

1. Any aged, blind or disabled person who believes he/she is eligible shall be assured an opportunity to make application (including reapplication) for Medicaid Only by completing the appropriate application form.

2. The applicants or beneficiaries are the primary source of information. However, it is the responsibility of the agency to make the determination of eligibility and to use secondary sources when necessary, with the applicant's knowledge and consent.

3. No duplication of assistance: No beneficiary of Medicaid Only shall receive, during the same period, any other medical assistance from the State or any political subdivision thereof with respect to any maintenance requirements or other need for which allowance is made in the Medicaid Only program (see N.J.A.C. 10:71-3.14 regarding inmates of correctional institutions). The food stamp program is not considered a duplication of public assistance.

4. There shall be strict adherence to law and complete conformity with administrative policies. Requirements other than those established by law or regulations shall not be imposed on any person as a condition of receiving medical assistance.

5. The applicants or beneficiaries shall have the right to request appeal on the action or inaction of the agency whenever they believe that they have not been given full consideration under the law. A fair hearing shall be conducted by an impartial official of the Department of Human Services in accordance with prescribed procedure when:

- i. An application for Medicaid Only is denied;
- ii. An application for Medicaid Only is not acted upon by the county welfare board within 30 days for the aged and 60 for the disabled or blind; or
- iii. Medicaid Only is terminated.

6. Information about applicants and beneficiaries and their circumstances shall not be disclosed except as required for the proper and efficient administration of the program and only to those agencies involved in the lawful administration or operation of public welfare functions or services.

7. There shall be no discrimination on grounds of race, color, religion, sex, national origin or marital, parental or birth status by state or local agencies in the administration of any public assistance program.

Amended by R.1986 d.71, effective March 17, 1986.
See: 17 N.J.R. 2522(a), 18 N.J.R. 564(b).

(a)3 amended.

Amended by R.2000 d.415, effective October 16, 2000.
See: 32 N.J.R. 2565(a), 32 N.J.R. 3844(a).

In (a), substituted references to beneficiaries for references to recipients throughout.

Case Notes

Initial Decision (2007 N.J. AGEN LEXIS 209) adopted, which concluded that an application for Medicaid benefits under the Medically Needy program was correctly denied for the applicant's failure to provide requested information regarding three attempts to sell the subject annuity, which the applicant claimed was an unavailable resource; while the Division may ultimately bear the burden of proving that a market exists, and that this particular annuity could be sold, this did not relieve the applicant of her obligation to produce information the Division requested. D.M. v. DMAHS, OAL Dkt. No. HMA 6394-06, 2007 N.J. AGEN LEXIS 546, Final Decision (June 11, 2007).

10:71-1.7 Examination or review of chapter

This chapter is a public document. Copies are available in the State office of the Division of Medical Assistance and Health Services and in each CBOSS office for examination or review during regular office hours on regular work days.

Amended by R.1995 d.651, effective December 18, 1995.

See: 27 N.J.R. 3543(a), 27 N.J.R. 5046(a).

Amended by R.2000 d.415, effective October 16, 2000.

See: 32 N.J.R. 2565(a), 32 N.J.R. 3844(a).

Substituted a reference to this chapter for a reference to this manual, and substituted a reference to CBOSS offices for a reference to CWA offices.

10:71-1.8 County board of social services responsibility; chapter

The director of the CBOSS shall assign copies of this chapter to staff members as appropriate and shall ensure that such persons are thoroughly familiar with its contents, apply the required policy and procedures correctly, and keep up-to-date on all policy changes.

Amended by R.1995 d.651, effective December 18, 1995.

See: 27 N.J.R. 3543(a), 27 N.J.R. 5046(a).

Amended by R.2000 d.415, effective October 16, 2000.

See: 32 N.J.R. 2565(a), 32 N.J.R. 3844(a).

Substituted a reference to the CBOSS for a reference to the CWA, and substituted a reference to this chapter for a reference to this manual.

10:71-1.9 Providing chapter material in adverse action situations

Specific chapter material necessary for an applicant or beneficiary or his or her representative to determine whether a hearing should be requested or to prepare for a hearing shall be provided to such persons without charge.

