

CHAPTER 79

NJ FAMILYCARE—CHILDREN’S PROGRAM

Authority

N.J.S.A. 30:4D-1 et seq. and 30:4J-8 et seq.

Source and Effective Date

R.2009 d.232, effective June 19, 2009.
See: 41 N.J.R. 945(a), 41 N.J.R. 2793(a).

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 79, NJ FamilyCare—Children’s Program, expires on June 19, 2016. See: 43 N.J.R. 1203(a).

Chapter Historical Note

Chapter 79, NJ KidCare, was adopted as new rules 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). The concurrent proposal for the adoption of Chapter 79 was adopted as R.1998 d.426, effective July 24, 1998, with changes effective August 17, 1998. See: 30 N.J.R. 713(a), 30 N.J.R. 3034(a).

Subchapter 7, NJ Kidcare Beneficiary Fraud and Abuse Policies, was adopted as R.1998 d.154, effective February 27, 1998 (operative March 1, 1998), to expire August 31, 1998. See: 30 N.J.R. 1060(a).

Subchapter 8, Presumptive Eligibility for NJ Kidcare Plan, A, B, and C, was adopted R.2000 d.266, effective July 3, 2000. See: 32 N.J.R. 159(a), 32 N.J.R. 2493(a).

Chapter 79, NJ KidCare, was readopted as R.2004 d.42, effective December 23, 2003. As a part of R.2004 d.42, Chapter 79, NJ KidCare, was renamed NJ FamilyCare—Children’s Program; Subchapter 7, NJ KidCare Beneficiary Fraud and Abuse Policies, was renamed NJ FamilyCare—Children’s Program Beneficiary Fraud and Abuse Policies; and Subchapter 8, Presumptive Eligibility for NJ Kidcare Plan, A, B, and C Children, was renamed Presumptive Eligibility for NJ FamilyCare—Children’s Program, A, B, and C, effective January 20, 2004. See: 35 N.J.R. 3802(a), 36 N.J.R. 572(b).

Chapter 79, NJ FamilyCare—Children’s Program, was readopted as R.2009 d.232, effective June 19, 2009. As a part of R.2009 d.232, Subchapter 8, Presumptive Eligibility for NJ FamilyCare—Children’s Program—Plan, A, B, and C, was renamed Presumptive Eligibility for NJ FamilyCare—Children’s Program, effective July 20, 2009. See: Source and Effective Date. See, also, section annotations.

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

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

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 (d) and (e), 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 (d), added the last sentence; in (f), amended the N.J.A.C. references; deleted (g); substituted references to the NJ FamilyCare–Children’s Program for references to NJ KidCare throughout.

Amended by R.2009 d.232, effective July 20, 2009.

See: 41 N.J.R. 945(a), 41 N.J.R. 2793(a).

In (f), inserted “or shall be referred to the NJ FamilyCare Advantage Program”.

SUBCHAPTER 1. INTRODUCTION

10:79-1.1 Purpose and scope

(a) NJ FamilyCare–Children’s Program 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 FamilyCare–Children’s 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 Medicaid, children losing AFDC-related eligibility because of financial reasons should be evaluated under the provisions of this chapter for the possibility of NJ FamilyCare–Children’s Program eligibility.

(d) Children eligible under this chapter are eligible for NJ FamilyCare–Children’s Program–Plan A, Plan B, Plan C or Plan D services which are set forth in N.J.A.C. 10:49-5. NJ FamilyCare–Children’s Program–Plan A is a means-tested Federal entitlement program.

(e) Plans B, C and D 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. 10:69, 10:71 and 10:72 and who are income ineligible for NJ FamilyCare–Children’s Program under the provisions of this chapter shall be evaluated for eligibility as Medically Needy under the provisions of N.J.A.C. 10:70 or shall be referred to the NJ FamilyCare Advantage Program.

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

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 the context clearly indicates otherwise.

