N.J.A.C. 10:69

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 69. AFDC-RELATED MEDICAID

Title 10, Chapter 69 -- Chapter Notes

Statutory Authority

CHAPTER AUTHORITY:

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

History

CHAPTER SOURCE AND EFFECTIVE DATE:

Effective: July 15, 2024.

See: 56 N.J.R. 1718(a).

CHAPTER HISTORICAL NOTE:

Chapter 69, Reimbursement to Pharmaceutical Consultants in Long-Term Care Facilities, was adopted as R.1976 d.6, effective January 9, 1976. See: 7 N.J.R. 504(a), 8 N.J.R. 70(c).

Chapter 69, Reimbursement to Pharmaceutical Consultants in Long-Term Care Facilities, was repealed by Emergency Repeal R.1976 d.216, effective July 12, 1976. See: 8 N.J.R. 385(c).

Chapter 69, Hearing Aid Assistance to the Aged and Disabled, was adopted as new rules by R.1988 d.250, effective June 6, 1988. See: 20 N.J.R. 519(a), 20 N.J.R. 1220(a).

Pursuant to Executive Order No. 66(1978), Chapter 69, Hearing Aid Assistance to the Aged and Disabled, was readopted as R.1993 d.281, effective May 14, 1993. See: 25 N.J.R. 228(a), 25 N.J.R. 2589(a).

Pursuant to Reorganization Plan No. 001-1996, Chapter 69, Hearing Aid Assistance to the Aged and Disabled, was recodified as N.J.A.C. 8:83B, effective October 15, 1997. See: 29 N.J.R. 4679(a).

Chapter 69, AFDC-related Medicaid, was adopted as new rules by R.1999 d.233, effective July 19, 1999. See: 31 N.J.R. 1009(a), 31 N.J.R. 1960(a).

Subchapter 11, Resources, was repealed and Subchapter 11, Resources, was adopted as special new rules by R.2000 d.411, effective September 12, 2000 (to expire March 12, 2001). See: 32 N.J.R. 3598(a). Subchapter 11, Resources, was repealed and Subchapter 11, Resources was adopted as a new rules by R.2001 d.123, effective March 12, 2001. See: 32 N.J.R. 3598(a), 33 N.J.R. 1123(c).

Subchapter 12, Presumptive Eligibility for AFDC-Related Medicaid Children was adopted as new rules by R.2000 d.266, effective July 3, 2000. See: *32 N.J.R. 159(a)*, *32 N.J.R. 2493(a)*.

Chapter 69, AFDC-Related Medicaid, was readopted as R.2005 d.64, effective January 15, 2005. See: *36 N.J.R. 3622(a)*, *37 N.J.R. 646(a)*.

Chapter 69, AFDC-Related Medicaid, was readopted as R.2010 d.152, effective June 22, 2010. See: *42 N.J.R. 665(a)*, *42 N.J.R. 1607(a)*.

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 69, AFDC-Related Medicaid, was scheduled to expire on June 22, 2017. See: *43 N.J.R. 1203(a)*.

Chapter 69, AFDC-Related Medicaid, was readopted as R.2017 d.209, effective October 31, 2017. As a part of R.2017 d.209, Subchapter 6, Complaints, Hearings and Administrative Reviews, was renamed Complaints, Hearings, and Administrative Reviews, effective December 4, 2017. See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

Chapter 69, AFDC-Related Medicaid, was readopted, effective July 15, 2024. See: Source and Effective Date.

Chapter 69, AFDC-Related Medicaid, was updated by administrative change, effective November 4, 2024, to change all references to county welfare agencies (CWA) and county welfare boards to county social service agencies (CSSA) and county social services boards, respectively. See: *56 N.J.R. 2299(a)*.

Annotations

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Research References & Practice Aids

CHAPTER EXPIRATION DATE:

Chapter 69, AFDC-Related Medicaid, expires on July 15, 2031.

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N.J.A.C. 10:69-1.1

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§ 10:69-1.1 Background

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Public Law 104-193, enacted August 22, 1996, implemented Federal welfare reform. The new Federal law eliminated the Aid to Families with Dependent Children (AFDC) program and created a Temporary Assistance for Needy Families (TANF) block grant for states to provide time-limited cash assistance. New Jersey's block grant program is established as Work First New Jersey (WFNJ) in accordance with the Work First New Jersey Act, P.L. 1997, c.13, c.14, c.37 and c.38. P.L. 104-193 also required that the regulations governing a state's eligibility for AFDC-related Medicaid in effect in the State as of July 16, 1996, must continue to determine eligibility for AFDC-related Medicaid. This chapter is the continuation of the appropriate AFDC-related Medicaid rules.

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N.J.A.C. 10:69-1.2

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§ 10:69-1.2 Purpose and scope

The purpose of this chapter is to set forth the policies and procedures necessary for the orderly and equitable provision of AFDC-related Medicaid on a Statewide basis. It is binding on the county social service agencies (CSSAs) and enforceable by the Division of Medical Assistance and Health Services (DMAHS). Questions of interpretation shall be resolved by the Division of Medical Assistance and Health Services.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

Substituted "county welfare agencies (CWAs)" for "county boards of social services (CBOSSs)".

Annotations

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N.J.A.C. 10:69-1.3

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§ 10:69-1.3 Administrative organization

(a) The Department of Human Services (Department) is the administrative unit of State government, which has the responsibility for the Medicaid program and is designated under Federal law as the "single State agency."

(b) The Division of Medical Assistance and Health Services (DMAHS) is the administrative unit of the Department responsible for the general policies governing the administration of medical assistance, and for effecting the issuance of rules and administrative bulletins to implement statutory provisions and to coordinate the administration of medical assistance with the Division of Family Development. DMAHS provides for the payment of claims, evaluates health services rendered under the program, maintains administrative liaison with the other Departmental divisions, and establishes incapacity under the AFDC-related Medicaid program.

(c) DMAHS has local Medical Assistance Customer Centers (MACCs) throughout the State. The role of these offices is to act as a liaison with providers of health services; provide information about Medicaid to beneficiaries and members of the community; and provide information about Medicaid to, and cooperate with, appropriate agencies in order to ensure maximum utilization of the services available through the Medicaid program.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

In (a), inserted "(Department)"; in (b), inserted "(DMAHS)", and substituted "DMAHS" for the second occurrence of "The Division of Medical Assistance and Health Services"; and in (c), substituted "DMAHS" for "The Division of Medical Assistance and Health Services" and "Medical Assistance Customer Centers (MACCs)" for "Medicaid District Offices (MDOs)".

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§ 10:69-1.3 Administrative organization

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N.J.A.C. 10:69-1.4

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§ 10:69-1.4 Aid to Families with Dependent Children (AFDC)-related Medicaid

(a) The AFDC-related Medicaid program is a State program with Federal participation. It is designed to make payments to providers for medical care and services on behalf of certain individuals whose income is determined to be inadequate to enable them to secure quality medical care at their own expense.

(b) The AFDC-related Medicaid program is composed of two segments:

1. AFDC-C related Medicaid, through which medical assistance is provided for children and their natural or adoptive parents or certain designated relatives with whom they were living, when they are financially eligible and deprived of parental support and care by reason of death, continued absence, or incapacity of one or both parents; and

2. AFDC-F related Medicaid, through which medical assistance is provided to families with children when both parents are in the home, neither is incapacitated and the principal earner meets the Federal definition of unemployment.

History

HISTORY:

Special amendment, R.2000 d.411, effective September 12, 2000 (to expire March 12, 2001).

See: *32 N.J.R. 3598(a)*.

In (a), substituted "income is" for "resources are" preceding 'determined"; and in (b)3, deleted a reference to resources.

Adopted concurrent proposal, R.2001 d.123, effective March 12, 2001.

See: *32 N.J.R. 3598(a)*, *33 N.J.R. 1123(c)*.

Readopted provisions of R.2000 d.411 without change.

Amended by R.2005 d.64, effective February 22, 2005.

See: *36 N.J.R. 3622(a)*, *37 N.J.R. 646(a)*.

In (b), substituted two segments for three segments in the introductory paragraph and deleted 3.

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

Section was "AFDC-related Medicaid". In (b), substituted "AFDC-related" for "Aid to Families with Dependent Children-related"; and deleted (c).

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N.J.A.C. 10:69-1.5

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§ 10:69-1.5 Definitions

The following words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise.

"Adequate notice" means notice to a client of the county social service agency (CSSA) decision or action, which must state the nature, effective date, factual and legal basis of the decision or action, and the right to a fair hearing.

"Adjusted gross income" means, in self-employment, the net income as determined by subtracting the cost of producing the income from total gross earnings.

"AFDC" means the former Aid to Families with Dependent Children program.

"AFDC-related Medicaid" means medical assistance provided to families who would otherwise qualify for AFDC or deemed to qualify for AFDC if the program were still in existence.

"Agency" means the CSSA.

"Applicant" means parent or parent-person who applies for AFDC-related Medicaid and whose application has not been officially acted upon by the CSSA.

"Application process" means all activity performed by the eligibility staff until there is an official disposition of the application.

"Approved application" means an applicant has been determined to be eligible for AFDC-related Medicaid.

"Authorized representative" means an individual (or organization) whom a client designates orally or in writing to act on his or her behalf, or, in cases of incompetency, the person designated to act for the client.

"Beneficiary" means the family unit of parent(s) or parent-person(s) and child(ren) of eligible age who have been found eligible for AFDC-related Medicaid including any individual who is an eligible member of such family.

"Boarder, roomer, roomer-boarder" means a person, other than a member of an eligible unit, whose acceptance in the household is a business arrangement based upon payment in cash for board, room, or room and board.

"BQC" means the Bureau of Quality Control in the Division of Medical Assistance and Health Services.

"Calculated earned income" means amount of earned income remaining after applicable disregards and deductions have been subtracted from total gross earnings. This is the accountable amount to be used in determining the eligible unit's total income.

"Capacity of a legally responsible relative (LRR) to support" means the amount of contribution to be anticipated from an LRR.

"Caretaker relative" means the legally responsible adult or adults residing with the children for whom the application is being made.

"Carnegie unit" means the credit given for the successful completion of one year's study in one subject in a secondary school. Four Carnegie units per year represents full time attendance.

"Case record" means the official file of forms, chronological narrative, correspondence, and other documents pertinent to the application and eligibility of client case record. It constitutes a complete record which supports the decisions and actions of the CSSA on a case.

"Categorical program" means a program established by the Federal Social Security Act for the purpose of enabling a state to furnish assistance to financially eligible individuals or families who meet specific eligibility requirements.

"Child born of unmarried parents" means a child born to a mother who is not married to the father of such child.

"Child of eligible age" means a child up to the age of 18 or a child up to the age of 19 if a full-time student in a secondary school, or in the equivalent level of vocational or technical training and reasonably expected to complete the program before reaching age 19.

"Client" means an all inclusive term including an applicant or beneficiary of Medicaid.

"Collateral investigations" means contacts with individuals other than members of the applicant's immediate household made with the knowledge and consent of the applicant(s).

"County residence" relates only to identification of the CSSA charged by law with responsibility for the official receipt, registration, and processing of applications, and is not an eligibility requirement and does not limit the opportunity for any person residing in New Jersey to qualify for Medicaid.

"County social service agency (CSSA)" means that agency of county government, that is charged with the responsibility for determining eligibility for public assistance programs, including AFDC-related Medicaid, Temporary Assistance to Needy Families (TANF), the Supplemental Nutrition Assistance Program (SNAP), Medicaid and/or NJ FamilyCare. Depending on the county, the CSSA might be identified as the board of social services, the welfare board, the division of welfare, or the division of social services.

"CSP" means Child Support and Paternity Program.

"CSSA director" means the county social service agency director or staff member to whom he or she has delegated a specified responsibility.

"DCP&P" means the Division of Child Protection and Permanency within DCF. This Division was formerly known as DYFS.

"DDD" means the Division of Developmental Disabilities in the Department of Human Services.

