

See: 30 N.J.R. 1060(a), 30 N.J.R. 3519(a).

Readopted the provisions of R.1998 d.154 without change.
Amended by R.1999 d.211, effective July 6, 1999 (operative August 1, 1999).

See: 31 N.J.R. 998(a), 31 N.J.R. 1806(a), 31 N.J.R. 2879(b).

In (a) and (b), inserted references to Plan D.

Amended by R.2004 d.42, effective January 20, 2004.

See: 35 N.J.R. 3802(a), 36 N.J.R. 572(b).

In (a), substituted "10" for "30" preceding "days".

10:79-6.6 Right to a grievance review-Plans B, C and D

(a) Those agency actions which adversely affect an applicant or beneficiary and may be grieved include, but are not limited to: determination of household composition, earned and unearned income calculations, and interpretation of residency, citizenship and age requirements.

(b) A grievance will not be considered for those cases in which eligibility is precluded by Federal or State statute. They include, but are not limited to: income standard, age requirement, and citizenship requirement. A grievance shall not be considered for non-payment of premiums.

(c) An applicant must submit a description of the grievance to the agency in writing within 20 days of the date of the adverse action notice. The agency shall notify the applicant or beneficiary of its decision, on the matter, specifying the reasons for the decision, within 60 days of the receipt of the complete documentation of the grievance.

(d) This grievance shall be heard by a panel comprised of State staff, who will make recommendations to the DMAHS Director. Within 60 days of receipt of the appeal, the DMAHS Director shall issue a final agency decision, which is subject to judicial review in the Appellate Division.

(e) As a first step in the grievance process, the Division shall initiate an informal dispute resolution process upon receipt of the grievance request and prior to the grievance board hearing the case. This process shall include reviewing the grievance, researching the issue involved, and may include contact with the individual filing the grievance. The intent of this process is to try and resolve the grievance prior to the grievance board hearing.

(f) The agency shall retain all correspondence and documentation relating to the grievance in the applicant's or beneficiary's file.

New Rule, R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: 30 N.J.R. 1060(a).

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: 30 N.J.R. 1060(a), 30 N.J.R. 3519(a).

Readopted the provisions of R.1998 d.154 with changes, effective September 21, 1998.

Amended by R.1999 d.211, effective July 6, 1999 (operative August 1, 1999).

See: 31 N.J.R. 998(a), 31 N.J.R. 1806(a), 31 N.J.R. 2879(b).

10:79-6.7 Premiums

(a) Effective February 1, 2003, for children in families with income above 150 percent and at or below 200 percent of the Federal poverty level eligible for NJ FamilyCare-Children's Program-Plan C, a monthly premium shall be required to be paid as follows:

1. For children, there shall be a premium of \$17.50 per family per month that applies to all families, regardless of the number of children in the family;

2. For parents/caretakers, there shall be a premium of \$29.50 for the first parent/caretaker and \$12.00 for the second parent/caretaker.

(b) Effective February 1, 2003, for children in families with gross income above 200 percent and at or below 250 percent of the Federal poverty level eligible for NJ FamilyCare-Children's Program-Plan D, a monthly premium shall be required. There shall be a single dollar premium of \$35.00 per month per family that applies to all families, regardless of income and regardless of the number of children in the family.

(c) Effective February 1, 2003, for children in families with gross income above 250 percent and at or below 300 percent of the Federal poverty level eligible for NJ FamilyCare-Children's Program-Plan D, a monthly premium shall be required. There shall be a single dollar premium of \$70.00 per month per family that applies to all families, regardless of income and regardless of the number of children in the family.

(d) Effective February 1, 2003, for children in families with gross income above 300 percent and at or below 350 percent of the Federal poverty level eligible for NJ FamilyCare Children's Program-Plan D, a monthly premium shall be required. There shall be a single dollar premium of \$117.00 per month per family that applies to all families, regardless of income and regardless of the number of children in the family.

(e) Families shall be billed in advance of the coverage month. Failure to submit the full contribution shall result in termination of coverage for the month following the coverage month that the premium has not been received by the NJ FamilyCare-Children's Program.

(f) The premiums required in accordance with (a) through (d) above shall be adjusted each July 1 in accordance with the change in the Consumer Price Index published by the U.S. Department of Labor. The amounts in (a) through (d) above will be revised annually by a notice of administrative change published in the New Jersey Register.

New Rule, R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: 30 N.J.R. 1060(a).

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: 30 N.J.R. 1060(a), 30 N.J.R. 3519(a).

Readopted the provisions of R.1998 d.154 without change.

Amended by R.1999 d.211, effective July 6, 1999 (operative August 1, 1999).

See: 31 N.J.R. 998(a), 31 N.J.R. 1806(a), 31 N.J.R. 2879(b).

In (a), inserted "eligible for NJ KidCare-Plan C" following "level" in the first sentence; inserted new (b) through (d); and recodified former (b) as (e).