“Authorized agent” means a parent, guardian, caretaker or any other individual 18 or older who has sufficient information to assist in making an application for NJ FamilyCare–Children’s Program children, including, but not limited to:

1. A staff member of a public or private welfare or social service agency of which the child for whom assistance is sought is a client and who has been designated by the agency to act as the child’s agent;
2. An attorney or physician of the person seeking NJ FamilyCare–Children’s Program benefits;
3. A staff member of an institution or facility in which the individual is receiving care and who has been designated by the institution or facility to so act; or
4. A legal guardian.

“Caretaker” or “caretaker adult” means the responsible adult or adults residing with the child or children for whom the application or redetermination for NJ FamilyCare–Children’s Program is being made. This term does not impose a blood relationship to the caregiver as a prerequisite for applying for services on behalf of a child.

“Child” is an individual from birth through the age of 18 who is otherwise not eligible for Medicaid pursuant to N.J.A.C. 10:69, 10:71 or 10:72.

“County welfare agency (CWA)” means that agency of county government, which is charged with the responsibility for determining eligibility for public assistance programs, including AFDC-Related Medicaid, Temporary Assistance to Needy Families (TANF), the Food Stamp Program and NJ FamilyCare and Medicaid. Depending on the county, the CWA might be identified as the board of social services, the welfare board, the division of welfare, or the division of social services.

“Copayment” means a specified dollar amount required to be paid by or on behalf of the beneficiary in connection with benefits as specified in N.J.A.C. 10:49-9.

“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 FamilyCare—Children’s Program.

“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 health 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. This program stopped accepting applications on January 1, 2001.

“Health Benefits Identification (HBID) Card” means a permanent, plastic identification card issued to each Medicaid or NJ FamilyCare beneficiary. The card is for identification purposes only; providers must verify eligibility in accordance with N.J.A.C. 10:49-2 before they provide services. The front of the card will include the beneficiary’s name and a 16-digit Card Control Number (CCN). The back of the card will include a magnetic strip, which electronically stores the beneficiary’s name and CCN.

“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 FamilyCare Advantage Program” means a State program offering affordable health insurance for uninsured, dependent children under the age of 19 whose family’s income exceeds 350 percent of the Federal Poverty Level under the authority of N.J.S.A. 30:4J-8 et seq., and P.L. 2008, c. 38.

“NJ FamilyCare—Children’s Program” 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.

“Third party liability” means any third party that is liable to pay part or all of the medical 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”.

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).

Inserted “Copayment”.

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

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

Added “Authorized agent”; rewrote “Caretaker” or “caretaker adult”; in “Child”, amended the N.J.A.C. references; deleted “Sponsoring adult”.

Amended by R.2009 d.232, effective July 20, 2009.

See: 41 N.J.R. 945(a), 41 N.J.R. 2793(a).

In the introductory paragraph of definition “Authorized agent”, inserted “, but not limited to”; added definitions “County welfare agency (CWA)”, “Health Benefits Identification (HBID) Card” and “NJ Family Care Advantage Program”; in definition “Group health plan”, substituted “health” for “welfare”, and deleted commas following “treatment” and “disease”; and in definition “Health Access New Jersey”, inserted the last sentence.

SUBCHAPTER 2. CASE PROCESSING

10:79-2.1 Application

(a) Applications for NJ FamilyCare—Children’s Program benefits can be obtained from various locations by calling 1-800-701-0710 or downloaded and printed, free of charge from www.njfamilycare.org. The application can also be

completed and filed online at www.njfamilycare.org. 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, C and D shall be forwarded to PO Box 9802, Trenton, N.J. 08650-9802. Applications for NJ FamilyCare–Children’s Program can be mailed to the CWA or to the eligibility determination agency. 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 authorized agent of the child; or by the child if the child is an emancipated individual.

