

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.1997 d.379, effective August 15, 1997.
See: 29 N.J.R. 2541(a), 29 N.J.R. 4136(a).

Executive Order No. 66(1978) Expiration Date

Chapter 72, New Jersey Care . . . Special Medicaid Programs Manual, expires on August 15, 2002.

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: Source and Effective Date. See, also, section annotations.

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 routine prenatal care for specified 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 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).

In (c)1: revised text to add 133 percent guideline for retroactive Medicaid coverage.

Adopted Concurrent Proposal, R.1991 d.526, effective October 21, 1991.

See: 23 N.J.R. 2453(a), 23 N.J.R. 3144(a).

Provision of emergency amendment R.1991 d.526 adopted without change.

Amended by R.1992 d.484, effective December 7, 1992.

See: 24 N.J.R. 1860(a), 24 N.J.R. 4378(a).

Eligibility expanded to include children of specified ages born after September 30, 1983.

Administrative Correction to (a).

See: 25 N.J.R. 704(a).

Amended by R.1993 d.369, effective July 19, 1993.

See: 25 N.J.R. 1042(b), 25 N.J.R. 3217(a).

Amended by R.1997 d.379, effective September 15, 1997.

See: 29 N.J.R. 2541(a), 29 N.J.R. 4136(a).

In (b)3, inserted “, who otherwise meet the requirements specified in this chapter”; and in (a)4ii, substituted “enrollment and outreach process” for “eligibility determination process” and “administered by the Department of Health and Senior Services” for “is the responsibility of the Division of Medical Assistance and Health Services”.

Amended by R.1998 d.116, effective January 30, 1998 (operative February 1, 1998; to expire July 31, 1998).

See: 30 N.J.R. 713(a).

In (a), added an exception at the beginning of 2, and added 3; and in (b), rewrote 2.

Adopted concurrent proposal, R.1998 d.426, effective July 24, 1998.

See: 30 N.J.R. 713(a), 30 N.J.R. 3034(a).

Readopted provisions of R.1998 d.116 with changes, effective August 17, 1998.

10:72-1.2 Purpose

(a) The purpose of the rules contained within this chapter is to:

1. Set forth eligibility criteria for the Medicaid program; and
2. Specify the rights and responsibilities of program applicants and eligible persons.

10:72-7.6 Presumptive eligibility processing performed by the eligibility determination agency

(a) Upon receipt of the certificate of presumptive eligibility and a referral, if completed, from the approved presumptive eligibility determination entity, the eligibility determination agency shall check the Medicaid, Medically Needy, and NJ KidCare Eligibility database for existing Medicaid or NJ KidCare eligibility. If the child is receiving Medicaid benefits, Medically Needy benefits, or NJ KidCare benefits, no further action shall be required by eligibility determination agency.

(b) If the child is not currently receiving Medicaid or NJ KidCare benefits, the eligibility determination entities shall, notwithstanding the application disposition standards in N.J.A.C. 10:72-2.1(d), arrive at a case disposition within the presumptive eligibility period.

1. If the time period specified in N.J.A.C. 10:72-7.2(b)2 is exceeded, the eligibility determination agency shall notify the Division of Medical Assistance and Health Services of any such delay. The Division shall continue the child's presumptive eligibility until a final determination is made.

2. The eligibility determination agency shall also provide the applicant written notification of the specific reason(s) for the delay, prior to the expiration of the presumptive eligibility period in accordance with N.J.A.C. 10:72-7.8(b).

(c) In the case of a presumptively eligible beneficiary who is determined ineligible for New Jersey Care ... Special Medicaid Programs within the presumptive eligibility period, the child's eligibility shall terminate on the date of the eligibility determination. If the child is determined ineligible for any other Medicaid program, Medically Needy, or NJ KidCare, the eligibility determination agency shall provide a written notice of such denial and the reasons why, as set forth in N.J.A.C. 10:72-7.8.

10:72-7.7 Responsibility of the applicant

The parent, guardian, or caretaker relative of a presumptively eligible child shall contact the eligibility determination agency during the presumptive eligibility period by mailing an application to either the Statewide eligibility determination agency or arranging for a face-to-face interview with the county board of social services to complete the application process. As part of the eligibility determination process for Medicaid, the parent, guardian, or caretaker relative of a presumptively eligible child shall assist the eligibility determination agency in securing evidence that verifies eligibility.

10:72-7.8 Notification and fair hearing rights

(a) For a presumptively eligible child who is subsequently determined ineligible for Medicaid or NJ KidCare benefits:

1. The eligibility determination agency shall not be required to provide either timely or adequate notice for the end of the presumptive eligibility period. The presumptively eligible beneficiary shall not have any right to a fair hearing based on the termination of presumptive eligibility; and

2. The eligibility determination agency shall provide the child's parent, guardian or caretaker relative a notice of denial of the child's Medicaid application in accordance with N.J.A.C. 10:72-5.1. The presumptively eligible beneficiary shall have the right to apply for a fair hearing in accordance with N.J.A.C. 10:72-5.1 based on the denial of the application.

(b) For a presumptively eligible child whose eligibility for Medicaid or NJ KidCare has not yet been determined within the presumptive eligibility period, in accordance with N.J.A.C. 10:72-2.1(d)3, the eligibility determination agency shall provide the parent, guardian, or caretaker relative of the presumptively eligible child with written notification prior to the expiration of the presumptive eligibility period, setting forth the specific reasons for the delay in the application processing. The presumptively eligible beneficiary shall be entitled to a fair hearing based on the eligibility determination agency's failure to determine the child's Medicaid eligibility or ineligibility within the application processing period.

(c) A child denied presumptive eligibility by an approved presumptive eligibility determination entity shall not be entitled to adequate notice of that determination and shall not be entitled to a fair hearing on that action. The denial of presumptive eligibility shall not affect the parent's, guardian's or caretaker relative's right to apply for Medicaid or NJ KidCare on behalf of the child and to receive a formal determination of eligibility or ineligibility.

10:72-7.9 Scope of services during the presumptive eligibility period

All presumptively eligible New Jersey Care ... Special Medicaid Programs children under the age of one year shall be eligible during the presumptive eligibility period to receive on a fee-for-service basis all the Medicaid services defined at N.J.A.C. 10:49-5.2.

10:72-7.10 Limitation on number of presumptive eligibility periods

All beneficiaries of presumptive eligibility for children who make an application for presumptive eligibility benefits for any Medicaid or NJ KidCare program shall be limited to one continuous presumptive eligibility period during the year, which shall be counted from the first day the applicant initially received presumptive eligibility.