

4. The recipient was engaged in full-time employment and was income-ineligible for benefits but was terminated from the employment through no fault of the recipient.

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

10:90-2.6 Domestic violence

(a) Certain WFNJ program requirements shall not apply to those recipients who have been screened and identified via an affidavit as victims of domestic violence, rape or incest. For purposes of WFNJ/TANF, at no time shall documentation be sought from the perpetrator of domestic violence, rape or incest. However, corroborative evidence, if available and offered by the victim, may be accepted by the county/municipal agency. Requirements shall not apply in those cases where compliance with such requirements would make it more difficult for a recipient to escape domestic violence or where it would unfairly penalize the recipient who is or has been victimized by any such violence, or who is at risk of further domestic violence. These recipients are also to be referred to supportive services by the WFNJ worker, as appropriate. The program requirements which shall not apply include, but are not limited to, the following:

1. Time limits on benefits;
2. Residency requirements;
3. The limitation on an increase of cash assistance benefits as a result of the birth of a child conceived as a result of domestic violence, rape or incest;
4. Work requirements; and
5. Cash assistance restrictions placed upon recipients who have lived in New Jersey for less than 12 months (see N.J.A.C. 10:90-3.1(d)) and moved from their prior state of residence as a result of domestic violence.

(b) Child support cooperation requirements shall not apply when a good cause determination has been made by the WFNJ/IV-D agency worker in accordance with N.J.A.C. 10:90-16.5.

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) added second and third sentences; deleted (a)3; recodified 4, 5 and 6 to 3, 4, and 5; and added (b).

10:90-2.7 Composition of the WFNJ/TANF and WFNJ/GA eligible assistance unit

(a) Composition of the eligible WFNJ/TANF assistance unit is as follows:

1. An eligible assistance unit under WFNJ/TANF shall be comprised of those individuals who are living together and functioning as one economic unit and whose relationship is based upon a blood and/or legal relationship. (A legal relationship is one that is created through marriage, adoption or legal guardianship procedures.) The eligible

WFNJ/TANF assistance unit includes the parent(s), parent person(s) or legal guardian (see (a)3 below) and his or her children up to the age of 18, or up to the age of 19 if they are full-time students in a secondary school, or in the equivalent level of vocational or technical training, and are reasonably expected to complete the program before reaching age 19. Children up to the age of 21 are also eligible for WFNJ/TANF if they are enrolled in a special education program.

i. When any school or course of training involves attendance during an academic year, a child shall be considered eligible during the summer months when he or she has been accepted for admission in the fall. He or she shall be considered eligible during regular vacation periods unless the educational program has been completed or unless there is verification that the child does not attend or is not acceptable to re-enter the program.

2. A recipient child cannot be included in the WFNJ/TANF cash payment after the month in which he or she attains the age when he or she is no longer eligible as a child. Furthermore, an individual who attains such age on the first day of the month is not considered to be of eligible age during that month and is not eligible for inclusion in the grant for that month. Additionally, the assistance unit ceases to be eligible for WFNJ/TANF when the youngest assistance unit member is no longer of eligible age. However, the individual adult(s) may apply for assistance under the WFNJ/GA component.

3. The term "parent" shall refer to natural and/or adoptive parent(s), parent-person(s) or legal guardian(s). By law, certain relatives shall be recognized as taking the place of a parent.

i. The term "parent-person" refers to any person related by blood, marriage or adoption who is within the fifth degree of kinship to the dependent child. This includes grandparents (2nd degree), siblings (2nd degree), great-grandparents (3rd degree), uncles or aunts (3rd degree), nephews or nieces (3rd degree), great-great grandparents (4th degree), great-uncles or aunts (4th degree), first cousins (4th degree), great-great-great grandparents (5th degree), great-great uncles or aunts (5th degree), or first cousins once removed (5th degree). (A first cousin once removed is the child of a person's first cousin.)

(1) An applicant who is a parent-person may apply for WFNJ/TANF benefits for a child(ren) and him or herself as a needy parent-person.

(2) Non-needy caretakers and/or parent persons shall also be eligible to apply for WFNJ/TANF benefits for the children in their care.

ii. Spouses of any persons named in the above groups may be considered "parent-persons" even though the marriage has been terminated by death or divorce.

iii. Under New Jersey law, relatives of persons who adopt children become legally related to such adopted children to the same extent that they are related to natural children of the adopting parent.

iv. A legal guardian, according to N.J.S.A. 9:3-38, refers to a person who has "the right to exercise continuing control over the person or property or both of a child which includes any specific right of control over an aspect of the child's upbringing, pursuant to a court order."

