



State of New Jersey
DEPARTMENT OF HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
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MEDICAID COMMUNICATION NO. 22-04

DATE: May 3, 2022

TO: NJ FamilyCare Eligibility Determining Agencies

SUBJECT: Application Processing
(Updates Medicaid Communication 10-09)

To encourage timely and efficient processing, the Division of Medical Assistance and Health Services (DMAHS) along with the NJ FamilyCare Eligibility Determining Agencies (EDAs) promote the use of online applications through the website www.NJFamilyCare.org in accordance with 42 CFR 435.907. Applicants can become registered users as part of the NJ FamilyCare application process. Registered users will receive an NJ Helps account, which gives the ability to review NJ FamilyCare application status as well as submit attachments necessary for determining eligibility securely and conveniently. All applications, whether submitted online or data entered by a caseworker as an e-paper application, are received and processed by the Integrated Eligibility System (IES) known as the Worker Portal.

The case processing time limit of 45 days, or 90 days for those who are applying on the basis of a disability, begins the day the Agency receives the application. The application/renewal notice shall be considered the initial request for information from the individual seeking medical assistance whether the individual is being evaluated initially or is being redetermined.

The Worker Portal will perform electronic verifications (i.e. social security number, citizenship, first name, last name, date of birth, death confirmation, immigration status, income, disability status, etc.) which will be displayed for the caseworker to review. If a verification results in a discrepancy, insufficient information or an error, a Request for Information (RFI) letter will be sent. The RFI letter will allow the applicant/beneficiary 14 days to respond. If no response is received, the application will be denied for failure to provide information as per 42 CFR 435.952 (c)(2). An additional RFI letter may be sent if the applicant's response to the first RFI prompts the need for additional outreach.

Application Type		Request for Information (RFI) Letter	Outcome Letter
Initial	Represents the initial request for information	Provides 14 days to respond with requested information or with a request for additional time	Eligibility approved with date or denied, citation reasons, and fair hearing rights

Application Type		Request for Information (RFI) Letter	Outcome Letter
Redetermination *Please note this is when an ex-parte renewal cannot be accomplished	Represents the initial request for information for a renewal period	The beneficiary has 30 days to respond to the redetermination form. If redetermination information requires additional information to process, a RFI letter will be sent which provides 14 days to respond with requested information or with a request for additional time	Eligibility approved or terminated with date, citation reasons, and fair hearing rights

It should be understood that exceptional circumstances may arise in determining eligibility. Therefore, if the applicant/beneficiary requests additional time to provide information and continues to cooperate in good faith with the Agency, a reasonable extension of the time limit may be permitted. These exceptional circumstances shall be documented in the Worker Portal.

If an applicant/beneficiary fails to provide the requested information, fails to respond to the EDA while under a good faith extension, or fails to respond to EDA outreach, a denial/termination letter with the applicable citation must be sent.

- For denial letters when the individual failed to provide requested information (new applicants only) no further documentation will be accepted by the Agency and the individual will be provided with information to reapply. Verifications from the previous application shall be utilized in the new application where appropriate.
- For terminated beneficiaries who failed to provide information, reconsideration is required if the information is returned within 90 days of the termination date. A new application may not be requested. A new eligibility outcome letter with the updated decision must be issued at that time.

All NJ FamilyCare applicants/beneficiaries will be assessed for all programs. In general, if the eligibility determination must be completed in a different agency or at the State Based Exchange, the Integrated Eligibility System may transfer appropriate applications electronically between agencies.

If you have any questions regarding this Medicaid Communication, please refer them to the Division's Office of Eligibility field service staff member for your agency at 609-588-2556.

JLJ:jm

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