

**CHAPTER 79****NJ KIDCARE****Authority**

P.L. 1997, c.272, and Title XIX and Title XXI of the Social Security Act; 42 U.S.C. §§ 1612, 1613, 1396a(a)(10)(A)(ii), 1396d, 1397aa, 1397bb, 1397cc, 1397ee and 1397jj.

**Source and Effective Date**

R.1998 d.116, effective January 30, 1998 (operative February 1, 1998; to expire July 1, 1998).  
See: 30 N.J.R. 713(a).

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**SUBCHAPTER 1. INTRODUCTION****10:79-1.1 Purpose and scope**

(a) NJ KidCare is a program administered by the Division of Medical Assistance and Health Services, Department of Human Services, to provide plan-defined health care benefits to certain children.

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

1. Set forth eligibility criteria for the NJ KidCare program;
2. Specify the rights and responsibilities of program applicants and eligible persons; and
3. Describe the administration of the program.

(c) 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 eligibility because of financial reasons should be evaluated under the provisions of this chapter for the possibility of NJ KidCare eligibility.

(d) Children eligible under this chapter are eligible for NJ KidCare-Plan A, Plan B, or Plan C services which are set forth in N.J.A.C. 10:49-5.

(e) Plans B and C are not Federal entitlement programs. Enrollment and expenditures shall be monitored closely. Enrollment shall be stopped when total expenditures are projected to equal the available funding level. If that point is reached, any additional applicants shall be placed on a waiting list, with preference determined based on date of enrollment and income.

(f) Persons financially ineligible for Medicaid under the provisions of N.J.A.C. 10:71, 10:72, 10:81 and 10:82 and who are income ineligible for NJ KidCare under the provisions of this chapter shall be evaluated for eligibility as Medically Needy under the provisions of N.J.A.C. 10:70.

(g) Children eligible under this chapter are eligible for NJ KidCare—Plan A services which are described in N.J.A.C. 10:49-5. The NJ KidCare—Plan A benefit program is a means tested Federal entitlement program.

Amended by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).  
See: 30 N.J.R. 1060(a).

Inserted new (d) and (e); and recodified former (d) and (e) as (f) and (g).

### 10:79-1.2 Definitions

Words and terms used in this chapter shall have the meanings specified below, unless specifically defined otherwise in this chapter, or context clearly indicates otherwise.

“Child” is an individual from birth through the age of 18 who is otherwise not eligible for Medicaid eligibility pursuant to N.J.A.C. 10:71, 10:72, 10:80 or 10:81.

“Caretaker relative” means the legally responsible adult or adults residing with the children for whom the application for NJ KidCare is being made.

“DMAHS” means Division of Medical Assistance and Health Services.

“Eligibility determination agency” means an entity, including, but not limited to, a public or private agency, either governmental, non-profit, or for profit, with which the Division of Medical Assistance and Health Services has a contract or agreement to perform some or all of the eligibility-related functions for NJ KidCare.

“Eligibility for coverage” means a child would be covered under a health insurance policy if an application had been made on the child’s behalf.

“Governing unit” means any state, municipal, or local authority, including school boards, water and sewage authorities, as well as any state university and college system that is required or authorized by statute to provide a group health plan for active or retired employees.

“Group health plan” means an employee welfare benefit plan, whether the group health plan is self-funded or insured by a carrier that covers services for the diagnosis, cure, mitigation, treatment, or prevention of disease, or other problems in the structure or function of the body, and for transportation primarily for and essential to the provision of such medical care.

“Health Access New Jersey” means the subsidized insurance program authorized pursuant to N.J.S.A. 26:2H-18.65, and rules promulgated pursuant thereto (N.J.A.C. 8:91), which may also be referred to as the Access Program.

“Health insurance” means benefits or services provided for the diagnosis, cure, mitigation, treatment, or prevention of disease or other problems with the structure or function of the body, and transportation primarily for and essential to the provision of such medical care, provided pursuant to the terms of a contract issued to an individual or group health plan by a carrier or other “third party” within the meaning of N.J.S.A. 30:4D-3m.

“Health joint insurance fund” means a fund for the provision of health care services or benefits authorized in accordance with N.J.S.A. 40A:10-36 et seq. (Joint Insurance), and N.J.A.C. 11:15-3 (Joint Insurance Funds for Local Governmental Units Providing Group Health and Term Life Insurance Benefits), regardless of whether the benefits and services are self-funded by the participants or purchased under a contract of health insurance.

“NJ KidCare” means the program administered by the Division of Medical Assistance and Health Services, which provides health care benefits to certain children under the authority of N.J.S.A. 30:4D et seq. and P.L. 1997, c.272.

“Personal contribution to care” means a payment, similar to a copayment, which is a responsibility incurred by the enrollee for the cost of certain services as specified in N.J.A.C. 10:49-9.

“Sponsoring adult” means an individual 18 or older who may assist in making an application for NJ KidCare children.

“Third party liability” means any third party that is liable to pay part or all of the Medicaid costs of the child. This includes, but is not limited to, medical insurance, tort and no-fault auto insurance (PIP) payments.

Amended by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).  
See: 30 N.J.R. 1060(a).

Inserted “Personal contribution to care”.

## SUBCHAPTER 2. CASE PROCESSING

### 10:79-2.1 Application

(a) Application for NJ KidCare benefits can be obtained from various locations or by calling 1-800-701-0710. Applications for Plan A benefits can be forwarded to the CWA in the county in which the applicant resides or to any other eligibility determination agencies designated by the Division of Medical Assistance and Health Services. Applications for Plan B and C shall be forwarded to PO Box 4818, Trenton, N.J. 08650-4818. The application as well as any addenda to that form as prescribed by the Division of Medical Assistance and Health Services, should be completed by the sponsoring adult of a child for whom NJ KidCare is sought; or by an authorized agent of the child; or by the child if the child is an emancipated individual.