(b) Composition of the eligible WFNJ/GA assistance unit is as follows:

1. The WFNJ/GA assistance unit shall be comprised of one or more persons. In most cases, it will consist of a single individual, 18 years of age or over, or a couple without dependent children. In room and board or residential treatment situations, each person is an eligible assistance unit of one, with the exception of situations involving couples without dependent children who are considered as an eligible unit of two. In all other situations, the eligible assistance unit shall consist of:

i. The applicant/recipient;

ii. The spouse of the applicant/recipient who lives in the home unless the spouse is receiving SSI or public assistance through another program; or

iii. The person with whom the applicant/recipient lives as a couple (that is, two individuals who are viewed by the community as a couple regardless of their sexual orientation) unless such person is receiving SSI or public assistance through the WFNJ/TANF program component.

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)1, added second sentence and rewrote the third sentence; added "or legal guardian(s)" to (a)3; added language to (b)1 regarding an exception; added (a)3iv; and rewrote (b)1iii.

10:90-2.8 Individuals ineligible for WFNJ TANF/GA

(a) The following persons shall not be eligible for assistance and shall not be considered to be members of the WFNJ/TANF or WFNJ/GA assistance units:

1. Non-needy caretakers, except that the eligibility of a dependent child shall not be affected by the income or resources of a non-needy caretaker;

2. Supplemental Security Income recipients, except for the purposes of receiving emergency assistance benefits;

3. Illegal aliens;

4. Other aliens who are not eligible aliens as defined in N.J.A.C. 10:90-2.10;

5. A person absent from the home who is incarcerated in a Federal, State, county or local corrective facility or under the custody of correctional authorities;

6. A person who is fleeing to avoid prosecution, custody or confinement after conviction, under the laws of the jurisdiction from which the person has fled, for a crime or an attempt to commit a crime which is a felony or a high misdemeanor under the laws of the jurisdiction from which the person has fled; or is violating a condition of probation or parole imposed under Federal or State law;

i. Under the laws of the State of New Jersey, a crime is defined at N.J.S.A. 2C:1-4(a) as "an indictable offense . . . for which a sentence of imprisonment in excess of 6 months is authorized."

7. A person who has legal custody of a child(ren) but who is unable to prove a legal and/or blood relationship with such child(ren);

i. According to N.J.S.A. 9:3-38, legal custody is defined as the "general right to exercise continuing control over the person of a child derived from court order or otherwise."

8. A person convicted on or after August 22, 1996 under Federal or State law of any offense which occurred on or after August 22, 1996 which is classified as a felony, high misdemeanor or crime, under the laws of the jurisdiction involved and which has as an element the distribution, possession, or use of a controlled substance as defined in section 102(6) of the Federal "Controlled Substances Act" (21 U.S.C. § 802(6)).

i. Under the laws of the State of New Jersey, a crime is defined at N.J.S.A. 2C:1-4(a) as "an indictable offense . . . for which a sentence of imprisonment in excess of 6 months is authorized."

ii. A person convicted on or after August 22, 1996 of any such offense which has as an element the possession or use only of such a controlled substance may be eligible for benefits if the person has successfully completed a drug abuse treatment program licensed by the State of New Jersey Department of Health and Senior Services (DHSS), at the conclusion of which the person is certified drug free by an authorized program representative.

(1) Eligibility for benefits shall commence upon successful completion of the established requirements of the DHSS licensed drug treatment program.

(2) During the first 60 days after successful completion of the drug treatment program or at the time of application or case redetermination, it must be determined, via testing by an entity designated by DFD, that the person is free of any non-prescribed controlled substance. If the person is determined not to be free of any controlled substance during, or at the conclusion of, the 60 day period, the person's eligibility for benefits shall be terminated immediately.

(A) Benefits cannot be granted or reinstated until the person completes another drug treatment program, and remains drug free for a minimum of 60 days and is determined via testing to be free of any non-prescribed controlled substance.

9. A person found, on or after August 22, 1996, to have willfully and knowingly fraudulently misrepresented his or her residence in order to simultaneously obtain means-tested, public assistance benefits in two or more states or jurisdictions, shall be ineligible for benefits for a period of 10 years from the date of conviction in a Federal or State court.

