

**CHAPTER 71
MEDICAID ONLY**

Authority

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

Source and Effective Date

R.2006 d.133, effective March 14, 2006.
See: 37 N.J.R. 3774(a), 37 N.J.R. 4505(a), 38 N.J.R. 4712(a).

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1c, Chapter 71, Medicaid Only, expires on September 10, 2011. See: 43 N.J.R. 804(a).

Chapter Historical Note

Chapter 71, Medicaid Only, was originally codified in Title 10 as Chapter 94, Medicaid Only Manual. Chapter 94, was adopted as R.1976 d.157, effective July 1, 1976. See: 7 N.J.R. 464(d), 8 N.J.R. 287(d).

Subchapter 3, Eligibility Factors, was readopted as R.1983 d.317, effective July 20, 1983. See: 15 N.J.R. 948(a), 15 N.J.R. 1382(a).

Subchapter 4, Resources, and Subchapter 5, Income, were readopted as R.1983 d. 373, effective August 22, 1983. See: 15 N.J.R. 999(b), 15 N.J.R. 1477(a).

Subchapter 7, Other Payments, Subchapter 8, Responsibilities, and Subchapter 9, Medical Assistance for the Aged Continuation, were readopted as R.1986 d.5, effective January 6, 1986. See: 17 N.J.R. 2340(a), 18 N.J.R. 276(a).

Chapter 94, Medicaid Only Manual, was recodified as N.J.A.C. 10:71, effective March 16, 1987. See: 19 N.J.R. 466(e).

Pursuant to Executive Order No. 66(1978), Chapter 71, Medicaid Only Manual, was readopted as R.1991 d.33, effective December 24, 1990. See: 22 N.J.R. 3357(a), 23 N.J.R. 215(a).

Pursuant to Executive Order No. 66(1978), Chapter 71, Medicaid Only Manual, was readopted as R.1995 d.651, effective November 17, 1995. See: 27 N.J.R. 3543(a), 27 N.J.R. 5046(a).

Pursuant to Executive Order No. 66(1978), Chapter 71, Medicaid Only Manual, was readopted as R.2000 d.415, effective September 15, 2000. As a part of R.2000 d.415, Chapter 71, Medicaid Only Manual, was renamed Medicaid Only, effective October 16, 2000. See: 32 N.J.R. 2565(a), 32 N.J.R. 3844(a).

Chapter 71, Medicaid Only, was readopted by R.2006 d.133, effective March 14, 2006. See: Source and Effective Date. See, also, section annotations.

Law Review and Journal Commentaries

Healthy Financial Planning for Nursing Home Care. Michael K. Feinberg, 138 N.J.Law. 33 (Mag.) (Jan./Feb. 1991).

Nursing Homes in the Garden State: A Legal Perspective. Janice Chapin, 141 N.J.Law. 38 (Mag.) (July/August 1991).

CHAPTER TABLE OF CONTENTS

SUBCHAPTER 1. INTRODUCTION

- 10:71-1.1 General introduction
- 10:71-1.2 Choice of program by applicant
- 10:71-1.3 Living arrangements
- 10:71-1.4 Information on the chapter
- 10:71-1.5 Administrative organization
- 10:71-1.6 Basic principles of administration

- 10:71-1.7 Examination or review of chapter
- 10:71-1.8 County board of social services responsibility; chapter
- 10:71-1.9 Providing chapter material in adverse action situations
- 10:71-1.10 Revisions of the chapter
- 10:71-1.11 Availability of chapter

SUBCHAPTER 2. THE APPLICATION PROCESS

- 10:71-2.1 Definitions
- 10:71-2.2 Responsibilities in the application process
- 10:71-2.3 Policy and procedure on prompt disposition
- 10:71-2.4 Intake policy and procedure
- 10:71-2.5 Application policy and procedure
- 10:71-2.6 Registration procedures and record of inquiries
- 10:71-2.7 Reports to the Commission for the Blind and Visually Impaired under specified circumstances
- 10:71-2.8 Assignment of pending application for completion of eligibility determination
- 10:71-2.9 Process of establishing eligibility
- 10:71-2.10 Collateral investigation
- 10:71-2.11 Case recording
- 10:71-2.12 Recommendation for agency decision
- 10:71-2.13 Supervisory review and approval
- 10:71-2.14 Disposition of application
- 10:71-2.15 Notice of agency decision
- 10:71-2.16 Retroactive eligibility for Medicaid

SUBCHAPTER 3. ELIGIBILITY FACTORS

- 10:71-3.1 General provisions
- 10:71-3.2 Citizenship; requirements
- 10:71-3.3 Citizenship; alien status-documentation requirements
- 10:71-3.4 Residence requirement
- 10:71-3.5 Resident defined
- 10:71-3.6 Change of county residence
- 10:71-3.7 Eligibility of beneficiaries who leave New Jersey
- 10:71-3.8 Medicaid eligibility for individuals who enter New Jersey in order to secure medical care
- 10:71-3.9 Age
- 10:71-3.10 Disability and blindness factors
- 10:71-3.11 Determination of disability and blindness eligibility; a State function
- 10:71-3.12 Disability; definitions
- 10:71-3.13 County board of social services responsibility and procedures
- 10:71-3.14 Institutional eligibility
- 10:71-3.15 County board of social services responsibility and procedures; eligibility factors
- 10:71-3.16 Medical assistance units

