

vii. Managed care services;

viii. Transportation for medical services provided under contract with a vendor or through a contract with the county agency;

ix. Medical services payable through other health insurance coverage, no-fault insurance benefits, or any other type of insurance/benefit coverage;

(1) Medical service bills shall be submitted to the appropriate primary carrier prior to being submitted for payment consideration through the fiscal agent;

x. HealthStart maternity and pediatric care services including comprehensive medical and health support service packages;

xi. Hospice services provided in a nursing facility;

xii. Maternity services provided by any type of provider including, but not limited to physicians, certified nurse specialists/clinical nurse practitioners, certified nurse-midwives and clinics;

xiii. Medical day care services;

xiv. Medical bills, which have been paid by the client or on his or her behalf; and

xv. Antiretroviral prescription medications (except for a one time emergency supply pending application processing and acceptance into the AIDS Drug Distribution Program).

3. The director of the county/municipal agency may authorize payment of other medical insurance premiums.

4. Prior authorizations required under the Medicaid program shall also be applicable for WFNJ/GA program purposes.

Amended by R.1998 d.42, effective January 20, 1998.

See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).

In (a)2, deleted former iii and recodified former iv through xvi as iii through xv.

Amended by R.1998 d.517, effective November 2, 1998.

See: 30 N.J.R. 2417(a), 30 N.J.R. 3962(a).

In (a)2, added a new xvi.

Amended by R.1999 d.182, effective June 7, 1999.

See: 31 N.J.R. 20(a), 31 N.J.R. 1508(a).

In (a)5, changed N.J.A.C. reference.

Amended by R.2000 d.267, effective July 3, 2000.

See: 32 N.J.R. 1142(a), 32 N.J.R. 2502(a).

In (a)2, added xvii.

Specially recodified from N.J.A.C. 10:90-13.1 and specially amended by R.2000 d.392, effective September 1, 2000 (to expire March 1, 2001).

See: 32 N.J.R. 3615(a).

In (a), inserted "residing in a nursing facility" in the first sentence of the introductory paragraph and changed N.J.A.C. reference in 2iv(1). Former N.J.A.C. 10:90-13.2, Obtaining medical services, specially recodified to N.J.A.C. 10:90-13.3.

Recodified from N.J.A.C. 10:90-13.1 and amended by R.2001 d.42, effective December 27, 2000.

See: 32 N.J.R. 3615(a), 33 N.J.R. 564(a).

Former N.J.A.C. 10:90-13.2, Obtaining medical services, specially recodified to N.J.A.C. 10:90-13.3.

Amended by R.2003 d.226, effective June 16, 2003.

See: 34 N.J.R. 2713(a), 35 N.J.R. 2670(a).

In (a), rewrote 2 and deleted 5.

10:90-13.3 Obtaining medical services for WFNJ/GA recipients residing in a nursing facility.

(a) The county/municipality shall provide the WFNJ/GA recipient residing in a nursing facility with a current validation card or letter which will be utilized to obtain treatment by a Medicaid participating provider/vendor. The agency shall supply a validation card or letter to each WFNJ/GA recipient at time of opening or reopening of the case and monthly thereafter to ensure validity through all periods of assistance eligibility. The size and layout of the validation card or letter are optional. Each card or letter must contain, at a minimum:

1. The name, address, phone number and four-digit municipality code of the agency;

2. The first and last name(s) of the client(s) for whom the card or letter applies;

3. The required six-digit case number and two-digit person number. If the case number does not contain six digits, zeros are to be placed in the front of the case number to accommodate the entry. A two-digit person number (that is, 01, 02, and so forth) must be used to identify the person in the eligible unit for whom the services are to be provided. The person number 01 should be used to reflect the person whose name appears on the case name and person number 02 reflects the person who resides with the case name person in a marital relationship or who represents themselves as a couple to the community;

4. The expiration date;

5. A notice to client as follows: This validation form indicates eligibility for WFNJ/GA benefits and is to be presented to the Medicaid participating provider when you require medical services; and

6. A notice to Medicaid participating provider/vendor as follows: Please complete the appropriate claim form according to Medicaid policies and procedures and forward the claim directly to the Medicaid fiscal agent for claim processing and payment.