10. A person who, after July 1, 1997 and provided that the person has received written notice informing them of the WFNJ disqualification penalties, intentionally makes a false or misleading statement or misrepresents, conceals or withholds facts for the purpose of receiving benefits shall be ineligible for benefits for a period of six months for the first violation, 12 months for the second violation, and permanently for the third violation

11. In addition to (b)1 through 10 above, persons found eligible for or who are recipients of WFNJ/TANF, or who have been found ineligible for such programs due to voluntary refusal to comply with program requirements shall not be eligible for WFNJ/GA assistance.

(b) WFNJ benefits shall not be payable for any month in which any individual applicant/recipient in the assistance unit is participating in a strike. The individual who is on strike is ineligible for benefits; however, other members of the assistance unit remain eligible for benefits.

1. The term "strike" includes any strike or other concerted stoppage of work by employees (including a stoppage by reason of expiration of a collective bargaining agreement) and any concerted interruption of operations by employees.

2. The term "participating in a strike" means an actual refusal, in concert with others, to provide services to one's employers.

3. Examples of non-strikers who are eligible to participate in the program include, but are not limited to:

i. Employees whose workplace is closed by an employer in order to resist the demands of employees (for example, lockout);

ii. Employees unable to work as a result of striking employees (for example, truck drivers who are not working because striking pressmen prevent newspapers from being printed); or

iii. Employees who are not part of the bargaining unit on strike who do not want to cross the picket line due to fear of personal injury.

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

Added (a)7 and 7i, recodified former 7 through 10 as 8 through 11; and added language to (a)8 regarding occurrence date of state law offense.

10:90-2.9 Definition of employable/unemployable persons in WFNJ/GA

(a) The definition of employable/unemployable persons for determination of payment level is as follows:

1. An employable person is any person applying for or receiving assistance who is able-bodied and does not meet any one of the criteria of deferred delineated in (a)2 below. Individuals who receive medicals only and are classified as employable shall comply with WFNJ work requirements.

2. An unemployable person is any person who meets any of the criteria listed below:

i. Persons who are over 60 years of age;

ii. Persons receiving inpatient hospital care and treatment who were receiving an unemployable grant prior to entering the hospital. (Persons who were listed as employable shall retain such employable status until hospital discharge.);

iii. Persons who are residents in long term care facilities;

iv. Persons in the first 12 months of residential treatment in centers licensed by the New Jersey Department of Health and Senior Services for the treatment of drug abuse, when medical evidence exists that the residential treatment is necessary (see N.J.A.C. 10:90-2.8(a)7ii regarding drug abuse treatment for those convicted of possession or use of controlled substances). The 12 month period starts anew for each commencement of treatment, previous incomplete or unsuccessful courses of treatment notwithstanding;

v. Persons normally eligible to receive RSDI (Title II benefits), SSI or Railroad Retirement benefits on the basis of disability, but due to administrative delays in that respective program, payments are being withheld;

vi. Persons who have been determined to be legally blind by the New Jersey Commission for the Blind and Visually Impaired;

vii. Persons in the third trimester of pregnancy when an examining physician certifies to both the pregnancy and its term;

viii. Pregnant persons when an examining physician certifies that employment poses a threat to the mother or the fetus;

ix. A caretaker relative of a disabled dependent who must provide full-time care for the disabled dependent (see N.J.A.C. 10:90-2.4(a)2ii). No more than one person in an eligible unit may be considered unemployable for this reason without written authorization from the DFD; and/or

x. Persons determined to be incapacitated by the agency which administers the WFNJ/GA program are unemployable when such determination of incapacity is supported by any of the following circumstances:

(1) Form WFNJ-5S, Confidential Medical-Psychiatric Examining Physician's Report, or WFNJ-5 (DRS1), Examining Physician's Report, as appropriate, shall be fully completed by an examining physician that the individual is unable to comply with WFNJ/GA requirements. Such certification shall include, at a minimum, the date of examination, diagnosis, length of incapacity, functional limitations, prescribed treatment, an indication of whether or not reevaluation will be necessary, and the examining physician's signature.

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

In (a)2ix, added reference to N.J.A.C. 10:90-2.4(a)2ii.