(b) The eligibility determination agency, under policies and procedures established by the Division of Medical Assistance and Health Services, has the direct responsibility in the application process to:

1. Inform the authorized agent or applicants of the purpose of and the eligibility requirements for the NJ FamilyCare–Children’s Program, including their rights and responsibilities;
2. Receive applications and review them for completeness, consistency, and reasonableness;
3. Assist the authorized agent or program applicant in exploring eligibility for program benefits;
4. Make known to the authorized agent or program applicant the appropriate resources and services both within the agency and in the community; and
5. Assure the prompt and accurate submission of eligibility data to the NJ FamilyCare–Children’s Program Eligibility File for eligible children and prompt notification to the authorized agent or ineligible program applicant of the reason for their ineligibility.

(c) As part of the application process, an authorized agent or applicant for NJ FamilyCare–Children’s Program has the responsibility to:

1. Complete, with the assistance of the eligibility determination agency as required, any forms required as part of the application process; and
2. Assist the eligibility determination agency in securing evidence that verifies the statements regarding eligibility.

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).

In (a), inserted a third sentence.

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 a reference to Plan D in the introductory paragraph.

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 third sentence in the introductory paragraph and deleted 1 and 2; in (b) and (c), substituted references to authorized agents for references to sponsoring adults throughout.

Amended by R.2009 d.232, effective July 20, 2009.

See: 41 N.J.R. 945(a), 41 N.J.R. 2793(a).

In (a), inserted “or downloaded and printed, free of charge from www.njfamilycare.org”, inserted the second sentence, substituted “CWA” for “CBOSS” twice and “9802” for “4818” twice, and inserted a comma following “Services” and the final occurrence of “application”.

10:79-2.2 Interview

The eligibility determination agency may, at the request of the authorized agent or applicant, conduct a personal face-to-face interview with the applicant, or the authorized agents as part of the process of determining program eligibility.

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

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

Deleted “sponsoring adult,” following “applicant,”.

10:79-2.3 Application processing

(a) The Statewide eligibility determination agency or CWA shall screen all mail-in and walk-in applications against the existing Medicaid eligibility file. Applications that involve family members who are already enrolled in the Medicaid program shall be forwarded to the applicable eligibility determination agency for inclusion in the existing case, as appropriate. The eligibility determination agencies are required to refer any child found not eligible for Medicaid or any child losing eligibility for Medicaid or NJ FamilyCare–Children’s Program–Plan A to the NJ FamilyCare–Children’s Program–Plan B, C and D program. The CWA should process all applications mailed or forwarded to them or all walk-ins for NJ FamilyCare–Children’s Program–Plan A if the child’s family income appears to meet the income standards. NJ FamilyCare–Plan A cases that are enrolled in an HMO that are under the jurisdiction of the CWA and who would qualify for NJ FamilyCare–Plan B solely due to an increase of household income can be retained at the CWA.

(b) The eligibility determination agency is required to verify all factors related to eligibility for the NJ FamilyCare–Children’s Program. Factors subject to verification include:

1. Birth date: The birth date of any child for whom benefits are sought must be provided. If there is a discrepancy between the age reported by the applicant and the age appearing on the Medicaid record, and the discrepancy affects eligibility or categorical requirement, then documentation shall be requested;

2. Citizenship: For applicants whose family income appears to meet the income standards for NJ FamilyCare–Children’s Program–Plan A, the child’s citizenship and identity must be verified as required by Section 6036 of the Deficit Reduction Act of 2005 (109 P.L. 171). For applicants whose family income appears to meet the income standards for NJ FamilyCare–Children’s Program–Plans B,

(b) Any child who is incarcerated in a Federal, State or local correction facility (prison, jail, detention center, reformatory, etc.), including any child in a Juvenile Justice Commission facility awaiting adjudication, is not eligible for the NJ FamilyCare—Children's Program.

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

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

Amended by R.2009 d.232, effective July 20, 2009.

See: 41 N.J.R. 945(a), 41 N.J.R. 2793(a).

In (b), deleted a comma following "State", and inserted ", including any child in a Juvenile Justice Commission facility awaiting adjudication."