(b) Claims for medical services eligible under the WFNJ/GA program shall be processed and paid by the fiscal agent when such services are provided by Medicaid approved providers.

1. When a WFNJ/GA recipient residing in a nursing home requires medical services from a provider and an appropriate clinic is not available to provide such services without charge, the client shall have the opportunity to select a Medicaid participating provider of his or her own choice. A representative of the agency may assist the client in obtaining an appropriate Medicaid participating provider.

Amended by R.1998 d.42, effective January 20, 1998.

See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).

Specially recodified from N.J.A.C. 10:90-13.2 and specially amended by R.2000 d.392, effective September 1, 2000 (to expire March 1, 2001).

See: 32 N.J.R. 3615(a).

In (a), inserted "residing in a nursing facility" in the first sentence of the introductory paragraph; and in (b)1, inserted "residing in a nursing home" in the first sentence. Former N.J.A.C. 10:90-13.3, Travel costs for medical care, specially recodified to N.J.A.C. 10:90-13.4. Specially recodified from N.J.A.C. 10:90-13.2 and specially amended by R.2000 d.42, effective December 27, 2000 (to expire December 10, 2002).

See: 32 N.J.R. 3615(a), 33 N.J.R. 564(a).

Former N.J.A.C. 10:90-13.3, Travel costs for medical care, specially recodified to N.J.A.C. 10:90-13.4.

10:90-13.4 Travel costs for medical care

(a) The county/municipal agency shall authorize payment for travel costs necessary for the receipt of health services, provided that such transportation is not otherwise available without cost.

1. To the extent possible, such services shall be purchased directly from the vendor.

i. Payment may be made directly to the recipient when prior authorization for the expenditure has been obtained from the agency.

2. Payment shall not exceed the Medicaid rate, when appropriate, or the most reasonable rate for which service may be obtained.

New Rule, R.1998 d.42, effective January 20, 1998.

See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).

Specially recodified from N.J.A.C. 10:90-13.3 by R.2000 d.392, effective September 1, 2000 (to expire March 1, 2001).

See: 32 N.J.R. 3615.

Former N.J.A.C. 10:90-13.4, Nursing facility payments, specially recodified to N.J.A.C. 10:90-13.5.

Recodified from N.J.A.C. 10:90-13.3 by R.2001 d.42, effective December 27, 2000.

See: 32 N.J.R. 3615, 33 N.J.R. 564(a).

Former N.J.A.C. 10:90-13.4, Nursing facility payments, specially recodified to N.J.A.C. 10:90-13.5.

10:90-13.5 Nursing facility payments

(a) The agency director shall authorize payments for patient care and allow for a personal needs allowance (PNA) for those clients who were residing in a non-Medicaid nursing facility on or prior to June 30, 1995 when a physician certifies that the client has a defect, disease, or impairment (other than psychosis) which necessitates such care, the client is not eligible for Medicaid, or for nursing facility services under the Medically Needy Program, and there is no person available who will provide such care without cost to the client. Those WFNJ/GA recipients shall continue to receive WFNJ/GA nursing facility benefits until such time as the WFNJ/GA nursing facility benefits are no longer required, or when the client is no longer eligible to receive such WFNJ/GA benefits as long as the client remains in the same non-Medicaid nursing facility.

1. Physician certification shall be accomplished by means of Form GA-18, Certification of Need for Patient Care in Facility Other than Public or Private General Hospital. This form shall be completed in duplicate, by the attending or staff physician and the operator or superintendent of the appropriate facility. One copy shall be submitted to DFD for determination of nursing facility care and subsequently, filed in the case record and the other copy shall be retained by the nursing facility or institution.