"Denied application" means a determination that, for a specific reason, the applicant is ineligible for AFDC-related Medicaid.

"Department of Children and Families (DCF)" means the New Jersey Department of Children and Families.

"Department of Human Services (DHS)" means the New Jersey Department of Human Services.

"Dependent child" means an eligible child, living in New Jersey with a parent or other enumerated relative.

"Deprivation" means where death, incapacity or continued absence of one or both natural or adoptive parents causes the loss of parental support.

"Desertion" denotes a willful abandonment of duty in violation of a legal obligation; failure to provide support and maintenance or to perform other duties owed to the family members, thus depriving them of care.

"DFD" means the Division of Family Development in the Department of Human Services.

"Dismissed application" means recognition that eligibility need not be considered further because the applicant moved to another state during the application process or cannot be located, or the application was registered in error.

"Disregards" means the amount discounted from income in the AFDC programs according to Federal and/or State regulations. (see N.J.A.C. 10:69-10)

"Division of Employment Services (DES)" means the office within the State Department of Labor responsible for administration of Unemployment Insurance and Temporary Disability Benefits programs.

"Division of Medical Assistance and Health Services" means office within the State Department of Human Services responsible for supervision of the administration of the AFDC-related Medicaid program.

"DMAHS" means Division of Medical Assistance and Health Services.

"DVRS" means the Division of Vocational and Rehabilitation Services in the Department of Human Services.

"Eligible medical institution" means a facility or specified section thereof certified as an approved institution for the purpose of treating acute illness (private or general hospitals) or providing care for the chronically ill (nursing homes or intermediate care facilities).

"Eligible unit" means those family members who apply for and are eligible to receive AFDC-related Medicaid.

"Emancipated" means a child released from the duty to serve and obey his or her parent(s) and having the right to his or her earnings. Emancipation may be expressed or implied from the circumstances.

"Family size" means, in an LRR's household, those persons identified in *N.J.A.C. 10:69-3.31* (members of the eligible unit are not included).

"Financially eligible" means meeting the income standards in this chapter.

"Gross earned income" means the total earnings of members of the eligible unit before applicable disregards and deductions are subtracted.

"Head of household" means the individual who is recognized by other members of the household as having primary responsibility for financial control and direction of the household.

"Health Benefits Identification (HBID) Card" means a permanent, plastic identification card issued to each Medicaid beneficiary. The card is for identification purposes only; providers must verify eligibility in accordance with N.J.A.C. 10:49-2 before they provide services. The front of the card includes the beneficiary's name and a 16-digit card control number (CCN). The back of the card includes a magnetic strip that electronically stores the beneficiary's name and CCN.

"Health Benefits Identification (HBID) Emergency Services Letter" means a letter that contains pertinent information the provider will need to confirm eligibility and submit claims for services rendered to an eligible Medicaid beneficiary prior to the receipt of his or her HBID Card. The letter will include an expiration date indicating when the letter will no longer be acceptable as a substitute for the HBID Card.

"Incapacity" means physical or mental defect, illness or impairment, supported by competent medical testimony, of such a debilitating nature as to reduce substantially or eliminate the parent's ability to support or care for the otherwise eligible child, which is expected to last for a least 30 days.

"Incompetent (certified)" means certified by a court of law as incompetent.

"Inquiry" means any request for information about assistance programs which is not a request for application.

"Institution in New Jersey" means a total facility, or a designated part thereof, that include the following:

1. Hospital--general or special;
2. Nursing facility (NF);
3. Public psychiatric or tuberculosis hospital;
4. Certified section of State operated institution for the mentally retarded; or

5. Intermediate care facility for the mentally retarded (ICF/MR).

"Institution outside New Jersey" means a public or voluntary medical institution which is licensed, certified or approved by the proper authority of the jurisdiction in which the institution is located, so that the costs of care and services provided therein may be paid. Evidence of such license, certification or approval shall be obtained from the Division of Medical Assistance and Health Services.

"Legally responsible relative (LRR)" means a relative held to be legally responsible for the support and care of one or more relatives by the laws of this State, as identified in *N.J.A.C. 10:69-3.31*.

"LRR" means legally responsible relative.

"MACC" means a Medical Assistance Customer Center in the Division of Medical Assistance and Health Services.

"Mandatory payroll deductions" means deductions including, but not limited to, Federal, State, and city withholding taxes; Social Security; Medicare; unemployment compensation taxes; and garnishments as verified by legal document in possession of the employer.

"Medicaid" means a Federal/State program administered by the Division of Medical Assistance and Health Services providing for payment of claims for and evaluation of health services.

"Medicaid Special" means Medicaid coverage available to any dependent child under 21 or an independent child under age 21, who meets the qualifications at N.J.A.C. 10:69-4.

"Needy person" means a person who lacks sufficient income and resources to maintain the AFDC-related Medicaid level of living.

"New application" means the filing of an application request for AFDC-related Medicaid from an individual/family who has never previously requested AFDC-related Medicaid in any county in the State under that program.

"N.J.A.C." means New Jersey Administrative Code.

"Noneligible person" means a person ineligible for AFDC-related Medicaid either due to age, relationship, or for incurring a penalty of ineligibility.

"Official discharge from an institution" means legal discharge of a patient from the institution in which he or she has been confined.

"Ownership of real or personal property" means any and all rights, title or interest, legal or equitable, to such property.

"Parent-minor" means a parent of a child or children who is himself or herself under the age of 18.

"Parent-person" means certain relatives of a child who, in the absence of a natural or adoptive parent, assume parental responsibility.

"Penalty of ineligibility" means when a member(s) of an eligible unit has incurred a penalty for not complying with program requirement(s) and such member(s) is excluded from the eligible unit.

"Pending application" is a general term for application, reapplication, reopened application, or transfer application prior to official disposition.

"Per capita" means an amount equal to one individual's share of the total (allowance, cost, income, etc.).

"Personal interview" means face-to-face discussion between individuals.

"Policy" means guidelines, limited by and consistent with law, which control CSSA and DMAHS staff in carrying out AFDC-related Medicaid programs.

"Primary wage earner" means principal earner and shall be referred to as the principal earner in this chapter.

"Principal earner" means the parent who earned the greater amount of income in the 24-month period immediately preceding the month of application for AFDC-F.

"Reapplication" means a written request for AFDC-related Medicaid by an individual who has previously applied for, but never received, AFDC-related Medicaid under that program in any county in the State.

"Recovery" means the process whereby the CSSA seeks the repayment of AFDC-related Medicaid improperly or properly obtained.

"Redetermination of eligibility" means investigation of all facts and circumstances relating to the beneficiary's application for continuation of AFDC-related Medicaid.

"Referral" means a request from an agency, institution, or individual on behalf of another individual who is interested in applying for AFDC-related Medicaid; or a request from the CSSA to another agency.

"Registration" means the action of the CSSA in creating an official record of and assigning a control number to an application.

"Rejected application" means an inclusive term covering applications which have been denied, dismissed, or withdrawn.

"Release without discharge" means an arrangement under which a patient in an institution is, for a special purpose, permitted to reside outside the institution, and includes extended visit and convalescent leave.

"Reopened application" means a written request for Medicaid by an individual who has previously received AFDC-related Medicaid under that program in any county in the State.

"Request for local administrative review" means any clear expression (oral or written, by letter or otherwise) by a client or his or her authorized representative that he or she wishes to present his or her case in a proceeding before the CSSA director or his or her delegated representative. This is not to be confused with a request for a fair hearing.

"Resident" means a person who is living in the State for other than a temporary purpose and who has no intention of moving from the State.

"Retirement, Survivors and Disability Insurance (RSDI)" means the Federal program administered by the Social Security Administration (SSA) which provides protection to workers and their families against loss or stoppage of earnings resulting from retirement at age 62 or older, death or disability.

"Return to state of origin" designates the desire of a family who has resided in New Jersey for a relatively short period to return to the state from which it came.

"RSDI" means Retirement, Survivors and Disability Insurance.

"Secondary school" means a traditional academic high school or a vocational/technical school of corresponding grade level, up to 12th grade, ranking between a primary school and a college or university.

"Social Security payment" means RSDI benefit.

"Sponsoring adult" means an individual 18 or older, including the applicant or the adult with whom the applicant resides, who may assist in making an application for presumptive eligibility. This definition is used for the application presumptive eligibility only (see N.J.A.C. 10:69-12).

"Spouse" means a husband or wife of a specified individual.

"SSA" means the Social Security Administration.

"SSI" means the Federal Supplemental Security Income Program, including State supplemental payments administered through this program for aged, blind or disabled of any age.

"State institution" means any institutional facility for the mentally ill or retarded, penal institution or veteran's hospital under the jurisdiction of the State of New Jersey.

"Total income" means the sum of all recognized income of the eligible unit, including unearned and calculated earned income.

"Transfer application" means a request for AFDC-related Medicaid for an individual who is presently receiving AFDC-related Medicaid under the same program in another county within the State.

"Vendor payment" means a check drawn to the order of a person or facility for providing goods or services to or for the client, representing payment for such goods or services.

"Withdrawn application" means an oral or written request by an applicant that the CSSA terminate its activity on his or her application.

History

HISTORY:

Amended by R.2000 d.266, effective July 3, 2000.

See: *32 N.J.R. 159(a)*, *32 N.J.R. 2493(a)*.

Added "Caretaker relative" and "Sponsoring adult".

Special amendment, R.2000 d.411, effective September 12, 2000 (to expire March 12, 2001).

See: *32 N.J.R. 3598(a)*.

In "Financially eligible", deleted "and/or resource" preceding "standards"; in "Noneligible person", deleted "excess resources," preceding "age"; and deleted "Available resource", "Exempt resource", and "Potential resource".

Adopted concurrent proposal, R.2001 d.123, effective March 12, 2001.

See: *32 N.J.R. 3598(a)*, *33 N.J.R. 1123(c)*.

Readopted provisions of R.2000 d.411 without change.

Amended by R.2005 d.64, effective February 22, 2005.

See: *36 N.J.R. 3622(a)*, *37 N.J.R. 646(a)*.

Amended "Principal earner".

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

Rewrote the section.

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§ 10:69-2.1 General provisions

(a) Any person who believes he or she and his or her children are eligible for AFDC-related Medicaid shall be given the opportunity to apply without delay. Applicants shall be informed by the CSSA about the eligibility requirements and their rights and obligations in applying for and receiving assistance. The decision to apply rests with the applicant. The applicant has the right to withdraw the application before eligibility or ineligibility has been determined.

(b) CSSA staff shall move with all reasonable speed in accepting, processing, and recommending action on applications for assistance. If an applicant is eligible, a Health Benefits Identification (HBID) Card and/or HBID Emergency Services Letter shall be issued as eligibility is established. The agency's standards of promptness for acting on applications or redetermining eligibility shall not be a basis for delay in granting AFDC-related Medicaid.

(c) This subchapter describes briefly the steps followed by the eligibility determination worker in determining an applicant's eligibility to receive AFDC-related Medicaid.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

In (a), substituted "CWA" for "county board of social services"; and in (b), substituted "CWA" for "County board of social services" and "a Health Benefits Identification (HBID) Card and/or HBID Emergency Services Letter" for "an AFDC-related Medicaid Eligibility Card", and inserted a comma following "processing".

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N.J.A.C. 10:69-2.2

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§ 10:69-2.2 Provisions governing the initial contact

(a) The application process begins with an individual's initial contact with the agency and ends with a decision by the CSSA as to the eligibility for AFDC-related Medicaid. Both the applicant and the eligibility worker have an affirmative responsibility in verifying and documenting eligibility.

(b) Initial contact may be an inquiry, a referral or an application:

1. Inquiry means any request for information about medical assistance programs, which is not a request for an application. A record is necessary only when the inquiry requires follow-up action.

2. Referral means a request from a public or private agency or individual for medical assistance on behalf of another individual. All referrals shall be recorded with appropriate facts, and the disposition noted.

