged, Blind, Disabled Application while the Division of Aging Services is responsible for the clinical eligibility determination for LTSS. The two evaluations are completed concurrently and are coordinated between both agencies.

An individual determined clinically eligible by the Division of Aging Services qualifies at a higher income limit of \$2,829 per month for a single person with a resource maximum of \$2,000 in 2024.

In determining financial eligibility, if the gross monthly income exceeds the income limit allowed, he or she can establish and fund a Qualified Income Trust (QIT) with the excess income that is above the limit. More information about a QIT is found on Page 9 under Qualified Income Trust.

The financial eligibility process also includes a five year look-back of the applicant's financial accounts and resources to determine if there have been any assets transferred for less than fair market value. To be eligible, a person applying for LTSS must disclose all income and all resources from the past 5 years.

Applicants' Income, Resources and Documentation

The NJ FamilyCare Eligibility Determining Agency (EDA) verifies your information. If the EDA cannot electronically verify your personal information, you may be asked to provide proof of identity, age, citizenship and/or marital status. The EDA may also ask for documentation that will prove what you own, how much income you receive, where this income comes from, and how much you spend on living expenses.

During the eligibility determination process, the information you provided will be verified. If there is missing information, you will receive a letter. Failure to respond timely to these letters will cause your application to be denied.

Include all relevant information along with your application

Income You Receive

Income can come from different sources such as a paycheck, pension, or interest from an investment account. Listed below are examples that can prove your income.

- Income Statement from Employer/Pay Stubs
- Pension Information
- Unemployment Benefit Statement
- Child Support Order
- Self-Employment Tax Return
- VA Explanation of Benefits
- Interest
- Proof of Rental/Royalty Income
- Social Security Award Letter
- Retirement Account Statement
- Dividends
- Income from Trust Funds
- Annuity Payments
- Workman's Compensation/Disability
- SSI Payments

What You Own

Ownership is not limited to homes and automobiles - it can include cash values of life insurance policies or annuities, trust funds, and many other things. Provide documentation with your application of any of the following items that you own or owned during the past five years:

- Cash on Hand
- Bank Accounts
- Deeds to all Property Owned
- Certificates of Deposit (CDs)
- Promissory Notes
- Annuities
- Mortgages
- Equipment/Inventory
- Automobile/Registrations
- Other Vehicles (Boat, Trailer, etc.)
- Holiday/Vacation Club Accounts
- Property Tax Statements
- All Life Insurance Policies
- All Trusts or other Holding Instruments
- Special Needs Trusts
- ABLE Accounts
- Retirement Accounts (403B)
- Individual Retirement Accounts (IRAs)
- Business/Real Estate Partnership Papers
- Burial Accounts/ Funeral Trusts
- Credit Union accounts
- Stocks or Bonds
- Deed to Burial Plots
- Land/Mineral Rights
- Keogh Accounts (401K)
- Contracts
- Mobile Home

Your Other Documents

- Copy of health insurance card(s) – front and back
- Designated Authorized Representative Form
- Copy of any settlements
- Power of Attorney
- Guardianship
- Third Party Signator
- Court Pleadings

Applicants in need of Long Term Services and Supports (LTSS) may also be required to submit the following information:

Your Living Expenses

How much money do you (and your spouse) need to live in the community each month? The expense of maintaining your house or renting an apartment can account for a large part of your monthly income. The following are examples of expenses to include with your application:

- Rent Payments
- Telephone Bills
- Water / Sewer Bills
- Health Insurance Bills
- Mortgage Statements
- Gas /Oil Bills
- Real Estate Tax Bills
- Electric Bills
- Renter / Home Owner Insurance

Five-Year Lookback on Resources

The five-year lookback on all resources is done according to federal regulations. The lookback period checks for any resources that may have been transferred for less than fair market value during the previous five years.

Examples of accounts and transactions include:

- Checking Accounts
- Money Market Accounts
- Savings Accounts
- Any Transfers/Sales (money or real estate)
- Credit Union Shares/Accounts
- Investment Accounts
- Life Insurance Policies

*** The EDA will verify electronically whenever possible. If the EDA requires more information, you may be asked to provide quarterly statements (or all statements) from the past 5 years, and additional information related to these funds or any other resource.**

Qualified Income Trust (QIT)

A Qualified Income Trust (QIT), also known as a Miller Trust, is a special legal arrangement for holding a person's income. Individuals with monthly income above the Medicaid Only institutional income limit (\$2,829 per month in 2024) must establish a QIT if they meet an institutional level of care and are trying to obtain Medicaid eligibility for Long Term Services and Supports. A QIT is a written trust agreement for which the trustee establishes a dedicated bank account. The income deposited into this dedicated bank account is disregarded when determining financial eligibility for Long Term Services and Supports. QITs require that a trustee is appointed to manage the monthly deposits and expenses and account for the funds in the trust. A trustee must be someone other than the Medicaid applicant/recipient. QIT written agreements have special conditions that must be met and are subject to the approval of, and monitoring by, the appropriate Medicaid eligibility determining agency (EDA) and the Division of Medical Assistance and Health Services (DMAHS).

When applicable, provide the EDA with the ABD application along with the following documents in order to have the application processed:

- ***Qualified Income Trust Document***

A simple, easy-to-follow template and more information for establishing this Trust may be found at:

<https://www.state.nj.us/humanservices/dmahs/clients/mtrusts.html>

- Proof of funding the QIT is required for the month eligibility starts. This may be a deposit slip or bank statement showing the income is being deposited monthly.
- An individual's own Social Security income or pension income can be deposited into the QIT in the month that it is received. An individual can direct all or some of their income to the QIT but all of the income from any one source (e.g. the entire monthly amount of a pension check) must be deposited into the QIT.

How to Apply

- 1. Online at:** <https://njfamilycare.dhs.state.nj.us/abd.htm>
File an online application after registering with your email account. Or print the application, complete and mail it with supplemental forms as needed.
- 2. In-person (not required).**
Visit your local County Welfare Agency.
Call 1-800-356-1561 or find a location posted online at <https://njfamilycare.dhs.state.nj.us/abd.htm>



Designated Authorized Representative

An applicant can apply on his or her own behalf and take full responsibility for collecting and submitting all required verifications. If the applicant wants to assign that responsibility to another person, the individual must fully complete and sign the Authorized Representative form found in the ABD application packet and submit it with their application. Only one Authorized Representative per applicant is permitted. This person can make changes to the application. The EDA will follow up with the Authorized Representative and share the status of the application with them.

Estate Recovery

The Estate Recovery rules will be enforced for individuals receiving LTSS. This means that at death, the beneficiary's estate will be responsible to pay the State of NJ for all costs associated with their medical assistance. For LTSS services, this could mean recovery of costs over \$5,000 per month for every month LTSS services were provided, regardless of where the beneficiary resided (Nursing Home, Assisted Living, or living in their own home).



NJ FamilyCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age or disability. If you speak **any other language**, language assistance services are available at no cost to you. Call 1-800-701-0710 (TTY: 711).

Si usted habla cualquier otro idioma, tiene a su disposición sin costo alguno los servicios de asistencia con el idioma. Llame al 1-800-701-0710 (TTY: 711).

如果您說任何其他語言，可以免費為您提供語言協助服務。請致電 1-800-701-0710 (TTY: 711)。