2. Payment to the non-Medicaid facility shall not exceed the rates established by DFD for that facility. The county/municipality shall contact DFD to obtain the per diem rate for room, board and nursing care. A PNA of \$35.00 per month shall be allowed to the resident.

i. To determine the all inclusive rate the agency shall be authorized to pay the non-Medicaid nursing facility, the agency shall calculate the non-Medicaid facility rate established by the DFD, times the number of days of care for the month, less the payment by or on behalf of the client. Each month the agency will obtain a current bill for all services rendered during the previous month.

(1) The agency shall authorize per diem payments for periods of up to 10 days during which the client is temporarily absent from the facility for hospitalization, or for periods of up to 25 days in a calendar year for therapeutic visits.

ii. Prescription drugs, laboratory, x-ray, physician, dental, podiatry services and supplies are not included in the nursing facility per diem rate. Payment for such services rendered shall be paid directly to the provider by the fiscal agent in accordance with the rules and regulations appropriate for the services rendered (see N.J.A.C. 10:49).

Recodified from N.J.A.C. 10:90-13.3 by R.1998 d.42, effective January 20, 1998.

See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).

Specially recodified from N.J.A.C. 10:90-13.4 by R.2000 d.392, effective September 1, 2000 (to expire March 1, 2001).

See: 32 N.J.R. 3615(a).

Former N.J.A.C. 10:90-13.5, Medically needy, specially recodified to N.J.A.C. 10:90-13.6.

Recodified from N.J.A.C. 10:90-13.4 by R.2001 d.42, effective December 27, 2000.

See: 32 N.J.R. 3615(a), 33 N.J.R. 564(a).

Former N.J.A.C. 10:90-13.5, Medically needy, specially recodified to N.J.A.C. 10:90-13.6.

10:90-13.6 Medically needy

(a) Individuals and families who are ineligible for WFNJ/GA, WFNJ/TANF, the Refugee Resettlement Program or SSI, because their income exceeds the standards established for the applicable program may apply to the county/municipal agency on a monthly basis for assistance in paying excessive medical costs. The provisions of this subsection are not applicable to the payment of bills for inpatient or outpatient hospitalization or for medical services rendered to an inpatient or outpatient by a hospital or hospital clinic. Those individuals who appear to be potentially eligible for the Medically Needy Program shall be referred to that program. Except as stated in (b) below, any person found eligible under the provisions of that program is not eligible for benefits under this subsection.

10:90-16.9 (Reserved)

Repealed by R.2003 d.226, effective June 16, 2003.
See: 34 N.J.R. 2713(a), 35 N.J.R. 2670(a).
Section was "County payment of fees for services".

10:90-16.10 (Reserved)

Amended by R.1998 d.42, effective January 20, 1998.
See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).
Repealed by R.2003 d.226, effective June 16, 2003.
See: 34 N.J.R. 2713(a), 35 N.J.R. 2670(a).
Section was "Responsibility of the State agency".

10:90-16.11 (Reserved)

Amended by R.1998 d.42, effective January 20, 1998.
See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).
Repealed by R.2003 d.226, effective June 16, 2003.
See: 34 N.J.R. 2713(a), 35 N.J.R. 2670(a).
Section was "Responsibilities of the county agency".

10:90-16.12 (Reserved)

Amended by R.1998 d.42, effective January 20, 1998.
See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).
Rewrote the introductory paragraph of (b); and changed rule references throughout.
Repealed by R.2003 d.226, effective June 16, 2003.
See: 34 N.J.R. 2713(a), 35 N.J.R. 2670(a).
Section was "Responsibilities of the county agency CSP Unit".

10:90-16.13 (Reserved)

Amended by R.1998 d.42, effective January 20, 1998.
See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).
Rewrote the section.
Repealed by R.2003 d.226, effective June 16, 2003.
See: 34 N.J.R. 2713(a), 35 N.J.R. 2670(a).
Section was "Fiscal record maintenance".

10:90-16.14 (Reserved)

Repealed by R.2003 d.226, effective June 16, 2003.
See: 34 N.J.R. 2713(a), 35 N.J.R. 2670(a).
Section was "Notification of deletions, terminations, suspension or transfer of case/individual".