3. Application means a written request for AFDC-related Medicaid by natural or adoptive parent(s), parent-person(s), parent-minor, or responsible person acting on his or her behalf.

(c) There are five types of application:

1. A written request for medical assistance by an individual who has never previously applied under that program in any county in the State;

2. A written request for medical assistance by an individual who has previously applied for, but never received, assistance under that program in any county in the State;

3. A written request for medical assistance by a individual who has previously received assistance under that program in any county in the State, that is, a reopened application;

4. A written request for medical assistance from an individual who is presently receiving AFDC-related Medicaid under the same program in another county in the State; and

5. AFDC-related Medicaid applicants may be eligible for retroactive Medicaid benefits. The eligibility worker shall ask if the family has unpaid medical bills from the three months prior to the month of application and will provide the applicant with appropriate forms.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

In (a), substituted "CWA" for "county board of social services" and "AFDC-related Medicaid" for "Aid to Families with Dependent Children related Medicaid (AFDC-related Medicaid)".

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§ 10:69-2.3 Purpose and scope of first contact

(a) The responsibility of the agency during the initial contact shall include, but not be limited, to:

1. Determining and explaining the medical assistance program for which the client may be eligible and informing the client how and where to apply;

2. Advising individual of general requirements of the application process, for example, the necessity of contacting certain relatives and of certain other collateral contacts with an explanation of the right of the applicant to confidentiality and to be primary source of information. The application form includes a blanket consent statement. The client should be informed that he or she is consenting to have the CSSA contact others by signing this form. The consent statement on the application form authorizes the CSSA to contact such individuals and agencies to confirm the income of the applicant including, but not limited to, family members, the State Division of Taxation, landlords, employers, and banks, or other financial institutions. The eligibility worker shall specifically advise each applicant that by signing the waiver he or she is granting such an authorization. In addition to such oral explanations, the individual shall be provided with the pamphlet, Medicaid Rights and Responsibilities;

3. Advising individual that Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), Pub. L. 101-336, codified as *42 U.S.C. §§ 12101* et seq., prohibit discrimination in determining eligibility for AFDC-related Medicaid;

4. Determining whether the individual does indeed wish to apply with full understanding of the need to verify essential eligibility factors;

5. Taking the application without delay; and

6. Advising a pregnant woman that she may make application for New Jersey Care ... Special Medicaid Programs.

History

HISTORY:

Amended by R.2005 d.64, effective February 22, 2005.

See: *36 N.J.R. 3622(a)*, *37 N.J.R. 646(a)*.

In (a), inserted "and the Americans with Disabilities Act (ADA), Pub. L. 101-336, codified as *42 U.S.C. §§ 12101* et seq." in 3 and deleted "and the requirement for a personal interview" in 4.

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

In (a)2, substituted "CWA" for "county board of social services (CBOSS)", and rewrote the fourth sentence.

Annotations

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End of Document

N.J.A.C. 10:69-2.4

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

§ 10:69-2.4 Completion of forms

(a) The applicant will be fully assisted by the eligibility worker or by any person of his or her choice in completing the Application and Affidavit for AFDC-related Medicaid (PA-1J). Form PA-1J is used to apply for AFDC-related Medicaid.

(b) The applicant's signature(s) and the date of application are required. The PA-1J requires three signatures of the applicant(s). In addition to the first page and the affidavit, the applicant(s), with the exception of non-needy parent-persons who do not request medical assistance for themselves, shall sign a release that authorizes the CSSA to obtain State income tax information.

1. In AFDC-C-related Medicaid, a written application and the authorization to obtain State income tax information is to be signed under oath by the applicant himself or herself or, when the applicant is incapacitated or alleged incompetent (*N.J.A.C. 10:69-3.12(b)*), by someone acting responsibly for him or her.

i. When both parents are in the home, both shall be required to sign the application and the authorization to obtain State income tax information except that if a parent is unavailable to sign the application and the authorization to obtain State income tax information for reasons beyond the family's control, one signature will suffice. In that event, the non-signatory parent shall be required to annex his or her signature as promptly as he or she is available for such purposes.

ii. A non-needy parent-person who does not make application for AFDC-related Medicaid for himself or herself is required to sign the application but is not required to sign the authorization to obtain State income tax information. This exception does not apply to natural or adoptive parents.

2. In AFDC-F, a written application and the authorization to obtain State income tax information shall be completed and signed by both parents. If one parent is unavailable to sign the application, see (b)1i above.

(c) The eligibility worker shall review the application to make sure it is complete and to check any apparent discrepancy or confusion in the information provided by the applicant with him or her, arriving at a resolution if possible in order to process the application.

(d) The application shall be registered immediately and a number assigned in the series designed for the applicable program. A reapplication or reopened application shall be assigned its previous number if within the same county.

History

HISTORY:

Amended by R.2005 d.64, effective February 22, 2005.

See: *36 N.J.R. 3622(a)*, *37 N.J.R. 646(a)*.

In (b), substituted "themselves" for "them" in the introductory paragraph and deleted "and -N" following "in AFDC-F" in 2.

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

In the introductory paragraph of (b), substituted "that" for "which" and "CWA" for "CBOSS".

Annotations

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N.J.A.C. 10:69-2.5

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

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§ 10:69-2.5 Registration of applications

(a) Official registration of an application shall include:

1. Entry in an application register under appropriate classification; and

2. Assignment of a registration number.

(b) Registration shall be completed on the same day application is made, or, if application is made outside the CSSA office, registration shall be completed within three working days.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

In (b), substituted "CWA" for "CBOSS"

Annotations

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N.J.A.C. 10:69-2.6

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

§ 10:69-2.6 Eligibility for AFDC-related Medicaid

(a) Eligibility for AFDC-related Medicaid is based upon certain criteria such as age, relationship, residence in the State, alien status and upon other criteria relevant to each segment.

(b) Eligibility for the AFDC-C-related Medicaid segment is based on financial need and deprivation of parental support and care by reason of mental or physical incapacity, absence or death of one or both parents.

(c) Eligibility for the AFDC-F segment is based on financial need when both parents are in the home, neither is incapacitated and the parent who is the principal earner meets the Federal definition of unemployment.

(d) All AFDC-F clients shall be advised that their eligibility for these segments is based on the fact that there are two parents who are not incapacitated in the home and that, if a parent dies, becomes incapacitated or leaves the household, this fact should be brought to the attention of their eligibility worker so that an application for AFDC-C-related Medicaid and/or referral to SSI can be considered.

(e) Income standards for persons eligible under the AFDC-C-related and-F-related Medicaid appear at *N.J.A.C. 10:69-10.3*.

History

HISTORY:

Special amendment, R.2000 d.411, effective September 12, 2000 (to expire March 12, 2001).

See: *32 N.J.R. 3598(a)*.

In (d), deleted "or other resources" following "insufficient income".

Adopted concurrent proposal, R.2001 d.123, effective March 12, 2001.

See: *32 N.J.R. 3598(a)*, *33 N.J.R. 1123(c)*.

Readopted provisions of R.2000 d.411 without change.

Amended by R.2005 d.64, effective February 22, 2005.

See: *36 N.J.R. 3622(a)*, *37 N.J.R. 646(a)*.

Deleted (d); recodified former (e) and (f) as (d) and (e); deleted references to -N related Medicaid throughout.

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

§ 10:69-2.6 Eligibility for AFDC-related Medicaid

Section was "Eligibility for Aid to Families with Dependent Children (AFDC)-related Medicaid". Rewrote (e).

Annotations

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End of Document

N.J.A.C. 10:69-2.7

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 69. AFDC-RELATED MEDICAID > SUBCHAPTER 2. THE APPLICATION PROCESS

§ 10:69-2.7 Financial need

The eligibility worker shall determine financial eligibility (need) of the eligible family members by Form 105, if appropriate, in accordance with this subchapter.

Annotations

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Chapter Notes

End of Document

N.J.A.C. 10:69-2.8

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

§ 10:69-2.8 Eligibility factors other than need

(a) In verifying eligibility, the eligibility worker shall take whatever action is necessary to assure that all relevant documentation is promptly obtained. The eligibility worker shall assist in obtaining verification documentation if the applicant requests help. The applicant shall cooperate fully consistent with his or her rights including confidentiality and consent.

(b) The eligibility worker shall explain to the applicant that children up to the age of 18 and children 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 reasonably expected to complete the program before reaching age 19 are eligible for AFDC-related Medicaid. Program completion is defined as the day of ceremonial graduation.

(c) The relationship between adoptive parent and child(ren) in AFDC-related Medicaid is as follows:

1. The eligibility worker shall explain to the applicant that in order to apply for AFDC-related Medicaid, he or she shall be either the natural or adoptive parent or eligible to serve as a parent-person of the eligible child(ren). An applicant who is a parent-person has the option of applying either for the child(ren), him or herself as a needy parent-person, or for the entire household. The advantages and disadvantages of each option shall be thoroughly discussed.

2. The eligibility worker shall explain that for the AFDC-F segment, the child(ren) shall be the natural or adoptive child of the two parents who are applying.

3. If not eligible for AFDC-related Medicaid, eligibility for any Medicaid program shall be explored.

(d) Rules concerning Social Security numbers are as follows:

1. The AFDC-related Medicaid applicant shall supply the CSSA with the Social Security number of each member of the eligible unit or apply for a Social Security number for any such person who does not already have one (see (d)3 and 5 below).

2. The eligibility worker shall record, in the appropriate spaces on FAMIS Form 105 and Form PA-1J (Application and Affidavit for AFDC-Medicaid related), the Social Security number of each person who is included in the AFDC-related Medicaid case.

3. The CSSA shall obtain a supply of Social Security Form SS-5, sufficient to accommodate all AFDC-related Medicaid applicants and eligible individuals that do not already have Social Security numbers. Upon application for AFDC-related Medicaid, the applicant shall be required to sign as many SS-5 forms as needed for the eligible family. The eligibility worker shall complete Form SS-5 on the basis of information provided by the applicant. Completed forms shall be forwarded to the county's respective Social Security Administration District Office (SSA/DO). A copy of the SS-5 form shall be retained in the case record, and a copy given to the client if so requested.

i. The eligibility worker shall record in the case record the date upon which Form SS-5 was prepared.

ii. If any applicant refuses to provide or apply for the appropriate Social Security number(s), the CSSA shall declare such person ineligible for AFDC-related Medicaid benefits. The eligibility of that individual shall be terminated in accordance with *N.J.A.C. 10:69-2.15*.

(1) For a "newborn" child, whose birth certificate may not be readily available, the completion time for the SS-5 is extended to the first day of the second month after the birth of the child.

(2) A signed and certified hospital document may be accepted in lieu of a birth certificate, provided that it contains the same information that would appear on a birth certificate, that is, child's name, date of birth, place of birth, mother's name, mother's residence, and father's name.

iii. AFDC-related Medicaid applicants who are legal residents of the United States in accordance with the provisions of the U.S. Citizenship and Immigration Services (USCIS), but not United States citizens, shall have Form PA-55, County Social Service Agency Alien Referral to Social Security (SSA) District Office for Social Security Number Application, processed at the SSA/DO in order to be enumerated.

(1) For enumeration purposes, not all U.S. born individuals are U.S. citizens. These individuals may include former U.S. citizens who are now citizens of another country. Additionally, children of foreign diplomats or other temporary aliens who are born in the U.S. while their parents are in the U.S. are considered citizens of the parents' home country. Such individuals shall not be referred to the SSA/DO unless the individual is a legal U.S. resident as stated above.

(2) Form PA-55 is to be used to refer legal residents of the United States as determined by the U.S. Citizenship and Immigration Services, who are not U.S. citizens, to the SSA/DO. Liaisons in the SSA/DO have been instructed to return the bottom portion of that form to the specified CSSA. For quality control purposes, the bottom portion of Form PA-55 is to be filed in the case record and shall serve as acceptable documentation that the individual has applied for a Social Security number.