Special amendment, R.2003 d.98, effective February 1, 2003 (to expire July 24, 2003).

See: 35 N.J.R. 1303(a).

Rewrote the section.

Amended by R.2004 d.42, effective January 20, 2004.

See: 35 N.J.R. 3802(a), 36 N.J.R. 572(b).

Administrative changes.

See: 37 N.J.R. 2882(a).

10:79-6.8 Personal contribution to care (copayment)— Plan C

(a) For children in families with income above 150 percent of the Federal poverty limit, personal contribution to care shall be required.

(b) Personal contribution to care for managed care services are effective upon date of enrollment.

(c) A personal contribution to care of \$5.00 per visit/service shall be charged for practitioner visits (physician, nurse midwife, nurse practitioner, clinics, podiatrists, dentist, chiropractors, optometrist, psychologists) and outpatient hospital or clinic visits. There is a \$10.00 personal contribution to care for use of the emergency room, which does not result in an inpatient hospital stay. Personal contribution to care for prescription drugs will be \$1.00 for generics and \$5.00 for brand name drugs.

1. A personal contribution to care shall not apply to substance abuse services, including practitioner visits, outpatient or clinic visits; or well-child visits, in accordance with the schedule recommended by the American Academy of Pediatrics; lead screening and treatment; age-appropriate immunizations; preventive dental services; prenatal care; and family planning visits.

(d) No cost sharing shall be imposed on children who are American Indians/Alaska Natives. Proof of Federally recognized AI/AN tribal status shall be provided in the form of a tribal card or letter, in accordance with 42 C.F.R. 36a.16.

New Rule, R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: 30 N.J.R. 1060(a).

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: 30 N.J.R. 1060(a), 30 N.J.R. 3519(a).

Readopted the provisions of R.1998 d.154 without change.

Amended by R.2002 d.371, effective November 18, 2002.

See: 34 N.J.R. 2244(a), 34 N.J.R. 2549(b), 34 N.J.R. 3978(c).

Added (d).

10:79-6.9 Limitation on cost sharing—Plans C and D

(a) There shall be a family limit on the level of cost-sharing equal to five percent of household income for Plan C and D beneficiaries. Cost-sharing shall include the premium payments and the personal contribution to care.

(b) The cost-sharing limit shall be calculated annually starting with the date of initial enrollment of any children in the family or the annual reenrollment date. For ease of administration, the annual premium shall be calculated by the Statewide eligibility determination agency and used to reduce the family cost from the first day of enrollment.

(c) Once the limits have been met, the Statewide eligibility determination agency shall issue a certification indicating that the Plan C or D member has met their cost share limit, and the provider shall not collect a personal contribution until further notice.

(d) No cost sharing shall be imposed on children who are American Indians/Alaska Natives. Proof of Federally recognized AI/AN tribal status shall be in the form of a tribal card or letter, in accordance with 42 C.F.R. 36a.16.

New Rule, R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: 30 N.J.R. 1060(a).

Adopted concurrent proposal, R.1998 d.487, effective .

See: 30 N.J.R. 1060(a), 30 N.J.R. 3519(a).

Readopted the provisions of R.1998 d.154 without change.

Amended by R.2002 d.371, effective November 18, 2002.

See: 34 N.J.R. 2244(a), 34 N.J.R. 2549(b), 34 N.J.R. 3978(c).

Added (d).

Amended by R.2004 d.42, effective January 20, 2004.

See: 35 N.J.R. 3802(a), 36 N.J.R. 572(b).

In (a), inserted "the level of" preceding "cost-sharing", "and D" following "Plan C" and substituted "shall include" for "means" preceding "the premium payments"; in (c), added "or D" following "Plan C".

10:79-6.10 Copayments—Plans C and D

(a) For children in families with gross income above 150 percent of the Federal poverty level who are eligible for NJ FamilyCare—Children's Program—Plans C and D, copayments shall be required.

(b) Copayments shall be effective upon date of enrollment.

(c) Copayments shall be charged in an amount in accordance with N.J.A.C. 10:49-9.1(a) and (c).

(d) No cost sharing shall be imposed on children who are American Indians/Alaska Natives. Proof of Federally recognized AI/AN tribal status shall be provided in the form of a tribal card or letter, in accordance with 42 C.F.R. 36a.16.

New Rule, R.1999 d.211, effective July 6, 1999 (operative August 1, 1999).

See: 31 N.J.R. 998(a), 31 N.J.R. 1806(a), 31 N.J.R. 2879(b).

Amended by R.2002 d.371, effective November 18, 2002.

See: 34 N.J.R. 2244(a), 34 N.J.R. 2549(b), 34 N.J.R. 3978(c).

Added (d).

Amended by R.2004 d.42, effective January 20, 2004.

See: 35 N.J.R. 3802(a), 36 N.J.R. 572(b).

Rewrote (a); in (c), amended the N.J.A.C. reference.