10:90-16.15 (Reserved)

Amended by R.1998 d.42, effective January 20, 1998.
See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).
In (a), substituted a reference to N.J.A.C. 10:90-16.16 for a reference to N.J.A.C. 10:90-16.15.
Repealed by R.2003 d.226, effective June 16, 2003.
See: 34 N.J.R. 2713(a), 35 N.J.R. 2670(a).
Section was "Parent locator service".

10:90-16.16 (Reserved)

Amended by R.1998 d.42, effective January 20, 1998.
See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).
Repealed by R.2003 d.226, effective June 16, 2003.
See: 34 N.J.R. 2713(a), 35 N.J.R. 2670(a).
Section was "County agency parent locator responsibilities".

10:90-16.17 (Reserved)

Amended by R.1998 d.42, effective January 20, 1998.
See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).
Repealed by R.2003 d.226, effective June 16, 2003.
See: 34 N.J.R. 2713(a), 35 N.J.R. 2670(a).
Section was "State PLS/Federal Parent Locator Services (PLS)".

10:90-16.18 (Reserved)

Amended by R.1998 d.42, effective January 20, 1998.
See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).

Repealed by R.2003 d.226, effective June 16, 2003.
See: 34 N.J.R. 2713(a), 35 N.J.R. 2670(a).
Section was "Disclosure of information".

10:90-16.19 (Reserved)

Amended by R.1998 d.42, effective January 20, 1998.
See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).
Repealed by R.2003 d.226, effective June 16, 2003.
See: 34 N.J.R. 2713(a), 35 N.J.R. 2670(a).
Section was "Closing criteria for IV-D cases".

10:90-16.20 (Reserved)

Amended by R.1998 d.42, effective January 20, 1998.
See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).
Deleted former (c) and (d).
Repealed by R.2003 d.226, effective June 16, 2003.
See: 34 N.J.R. 2713(a), 35 N.J.R. 2670(a).
Section was "Retention and destruction of case records".

10:90-16.21 (Reserved)

Amended by R.1998 d.42, effective January 20, 1998.
See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).
Repealed by R.2003 d.226, effective June 16, 2003.
See: 34 N.J.R. 2713(a), 35 N.J.R. 2670(a).
Section was "Child Support Guidelines (New Jersey Supreme Court Rule 5:6A)".

10:90-16.22 (Reserved)

Amended by R.1998 d.42, effective January 20, 1998.
See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).
Repealed by R.2003 d.226, effective June 16, 2003.
See: 34 N.J.R. 2713(a), 35 N.J.R. 2670(a).
Section was "Income withholding".

10:90-16.23 (Reserved)

Amended by R.1998 d.42, effective January 20, 1998.
See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).
Repealed by R.2003 d.226, effective June 16, 2003.
See: 34 N.J.R. 2713(a), 35 N.J.R. 2670(a).
Section was "Distribution of arrearage payments on child support orders".

10:90-16.24 (Reserved)

Amended by R.1998 d.42, effective January 20, 1998.
See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).
In (a), substituted a reference to N.J.A.C. 10:90-16.12(m)1 for a reference to N.J.A.C. 10:90-16.10.
Repealed by R.2003 d.226, effective June 16, 2003.
See: 34 N.J.R. 2713(a), 35 N.J.R. 2670(a).
Section was "Application fee for NPA applicants".

10:90-16.25 (Reserved)

Amended by R.1998 d.42, effective January 20, 1997.
See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).
Rewrote (f).
Repealed by R.2003 d.226, effective June 16, 2003.
See: 34 N.J.R. 2713(a), 35 N.J.R. 2670(a).
Section was "Review and adjustment of child support orders (WFNJ/TANF, foster care and Medicaid cases)".

SUBCHAPTER 17. EARLY EMPLOYMENT INITIATIVE (EEI)

Authority

N.J.S.A. 44:10-3; Public Law 104-193, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA); and the Work First New Jersey Act, P.L. 1997, c.14, approved January 29, 1997.