(3) Each CSSA is to create a tickler file to monitor the flow of referral forms (PA-55s) and receipts of acknowledgment (bottom portions of Form PA-55). Immediately upon receipt of such acknowledgment, CSSAs shall input the filing date of the SS-5 form on the 105 form, thereby providing tracking for the issuance of Social Security numbers, and file the acknowledgment in the case record.

4. Procedures for verifying Social Security numbers are as follows:

i. The CSSA shall verify the Social Security numbers (SSNs) provided by the eligible family with the Social Security Administration (SSA) by submitting them through FAMIS. Benefits shall not be denied, delayed, or terminated for an otherwise eligible family pending SSN verification. Once the SSNs have been verified, the CSSA shall make a permanent annotation to the case file to prevent unnecessary reverification of the SSN in the future.

5. AFDC-related Medicaid benefits shall not be denied, delayed, or terminated pending issuance or verification of a Social Security number so long as the applicant/beneficiary has complied with the provisions of (d)1 through 4 above.

6. Every applicant for and recipient of Medicaid benefits is required to furnish a valid Social Security number to the CSSA as a condition of eligibility for Medicaid. Any applicant or recipient who does not already have a Social Security number shall be required to apply for same. In addition, (d)2 through 5 above shall apply to Medicaid recipients.

(e) Rules concerning enumeration at birth are as follows:

1. Participating hospitals have entered into an agreement with the New Jersey Department of Health and Senior Services, Bureau of Vital Statistics, to initiate the enumeration process for newborns while the parent is in the hospital at time of the birth. This process is undertaken through a program

implemented by SSA entitled "Hospital Enumeration at Birth Project." This process is for the convenience of the parent and is optional.

2. If the service is available at the hospital and the parent elects to apply, the parent is given Form SSA-2853/0P4, "Message From Social Security," that bears the name of the newborn for whom SSN application has been made and the dated signature of an authorized hospital official.

3. If Form SSA-2853/0P4 contains the identifying information in (e)2 above, it serves as satisfactory verification that the family has applied for a SSN on behalf of the newborn for AFDC-related Medicaid purposes provided that other documentation is available to connect the child to the parent.

4. In instances of "enumeration at birth," the CSSA worker shall not need to complete Form SS-5, "Application for a Social Security Number Card," for the newborn. Block QM/92 on FAMIS Form 105B shall be completed by utilizing the "888" coding option for the infant in such situations.

5. Parents who elect to enumerate their newborn child(ren) through this process are required to furnish the assigned SSN to the CSSA when it is received. The CSSA shall, however, request proof of receipt of the SSN after six months from the child's birth have lapsed or at time of the beneficiary's next redetermination, whichever occurs first. If a SSN has not been assigned to the newborn at that time, then the CSSA shall complete the SS-5 form for such newborn.

6. If the family is unable to provide Form SSA-2853/0P4, then the child shall be enumerated by the CSSA through completion of an SS-5 following current application procedures.

7. CSSAs shall not contact hospitals to verify that a child was enumerated through those facilities.

(f) Rules concerning enumeration of others without a Social Security Number (SSN) are as follows:

1. When an applicant does not have an SSN, the system shall generate a generic identification number beginning with "777."

2. If the applicant has an SSN but the number is not known or an application has been filed and is pending, the system shall generate a generic identification number beginning with "888."

3. The CSSA shall update and/or correct the identification number when proof of receipt of the applicant's SSN is provided or at the time of the client's annual redetermination, whichever is earliest.

History

HISTORY:

Amended by R.2005 d.64, effective February 22, 2005.

See: *36 N.J.R. 3622(a)*, *37 N.J.R. 646(a)*.

In (c), rewrote 2.

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

In (c)1, substituted a comma for "or" following the second occurrence of "child(ren)", and substituted "entire household" for "child(ren) only"; in (d) and (e), substituted "CWA" for "CBOSS" throughout; in the introductory paragraph of (d)3iii, substituted "Citizenship and Immigration Services (USCIS)" for "Immigration and Naturalization Service (INS)" and "Welfare Agency" for "Board of Social Services"; in (d)3iii(2), substituted "U.S. Citizenship and Immigration Services" for "Immigration and Naturalization Service"; in (d)3iii(3) and (e)7, substituted "CWAs" for "CBOSSs"; in (d)4i, inserted a comma following "delayed"; and added (f).

Annotations

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End of Document

N.J.A.C. 10:69-2.9

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

§ 10:69-2.9 Deprivation of parental support in AFCD-C-related Medicaid

(a) Deprivation under AFDC-C-related Medicaid can result from death, incapacity or continued absence of one or both natural or adoptive parents.

(b) The eligibility worker shall inform the applicant of the need to prove the death of the eligible child(ren)'s parent(s) and of the sources available for such documentation (see N.J.A.C. 10:69-3.3).

(c) Physical or mental incapacity of a parent shall be deemed to exist when both parents are in the home and one has a physical or mental defect, illness, or impairment. The incapacity shall be supported by competent medical testimony and must be of such a nature as to reduce substantially or eliminate the parent's ability to support or care for the eligible child and be expected to last for at least 30 days.

1. Evidence of incapacity without need for further development includes:

i. The applicant is receiving benefits not due to age alone under the Supplemental Security Income program (SSI) administered by the Social Security Administration (SSA);

ii. The applicant is receiving Social Security disability insurance benefits as the Federal RSDI program administered by the Social Security Administration; or

iii. The applicant is receiving inpatient care in a medical facility and the attending physician indicates in writing that such care shall be required for at least 30 days.

2. If the applicant claims to be in immediate need and none of the factors in (c)1 above exist, he or she shall be evaluated for AFDC-F.

3. If the applicant receiving AFDC-related Medicaid under the AFDC-F segment is not found to be incapacitated, the CSSA will so notify the applicant promptly of the denial of the application as to incapacity. (See N.J.A.C. 10:69-2.15.) Although the notice will show no grant change as a result of the denial, the applicant nonetheless has a right to a fair hearing.

4. To establish eligibility for persons not covered by (c)1 above, see N.J.A.C. 10:69-3.

5. Where appropriate, the eligibility worker shall review with the applicant the desirability of applying for SSI. The eligibility worker shall explain to the applicant that if he or she decides to apply he or she shall be required to sign Forms PA-30 and PA-30A.

(d) Continued absence of the parent from the home constitutes deprivation of parental support or care. Absence shall be considered continued when it interrupts or terminates the parent's functioning as a provider of maintenance, physical care, or guidance for the child, and the known or indefinite duration of the absence precludes the parent's performance of his or her function in planning for the present support or care of the child. If these conditions exist, the parent may be absent for any reason, and he or she may have left only recently or sometime previously.

1. When information is received that an AFDC-related Medicaid beneficiary and his or her children are "living with" or being "frequently visited" by the allegedly absent parent of one or more of the children,

the CSSA shall immediately commence a comprehensive investigation of the family situation. Such investigation shall include:

i. Checking with appropriate authorities, for example, the Motor Vehicle Commission, the Postal Service, utility and telephone companies, employers, and landlords, to ascertain whether the allegedly absent parent's address is the same as the beneficiary's address;

ii. Obtaining information from collateral sources to determine whether the parent is living at the beneficiary's address, or, if he or she only visits, how often and for how long. (Affidavits of these circumstances or, more importantly, agreements to testify, if necessary, should be obtained.);

iii. Observing the family home (on more than one occasion);

iv. Interviewing both the AFDC-related Medicaid beneficiary and the allegedly absent parent as to the status of their living arrangements, the frequency, duration, and nature of his or her visits to the family home, the present financial arrangements between them, confronting them with the information previously obtained from independent sources, and permitting them an opportunity to admit, deny, contradict or explain any or all of it; and

v. Following up all leads obtained during the interview, to confirm or disprove assertions made during the interview.

2. When the investigation is completed, the CSSA shall determine whether the parent is continually absent. If it is determined that the parent is residing with the eligible unit, such parent is not to be considered continually absent. If it has been determined that the parent is not residing with the eligible unit, in order to establish that such parent is not to be considered continually absent, evidence must exist of the parent's provision of three parental functions: maintenance, physical care, and guidance to the child(ren). Unless all three parental functions are present, the "absent" parent shall be considered continually absent. Evidence supporting the determination of continued absence shall be fully documented in the case record.

3. If the CSSA is convinced that the parent is not absent and the family is no longer eligible for AFDC-C-related Medicaid based on deprivation of parental support or care, the CSSA shall terminate AFDC-related Medicaid. The family shall be evaluated for eligibility for any other Medicaid program before termination. If termination is necessary, the adverse action notice shall give as the reason for the action that the "absent" parent is either living in the home or that his or her presence in the home is such that he or she can no longer be considered to be continually absent therefrom, and cite the appropriate regulations.

(e) When continued absence as defined in (d) above exists, eligibility for AFDC-F Medicaid ceases. The family shall be evaluated for AFDC-C-related Medicaid.

1. In situations where the parent is to be incarcerated, hospitalized, institutionalized or incapacitated for a period beyond 30 days, eligibility for AFDC-F-related Medicaid ceases. The remaining members of the family shall be evaluated for AFDC-C-related Medicaid.

History

HISTORY:

Amended by R.2005 d.64, effective February 22, 2005.

See: *36 N.J.R. 3622(a)*, *37 N.J.R. 646(a)*.

Rewrote (c); in (d), deleted references to -N related Medicaid throughout.

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

Section was "Deprivation of parental support in AFDC-C related Medicaid". In the introductory paragraph of (c), inserted a comma following "illness"; in (c)3, deleted "has been" following the first occurrence of "applicant", and updated the N.J.A.C. reference; in (c)3, the introductory paragraph of (d)1, (d)2, and (d)3, substituted "CWA" for "CBOSS" throughout; in the introductory paragraph of (d), substituted a comma for a semicolon following the first occurrence of "child"; and in (d)1i, substituted "Motor Vehicle Commission" for "Division of Motor Vehicles", and inserted a comma following "employers".

Annotations

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Chapter Notes

End of Document

N.J.A.C. 10:69-2.10

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

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§ 10:69-2.10 Ineligible family members

(a) In addition to those persons who are already not considered to be members of the eligible unit, the following persons shall also not be eligible for Medicaid and shall not be considered to be members of the eligible unit:

1. 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;

2. A person found to have willfully and knowingly fraudulently misrepresented his or her residence in order to obtain means-tested public 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; or

3. Other aliens who are not eligible aliens as defined in N.J.A.C. 10:69-3.9.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: 49 N.J.R. 1789(a), 49 N.J.R. 3729(a).

In (a)3, updated the N.J.A.C. reference.

Annotations

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N.J.A.C. 10:69-2.11

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§ 10:69-2.11 Residence requirement

An applicant for or beneficiary of AFDC-related Medicaid shall reside in New Jersey. Application for benefits should be made to CSSA in the county of residence.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

Rewrote the second sentence.

Annotations

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End of Document

N.J.A.C. 10:69-2.12

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

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§ 10:69-2.12 Support from relatives

(a) The eligibility worker shall explain to applicant(s) that certain relatives must be contacted and evaluated to determine what capacity, if any, they have to contribute to the family's support. (See N.J.A.C. 10:69-3.31 for enumeration of relatives responsible in each program) Eligibility for AFDC-related Medicaid shall not be delayed pending evaluation of legally responsible relatives.

(b) Applicants shall be advised that their entitlement to AFDC-related Medicaid shall not be jeopardized by the unwillingness of legally responsible relatives to provide support.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: 49 N.J.R. 1789(a), 49 N.J.R. 3729(a).

In (a), updated the N.J.A.C. reference, and deleted a period following "program".

Annotations

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Chapter Notes

End of Document

N.J.A.C. 10:69-2.13

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 69. AFDC-RELATED MEDICAID > SUBCHAPTER 2. THE APPLICATION PROCESS

§ 10:69-2.13 Repayment (all segments)

The eligibility worker shall determine from the applicant whether there is a pending claim against any individual, group, or agency on behalf of any member of the eligible unit. If such a non-exempt claim does exist, the applicant shall be advised that the completion of the application form authorizes the CSSA or the DMAHS to seek recovery of paid medical expenses from any recovery received for medical expenses for treatment of a medical condition.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

Inserted a comma following "group", and substituted "CWA" for "CBOSS" and "DMAHS" for "Division of Medical Assistance and Health Services".

