

**10:72-2.3 Verification requirements**

(a) The county welfare agency is required to verify all factors related to eligibility for the Medicaid program. Factors subject to verification include:

1. **Pregnancy:** For women seeking benefits under the provisions of this chapter, pregnancy must be medically verified. The medical verification must include the estimated dates of conception and delivery.

2. **Disability and blindness:** For individuals seeking Medicaid benefits because of disability or blindness, the condition must be established in accordance with the definitions, verification requirements, and processes set forth at N.J.A.C. 10:71-3.10 through 3.13.

3. **Birth date:** The birth date of any person for whom benefits are sought must be verified.

4. **Alien status:** The status of any alien seeking benefits must be verified to establish entitlement for Medicaid benefits.

5. **Citizenship:** When an applicant's or beneficiary's statements of U.S. citizenship are questionable, citizenship must be verified.

6. **Household composition:** The county welfare agency must verify the household composition in order to ascertain which persons will be included in the determination of eligibility for Medicaid benefits.

7. **Social Security number:** The Social Security number of any person seeking Medicaid benefits must be verified.

8. The county welfare agency must verify all sources of income of any person whose income must be counted in the determination of program eligibility. While resources are not a factor of eligibility for benefits for pregnant women and children under this chapter, resources must be identified and verified to determine if income is derived from the resources. For the aged, blind, and disabled, resources must be verified.

(b) The county welfare agency shall use documentary evidence as the primary source of verification. Documentary evidence is written confirmation of the family's circumstances. It is the responsibility of the applicant to obtain or to assist the county welfare agency in obtaining any required documentation.

(c) In circumstances in which the documentary evidence is questionable or is not available, the county welfare agency may use collateral contact to confirm the family's circumstances. A collateral contact is a verbal confirmation of a family's circumstances by a person outside the family. In order to be acceptable as verification, a collateral contact must be in a position to provide accurate information about the family and the circumstance in question.

(d) Subsequent to the initial application, verification is required for only those factors of eligibility which are sub-

ject to change or for those factors for which the original verification has become questionable.

(e) In the absence of credible verification of all eligibility factors, eligibility for the Medicaid program may not be established.

Emergency Adoption, R.1988 d.96, effective March 20, 1988.

See: 20 N.J.R. 548(a).

Added (a)2; renumbered all (a)2.-7. as 3.-8. and added text to (a)8. "pregnant women and children", "for the aged, blind and disabled, resources must be verified".

Readoption of Concurrent Proposal, R.1988 d.212, effective May 16, 1988.

See: 20 N.J.R. 548(a), 20 N.J.R. 1103(a).

Amended 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).

Adopted concurrent proposal, R.1998 d.426, effective July 24, 1998.

See: 30 N.J.R. 713(a), 30 N.J.R. 3034(a).

Readopted provisions of R.1998 d.116 without change.

**10:72-2.4 Case transfer**

(a) When individuals move permanently to another county within the State, responsibility for the case shall be transferred in accordance with the provisions of this section. The case transfer shall be accomplished in a manner so as not to adversely affect the rights of any individual to program entitlement.

1. A temporary visit out-of-county shall not be considered to be a change of county residence until the visit has continued for longer than three calendar months.

(b) The county of origin shall initiate and the receiving county shall, on request, immediately undertake an investigation of the circumstances surrounding the move. If the move is permanent, each county shall execute its respective responsibilities in accordance with (c) and (d) below.

(c) **Applicant cases:** For persons who move from the county in which application for Medicaid is made prior to the determination of eligibility or ineligibility:

1. The county in which the application was made has the responsibility to:

- i. Complete the eligibility determination process;
- ii. If determined eligible for the Medicaid program, accrete the eligible person(s) to the Medicaid Eligibility File with the correct effective date of Medicaid eligibility and the new address in the receiving county; and
- iii. If the case is determined eligible, within five working days of that determination, transfer the case record material to the receiving county in accordance with (d)1i through iv below.

2. The receiving county has the responsibility to:

- i. Communicate promptly with the client upon the receipt of the case material to advise of continued program entitlement; and
- ii. Immediately notify the county of origin, in writing, of the date the case material was received.