10:90-2.10 WFNJ TANF/GA citizenship/eligibility requirements

(a) Only those persons who are United States citizens, or eligible aliens shall be eligible for WFNJ TANF/GA benefits. In addition, for WFNJ/GA eligibility purposes only, those persons permanently residing in the United States under color of law as of August 21, 1996 are considered eligible for WFNJ/GA benefits.

1. Eligible alien means an alien as defined in the provisions of section 431 of Title IV of Federal Public Law 104-193 pursuant to section 101 of the Immigration and Nationality Act (INA) (42 U.S.C. §§ 601 and 602).

(b) The following individuals are considered to be eligible aliens:

1. An alien present in the United States prior to August 22, 1996, and who is;

i. A lawful permanent resident;

ii. A refugee, pursuant to section 207 of the Immigration and Nationality Act;

iii. An asylee pursuant to section 208 of the Immigration and Nationality Act;

iv. An alien who has had deportation withheld pursuant to section 243(h) of the Immigration and Nationality Act (8 U.S.C. §§ 101 et seq.);

v. An alien who has been granted parole for at least one year by the Immigration and Naturalization Service pursuant to section 212(d)(5) of the Immigration and Nationality Act;

vi. An alien granted conditional entry pursuant to section 203(a)(7) of the immigration laws in effect before April 1, 1980;

vii. An alien who is honorably discharged or on active duty in the United States armed forces and his or her spouse and the unmarried dependent children of the alien or spouse;

viii. An alien who is a Cuban or Haitian entrant as defined in Section 501(e) of the Refugee Education Assistance Act of 1980; or

ix. An alien admitted to the United States as an Amerasian immigrant as described in Section 402(a)(2)(A)(i)(V) of the Refugee Education Assistance Act of 1980.

2. An alien entering the United States on or after August 22, 1996 and who is:

i. An alien described in (b)1ii, iii, iv, vii, viii or ix above; or

ii. An alien described in (b)1i, v or vi above is not eligible until five years after entry into the United States.

3. The cash assistance limitation related to residency requirements for newly arrived eligible aliens is addressed at N.J.A.C. 10:90-3.1(d).

4. Certain eligible aliens, regardless of their date of entry into the United States, as provided in Section 431 of Title IV of Federal P.L. 104-193 pursuant to Section 101 of the INA who resided in the United States and are victims of domestic violence, subject to certain conditions as described below:

i. The alien has been battered or subjected to extreme cruelty in the United States by a spouse or a parent or by a member of the spouse or parent's family residing in the same household as the alien and the spouse or parent acquiesced to such battery or cruelty; or

ii. The alien's child has been battered or subjected to extreme cruelty in the United States by the spouse or parent of the alien (without the active participation of the alien in the battery or cruelty), or by a member of the spouse or parent's family residing in the same household as the alien when the spouse or parent acquiesced to and the alien did not actively participate in such battery or cruelty; and

iii. In addition to the provisions described in (b)4i or ii above, if the individual responsible for the battery or cruelty continues to reside in the same household or family assistance unit as the individual who was subjected to such battery or cruelty, then the alien shall be ineligible for benefits.

iv. Federal law stipulates that the Attorney General of the United States shall issue guidance in the Attorney General's sole and unreviewable discretion concerning:

(f) The LAB is responsible for establishment of the official municipal agency office and designation of hours of operation.

1. The office of the municipal agency shall be in a location accessible to the general public and adequate for efficient operation.

2. The office of the municipal agency shall be open to the public a minimum of three hours a day during the five-day work week to take applications for assistance and to provide emergency assistance. Additional arrangements shall be instituted by the LAB to ensure that someone is accessible to the public seven hours a day during the five-day work week to take applications for assistance and provide emergency assistance, and that persons in need of assistance are served without delay at times other than normal office hours.

i. Each municipal agency office shall be required to post a sign(s), in a conspicuous place(s), which lists the telephone number(s) and the person or agency available to handle emergencies beyond normal office hours.

(g) The LAB shall act as a body in discharging its duties. A board member shall not individually take upon himself or herself the responsibility for creation of policy, investigation of a client or disclosure of data contained in a case record. Actions taken by the LAB on all matters pertaining to the administration of WFNJ/GA shall be discharged by the board at regular or special meetings and recorded in the secretary's minutes. Functions and activities of the LAB include the study of employment possibilities in local industry, health, housing, and social conditions of the community. Analysis of municipal financial needs, insofar as they are related to WFNJ/GA, shall also be a matter of concern to the LAB.