Annotations

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N.J.A.C. 10:69-2.14

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

§ 10:69-2.14 Administrative action on application

The eligibility worker shall review all appropriate forms for completeness and accuracy, and give them to his or her supervisor. The supervisor shall examine the forms for consistency of applicant's statements, completion of all necessary information and correct income computations. If acceptable, the supervisor shall indicate his or her approval by signing. If not acceptable, the forms shall be returned to the eligibility worker for correction.

History

HISTORY:

Special amendment, R.2000 d.411, effective September 12, 2000 (to expire March 12, 2001).

See: *32 New Jersey Register 3598(a)*.

Deleted "and resource" following "correct income" in the second sentence.

Adopted concurrent proposal R.2001 d.123, effective March 12, 2001.

See: *32 New Jersey Register 3598(a)*, *33 New Jersey Register 1123(c)*.

Readopted provisions of R.2000 d.411 without change.

Annotations

Notes

Chapter Notes

N.J.A.C. 10:69-2.15

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

§ 10:69-2.15 Notice of approval, disapproval, and pending status and other information to client

(a) If immediate need is not apparent and a decision of approval or disapproval is not reached within 30 days of application, the CSSA shall notify the applicant in writing of this fact and the reason for the delay. If the lack of decision is due to circumstances within the control and knowledge of the applicant, the CSSA shall remind the applicant of the steps he or she must take to enable the CSSA to make a decision. This notice shall include a sentence in Spanish cautioning the client that it relates to his or her eligibility for AFDC-related Medicaid and if he or she does not understand the notice he or she should contact the CSSA. Translations to languages other than Spanish may be prepared based on knowledge of the population served by the CSSA.

(b) When a decision is reached, the applicant shall be notified in writing of this decision (approved or disapproved).

(c) If the application is denied, the notice of disapproval shall meet the requirements in N.J.A.C. 10:69-6. In addition, for an applicant whose application has been denied for any reason other than death, the notification shall include:

1. An explicit statement of the reason for ineligibility;

2. Information about requesting a fair hearing to appeal the decision;

3. Advice concerning the family's right to reapply whenever they believe that their circumstances have changed such that the stated reasons for ineligibility no longer exist; and

4. Information about the Supplemental Nutrition Assistance Program (SNAP) and other potentially available services.

(d) If the application is approved, the client shall be advised in writing:

1. Of the effective date of Medicaid eligibility;

2. That an advance statement shall be sent at least 10 calendar days prior to implementation of any adverse decision affecting future eligibility;

3. Of the client's right to a fair hearing;

4. Of the client's rights and responsibilities under the program for which he or she has been approved (see *N.J.A.C. 10:69-2.2(a)*3 and 2.3(a));

5. Of his or her obligation to report all relevant changes in circumstances, including but not limited to, family size, income, employment, and change in parent-person status;

6. Of the use of the Health Benefits Identification (HBID) Card and/or Health Benefits Emergency Services Letter (see *N.J.A.C. 10:49-2.15*); and

7. That he or she may qualify for a number of additional services which the eligibility worker will describe briefly and explain where to apply for these services.

(e) Notification to a beneficiary whose application has been approved following change of residence from another county shall include a statement that:

1. The beneficiary has been found to be a resident of this county for purposes of Medicaid coverage; and

2. Future determination of eligibility will be made by this CSSA rather than by the CSSA of the county of previous residence.

(f) When the coverage is based on an earnings projection (see *N.J.A.C. 10:69-10.25*), a notice shall be sent advising the client that the coverage will be terminated after the initial calendar month of eligibility unless he or she provides wage verification as required. Such notice shall specify the date by which the verification must be received.

(g) Clients shall also be advised in writing that if he or she is dissatisfied with any action or inaction of the CSSA, he or she may request a hearing. He or she shall be informed of the steps that are to be followed in making such a request in accordance with the requirements in N.J.A.C. 10:69-6.

(h) A client shall be provided a copy of the written application with any attachments upon request.

(i) In any case initially referred by, or known to be receiving assistance or service from, a public health or welfare agency, social service, legal services or other interested agencies, notice of disposition of the case or any aspect in which that organization has been involved shall be sent to such agency with the consent of the client in the following manner:

1. If, after thorough discussion of the medical coverage potentially available and the application requirements, the person definitely declines to apply, the interested agency shall be promptly informed.

2. If the person applies and the application is approved, the interested agency shall be notified as promptly as possible, including the date of Medicaid eligibility.

3. If the person applies and the application is denied, dismissed or withdrawn, the agency shall be promptly informed.

4. The interested agency shall be kept informed of any developments in a case so long as the issue involved is the same or related to the issue about which the agency has expressed interest unless the client withdraws his or her consent.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

Section was "Notice of approval, disapproval and pending status and other information to client". Rewrote the section.

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N.J.A.C. 10:69-2.16

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 69. AFDC-RELATED MEDICAID > SUBCHAPTER 2. THE APPLICATION PROCESS

§ 10:69-2.16 Withdrawal

(a) The agency shall officially recognize the applicant's action through written notification within five working days of the applicant's request for withdrawal.

(b) This notification shall include a statement that the applicant's decision has been recognized and recorded by the agency, that no further action is being taken on his or her application, and a reminder that he or she has the right to reapply at any time.

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N.J.A.C. 10:69-2.17

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 69. AFDC-RELATED MEDICAID > SUBCHAPTER 2. THE APPLICATION PROCESS

§ 10:69-2.17 Dismissal of application when client cannot be located

When it is necessary to dismiss an application because an applicant cannot be located, a notice shall be sent to the person's last known address.

Annotations

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N.J.A.C. 10:69-2.18

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

§ 10:69-2.18 Verification

(a) Verification of facts essential to eligibility is required in all segments of the AFDC-related Medicaid program (see N.J.A.C. 10:69-3.2 through 3.7). The eligibility worker shall verify all income.

1. The CSSA shall try to verify all necessary information within the required time but shall not penalize the client if the CSSA, through no fault of the client, is unable to obtain documentation.

(b) The CSSA shall verify the age of all children for whom application is made and their relationship to the natural or adoptive parent(s) or parent-person(s) with whom they live (see N.J.A.C. 10:69-3.2 through 3.7).

(c) The CSSA shall verify the deprivation factor in AFDC-C-related Medicaid.

1. The death of the parent(s) shall be verified.

2. Incapacity shall be validated through the medical review team's action expressed in Form PA-8.

3. Continued absence shall be verified in accordance with criteria in N.J.A.C. 10:69-3.

(d) The CSSA shall verify school attendance in a school, college, training, or vocational program of dependent children ages 16 to 19 at the time of application as an eligibility criterion of AFDC-related Medicaid (see N.J.A.C. 10:69-10.5(a) and 10.9).

(e) The CSSA shall verify the client's county of residence, whether temporary or permanent (see N.J.A.C. 10:69-3.23).

(f) Earnings may be verified from voucher records or statements in writing submitted by the employed person, subject to additional verification as required by this chapter.

(g) Subsequent to the initial application, verification is required for only those factors of eligibility that are subject to change or for those factors for which the original verification has become questionable.

History

HISTORY:

Special amendment, R.2000 d.411, effective September 12, 2000 (to expire March 12, 2001).

See: 32 N.J.R. 3598(a).

In (a), deleted "and resources" at the end of the second sentence; deleted former (d); and recodified former (e) through (g) as (d) through (f).

Adopted concurrent proposal R.2001 d.123, effective March 12, 2001.

See: 32 N.J.R. 3598(a), 33 N.J.R. 1123(c).

Readopted provisions of R.2000 d.411 without change.

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

Rewrote the section.

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N.J.A.C. 10:69-2.19

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NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 69. AFDC-RELATED MEDICAID > SUBCHAPTER 2. THE APPLICATION PROCESS

§ 10:69-2.19 Use of PA-1C as an application request

(a) Individuals who were admitted to a hospital and were subsequently referred to the CSSA through the use of Form PA-1C, AFDC-related Medicaid Inquiry, may be eligible for AFDC-related Medicaid benefits from the date the PA-1C was completed, provided:

1. Such individual was an inpatient at the time the referral was made;

2. Except for good cause, including, but not limited to, hospitalizations lasting for three or more months, the homebound status of the applicant, the CSSA was unable to schedule a timely application appointment, or the hospital failed to inform the applicant to apply at the CSSA, the individual applies for AFDC-related Medicaid benefits within three months after the referral is made.

i. If the CSSA determines that the individual had good cause for not applying within three months, an extension may be granted for an additional three months.

ii. Newborns of eligible women are deemed to have applied and shall be added to the Medicaid case, effective the date of birth, upon notifying the CSSA of the birth.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

Substituted "CWA" for "CBOSS" throughout; and in (a)2ii, substituted "notifying the CWA of the birth" for "receipt of a valid Form PA-1C".

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N.J.A.C. 10:69-3.1

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 69. AFDC-RELATED MEDICAID > SUBCHAPTER 3. ESTABLISHING PROGRAM ELIGIBILITY IN AFDC-RELATED MEDICAID

§ 10:69-3.1 Establishing eligibility for AFDC-related Medicaid

(a) This subchapter presents in detail the program eligibility factors that must be considered in making determinations related to the AFDC-C and-F segments.

(b) A decision regarding eligibility shall be made within 30 days of application.

History

HISTORY:

Amended by R.2005 d.64, effective February 22, 2005.

See: *36 New Jersey Register 3622(a)*, *37 New Jersey Register 646(a)*.

In (a), deleted a reference to -N.

Annotations

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N.J.A.C. 10:69-3.2

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 69. AFDC-RELATED MEDICAID > SUBCHAPTER 3. ESTABLISHING PROGRAM ELIGIBILITY IN AFDC-RELATED MEDICAID

§ 10:69-3.2 Documentation and recording of program eligibility requirements

Fundamental to the establishment of eligibility for AFDC-related Medicaid is the documentation of eligibility requirements.

Annotations

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N.J.A.C. 10:69-3.3

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

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§ 10:69-3.3 Sources of evidence regarding eligibility

(a) Applicants and beneficiaries are in all instances the primary source of information about themselves and their families. It is the responsibility of the agency to determine eligibility and, as necessary, to secure verification from secondary sources. Such verification information shall be limited to those facts that are essential to establish eligibility and shall be obtained only with the consent of the client. It shall be explained to the client that verification is necessary and lack of consent to obtain it shall make processing of the application eligibility impossible.

(b) The client's statements regarding his or her eligibility are evidence. For purposes of AFDC-related Medicaid, the client's statements must be consistent and certain facts must be documented. The applicant shall be informed that the CSSA needs to document the facts regarding certain eligibility criteria and that this process shall include contacting collateral sources as necessary:

1. Public records are preferred evidence and investigation of these sources shall be exhausted before other sources are used.

2. Sources of collateral evidence to establish eligibility include, but are not limited to, the following: birth, death and marriage certificates, church records, immigration and naturalization papers, census records, school records, military service records, court records, employment records, records of public or private welfare agencies, voting records, medical records, personal records, tax records, and affidavits from knowledgeable persons.

(c) Only evidence to corroborate facts essential to eligibility shall be sought. In determining the relative validity of the sources of evidence in (b), the agency should bear in mind the type and source of document.

(d) Affidavits shall be used only when other sources have failed or have produced inconclusive data. Documentation obtained in this manner shall be taken under oath from a person who has factual knowledge of the relevant circumstances. The affidavit shall show the circumstances under which this person has known the applicant as well as the factual basis of his or her statements relating to the applicable eligibility requirements.

