



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

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MEDICAID COMMUNICATION NO. 16-01

DATE: February 4, 2016

TO: County Welfare Agency Directors

SUBJECT: Self-Attestation Process for NJ FamilyCare ABD Eligibility
Update to Medicaid Communication 13-02

To streamline the financial eligibility process for individuals in need of long term services and supports, the New Jersey Medicaid Comprehensive Waiver permits those who have income that is equal to or below 100% of the Federal Poverty Level (FPL) to self-attest that assets or resources have not been transferred, in lieu of the five year look-back process. This policy change was originally established in 2013 through Medicaid Communication 13-02 titled Addendum to PA-1G Medicaid Application – Transfer of Assets Self-Attestation Form.

The Transfer of Assets Self-Attestation form must be completed when an individual: 1) has income equal to or below 100% FPL; 2) is in need of an institutional level of care; and 3) has stated that no assets or resources have been transferred in the previous 60 months. It is a signed statement that outlines that anyone who reports false information will be required to reimburse the State of New Jersey for any benefits received and be subject to a period of ineligibility if applicable. Additionally, the individual may be subject to civil and criminal prosecution.

It is important to note that the form cannot be completed by anyone other than the individual, spouse, domestic partner, guardian or Power of Attorney. If none of the above listed individuals complete this form then a five year look-back will be required to be completed by the eligibility determining agency (EDA). The witness' name and signature line can be completed by anyone who is witnessing the signature. The witness has no liability and he or she is not responsible for the attested information.

Because the form is needed only when the applicant or the Medicaid recipient is determined to need an institutional level of care, the form may be distributed by the EDA or the Managed Care Organization (MCO). Please see the processes for each entity outlined below with the two different forms attached.

Process for EDAs:

The Transfer of Assets Self-Attestation form serves as an Addendum to the PA-1G Medicaid Application. The caseworker may serve as the witness to this signed statement if they are present when it is completed by an appropriate individual.

When an EDA receives a completed Transfer of Assets Self-Attestation form for new applicants or those applying from a program not covered by managed care, it may grant eligibility without a five year look-back. The form will become part of the applicant's case file and the EDA worker will fax or email a copy to the DMAHS County Operations Unit. The fax number is 609-588-2742 and the email address is DMAHS-SelfAttestation@dhs.state.nj.us.

Process for MCOs:


When an individual is already receiving NJ FamilyCare ABD (non-institutional) benefits, is already enrolled in managed care, and appears to need long term services and supports, the MCO care manager is responsible for completing the clinical assessment needed to establish an institutional level of care. Because the MCO is the first point of contact in the eligibility process for long term services and supports, they shall distribute the Transfer of Assets Self-Attestation form and will notify DMAHS of the member's need for long term care. If the form is not signed while the MCO care manager is present, it will need to be returned by the NJ FamilyCare ABD recipient or their representative to the DMAHS in the self-addressed, stamped envelope provided within ten days of the care manager's contact. The form may also be faxed to the attention of DMAHS County Operations at 609-588-2742.

The MCO care managers have been provided with written instructions, a script of how to explain this process to their members, and a list of frequently asked questions. The instructions given to the recipient along with the Transfer of Assets Self-Attestation form includes a hotline phone number if further assistance is needed.

The DMAHS County Operations Unit will forward all Self-Attestation forms to the Quality Control Unit who will review a sample of cases on a quarterly basis. The EDAs shall comply with requests for information regarding these sample cases from Quality Control. When a case is found with transfers of assets, DMAHS will notify the EDA to take an adverse action as appropriate.

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

Sincerely,



Valerie Harr
Director

VH:km

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Department of Health
- Allison Blake, Commissioner
Department of Children and Families



State of New Jersey
Division of Medical Assistance and Health Services (DMAHS)
Transfer of Assets Self-Attestation for a Medicaid MCO Member

Medicaid MCO Member Instructions:

Attached is a Transfer of Assets Self-Attestation form for Medicaid Managed Care Organization (MCO) members seeking Managed Long Term Services and Supports (MLTSS). The financial eligibility process involves an asset/resource test which includes a five year (60 month) look-back of financial records to see if there are any transfers of assets/resources. An alternative to this lengthy process is to have the member sign a self-attestation form that states that they **did not** transfer any assets/ resources over the last five years (60 months). New Jersey has the authority to accept this attestation from individuals with incomes less than 100% of the Federal Poverty Level.

This form may only be completed by the member, their spouse, domestic partner, guardian, or Power of Attorney. These are the individuals that would have knowledge of the member's financial information. The member's name, Medicaid ID#, county of residence and MCO name are all required at the top of the form. The individual filling out this information will need to read this form in its entirety, initial and sign where indicated.

The witness' name and signature line can be signed by anyone who is witnessing the signature. The witness has no liability and he or she is not responsible for the attested information.

The Self-Attestation form is a triplicate colored form; blue for the member, yellow for the MCO and white to be sent back to the DMAHS. MCO staff or the care manager will indicate the disposition on the form and return the yellow copy to DMAHS within 5 days after their visit with the member. Should the member require additional time to review and complete the form, the blue and white form will be left with the member along with a self-addressed stamped envelope. The member (or their representative) must complete this form and return it to DMAHS - County Operations Unit within 10 business days. Listed below is where the form can be faxed or sent via regular mail. If this form is not received within 10 business days, the member's local Eligibility Determining Agency (EDA) will contact the member to initiate the five year look-back process. A member is not financially eligible for MLTSS until either the self-attestation or the five year look-back process is completed.

If you have any questions about this process please call the Medicaid Hotline at 1-800-356-1561.

The completed form may be sent via: mail to DMAHS – Attn: County Operations, PO Box 712, Mail Code 32, Trenton, NJ 08625 or; fax to DMAHS - Attn: County Operations at 609-588-2742.