1. The LAB shall undertake the following additional activities:

i. Seek and utilize opportunities to interpret to the community the purposes of the WFNJ/GA program as provided by law, and the needs of the community as revealed through the LAB's experience with the administration of the program;

ii. Confer with the director on concerns, criticisms or recommendations coming to it from citizens in the community;

iii. Meet with individuals and organizations interested in the administration of the assistance program;

iv. Accept and act upon complaints relating to the administration of the WFNJ/GA program when submitted to the board, in writing, prior to its meeting;

v. Review problem cases presented by the director for discussion; and

vi. Make recommendations as to the adequacy in number and qualifications of personnel for the administration of the program.

2. Specific duties of the local assistance board include, but are not limited to, the following:

i. The LAB shall provide space within the municipal office for the proper protection and maintenance of all reports, case records and any other materials essential to the administration of WFNJ/GA.

(1) Access to case records shall be granted by the LAB, through the agency director, only to the following persons: employees of the municipal agency acting in an official capacity; representatives of another recognized public or private health or welfare agency, organization or institution for the purpose of obtaining information relevant to providing service to a current or former recipient of WFNJ/GA or to a member of his or her family; the client or his or her representative, in accordance with N.J.A.C. 10:90-9.11 and authorized representatives of the DFD relevant to State audits and quality control reviews.

(2) As a matter of policy, only the agency director or the LAB, by formal action and for a just cause, shall authorize the removal of a case record from the office.

(3) Information may be released to authorized persons for statistical purposes but shall not bear the name of the public assistance recipient or any other indication of his or her identity; and

ii. Responsibility is vested in the LAB to safeguard the applicants for and/or recipients of public assistance from discrimination by municipal agency employees and vendors who provide services to clients. Any discrimination based upon race, color, sex, religious creed, national origin, marital or birth status, political beliefs or disability is unlawful and subject to appropriate action (see N.J.A.C. 10:90-1.7).

(h) Nothing in this section shall be construed so as to allow access to confidential information beyond that authorized in N.J.A.C. 10:90-1.11.

(i) In Faulkner Act municipalities where no LAB exists, the authority, duties and responsibilities of the LAB resides with the mayor or manager as applicable to the form of government. Functions of the secretary of the LAB are assumed by the municipal clerk.

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

In (d)1, added a fourth sentence.

10:90-12.10 Appointment of employees

Employees for the municipal agency shall be appointed by the governing body in accordance with municipal ordinances and in numbers adequate for the proper administration of the WFNJ/GA program. While the LAB shall appoint the agency director, the municipal governing body is responsible for the appointing of department staff.

10:90-12.11 Establishment of Public Assistance Trust Fund Account

(a) The governing body of the municipality shall establish a bank account titled "Public Assistance Trust Fund Account," with the municipal treasurer or other designated official as custodian (see N.J.A.C. 10:90-14.3).

(b) The governing body of the municipality may, at the request of the LAB, establish a Public Assistance Petty Cash Fund Account. Such fund shall be established and operated in accordance with N.J.A.C. 10:90-14.6.

SUBCHAPTER 13. MEDICAL SERVICES FOR WFNJ SINGLE ADULTS AND COUPLES WITHOUT DEPENDENT CHILDREN (WFNJ/GA)

10:90-13.1 Payment of medical service claims

(a) Claims resulting from medical services provided to WFNJ/GA recipients, on or after February 1, 1997, shall be processed and paid by the New Jersey Division of Medical Assistance and Health Services (DMAHS) through its fiscal agent, in accordance with the rules appropriate for the services rendered (see N.J.A.C. 10:49). Payment of claims submitted to the fiscal agent for medical services covered under the WFNJ/GA program shall be based upon the Medicaid reimbursement methodology for the respective services. Those medical services identified at (a)2 below shall not be considered eligible for payment by the fiscal agent for WFNJ/GA program purposes.

1. Medical service claims with service dates on or after February 1, 1997 shall be submitted directly to the fiscal agent by the medical provider/vendor for payment processing. The original claim must be received by the fiscal agent within the time frame of one year from the date the service was rendered or the product was provided. If the original claim is not received by the fiscal agent within the one year time frame the claim shall not be processed for payment.

i. The provider/vendor shall direct all concerns relating to the payment or processing of WFNJ/GA medical service claims to the fiscal agent.