(e) While it is usually desirable to obtain evidence in written form, personal inspection of records by the agency personnel, where permission can be secured, is an acceptable practice and is often quicker and simpler. (See also *N.J.A.C. 10:69-3.5*.)

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

§ 10:69-3.3 Sources of evidence regarding eligibility

In the introductory paragraph of (b), substituted "CWA" for "CBOSS"; and in (b)2, inserted "tax records,".

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N.J.A.C. 10:69-3.4

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 69. AFDC-RELATED MEDICAID > SUBCHAPTER 3. ESTABLISHING PROGRAM ELIGIBILITY IN AFDC-RELATED MEDICAID

§ 10:69-3.4 Verification of income

(a) All beneficiaries of AFDC-related Medicaid must meet the criteria for financial need.

(b) Earned and unearned income verification is as follows:

1. The eligibility worker shall verify, either through examination of pay stubs or with the client's employer, the amount of gross earned income.

2. All unearned income shall be verified by examination of benefit check or by contact with the company or agency granting such benefit. Social Security benefit information verification may be accomplished through the Automated Benefit Information Exchange (ABIE)/ Beneficiary and Earnings Data Exchange (BENDEX) and/or State Verification and Exchange System (SVES) (see *N.J.A.C. 10:69-8.2* concerning SVES).

3. Previous sources of support shall be explored with the applicant.

4. Legally responsible relatives shall be contacted for evaluation of their capacity to support (see *N.J.A.C. 10:69-5.9*).

History

HISTORY:

Special amendment, R.2000 d.411, effective September 12, 2000 (to expire March 12, 2001).

See: *32 New Jersey Register 3598(a)*.

In (b)4, deleted the former introductory paragraph, and deleted (i) designation.

Adopted concurrent proposal R.2001 d.123, effective March 12, 2001.

See: *32 New Jersey Register 3598(a)*, *33 New Jersey Register 1123(c)*.

Readopted provisions of R.2000 d.411 without change.

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§ 10:69-3.4 Verification of income

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N.J.A.C. 10:69-3.5

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NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 69. AFDC-RELATED MEDICAID > SUBCHAPTER 3. ESTABLISHING PROGRAM ELIGIBILITY IN AFDC-RELATED MEDICAID

§ 10:69-3.5 Recording of documentation

All information, written or oral, including sources and methods of documentation, shall be recorded on Form PA-1J, Application and Affidavit for AFDC-related Medicaid and included in the case record. See N.J.A.C. 10:69-7.3 concerning documentation procedures.

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N.J.A.C. 10:69-3.6

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NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 69. AFDC-RELATED MEDICAID > SUBCHAPTER 3. ESTABLISHING PROGRAM ELIGIBILITY IN AFDC-RELATED MEDICAID

§ 10:69-3.6 Issuance of summons or subpoena

(a) When all other means of determining facts and circumstances concerning an application for assistance has been exhausted, the CSSA director may:

1. Issue a subpoena to a third party in the State who has necessary and relevant information and require that pertinent records and other documents be produced for examination; and

2. Administer oaths for the purpose of such examinations.

(b) Action for contempt of court may be initiated when such person fails to obey a subpoena issued by the CSSA director or to testify to facts and circumstances pertinent to the application for assistance.

(c) The refusal of such person to cooperate shall not disqualify applicant.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

In the introductory paragraph of (a), and in (b), substituted "CWA" for "county board of social services".

Annotations

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N.J.A.C. 10:69-3.7

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

§ 10:69-3.7 Eligible unit

(a) The eligible unit shall be comprised of those family members who apply for and are eligible to receive AFDC-related Medicaid. It shall include one or more eligible children unless such child is a beneficiary of SSI or is excluded from the eligible unit in accordance with (c) below.

1. The eligible unit for AFDC-C or -F shall include any blood-related or adoptive brothers and sisters living in the same household and who are otherwise eligible for AFDC-C or -F. This requirement does not apply to stepbrothers or stepsisters.

(b) When a beneficiary of SSI payments is a family member, he or she shall not be included in the eligible unit.

1. When all eligibility factors are present in a two-person family, the individual not receiving SSI benefits shall comprise an eligible unit of one; this applies to a parent as well as to a child; thus, the only eligible individual may be the parent or parent-person, and the appropriate AFDC-related Medicaid eligibility shall be for that individual only.

2. There may be cases in which the beneficiary count shall be one or two adults and no children depending on whether one or both parents are present in the eligible unit.

(c) For families in receipt of AFDC-related Medicaid on October 1, 1992, a child born to the AFDC-related Medicaid parent beneficiary on or after August 1, 1993 shall be included in the eligible unit for the provision of AFDC-related Medicaid.

(d) Any child included in AFDC-related Medicaid eligible unit who subsequently becomes a parent-minor and either establishes his or her own separate AFDC-related Medicaid eligible unit or remains in the eligible unit of the parent or caretaker relative shall be entitled to AFDC-related Medicaid.

(e) An individual who incurs a penalty of ineligibility shall not be included in the eligible unit and his or her needs shall not be taken into account in determining the family's need for AFDC-related Medicaid. (See *N.J.A.C. 10:69-3.14* regarding income of a noneligible parent.)

(f) The term child in AFDC-related Medicaid shall be understood to refer to one or more eligible children residing in the home of the applicant parent(s).

1. The relationship of the child(ren) to the parent or parent-person applying for AFDC-C or the child(ren) to the natural or adoptive parents applying for AFDC -F or -N shall be established by use of documentary or nondocumentary sources of evidence. Some examples of these types of evidence are given in *N.J.A.C. 10:69-3.3(b)*2.

(g) Potential eligibility for other programs is as follows:

1. When applicant family members, including a disabled or blind child, appear to be eligible for other programs (for example, Supplemental Security Income), the advantages and disadvantages of each program shall be explained to the applicant. He or she shall have the right to decide under which program(s) he or she wishes to apply. In the event an applicant parent(s) is found to be eligible for

another program of AFDC-related Medicaid coverage, such parent(s) may nevertheless apply for AFDC-C or-F as appropriate, for the eligible child(ren) only.

History

HISTORY:

Amended by R.2005 d.64, effective February 22, 2005.

See: *36 New Jersey Register 3622(a)*, *37 New Jersey Register 646(a)*.

In (g), deleted 1 and recodified former 2 as 1 and deleted a reference to -N.

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N.J.A.C. 10:69-3.8

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

§ 10:69-3.8 Applicant and eligible unit AFDC-C and-F

(a) The term applicant in AFDC-C refers to the parent(s) or parent-person(s) who makes an affirmative decision to apply for Medicaid or, when the applicant is incapacitated or alleged incompetent, someone acting responsibly for him or her in order to maintain and provide for one or more dependent children of eligible age who are in his or her care or custody (see N.J.A.C. 10:69-2.4(b)1). It may also include the stepparent, at the applicant's option, if the marriage meets the qualifications of N.J.A.C. 10:69-10.33. If the AFDC-C-related Medicaid beneficiary parent marries a non-needy individual on or after October 1, 1992, the AFDC-C beneficiary natural or adoptive parent, the stepparent and that stepparent's own natural or adoptive child(ren) as well as the natural or adoptive AFDC-C beneficiary parent shall be excluded from the eligible unit.

1. When the applicant applying for AFDC-C based on continued absence of a natural or adoptive parent is himself or herself a natural or adoptive parent, he or she must apply for himself or herself and children of eligible age, unless such parent is an SSI beneficiary in which case he or she may apply for the eligible children only (see N.J.A.C. 10:69-3.7).

2. When the applicant in AFDC-C is a parent-person, he or she has the option of applying for himself or herself and the eligible children or only for the eligible children in his or her care and custody.

3. In all AFDC-C cases, an application shall be signed by the adult member(s) or parent-minor (see N.J.A.C. 10:69-3.11(a)) of the unit for which AFDC-related Medicaid coverage is requested.

4. When the AFDC-C child(ren) lives with a parent-person(s), the application shall be executed by the parent-person who shall be the designated payee.

i. A pregnant woman under age 21 should be evaluated for eligibility for Medicaid Special under the criteria established in N.J.A.C. 10:69-12.

ii. A pregnant women who does not qualify for Medicaid Special should be evaluated against the eligibility criteria in N.J.A.C. 10:72. If the applicant meets all the eligibility requirements for the New Jersey Care ... Special Medicaid Programs requirements except for income, the application shall be referred to NJ FamilyCare -- Children's Program (see N.J.A.C. 10:79) for possible eligibility.

iii. Eligibility for AFDC-related Medicaid following the birth of the child is based on the requirements and standard for AFDC-C or-F, whichever is applicable.

(b) The term applicant in AFDC-F refers to natural or adoptive parents, not incapacitated, both of whom shall be required to execute the formal written application unless one such parent is not available for reasons beyond the family's control. This parent shall be required to sign as promptly as he or she is available for such purpose (see N.J.A.C. 10:69-10.36 relevant to companion cases).

(c) To be eligible for AFDC-C, an individual shall be either a citizen of the United States or an eligible alien. (See N.J.A.C. 10:69-3.9 for alien status that may qualify an individual for AFDC-related Medicaid.)

1. Income of those ineligible individuals who are parents of otherwise eligible children shall be considered available to the eligible family and shall be calculated in accordance with the stepparent deeming formula at *N.J.A.C. 10:69-10.33*.

2. Medicaid coverage through AFDC-related Medicaid shall not be granted to an ineligible alien or to aliens admitted as students or visitors. However, United States citizen/eligible alien children of illegal aliens may still be able to receive AFDC-C- or AFDC-F-related Medicaid. The situations described in (c)2i through iii below serve as illustrations of how to determine AFDC-C or-F, status for U.S. citizen/eligible alien children of ineligible aliens.

i. In the case of one ineligible alien parent with U.S. citizen/eligible alien children, the children shall be eligible for Medicaid as AFDC-C due to parental deprivation (one parent is absent). The eligible unit shall consist of the U.S. citizen/eligible alien children. There is no Medicaid eligibility for the ineligible alien parent but his or her income shall be counted as available to the eligible unit in accordance with N.J.A.C. 10:69-10.

ii. If one parent is an eligible alien or U.S. citizen, and qualifies the children for Medicaid as AFDC-F segment, the children and eligible alien/citizen parent shall be eligible for Medicaid under the -F segment. The other parent's income shall be counted as available to the eligible unit in accordance with N.J.A.C. 10:69-10 but he or she is ineligible for Medicaid.

iii. If one or both parents are not eligible aliens or U.S. citizens and the parents do not meet the criteria to qualify the children for Medicaid under the AFDC-F segment, the children may, if otherwise eligible, qualify for NJ FamilyCare Children's Program coverage if they are U.S. citizens/eligible aliens.

History

HISTORY:

Special amendment, R.2000 d.411, effective September 12, 2000 (to expire March 12, 2001).

See: *32 N.J.R. 3598(a)*.

In (c)1, deleted "and resources" following "Income".

Adopted concurrent proposal R.2001 d.123, effective March 12, 2001.

See: *32 N.J.R. 3598(a)*, *33 N.J.R. 1123(c)*.

Readopted provisions of R.2000 d.411 without change.

Amended by R.2005 d.64, effective February 22, 2005.

See: *36 N.J.R. 3622(a)*, *37 N.J.R. 646(a)*.

Rewrote the section.

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

Rewrote the section.

Annotations

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N.J.A.C. 10:69-3.9

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

§ 10:69-3.9 AFDC-related Medicaid citizenship/eligibility requirements

(a) In order to be eligible for the Medicaid program, an individual must be a citizen of the United States, or an alien lawfully admitted for permanent residence, or an alien approved for temporary residence who can be classified as an eligible alien in accordance with this chapter.

1. The term "citizen of the United States" includes persons born in Puerto Rico, Guam, the Virgin Islands, Swains Island, American Samoa, and the Northern Mariana Islands and children born to American citizens outside the U.S. and its outlying possessions pursuant to Section 301 of the Immigration and Nationality Act (*8 U.S.C. § 1401*).