SUBCHAPTER 4. FINANCIAL ELIGIBILITY

10:79-4.1 Income eligibility limits

(a) Income limits for children through 18 years covered under the provisions of this chapter for NJ FamilyCare—Children's Program—Plan A shall be based on 133 percent of the poverty income guideline as defined by the U.S. Department of Health and Human Services in accordance with sections 652 and 672(2) of the Omnibus Budget Reconciliation Act of 1981 (P.L. 97-35). The monthly income standard will be 1/12 of 133 percent of the annual poverty income guideline rounded up to the next whole dollar amount for each household size. The annual revision to the Federal poverty income guideline will be effective for the purposes of this section with the first day of the year for which the poverty guideline is promulgated.

(b) Income limits for children through 18 years covered under the provisions of this chapter for Plan B shall be no greater than 150 percent of the poverty income guideline as defined by the Department of Health and Human Services in accordance with sections 652 and 673(2) of the Omnibus Budget Reconciliation Act of 1981 (P.L. 97-35). The monthly income standard will be one-twelfth of 150 percent of the annual poverty income guideline rounded up to the next whole dollar amount for each household size. The annual revision to the Federal poverty guideline will be effective for the purposes of this section with the first day of the year for which the poverty guideline is promulgated.

(c) Income limits for children through 18 years covered under the provisions of this chapter for Plan C shall be no greater than 200 percent of the poverty income guideline as defined by the Department of Health and Human Services in accordance with sections 652 and 673(2) of the Omnibus Budget Reconciliation Act of 1981 (P.L. 97-35). The monthly income standard will be one-twelfth of 200 percent of the annual poverty income guideline rounded up to the next whole dollar amount for each household size. The annual revision to the Federal poverty income guideline shall be effective for the purposes of this section with the first day of the year for which the poverty guideline is promulgated.

(d) Income limits for children through 18 years covered under the provisions of this chapter for Plan D shall be no greater than 350 percent of the poverty income guideline as defined by the Department of Health and Human Services in accordance with sections 652 and 673(2) of the Omnibus Budget Reconciliation Act of 1981 (P.L. 97-35). Net income limits shall be no greater than 200 percent of the poverty income guideline after the application of disregards as defined at N.J.A.C. 10:79-4.4(c). The monthly income standard will be one-twelfth of 350 percent of the annual poverty income guideline rounded up to the next whole dollar amount for household size. The annual revision to the Federal poverty income guideline will be effective for the purposes of this section with the first day of the year for which the poverty guideline is promulgated.

(e) In order to be eligible for NJ FamilyCare—Children's Program benefits under the provisions of this chapter, monthly household income (as determined by this chapter) must be equal to or less than the income limit established in (a) through (d) above.

(f) Income eligibility exists for each month in which the household unit's income is equal to or less than the income limits.

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).

Rewrote the section.

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).

Inserted a new (d); recodified former (d) and (e) as (e) and (f); and in the new (e), substituted a reference to (a) through (d) for a reference to (a).

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

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

In (b), (c) and (d), substituted "up" for "down" preceding "to the next whole dollar amount".

10:79-4.2 Prospective budgeting of income

(a) The eligibility determination agency shall establish the best estimate of income that will be available to the household unit.

1. The best estimate of income shall be based on an average of the household unit's income. Adjustments shall be made to the estimated income to reflect changes in income that either have occurred or which are reasonably anticipated to occur which would affect the household unit's income during a period of eligibility. To establish the best estimate, the one-month period immediately preceding the date of application or redetermination shall be used.

2. In the case of irregular payments, more than one month of income may be used.

3. All applicants should be screened against the State wage/disability/unemployment databases and any other appropriate database.

4. Documentation of income may be pursued if a crossmatch of any of these databases produces significant undisclosed income.

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), rewrote the first sentence and added the last sentence in 1, and added 2 through 4.

Amended by R.2009 d.232, effective July 20, 2009.

See: 41 N.J.R. 945(a), 41 N.J.R. 2793(a).

In (a)3, inserted "and any other appropriate database".

10:79-4.3 Countable income—Plan A

(a) For purposes of Plan A eligibility, except as specified below, countable income for children under the provisions of this chapter shall include the income of all members of the household unit as determined at N.J.A.C. 10:79-3.5, and shall be determined in accordance with the rules applicable to income in the AFDC-C program (see N.J.A.C. 10:69).