(1) A provider/vendor may, however, contact the agency in which the WFNJ/GA recipient is receiving assistance to ascertain information concerning WFNJ/GA policies, coverage of services and/or eligibility.

ii. Medical service claims, except for prescription claims, with service dates prior to February 1, 1997 shall be processed by the county/municipality. Such claims, however, must be received by the county/municipality within a time frame of six months from the date the service was rendered in order for that claim to be considered eligible for payment processing.

2. The following services are not considered eligible medical services for WFNJ/GA program purposes and shall not be processed for payment by the fiscal agent:

i. Inpatient or outpatient hospital services/care provided in a hospital either in-State or out-of-State, including, but not limited to, psychiatric hospitals, acute care hospitals, special hospitals, rehabilitation hospitals, Christian Science sanatoria and county or State hospitals;

(1) Exception: Inpatient hospitalization at Mt. Carmel Guild in Newark is an eligible medical service for the WFNJ/GA program.

ii. Professional services rendered to residents in public/private medical institutions;

iii. Professional services to WFNJ/GA clients residing in residential treatment centers for drug or alcohol abuse;

iv. Nursing facility per diem payments for individuals residing in Medicaid approved nursing facilities;

(1) See N.J.A.C. 10:90-13.3 concerning per diem payments for WFNJ/GA clients residing in non-Medicaid nursing facilities on or prior to June 30, 1995;

v. Early and periodic screening, diagnosis and treatment (EPSDT) services;

vi. Services provided under a home and community based services waiver, in accordance with Section 1915(c) of the Social Security Act, 42 U.S.C. § 1396n;

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. Methadone maintenance services;

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

xii. Hospice services provided in a nursing facility;

xiii. 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;

xiv. Medical day care services;

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

xvi. Federally qualified health center encounter rates.

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.

5. The municipality shall be billed for the administrative costs associated with the processing and payment of WFNJ/GA medical service claims by the fiscal agent in accordance with the procedures set forth at N.J.A.C. 10:90-4.8.

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.

10:90-13.2 Obtaining medical services

(a) The county/municipality shall provide the WFNJ/GA recipient 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 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).

10:90-13.3 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).

10:90-13.4 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).

10:90-13.5 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.

(b) Elderly, blind or disabled individuals who are ineligible for the SSI Program, because their income exceeds the SSI standard, will be referred to the Medically Needy Program. That program, however, does not provide payment for prescribed drugs. Therefore, individuals not entitled to receive assistance in meeting the cost of drugs from any other source may apply to the county/municipal agency on a monthly basis for assistance in meeting excessive medical costs.

(c) When an individual's or family's income over and above the appropriate income level as explained in (d) below has been used to pay medical bills, any additional medical costs are considered excessive.

(d) For the purpose of determining excessive medical costs, the total available monthly income (see (e) below) of individuals, couples, or families with children is measured against the appropriate allowance standard. For elderly, blind, or disabled persons, the Medically Needy Program standard applies. For families with children, Schedule II applies (see N.J.A.C. 10:90-3.3(b)). For all others, Schedule IV (see N.J.A.C. 10:90-3.5(b)) or V (see N.J.A.C. 10:90-3.6(a)), as appropriate, applies. Information about the current standards may be obtained by contacting the Division of Family Development.

(e) Form WFNJ/GA-19 will be used to determine income and the amount of excessive medical costs. Monthly earned income is adjusted by deducting any earned disregard, as appropriate (see N.J.A.C. 10:90-3.8), plus any child care necessary for employment of the parent(s) and/or court ordered support payments; no further disregards are recognized. This adjusted amount added to any unearned income equals the total monthly income available to the eligible unit.

(f) When the appropriate standard ((d) above) is subtracted from the total available income, the difference or "surplus" is the amount of medical expenses the client is expected to pay him or herself. When the client has proof of paid medical bills in the amount of the "surplus," the agency shall provide payment for any unpaid medical costs in excess of the "surplus," in accordance with the regulations and rates set forth in this subchapter.

(g) N.J.A.C. 10:90-1.2 and 2.11(b) shall constitute the application process relevant to the medically needy. See also N.J.A.C. 10:90-3.22 regarding redeterminations.