(b) The following aliens if present in the United States prior to August 22, 1996, and if otherwise meeting the eligibility criteria, are entitled to full Medicaid benefits:

1. An alien lawfully admitted for permanent residence;

2. A refugee admitted pursuant to section 207 of the Immigration and Nationality Act;

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

4. An alien whose deportation has been withheld pursuant to section 243 of the Immigration and Nationality Act;

5. An alien who has been granted parole for at least one year by the U.S. Citizenship and Immigration Services (USCIS) pursuant to section 212(d)(5) of the Immigration and Nationality Act;

6. An alien who has been granted conditional entry pursuant to section 203(a)(7) of the Immigration law in effect prior to April 1, 1980;

7. An alien who is granted status as a Cuban or Haitian entrant as defined by section 501(e) of the Refugee Education Assistance Act of 1980;

8. An American Indian born in Canada to whom the provisions of section 289 of the Immigration and Nationality Act apply;

9. A member of an Indian tribe as defined in section 4(e) of the Indian Self-Determination and Education Assistance Act;

10. An alien who is admitted to the United States as an Amerasian immigrant pursuant to section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act of 1988;

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

12. Certain legal aliens who are victims of domestic violence and when there is a substantial connection between the battery or cruelty suffered by an alien and his or her need for Medicaid benefits, subject to certain conditions described below:

i. The alien has been battered or subjected to extreme cruelty in the United States by a spouse or a parent;

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

iii. The alien's child has been battered or subjected to extreme cruelty in the United States by the spouse or the parent of the alien (without the active participation of the alien in the battery or cruelty); or

iv. The alien's child has been battered or subjected to extreme cruelty in the United States by a member of the spouse's or parent's family residing in the same household as the alien and the spouse or parent acquiesced to and the alien did not actively take part in such battery or cruelty.

v. In addition to the conditions described in (b)12i through iv above, if the individual responsible for the battery or cruelty continues to reside in the same household as the individual who was subjected to such battery or cruelty, then the alien shall be ineligible for full Medicaid benefits.

vi. The CSSA shall apply the definitions "battery" and "extreme cruelty" and the standards for determining whether a substantial connection exists between the battery or cruelty and the need for Medicaid as issued by the Attorney General of the United States under his or her sole and unreviewable discretion.

(c) The following aliens entering the United States on or after August 22, 1996, and if otherwise meeting the eligibility criteria, are entitled to Medicaid benefits:

1. An alien lawfully admitted for permanent residence but only after having been present in the United States for five years;

2. A refugee admitted pursuant to section 207 of the Immigration and Nationality Act;

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

4. An alien whose deportation has been withheld pursuant to section 243(h) of the Immigration and Nationality Act;

5. An alien who has been granted parole for at least one year by the U.S. Citizenship and Immigration Services (USCIS) pursuant to section 212(d)(5) of the Immigration and Nationality Act but only after the alien has been present in the United States for five years;

6. An alien who has been granted conditional entry pursuant to section 203(a)(7) of the Immigration law in effect prior to April 1, 1980, but only after the alien has been present in the United States for five years;

7. An alien who is granted status as a Cuban or Haitian entrant pursuant to section 501(e) of the Refugee Education Assistance Act of 1980;

8. An American Indian born in Canada to whom the provisions of section 289 of the Immigration and Nationality Act apply;

9. A member of an Indian tribe as defined in section 4(e) of the Indian Self-Determination and Education Assistance Act;

10. An alien who is admitted to the United States as an Amerasian immigrant pursuant to section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act of 1988;

11. An alien who is honorably discharged or who is on active duty with the United States Armed Forces and his or her spouse and the unmarried dependent children of the alien or spouse; and

12. Certain aliens who are victims of domestic violence as specified in (b)12 above, but only after the alien has been present in the United States for five years.

(d) Any alien who is not an eligible alien as specified in (c) and (d) above, is ineligible for Medicaid benefits. Any such alien is, if a resident of New Jersey and if he or she meets all other Medicaid eligibility requirements, entitled to Medicaid coverage for the treatment of an emergency medical condition only.

1. An emergency medical condition is one of sudden onset that manifests itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

i. Placing the patient's health in serious jeopardy;

ii. Serious impairment to bodily functions; or

iii. Serious dysfunction of any bodily organ or part.

2. An emergency medical condition includes all labor and delivery for a pregnant woman. It does not include routine prenatal or post-partum care.

3. Services related to an organ transplant procedure are not covered under services available for treatment of an emergency medical condition.

(e) Persons claiming to be citizens and eligible aliens shall provide the CSSA with documentation of citizenship or alien status.

(f) As a condition of eligibility, all applicants for AFDC-related Medicaid (except for those applying solely for services related to the treatment of an emergency medical condition) shall provide satisfactory documentation of United States citizenship. When the applicant or other person for whom the application is being made is an alien, the applicant's alien status shall be verified through evidence provided by the applicant with the U.S. Citizenship and Immigration Services (USCIS).

1. The following are acceptable documentation of United States citizenship:

i. A birth certificate;

ii. A religious record of birth recorded in the United States or its territories within three months of birth. The document must show either the date of birth or the individual's age at the time the record was created;

iii. A United States passport (not including limited passports which are issued for periods of less than five years);

iv. Report of Birth Abroad of a Citizen of the U.S. (Form FS-240);

v. U.S. Citizen I.D. Card (USCIS Form-197 or Naturalization Certificate (USCIS Form N-550 or N-570);

vi. Certificate of Citizenship (USCIS Form N-560 or N-561);

vii. Northern Mariana Identification Card (issued by the USCIS to a collectively naturalized citizen of the United States who was born in the United States before November 3, 1986);

viii. American Indian Card with a classification code "KIC" (issued by the USCIS to identify U.S. citizen members of the Texas Band of Kickapoos); or

ix. A contemporaneous hospital record of birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam (on or after April 10, 1899), the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swains Island, or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in any of these jurisdictions.

x. Other documentation allowed in regulation by the Secretary of the U.S. Department of Health and Human Services in compliance with *42 U.S.C. §§ 1396b(i)(22)* and (x).

2. The following sets forth acceptable documentation for eligible aliens:

i. If an applicant presents an expired USCIS document or is unable to present any document demonstrating his or her immigration status, the CSSA shall refer the applicant to the local USCIS district office to obtain evidence of status. If, however, the applicant provides an alien registration number, but no documentation, the CSSA shall file USCIS Form G-845 along with the alien registration number with the local USCIS district office to verify status;

ii. Lawful Permanent Resident-USCIS Form I-551, or for recent arrivals, a temporary I-551 stamp in a foreign passport or on Form I-94;

iii. Refugee-USCIS Form I-94 annotated with stamp showing entry as refugee under section 207 of the Immigration and Nationalization Act and date entry into the United States; USCIS Form I-688B annotated "274a. 12(a)(3)," I-766 annotated "A3," or I-571. Refugees usually adjust to Lawful Permanent Resident status after 12 months in the United States, but for purposes of determining Medicaid eligibility they are considered refugees. Refugees whose status has been adjusted will have USCIS Form I-551 annotated "RE-6," "RE-7," "RE-8" or "RE-9";

iv. Asylees-USCIS From I-94 annotated with a stamp showing grant of asylum under section 208 of the Immigration and Nationality Act, a grant letter from the Asylum Office of the U.S. Citizenship and Immigration Services, Forms-688B annotated "274a. 12(a)(5)" or I-766 annotated "A5";

v. Deportation Withheld-Order of an Immigration Judge showing deportation withheld under section 243(h) of the Immigration and Nationality Act and the date of the grant, or USCIS Form I-688B annotated "274a. 12(a)(10)" or I-766 annotated "A10";

vi. Parole for at Least a Year-USCIS Form I-94 annotated with stamp showing grant of parole under section 212(d)(5) of the Immigration and Nationality Act and a date showing granting of parole for at least a year;

vii. Conditional Entry under Law in Effect before April 1, 1980-USCIS Form I-94 with stamp showing admission under section 203(a)(7) of the Immigration and Nationality Act, refugee-conditional entry, or USCIS Forms I-688B annotated "274a. 12(a)(3)" or I-766 annotated "A3";

viii. Cuban Haitian Entrant-USCIS Form I-94 stamped "Cuban/Haitian Entrant under section 212(d)(5) of the INA";

ix. An American Indian born in Canada-USCIS Form I-551 with code S13 or an unexpired temporary I-551 stamps (with code S13) in a Canadian passport or on Form I-94;

x. A member of certain Federally recognized Indian tribes--a membership card or other tribal document showing membership in tribe is acceptable documentation; or

xi. Amerasian Immigration-USCIS Form I-551 with the code AM1, AM2, or AM3 or passport stamped with an unexpired temporary I-551 showing a code AN6, AM7 or AM8;

3. For aliens subject to the five-year waiting period before eligibility for Medicaid can be established, the date of entry into the United States shall be determined as follows:

i. On USCIS Form I-94, the date of admission should be found on the refugee stamp. If missing, the CSSA should contact the USCIS local district office by filing Form G-845, attaching a copy of the document.

ii. If the alien presents USCIS Form I-688B (Employment Authorization Document), I-766, or I-571 (Refugee Travel Document), the CSSA shall ask the alien to present Form I-94. If that form is not available, the CSSA shall contact the USCIS via the submission of Form G-845, attaching a copy of the documentation presented.

iii. If the alien presents a grant letter or court order, the date of entry shall be derived from the date of the letter or court order. If missing, the CSSA shall contact the USCIS by submitting a Form G-845, attaching a copy of the document presented.

4. For aliens who present themselves as on active duty or honorably discharged from the United States Armed Forces, the following serve as documentation:

i. For discharge status, an original, or notarized copy, of the veteran's discharge papers issued by the branch of service in which the applicant was a member.

ii. For active duty military status, an original, or notarized copy, of the applicant's current orders showing the individual is on full-time duty with the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard (full time National Guard duty does not qualify), or a military identification card (DD Form 2 (active)).

(g) An applicant who declares that he or she is a United States citizen, a national, or an otherwise eligible non-citizen, and who meets all other eligibility requirements, will be approved immediately for benefits and will be given "reasonable opportunity" to submit required documentation of citizenship or qualified alien immigration status.

1. Reasonable opportunity is defined as six months from the time that the applicant declares citizenship or qualified alien status and is informed of the need to provide documentation as long as the applicant is making a good faith effort to submit the documentation. Applicants will be properly noticed during this six-month period in accordance with the following schedule:

i. If, after approximately three months, the applicant has not submitted the required documentation, the eligibility agency shall provide written notice to the client setting forth the specific documentation that is still needed for this applicant to comply with the requirement and advising of the date of the upcoming date of the six-month deadline.

ii. If the applicant(s) have not submitted the required documentation towards the end of the fifth month of the reasonable opportunity period then a timely termination notice shall be sent to the applicant informing them of their termination date, to be effective at the end of the six-month period.

iii. The notices must clearly identify which household members have not complied and for which the adverse action is applicable. The termination notice shall inform the applicant that he or she may re-apply when he or she has secured the required documentation.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

Rewrote the section.

Annotations

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Chapter Notes

N.J.A.C. 10:69-3.10

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

§ 10:69-3.10 Parent in AFDC-C and-F Medicaid segments

(a) In AFDC-C, the term "parent" shall refer to the natural and/or adoptive parent(s) or parent-person(s).

1. By law, in AFDC-C certain relatives shall be recognized as taking the place of a parent. The term "parent-person" is used to designate one or more such relatives who include those of half-blood, those persons of preceding generations denoted by prefixes "grand" and "great," brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, aunt, first cousin, nephew, or niece. Such relative must be one with whom the dependent child is living, in a place of residence in New Jersey maintained by one or more such relatives as his or her or their own home.

i. A home is the family setting maintained or in process of being established as evidenced by assumption and continuation of responsibility for day to day care of the child by the relative with whom the child is living. A home exists so long as the relative exercises responsibility for the care and control of the child, even though either child or the relative is temporarily absent from the customary family setting.

ii. Health Benefit Identification (HBID) Cards and/or HBID Emergency Services Letters can be issued on behalf of child(ren) to persons authorized to act for specified relatives in emergency situations that deprive the child of the care of the relative through whom he or she has been receiving care, for a temporary period necessary to make and carry out plans for the child's continuing care and support.

