

CHAPTER 72

NEW JERSEY CARE ... SPECIAL MEDICAID PROGRAMS MANUAL

Authority

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

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R.2008 d.30, effective December 24, 2007.
See: 39 N.J.R. 3704(a), 40 N.J.R. 723(a).

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 72, New Jersey Care ... Special Medicaid Programs Manual, expires on December 24, 2014. See: 43 N.J.R. 1203(a).

Chapter Historical Note

Chapter 72, New Jersey Care ... Special Medicaid Programs Manual, was adopted as Emergency New Rules by R.1987 d.312, effective June 29, 1987. See: 19 N.J.R. 1324(a). The concurrent proposal of R.1987 d.312 was adopted as R.1987 d.380, effective August 27, 1987. See: 19 N.J.R. 1324(a), 19 N.J.R. 1731(a).

Subchapter 6, Presumptive Eligibility, was adopted as R.1988 d.192, effective May 2, 1988. See: 20 N.J.R. 367(a), 20 N.J.R. 983(a).

Pursuant to Executive Order No. 66(1978), Chapter 72, New Jersey Care ... Special Medicaid Programs Manual, was readopted as R.1992 d.364, effective September 21, 1992. See: 24 N.J.R. 2145(a), 24 N.J.R. 3343(a).

Pursuant to Executive Order No. 66(1978), Chapter 72, New Jersey Care ... Special Medicaid Programs Manual, was readopted as R.1997 d.379, effective August 15, 1997. See: 29 N.J.R. 2541(a), 29 N.J.R. 4136(a).

Subchapter 7, Presumptive Eligibility for Children, was adopted as R.2000 d.266, effective July 3, 2000. See: 32 N.J.R. 159(a), 32 N.J.R. 2493(a).

Subchapter 8, Breast and Cervical Cancer Prevention and Treatment Act Services, was adopted as special new rules by R.2001 d.465, effective November 14, 2001 (to expire May 13, 2002). See: 33 N.J.R. 4390(a). Subchapter 8, Breast and Cervical Cancer Prevention and Treatment Act Services, was adopted as concurrent new rules by R.2002 d.138, effective April 15, 2002. See: 34 N.J.R. 1716(a).

Subchapter 9, Ticket to Work, was adopted as special new rules by R.2002 d.31, effective December 26, 2001 (to expire June 26, 2002). See: 34 N.J.R. 600(a).

Chapter 72, New Jersey Care ... Special Medicaid Programs Manual, was readopted as R.2002 d.241, effective July 3, 2002. See: 34 N.J.R. 1240(a), 34 N.J.R. 2840(a).

Subchapter 9, NJ WorkAbility, was adopted as concurrent new rules by R.2002 d.317, effective September 16, 2002. See: 34 N.J.R. 1402(a), 34 N.J.R. 3270(a).

Chapter 72, New Jersey Care ... Special Medicaid Programs Manual, was readopted as R.2008 d.30, effective December 24, 2007. See: Source and Effective Date. See, also, section annotations.

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SUBCHAPTER 1. INTRODUCTION

10:72-1.1 Program scope

(a) This chapter contains the criteria for Medicaid eligibility for certain pregnant women and infants not eligible under the provisions of N.J.A.C. 10:69, as well as, certain aged, blind and disabled persons not eligible under the provisions of N.J.A.C. 10:71.

1. 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, pregnant women, infants, and aged, blind or disabled individuals losing Medicaid eligibility because of financial reasons should be evaluated under the provisions of this chapter for the possibility of continuing Medicaid eligibility.

2. Except for children between the ages of one and 19, persons financially ineligible for Medicaid under the provisions of N.J.A.C. 10:69 and 10:71 and who are income ineligible for Medicaid under the provisions of this chapter shall be evaluated for eligibility as Medically Needy under the provisions of N.J.A.C. 10:70.

i. Persons determined eligible for the Medically Needy Program may be also determined eligible as specified low-income Medicare beneficiaries.

3. Infants not eligible under the provisions of N.J.A.C. 10:69, 10:71 or 10:72 should be evaluated for NJ Family-Care under the provisions of N.J.A.C. 10:79.

(b) Medicaid eligibility under the provisions of this chapter is limited to:

- 1. Pregnant women; and
- 2. Infants under the age of one.

3. Aged, blind, and disabled individuals (as defined by Title XIX of the Social Security Act), who otherwise meet the requirements specified in this chapter. For purposes of this chapter, an aged individual is a person who is 65 years of age or older.