SUBCHAPTER 4. RESOURCES

- 10:71-4.1 Financial eligibility standards; resources
- 10:71-4.2 Countable resources
- 10:71-4.3 (Reserved)
- 10:71-4.4 Excludable resources
- 10:71-4.5 Resource eligibility standards
- 10:71-4.6 Deeming of resources
- 10:71-4.7 Transfer of resources
- 10:71-4.8 Institutional eligibility; resources of a couple
- 10:71-4.9 Resource assessment
- 10:71-4.10 Transfer of assets
- 10:71-4.11 Trusts

SUBCHAPTER 5. INCOME

- 10:71-5.1 Income; financial eligibility standards
- 10:71-5.2 Determination of countable income
- 10:71-5.3 Income exclusions
- 10:71-5.4 Includable income
- 10:71-5.5 Deeming of income
- 10:71-5.6 Income eligibility standards
- 10:71-5.7 Post-eligibility treatment of income; institutionalized individuals

- 10:71-5.8 Eligibility under life care and pay-as-you-go agreements
- 10:71-5.9 Deeming from sponsor to alien

SUBCHAPTER 6. CASE RECORDS AND FILES

- 10:71-6.1 Purpose of case records
- 10:71-6.2 Contents of the case record
- 10:71-6.3 Forms applicable to the Medicaid Only program
- 10:71-6.4 Maintenance and custody of case records
- 10:71-6.5 Movement of case records
- 10:71-6.6 Retention and destruction of records

SUBCHAPTER 7. OTHER PAYMENTS

- 10:71-7.1 General provisions
- 10:71-7.2 Services and service payments
- 10:71-7.3 Other service payments
- 10:71-7.4 Emergency assistance payments
- 10:71-7.5 Payment of burial and funeral expenses

SUBCHAPTER 8. RESPONSIBILITIES

- 10:71-8.1 Other agency responsibilities
- 10:71-8.2 Redetermination of medical eligibility
- 10:71-8.3 Notice of county board of social services decision
- 10:71-8.4 Complaints and fair hearings
- 10:71-8.5 Fraudulent receipt of assistance
- 10:71-8.6 Reporting criminal offenses to law enforcement authorities
- 10:71-8.7 Safeguarding information
- 10:71-8.8 Nondiscrimination in public assistance programs

SUBCHAPTER 9. MEDICAL ASSISTANCE FOR THE AGED CONTINUATION

- 10:71-9.1 General statement
- 10:71-9.2 Initial certification
- 10:71-9.3 Termination
- 10:71-9.4 Continuation of medical need
- 10:71-9.5 Eligibility for other programs

SUBCHAPTER 1. INTRODUCTION

10:71-1.1 General introduction

On January 1, 1974, Title XVI of the Social Security Act replaced previous Titles I (Old Age Assistance), X (Aid to the Blind) and XIV (Aid to the Disabled), which were repealed. The Social Security Administration administers Title XVI, Supplemental Security Income (SSI), which provides cash payments to the aged, blind and disabled. Individuals who desire medical care only apply through the county board of social services for the Medicaid Only program under Title XIX.

Amended by R.2000 d.415, effective October 16, 2000.
See: 32 N.J.R. 2565(a), 32 N.J.R. 3844(a).
Substituted "board of social services" for "welfare board".

10:71-1.2 Choice of program by applicant

(a) An aged, blind or disabled person who desires Medicaid and does not wish to receive a money payment may apply for the Medicaid Only program. To qualify for this program, he/she must have financial eligibility as determined by the regulations and procedures set forth in this chapter.

(b) Persons who are neither aged, blind nor disabled qualify for Medicaid benefits when they are determined by the county board of social services to be eligible for AFDC-related Medicaid program. Persons whose eligibility is thus established may choose to receive Medicaid Only benefits without accepting money payments. Regulations governing these programs are set forth in the AFDC-related Medicaid chapter (N.J.A.C. 10:69).

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 "chapter" for "manual"; and rewrote (b).

10:71-1.3 Living arrangements

(a) Aged, blind and disabled persons who are living in the community and meet the requirements of the SSI program may receive Medicaid Only.

(b) Aged, blind and disabled persons who are receiving care in an eligible medical institution and, because of income or resources, do not qualify for SSI may be eligible for Medicaid Only.

10:71-1.4 Information on the chapter

This chapter sets forth the policies and procedures necessary for the orderly and equitable administration of the Medicaid Only program as it relates to the aged, blind and disabled. It is a statement of policy and procedures separate from all other assistance programs, and is applicable to "Medicaid Only." The criteria for determination of eligibility are based on SSI policy and procedure which do not necessarily coincide with standards for other public assistance programs and therefore require separate instructions.

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

10:71-1.5 Administrative organization

The Medicaid Only program is administered by the county boards of social services (CBOSS) of the State of New Jersey through the Division of Medical Assistance and Health Services in the Department of Human Services. The CBOSSs contract with the Division of Medical Assistance and Health Services for the purpose of providing Medicaid Only benefits to eligible persons.

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 references to county boards of social services for references to County Welfare Agencies throughout.

10:71-1.6 Basic principles of administration

(a) The following principles of administration shall apply to the Medicaid Only program.