1. The maximum income limits as provided for at N.J.A.C. 10:69-10.3 do not apply.

2. Neither the \$30.00 nor the one-third disregard of earned income at N.J.A.C. 10:69-10.13(c) apply.

3. The deeming of stepparent income at N.J.A.C. 10:69-10.33(d) does not apply. (See N.J.A.C. 10:79-3.5(a) regarding the inclusion or exclusion of the stepparent in the household unit.)

4. The deeming of an alien sponsor's income at N.J.A.C. 10:69-10.43 shall not apply.

5. Wages paid by the U.S. Census Bureau for temporary employment related to Census 2000 activities shall not be considered household income.

(b) Nonrecurring lump sum income received by a household unit of a child shall be added to any other income received by the household unit in that month. The total shall be divided by the income eligibility limit applicable to the household, in accordance with N.J.A.C. 10:79-4.1. The result will be the number of months the eligible members of the household unit shall be ineligible to receive NJ FamilyCare—Children's Program under the provisions of this chapter. Any remaining income from this calculation is treated as if it were unearned income in the first month following the period of ineligibility.

1. The period of ineligibility shall begin the first month subsequent to the month the nonrecurring income is received or, if there is insufficient time to provide timely adverse action notice, the following month.

2. Once established, the period of ineligibility may be reduced only in accordance with the AFDC provisions for shortening a period of ineligibility as found at N.J.A.C. 10:69-10.23(a)5. The basis for a determination to shorten a

period of ineligibility shall be fully documented in the case record.

(c) Any person who received AFDC-related Medicaid and became ineligible for such assistance because of a period of ineligibility imposed as a result of the provisions of N.J.A.C. 10:69-10.23 may establish eligibility under the provisions of this chapter. The amount of the lump sum used to determine the original period of ineligibility shall be divided by the applicable income eligibility limit at N.J.A.C. 10:79-4.1 to determine the period of ineligibility for NJ FamilyCare—Children's Program under this chapter. If that period has already expired, eligibility for benefits under this chapter may be established so long as all other eligibility criteria are met.

(d) The parents of children and the spouse of a child are legally responsible relatives to children applying for or eligible for benefits under the provisions of this chapter. When a legally responsible relative who is not a parent resides in the same household and is applying for NJ FamilyCare, his or her income is considered in the determination of eligibility and no further action is required. When a legally responsible relative does not reside in the same household, the eligibility determination agency shall pursue support from that relative in accordance with the provisions of N.J.A.C. 10:69-5.9.

1. Except when the legally responsible relative who is not a parent does not apply for NJ FamilyCare and resides in the same household, income of the relative shall be counted only to the extent that the income is actually made available to the household unit.

(e) No portion of a cash reward provided to any individual by the Division for providing information about fraud and/or abuse in any program administered in whole or in part by the Division shall be included in the computation of income for financial eligibility purposes.

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).

In (a), added "For purposes of Plan A eligibility," at the beginning. 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.124, effective April 15, 2002.

See: 33 N.J.R. 4188(a), 34 N.J.R. 1546(a).

Added (e).

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 "the rules" for "regulations" preceding "applicable" in the introductory paragraph, added 5 and amended the N.J.A.C. references throughout; in (b), inserted "in accordance with N.J.A.C. 10:79-4.1" following "household" in the first sentence of the introductory paragraph and amended the N.J.A.C. reference in 2; in (c) rewrote the first sentence and added the N.J.A.C. reference in the second sentence; in (d), amended the N.J.A.C. reference in the introductory paragraph.

Amended by R.2009 d.232, effective July 20, 2009.

See: 41 N.J.R. 945(a), 41 N.J.R. 2793(a).

In the introductory paragraph of (d), inserted "who is not a parent" and "and is applying for NJ FamilyCare"; and in (d)1, inserted "who is not a parent does not apply for NJ FamilyCare and".