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

SUBCHAPTER 14. FISCAL PROCEDURES FOR WFNJ SINGLE ADULTS AND COUPLES WITHOUT DEPENDENT CHILDREN (WFNJ/GA)

10:90-14.1 Statutory authority

(a) Under the provisions of N.J.S.A. 44:8-111, the Commissioner is empowered to make and to enforce rules and regulations governing the provision of WFNJ/GA.

(b) Further, N.J.S.A. 44:8-112 provides that the Commissioner may require keeping of records and submission of reports, and investigate the administration of public assistance within each municipality.

1. In accordance with the foregoing authority, this chapter sets forth the fiscal regulations, procedures and policies which must be uniformly observed in the administration of WFNJ/GA by counties/municipalities in order to qualify for State aid.

2. All agencies must comply with current fiscal procedures as established by the Division of Local Government Services in the Department of Community Affairs and other applicable accounting and internal control procedures.

(c) The Commissioner reserves the right to approve county/municipal welfare agency budgets.

1. With respect to municipalities, approvals shall be contingent on the municipal agency's submission and the Division of Family Development's (DFD's) approval of the budget and Form GA-15, where required.

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

In (c)1, deleted a former second sentence.

10:90-14.2 State financial participation

(a) In accordance with P.L. 1990, c.66, the amount of State aid for WFNJ/GA which an approved county/municipality may receive shall equal 100 percent of the amount of county/municipal funds approved for public assistance.

(b) The State shall reimburse the county for 100 percent of the administrative costs incurred for providing cash assistance benefits to eligible single adults and couples without dependent children up to the maximum amount allocated for that county by the Commissioner within the limits of available funds.

(c) A municipality which continues to administer WFNJ/GA pursuant to the provisions of P.L. 1997, c.37, shall be responsible for all administrative costs of providing benefits to eligible single persons and couples without dependent children.

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

10:90-14.3 Public Assistance Trust Fund Accounts

(a) The law provides that every payment made to a county/municipality as State aid for WFNJ/GA, including all moneys received as a refund or in restitution of any year's assistance expenditures, shall be made payable to the Chief Financial Officer (CFO) of the county agency or the treasurer (but not by name) of the municipality and deposited by him or her in the Public Assistance Trust Fund (PATF) Account. Municipalities that administer the WFNJ/GA program shall be required to maintain both a PATF I and a

PATF II Account. Counties which administer the WFNJ/GA program will be required to maintain one PATF.

1. A municipality which has received State aid shall not close out its PATF Accounts at the end of that fiscal year. Municipalities shall maintain PATF accounts in order to qualify for State aid.

2. Procedures in non-transferability of funds are the following:

i. Under no circumstances shall payments made to a municipality as State aid for WFNJ/GA in the current or prior years be deposited or transferred to the municipal current account or used for any purpose other than public assistance grants exclusive of administrative costs. Transfers from PATF I to PATF II are not barred by this subsection. Transfer of surpluses arising from municipal appropriations in prior years is not barred by this paragraph.

ii. When the WFNJ/GA program has been transferred to the county, the PATF I balance, with the approval of DFD/Bureau of Business Services (BBS), may be transferred to the municipal current fund and the account closed, as long as the municipality does not owe any portion of the PATF I balance to the State.

3. State aid advances shall be deposited in the PATF II Account.

4. All payments received by a county/municipality or any other agency from or on behalf of current or former recipients shall be deposited in the "PATF Account," and entered on Statement of Refunds (Form WFNJ/GA-12) and duly accounted for on a monthly basis.

i. Refunds and other receipts shall be separated and deposited as follow:

(1) Deposits to the PATF I Account shall include any municipal appropriation for non-WFNJ/GA eligible assistance, certain miscellaneous donations, and refunds of non-WFNJ/GA assistance.

(2) Deposits to the PATF II Account shall include State aid advances for expenditures eligible for 100 percent State aid, refunds of all 100 percent reimbursed assistance (to include fraud recoveries, insurance recoveries, vendor repayments, and so forth) and Supplemental Security Income (SSI) Interim Assistance checks.

ii. Each county/municipal agency is required to prepare Form WFNJ/GA-12. Refunds are separated according to items eligible and ineligible for State participation and completed in accordance with instructions provided on the reverse side of Form WFNJ/GA-12. SSI retroactive grant awards received from SSA and reported on Form WFNJ/GA-31 and State Aid payments do not get reported on Form WFNJ/GA-12. Form WFNJ/GA-12 shall be distributed as follows:

(1) The originals are to be submitted to the agency's auditor at the time of annual audit.