10:90-17.1 Purpose and scope

(a) Consistent with the policy of the WFNJ program that seeking and accepting employment is a critical element of the program and is one of the primary requirements for receipt of cash assistance as outlined in N.J.A.C. 10:90-1.1(d), a program entitled "Early Employment Initiative (EEI)" has been established. The EEI involves mandatory participation by an adult member(s) of an applicant family, who meets certain EEI eligibility criteria, in an up-front concentrated job search/placement strategy that will provide an opportunity for the family to regain independence and self-sufficiency through obtaining unsubsidized employment, thereby avoiding receipt of WFNJ/TANF cash assistance. The EEI is designed to provide immediate up-front short-term financial investments for such EEI eligible applicant families. In return for this up-front assistance, the adult member(s) of such families shall be required to cooperate and actively participate in the EEI for a minimum period of 15 days to a maximum period of up to 30 days (which shall run parallel to the time frame for determining WFNJ program eligibility), in accordance with the provisions set forth in this subchapter, as a condition of eligibility for the WFNJ/TANF program (see N.J.A.C. 10:90-2.1(b)1).

(b) If an individual is determined EEI eligible in accordance with N.J.A.C. 10:90-17.2, and thereafter has a change in circumstances placing the family in immediate need prior to the expiration of the minimum 15 day participation period, the family shall be immediately referred to the WFNJ county agency for an immediate need determination. Such individuals shall have been considered to have met their EEI participation requirement.

(c) Participation in the EEI is subject to the availability of slots at the EEI entity. On a daily basis, the WFNJ agency shall confirm the availability of EEI slots prior to taking any action concerning determining EEI eligibility. The lack of an EEI slot shall not delay the processing of the WFNJ/TANF application. When EEI slots are not available, the WFNJ agency shall not screen any applicant for participation in the EEI, and participation in the EEI shall not be considered an eligibility requirement for those applicants. No further action shall be taken by the WFNJ agency to refer such applicants for EEI participation during this WFNJ/TANF application process, however, at the time of a subsequent reapplication for WFNJ/TANF cash assistance, the family may be referred for EEI participation, if applicable.

Amended by R.2003 d.226, effective June 16, 2003.

See: 34 N.J.R. 2713(a), 35 N.J.R. 2670(a).

Rewrote (a).

10:90-17.2 Determining eligibility for the EEI

(a) When it has been confirmed that EEI slots are available, the county WFNJ agency shall, during the WFNJ application interview, determine whether or not the WFNJ/TANF adult applicant(s) meets the eligibility criteria for mandatory participation in the EEI. More than one adult per family may be determined eligible for mandatory participation in the EEI. Eligibility for mandatory EEI participation shall be determined if an adult WFNJ/TANF applicant meets all of the following criteria:

1. Has a work history that equals or exceeds four months of full time employment in the last 12-month period;
2. Has at least one child;
3. Appears to meet all financial and non-financial WFNJ eligibility requirements, including initial cooperation with child support, and is considered an eligible candidate for receipt of WFNJ cash assistance;
4. Is not in immediate need, in accordance with the immediate need provisions at N.J.A.C. 10:90-1.3; and
5. Does not meet the criteria for a deferral from the work requirements under the WFNJ program (see N.J.A.C. 10:90-4.9).

(b) A WFNJ/TANF adult applicant who does not meet the criteria in (a)1 above for mandatory EEI participation, but has a work history that equals or exceeds four consecutive weeks of employment within the 52 weeks prior to applying for WFNJ cash assistance and meets all of the other EEI eligibility criteria at (a)2 through 5 above, shall be given the opportunity to voluntarily participate in the EEI. The county WFNJ agency shall inform the applicant who is eligible for participation in the EEI under this voluntary criteria that once the decision is made to voluntarily participate, he or she shall be considered a mandatory EEI participant and shall be obligated to comply with all the provisions set forth in this subchapter.

(c) On the same day the WFNJ application is taken, the WFNJ/TANF agency shall determine whether or not any of the adult members of the applicant family meet the EEI eligibility criteria in (a) or (b) above.