State of New Jersey
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

CHRISTINE TODD WHITMAN
Governor

MICHELE K. GUHL
Commissioner

MARGARET A. MURRAY
Director

MEDICAID COMMUNICATION NO. 00-21 **DATE:** November 6, 2000

TO: County Welfare Directors
Statewide Determination Agencies

SUBJECT: NJ FamilyCare

REFERENCE: N.J.A.C. 10:69
N.J.A.C. 10:78

As you know, NJ FamilyCare conversion packets were recently sent to parents with NJ KidCare children under your county's supervision on the Medicaid Eligibility File as of August 1, 2000. The packets included abbreviated enrollment forms so that your agencies could process eligibility for these cases using most of the NJ KidCare case record information already on file.

However, with the implementation of the AFDC Medicaid Expansion @ 133% FPL segment of NJ FamilyCare, there are case situations in which parents may have unearned incomes above the July 16, 1996 AFDC payment standard, even though the total income may fall below 133% FPL. These parents may or may not have earned income as well, but since the unearned portion of their incomes disqualifies them for the AFDC Medicaid Expansion segment, the case must be referred to the statewide vendor for further processing. At this time, your agencies do not have the capability to enroll these parents onto the Medicaid Eligibility File due to current systems limitations.

In an effort to facilitate the enrollment of these parents into NJ FamilyCare, Plan D, we have developed the attached two-page form to be completed by your agencies and sent, along with your budget worksheet, to the vendor at the following address:

NJ FamilyCare
P.O. Box 4818
Trenton, New Jersey 08650-8955
Attention: Sheila Sand

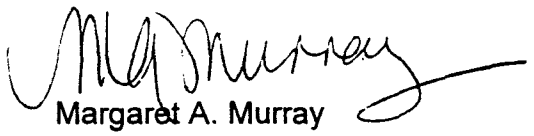
or you may fax the form to Ms. Sand at (609) 689-9758. In addition, Ms. Sand may be reached by telephone at (609) 584-4900.

Subsequently, the vendor will provide a report to your county agencies listing the effective enrollment dates of the parents and their corresponding Medicaid numbers.

Please note that this transfer form should be used for the parent conversion cases and those cases you may have outreached on your own because NJ KidCare children were added to the Medicaid Eligibility File after August 1, 2000. In addition, you may use this form for new cases of parents who have children eligible for NJ KidCare Plan A through your agencies, but must be referred to the vendor for further processing.

Your cooperation in this matter is greatly appreciated. If you have any questions, please contact the Bureau of Eligibility Policy at (609) 588-2556. Thank you for your ongoing contributions in enrolling our NJ KidCare parents into NJ FamilyCare.

Sincerely,



Margaret A. Murray
Director

MAM:S
Attachment
c: Christine Grant, Commissioner
William Conroy, Deputy Commissioner
Department of Health and Senior Services

David Heins, Director
Division of Family Development

Charles Venti, Director
Division of Youth and Family Services

NJ FAMILYCARE

Children's Case Number_____

COUNTY TRANSFER FORM FOR MEMBER(S) OF ELIGIBLE FAMILY UNIT

SECTION 1

Name of Parent / Caretaker_____

Residential Address _____ Mailing Address_____ Home Phone Number_____

_____ _____ Work Number_____

_____ _____ Beeper/Fax Number_____

Residential County _____ Mail County_____

SECTION 2

Last Name	First Name	Relationship to Child	Is this Person Requesting NJ FamilyCare? Y/N	Social Security Number	Date of Birth MM/DD/YY	Citizenship/ Alien Status Y/N (See Codes Below)	Date of Entry	Marital Status (See Codes Below)	Sex M/F	Race Codes (See Codes Below)

Marital Status Codes: M-Married, S-Single, W-Widowed, D-Divorced, P-Separated
Race Codes: B-Black, S-Hispanic, W-White, I-American Indian/Alaska Native, A-Asian Pacific Islander, O-Other
Citizenship/Alien Status Codes: C-Citizen, Q-Qualified Alien, R-Restricted

11/3/00

Children's Case Number_____

SECTION 3	COMMENTS
GROSS MONTHLY HOUSEHOLD INCOME Earned Income $_____ Unearned Income $_____ Total Gross Household Income $ _____ See Attached Worksheet.	

SECTION 4

1. Do any of the persons applying for NJ FamilyCare have health insurance? ☐ Yes ☐ No If Yes, either fill out information below or send copy of appropriate page from family care application.

2. Do you or your children have access to health insurance through your current employer? ☐ Yes ☐ No

3. Has any of the persons applying for NJ FamilyCare lost insurance within the past 6 months? ☐ Yes ☐ No

If you answered "Yes" to Question #1, #2, or #3 please complete the section below.

Name of Covered Person	Name of Policyholder	Insurance Company	Policy Number or Medicaid ID Number	Group I.D. Number	Is this Person Currently Receiving Benefits? Y/N	Date of Termination	Reason For Termination

_____ Prepared by (Please Print)

_____ Signature

_____ Date

11/3/00