(2) A copy is to be forwarded to DFD/BBS each quarter (even if there are no refunds) by the end of the following month.

(3) A copy is to be retained by the county/municipal agency.

(4) A copy is to be provided to the chief financial officer and/or treasurer of the county/municipality.

iii. State aid shall be adjusted for refunds of assistance eligible for State participation.

(b) Disbursement may be made from the PATF Accounts only for payment of public assistance costs, exclusive of administrative costs. Disbursements will be made on the authority of the county/municipal treasurer or other authorized official.

1. Types of disbursements authorized from PATF I Account are limited to:

i. Payment to clients or to vendors providing authorized services to WFNJ/GA clients of public assistance costs not eligible for State aid;

ii. Replacement checks; and

iii. Payment to replenish the PATF I petty cash account.

2. Disbursements from the PATF II Account are limited to:

i. Payment to WFNJ/GA clients or to vendors providing authorized services to WFNJ/GA clients of public assistance costs eligible for 100 percent State aid;

ii. Payment to establish or replenish the PATF II Petty Cash Fund Account; and

iii. Payment of SSI proceeds to SSI recipients, the Social Security Administration, or other county/municipal agencies from which the SSI recipient received Interim Assistance and completed a Form WFNJ/GA-30.

3. Those counties/municipalities which issue checks in direct payment of assistance to eligible persons shall arrange their fiscal procedures so as to result in the delivery of all initial and regular checks on the first day of each period of eligibility and the delivery of replacement checks which are issued within five working days of receipt of notification from the client that the assistance check has been lost or stolen, unless extraordinary circumstances, such as, but not limited to, a history of lost/stolen checks, are present, and a longer period of time is approved by DFD.

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)2ii, added an exception at the end.

10:90-14.4 Fiscal and statistical reporting requirements

(a) Forms described in this subsection shall be completed and either submitted to DFD, as indicated, or retained by each county/municipality approved to receive State aid in the WFNJ/GA program agency. Use of the forms described herein is required.

1. Each application shall be entered on the Application Register (Form WFNJ/GA-7) and shall be maintained by the agency on an updated basis. The Application Register is subject to review by representatives of the DFD.

2. Form WFNJ/GA-6 (Report of Assistance Expenditures and Case Activity), accompanied by Form WFNJ/GA-6A (Statistical Summary), shall be submitted on a monthly basis to the DFD/BBS within 10 days after the end of the assistance month.

i. Cases must be listed in sequential order according to case number and employability status. Case numbers for all employable cases must be identified with an "E" prefix and all unemployable cases must be identified with a "U" prefix. Cases that are classified as employable must be listed first, followed by the unemployable cases. At the end of each page, totals must be indicated for the number of cases opened, the number of cases closed, the number of single persons aided, family case persons aided, and the commitments reported for each category (Maintenance, Hospitalization, Nursing Home, and so forth). On the bottom section of any WFNJ/GA-6 page that lists both "E" prefixed and "U" prefixed cases and on the final page, totals must be segregated for employables and unemployables, and be followed by a combined page total (grand totals on final page).

ii. The list shall include all cases for which assistance was paid during the calendar month of the report and for which the reporting county/ municipality is financially responsible. Payment for medical services incurred prior to February 1, 1997 must be reported on the Form WFNJ/GA-6 for the month in which the payments are actually made, regardless of the date of authorization. Column 1-C (Social Security Number) must be completed monthly.

3. Procedures for the use of the Statistical Summary (Form WFNJ/GA-6A) are as follows:

i. Form WFNJ/GA-6A is a summary of data contained on Forms WFNJ/GA-6 and WFNJ/GA-7. Form WFNJ/GA-6A must be submitted in order to identify assistance paid that is eligible for 100 percent State aid. Items on WFNJ/GA-6, WFNJ/GA-6A and WFNJ/GA-7 must correspond for use in computing other statistical data. Section VI of Form WFNJ/GA-6A must include information on the monthly total numbers and costs of salaried employees related solely to the administration of the source of funds;

ii. All information supplied refers to the assistance month or, when applicable, to data derived from the month immediately preceding;

iii. The "Certification of Director of Welfare" section of Form WFNJ/GA-6A shall be signed by the agency director before submittal to DFD;