4. Aged, blind and disabled individuals (as defined in (b)3 above) who qualify as specified low-income Medicare beneficiaries.

i. Specified low-income Medicare beneficiaries must be residents of the State, must be receiving Medicare benefits, Parts A and B, and must meet the income and resource requirements specified in N.J.A.C. 10:72-4.1(b) and 4.5(b).

ii. The enrollment and outreach process for specified low-income Medicare beneficiaries is administered by the Department of Health and Senior Services, through the Office of Pharmaceutical Assistance to the Aged and Disabled (PAAD), using the standard PAAD application form.

iii. Persons determined eligible as specified low-income Medicare beneficiaries are entitled to payment of Medicare Part B Premiums only, beginning in the month of application and up to three prior months.

iv. The Division of Medical Assistance and Health Services shall promptly notify any applicant for, or beneficiary of, the specified low-income Medicare beneficiary benefit, in writing, of any agency decision affecting the application disposition or the receipt of the benefit. When a decision relates to any adverse action which may entitle an individual to a fair hearing, the action may not be implemented until at least 10 days after the mailing of the notice. Such notices shall conform with provisions at N.J.A.C. 10:72-5.1(b).

(c) Retroactive Medicaid eligibility is available beginning with the third month prior to the month of application for Medicaid for any month during which the applicant meets all eligibility criteria and during which the applicant has unpaid medical expenses for covered services. In order to qualify for retroactive coverage, an individual need not be determined eligible at the time of application for Medicaid benefits. Application for retroactive Medicaid coverage may be made on behalf of a deceased person, so long as the person was alive during a portion of the three-month period immediately prior to the month of application and he or she has unpaid medical expenses for Medicaid covered services.

1. Retroactive Medicaid coverage is not available under the provisions of this chapter for an infant for any period prior to the effective date of program coverage for the age of the child.

Emergency Amendment, R.1988 d.96, effective February 2, 1988 (expired April 2, 1988).
See: 20 N.J.R. 548(a).
Substantially amended.

Adopted Concurrent Proposal, R.1988 d.212, effective May 16, 1988.

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

Emergency Amendment, R.1991 d.223, effective March 28, 1991 (operative April 1, 1991; expires May 27, 1991).

See: 23 N.J.R. 1200(a).

Deleted obsolete language and adopted Federally required coverage pursuant to Omnibus Budget Reconciliation Act of 1989.

Adopted Concurrent Proposal, R.1991 d.302, effective May 24, 1991.

See: 23 N.J.R. 1200(a), 23 N.J.R. 1945(a).

Provisions of emergency amendment R.1991 d.223 readopted without change.

Emergency Amendment, R.1991 d.445, effective July 29, 1991 (expires September 27, 1991).

See: 23 N.J.R. 2543(a).

In (c)1: revised text to add 133 percent guideline for retroactive Medicaid coverage.

Adopted Concurrent Proposal, R.1991 d.526, effective October 21, 1991.

See: 23 N.J.R. 2453(a), 23 N.J.R. 3144(a).

Provision of emergency amendment R.1991 d.526 adopted without change.

Amended by R.1992 d.484, effective December 7, 1992.

See: 24 N.J.R. 1860(a), 24 N.J.R. 4378(a).

Eligibility expanded to include children of specified ages born after September 30, 1983.

Administrative Correction to (a).

See: 25 N.J.R. 704(a).

Amended by R.1993 d.369, effective July 19, 1993.

See: 25 N.J.R. 1042(b), 25 N.J.R. 3217(a).

Amended by R.1997 d.379, effective September 15, 1997.

See: 29 N.J.R. 2541(a), 29 N.J.R. 4136(a).

In (b)3, inserted “, who otherwise meet the requirements specified in this chapter”; and in (a)4ii, substituted “enrollment and outreach process” for “eligibility determination process” and “administered by the Department of Health and Senior Services” for “is the responsibility of the Division of Medical Assistance and Health Services”.

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), added an exception at the beginning of 2, and added 3; and in (b), rewrote 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 with changes, effective August 17, 1998.

Administrative correction.

See: 39 N.J.R. 4401(a).

Amended by R.2008 d.30, effective January 22, 2008.

See: 39 N.J.R. 3704(a), 40 N.J.R. 723(a).

In the introductory paragraph of (a) and in (a)2 and (a)3, updated the N.J.A.C. references; in the introductory paragraph of (a) and in (b)4, deleted the comma following “blind”; in (a)2i and (b)4, substituted “specified low-income Medicare beneficiaries” for “Specified Low-Income Medicare Beneficiaries”; in (a)3, substituted “FamilyCare” for “KidCare”; in (b)4iii, deleted “, but no earlier than January 1, 1993” from the end; in (b)4iv, substituted “specified low-income Medicare beneficiary” for “Specified Low-Income Medicare Beneficiary”; in the introductory paragraph of (c), inserted a comma preceding “so”; and in (c)1, deleted the last sentence.

10:72-1.2 Purpose

(a) The purpose of the rules contained within this chapter is to:

1. Set forth eligibility criteria for the Medicaid program; and
2. Specify the rights and responsibilities of program applicants and eligible persons.