(d) Eligible cases: For cases which are determined eligible for the Medicaid program:

1. The county of origin has the responsibility to:

i. Transfer, within five working days from the date it is notified of the actual move, a copy of pertinent case material to the receiving county. Such material shall include, at a minimum, a copy of the first application and most recent application form (including all verification), Social Security number(s), and the new address in the receiving county;

ii. Send with the above case material, a cover letter specifying that the case is being transferred and requesting written acknowledgement of receipt;

iii. Forward promptly to the receiving county, copies of any other material mutually identified as necessary for case administration; and

iv. Notify the receiving county if there will be a delay in providing any of the case material.

2. The receiving county has the responsibility to:

i. Communicate promptly with the client upon receipt of the case material;

ii. Immediately notify the county of origin, in writing, of the date the initial case material was received;

iii. Review eligibility for the case. If questions regarding case eligibility exist because of information provided by the county of origin, that county shall be consulted for resolution of the issues;

iv. Accept responsibility for the case (provided application to transfer has been made) effective with the next month if the initial case material has been received before the 10th of the month;

v. Accept responsibility for the case (provided application to transfer has been made) for the second month after the month of receipt of initial case material when such material is received on or after the 10th of the month;

vi. Update the Medicaid Eligibility File as necessary including entry of a new case number. If the case is determined eligible for Medicaid in the receiving county, there shall be no interruption of entitlement. If the case is determined ineligible for Medicaid in the receiving county, eligibility shall be terminated, subject to timely and adequate notice, and the previously eligible person terminated on the Medicaid Eligibility File; and

vii. Notify the county of origin of the date eligibility for Medicaid will begin or will be terminated in the receiving county.

Amended by R.1992 d.364, effective September 21, 1992.

See: 24 N.J.R. 2145(a), 24 N.J.R. 3343(a).

Stylistic changes.

#### 10:72-2.5 Redetermination of eligibility

(a) Eligibility for Medicaid under this chapter shall be redetermined, including a face-to-face interview and the completion of a new application form, as follows:

1. For a pregnant woman, eligibility need not be redetermined until the birth of her child. Upon the birth of the child, the newborn shall remain eligible for a period of not less than 60 days from his or her birth and up to one year, so long as the mother remains eligible, or would remain eligible if pregnant, and the child resides with her, whether or not application has been made.

2. For the eligibility of disabled or blind children, other than newborns born to an otherwise eligible pregnant woman, eligibility must be redetermined no later than six months following the month of initial eligibility or the last redetermination.

3. For an aged, blind, or disabled individual, eligibility must be redetermined no later than 12 months following the month of initial eligibility or the last redetermination.

(b) The county welfare agency shall reassess program eligibility as follows:

1. When required on the basis of information the county welfare agency has obtained previously about anticipated change in the case situation or when additional information is needed to ascertain income eligibility for the program.

2. Promptly after information is obtained by the county welfare agency which indicates changes in the case circumstances that may affect program eligibility or past eligibility treatment of income.

Emergency Adoption, R.1988 d.96, effective March 7, 1988.

See: 20 N.J.R. 548(a).

Added (a)3.

Amended by R.1991 d.483, effective October 7, 1991.

See: 23 N.J.R. 1889(a), 23 N.J.R. 3028(a).

In (a)1: revised text to conform with Federal requirements to expand eligibility for newborn children of Medicaid eligible women.

Amended by R.1992 d.364, effective September 21, 1992.

See: 24 N.J.R. 2145(a), 24 N.J.R. 3343(a).

Clarification added to (b)2 to include treatment of income after determination of eligibility.

Amended 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).

In (a), substituted "disabled or blind children, other than newborns born to an otherwise eligible pregnant woman" for "children, other than newborns" in 2.

Adopted concurrent proposal, R.1998 d.426, effective July 24, 1998.

See: 30 N.J.R. 713(a), 30 N.J.R. 3034(a).

Readopted provisions of R.1998 d.116 without change.

#### 10:72-2.6 Post-application client responsibilities

(a) Upon a determination of eligibility for the Medicaid program, eligible persons have the on-going responsibility for the reporting of changes in family circumstances and for the provision of information as delineated at N.J.A.C. 10:72-2.1(c). Further, as requested by the county welfare agency, additional information must be provided. At any time that the county welfare agency lacks sufficient information to confirm continuing program eligibility because of the unwillingness of an eligible person to provide necessary information, the agency shall commence action to terminate the case.