Amended by R.2000 d.415, effective October 16, 2000.

See: 32 N.J.R. 25265(a), 32 N.J.R. 3488(a).

Substituted a reference to chapter material for a reference to policy material, and substituted a reference to beneficiaries for a reference to recipients.

10:71-1.10 Revisions of the chapter

The Division of Medical Assistance and Health Services shall issue revisions and changes to this chapter as necessary. It is the responsibility of each holder of the chapter to maintain its accuracy by inserting new material and removing obsolete pages promptly.

Amended by R.2000 d.415, effective October 16, 2000.
See: 32 N.J.R. 2565(a), 32 N.J.R. 3488(a).

Substituted references to this chapter for references to this manual throughout.

10:71-1.11 Availability of chapter

(a) A current up-to-date copy of the chapter or any part of it is available from the Division of Medical Assistance and Health Services at the cost of printing and mailing to anyone who requests it in writing.

(b) All public and university libraries which have agreed to keep the chapter up-to-date will have a copy available under their regulations.

(c) Each legal services office will be furnished with a copy of this chapter free of charge.

(d) Welfare, social service and other non-profit organizations will be furnished with a copy of the chapter at no cost by an official written request to the Division of Medical Assistance and Health Services.

(e) All supplementary State policy directives will routinely be sent to those who have been supplied with the chapter. A mailing list will be maintained by the Division.

Amended by R.2000 d.415, effective October 16, 2000.
See: 32 N.J.R. 2565(a), 32 N.J.R. 3488(a).

Substituted references to this chapter for references to this manual throughout.

SUBCHAPTER 2. THE APPLICATION PROCESS

10:71-2.1 Definitions

The following words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise:

“Application process” means all activity performed by the Income Maintenance Section relating to a request for medical assistance payments. The application process is primarily geared toward the determination of basic eligibility. However, since intake by its very nature involves a combination of services and income maintenance functions, a service worker shall be available as required during such process.

“Applicant,” in Medicaid Only, means the aged, disabled or blind individual or his/her authorized agent who executes the formal written application (PA-IG).

“Approved” means that the applicant has been determined to be eligible for Medicaid Only.

“CBOSS” means county board of social services.

“Disposition of the application” means the official determination of the CBOSS that one of the following actions is appropriate: approval or rejection as defined in the section.

“MRT” means Medical Review Team.

“New application” means a written request for assistance from an individual or his/her agent who has never previously requested assistance in any county in the State under the Medicaid Only program.

“Pending application” means the general term for application, reapplication, reopened application or transfer application prior to official disposition.

“Poverty guidelines” means, with respect to a household, the income poverty line as prescribed and revised at least annually pursuant to 42 U.S.C. § 9902(2). The poverty guidelines are a simplified version of the Federal Government’s statistical poverty thresholds used by the Census Bureau to prepare its statistical estimates of the number of persons and families in poverty. The poverty guidelines issued by the Department of Health and Human Services pursuant to 42 U.S.C. § 9902(2) are used for administrative purposes, for example, for determining whether a person or family is financially eligible for assistance or services under a particular Federal program.

“Reapplication” means a written request for assistance by the individual whose previous application was rejected in any county in the State and who requests reconsideration of his/her current eligibility for Medicaid Only.

“Registration” means the action of the CBOSS in assigning a control number to an application.

“Rejected” is an inclusive term (for statistical purposes) for the following actions:

1. Denied means that the applicant has been determined to be ineligible for assistance for a specific reason.
2. Dismissed means official recognition that eligibility need not be considered further because:
 - i. The applicant died (however, if there were unpaid medical bills incurred subsequent to inquiry or application, whichever occurred first, the application process is to be completed); or
 - ii. The applicant cannot be located; or
 - iii. The application was registered in error; or
 - iv. The applicant moved to another county in New Jersey during the application process.
3. Withdrawn means that the applicant decided not to pursue the application further.

“Reopened application” means a written request by a former beneficiary in any county in the State for reconsideration of his or her current eligibility for the program.

“Transfer application” means a written request for assistance by the individual who at the time of registration is