2. 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.

3. Spouses of any persons named in the groups in (a)1 and 2 above may be considered "parent-persons" even though death or divorce has terminated the marriage.

(b) In AFDC-F, the term "parent" refers to the natural or adoptive parents who have at least one eligible child residing with them who is under age 18 or under age 19 and a full-time student in a secondary school or in the equivalent level of vocational or technical training and is reasonably expected to complete the program before reaching age 19.

History

HISTORY:

Amended by R.2005 d.64, effective February 22, 2005.

See: *36 N.J.R. 3622(a)*, *37 N.J.R. 646(a)*.

Deleted (c).

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

In the introductory paragraph of (a)1, inserted a comma following "nephew"; and in (a)1ii, substituted "Health Benefit Identification (HBID) Cards and/or HBID Emergency Services Letters" for "AFDC-related Medicaid eligibility cards".

Annotations

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Chapter Notes

End of Document

N.J.A.C. 10:69-3.11

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 69. AFDC-RELATED MEDICAID > SUBCHAPTER 3. ESTABLISHING PROGRAM ELIGIBILITY IN AFDC-RELATED MEDICAID

§ 10:69-3.11 Parent-minor in AFDC-related Medicaid

(a) When a parent-minor(s) and the parent-minor's child is residing with his or her natural or adoptive parent(s), income deeming rules apply to determining the eligibility of the parent-minor (see *N.J.A.C. 10:69-3.14*).

(b) When a parent-minor(s) and the parent-minor's child reside with an adult relative other than their natural/adoptive parent(s), or as a separate household, the parent-minor's natural or adoptive parents shall be evaluated as legally responsible relatives in accordance with the provisions of *N.J.A.C. 10:69-3.10*.

(c) When a parent-minor and his or her child(ren) are living in the home of the parent-minor's natural or adoptive parents, or relatives who qualify as parent-persons(s) of the parent-minor, and such parent(s) or parent-persons are themselves eligible for AFDC-related assistance, the eligible family shall consist of the parent-minor, the parent-minor's child, the parent-minor's parent(s) and the parent-minor's brothers and sisters.

Annotations

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End of Document

N.J.A.C. 10:69-3.12

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

§ 10:69-3.12 Circumstances requiring special handling

(a) Circumstances requiring special handling which are not conditions of eligibility include the mental competency of applicant. Any person who applies for assistance shall be presumed to be mentally competent unless there is professional diagnostic evidence to the contrary, or unless there is question regarding competency because of certain observable behavior or reactions.

(b) Criteria for alleged incompetence of an applicant include:

1. Inability or substantial difficulty in giving simple identifying information such as his or her correct name, address, names of members of his or her family, names of persons with whom he or she lives or has frequent association (during the course of the interview references should be made to these previously directed questions and the consistency of the response noted); inability to report in a general way factual information about his or her economic status, his or her education, his or her employment history (if any), and his or her medical history; and

2. Insistence on relating irrelevant information in a way that appears genuinely unbalanced.

(c) If, after considering the client's response according to the criteria in (b) above, the CSSA has reasonable doubt of his or her mental competency (alleged incompetence), the eligibility worker shall accept an application from him or her and immediately refer the case to the social service unit to locate a protective payee.

(d) If any of the following conditions appear to exist in the relationship between parent and child, the case shall immediately be referred to the social service unit that shall contact the Division of Child Protection and Permanency (DCP&P) of the Department of Children and Families for appropriate action. The CSSA shall provide DCP&P with pertinent information as appropriate and shall cooperate in planning and implementing action in the best interest of the child (See also *N.J.A.C. 10:69-9.7*).

1. Physical or sexual abuse or cruel treatment;

2. Exploitation by prostitution or overwork, having the child beg or involving the child in illegal activities; or

3. Neglect as shown by apparent malnutrition or lack of supervision necessary for the health and safety of the child.

(e) The conditions in (d) above shall not affect eligibility of the children to receive AFDC-related Medicaid.

(f) In the event of any indication that the death of a child resulted from abuse or neglect, such matter shall be reported immediately to DCP&P.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

In (c), substituted "CWA" for "CBOSS" and "case" for "care"; rewrote (d); and in (f), substituted "DCP&P" for "DYFS".

Annotations

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End of Document

N.J.A.C. 10:69-3.13

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 69. AFDC-RELATED MEDICAID > SUBCHAPTER 3. ESTABLISHING PROGRAM ELIGIBILITY IN AFDC-RELATED MEDICAID

§ 10:69-3.13 Age requirements

(a) To be considered of eligible age, a child in AFDC-related Medicaid must be under age 18, or under age 19 and a full-time student in a secondary school, or in the equivalent level of vocational or technical training, and is reasonably expected to complete the program before reaching age 19. Program completion is defined as the day of ceremonial graduation. See N.J.A.C. 10:69-10.9 for definitions regarding school attendance.

1. 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 reenter the program.

(b) A child between 18 and 21 years of age residing with an AFDC-related Medicaid beneficiary family who, except for age, would be eligible for inclusion in the grant, may be eligible for Medicaid Special (see N.J.A.C. 10:69-4).

(c) In all segments, when the year of birth can be determined but not the month, July 1 shall be designated to be the birth date. When the month can be determined but not the date, the child shall be eligible until the end of that month.

(d) A beneficiary child cannot be included in the AFDC-related Medicaid eligibility unit in the month after the month in which he or she attains the age when he or she is no longer eligible. Furthermore, a child who attains such age on the first day of the month is not considered to be of eligible age during that month. Additionally, the family ceases to be eligible when the youngest child is no longer of eligible age.

(e) The CSSA shall establish and maintain appropriate administrative controls in all AFDC-related Medicaid cases, identifying those members of the eligible unit who may be rendered ineligible because of age. Specifically in this regard, agency controls shall provide advance identification of children attaining age 18 and/or 19, as appropriate for possible referral for general assistance. Parents approaching age 65 should be alerted to the Supplemental Security Income Program.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: 49 N.J.R. 1789(a), 49 N.J.R. 3729(a).

In the introductory paragraph of (a), inserted a comma following "training"; in the introductory paragraph of (a), and in (b), updated the N.J.A.C. references; and in (e), substituted "CWA" for "county board of social services".

Annotations

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Chapter Notes

End of Document

N.J.A.C. 10:69-3.14

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 69. AFDC-RELATED MEDICAID > SUBCHAPTER 3. ESTABLISHING PROGRAM ELIGIBILITY IN AFDC-RELATED MEDICAID

§ 10:69-3.14 Noneligible persons in the household

When a noneligible individual is living in the household of an eligible unit, a monthly amount shall be recognized as the cost standard for that individual's share of household expenses (see *N.J.A.C. 10:69-10.27*).

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

Updated the N.J.A.C. reference.

Annotations

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N.J.A.C. 10:69-3.15

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

§ 10:69-3.15 Deprivation of parental support or care (AFDC-C)

(a) The statutory definition of "dependent child" sets forth two eligibility factors: economic "need" and "deprivation of parental support or care." These two factors are not identical, and the law requires that both be demonstrated in each case.

(b) "Need" refers to financial eligibility and is determined in accordance with the provisions contained in this chapter.

(c) "Deprivation" is the result of death, physical or mental incapacity, or continued absence from the home of a natural or adoptive parent.

1. A child may be found to be deprived of parental support or care by reason of the documented death of either or both natural or adoptive parent(s).

2. A child may be found to be deprived of parental support or care by reason of the physical or mental incapacity of either or both natural or adoptive parent(s) whether such parent is in the home or is receiving treatment away from home.

(d) The determination of incapacity for persons other than those delineated in *N.J.A.C. 10:69-2.9* is made by the Disability Review Section, Division of Medical Assistance and Health Services, on the basis of medical evidence provided by the eligibility worker. This is done in the following way:

1. Forms DRS-1 (or DRS-1A) and DRS-2 must be completed and forwarded with all pertinent medical and hospital records to the Disability Review Section, Division of Medical Assistance and Health Services. This should be done as quickly as possible and shall be completed within 30 days.

i. Give Form DRS-1 or DRS-1A to applicant to be filled in by his or her physician and returned to the welfare agency. If applicant prefers, the eligibility worker shall send the form with signed release to the doctor. The client should be warned that many physicians might not be as prompt in returning this form by mail as when filling it in the client's presence. When the form is returned, it shall be reviewed for completeness, including the physician's signature.

ii. Complete Form DRS-2 (Medical Social Information Report). This requires full and careful discussion with applicant of the relevant information and possibly a home visit.

(e) The existence of a physical or mental defect, illness, or impairment must be substantiated by current medical information (pertinent within the past three months):

1. This requires evidence of a defect, illness or impairment that is described by an examining physician in such a manner that another physician would reasonably accept the concept that incapacity exists without examining the client.

2. The unsupported opinion of the examining physician that an incapacity exists may, in itself, be accepted. However, material presented under the heading of Social Evaluation and Plan on Form DRS-2 or in other portions of the case record should also be evaluated in demonstrating that incapacity exists.

3. A specific diagnosis is not required.

4. Reports from attending physicians, recognized specialists, hospital or clinic reports or abstracts, photo copies of hospital discharge diagnoses or summaries, objective physical findings, diagnostic studies, and so forth, are all acceptable as supporting material.

(f) The following concern a parent incapacitated by mental defect, illness, or impairment:

1. A medical determination that a parent requires institutional care by reason of a diagnosis of mental incapacity does not affect the eligibility of the family. However, the extent of the "incapacity" and its relationship to the ability of the parent to provide "support or care" shall be determined.

2. It is not necessary for purposes of eligibility of the spouse and child to establish whether the incapacitated parent is competent to manage his or her own affairs since the spouse can be payee for the Health Benefits Identification (HBID) Card. It is probable that in an instance where the mental condition is of such degree as to raise these questions, the parent should apply for disability assistance under SSI.

3. Where the report of the examining physician, institutional or clinic records are available, and appear to provide current data adequate to a determination that "incapacity" exists, these shall be accepted. Whenever, in the judgment of the Disability Review Section, special psychiatric, neurological or psychological examination of testing is necessary or advisable, special consultants or facilities may be used.

(g) The following concern "incapacity" and its relation to employment:

1. When incapacity of a parent persists by reason of a permanent defect, illness or impairment but cannot be considered totally disabling because he or she can do some work, he or she may be considered "incapacitated" when there is evidence to demonstrate that his or her earning ability is limited by reason of the incapacity.

2. Thus, if because of his or her defect, illness, or impairment, he or she can engage only in part-time employment (that is, less than 30 hours per week), or his or her wages (or rate of pay) are less than those of other workers in the same type of work, he or she and any otherwise eligible dependents may be eligible for AFDC-related Medicaid. However, a parent who is found able to engage in full-time employment at normal rate of pay, but whose earnings are insufficient to adequately support his or her dependents, cannot be considered "incapacitated." In this situation, the CSSA shall explore eligibility for AFDC-F.

3. When a parent has been determined "incapacitated" by reason of a temporary defect, illness, or impairment and no residual effects are anticipated upon recovery, such a parent shall be considered no longer "incapacitated" upon statement by the treating physician that he or she is able to resume full-time gainful employment in his or her previous or a similar occupation.

(h) The following concern refusal to undergo diagnostic evaluation, treatment, or related services:

1. In situations where a parent applicant claims to be "incapacitated" but refuses to undergo diagnostic evaluations considered by the Disability Review Section as essential to a determination of his or her "incapacity," the entire family is ineligible for the AFDC-C segment. However, refusal shall not affect the eligibility of his or her spouse and child for AFDC-F.

2. The CSSA shall make every effort to establish the facts of eligibility on the basis of available evidence in spite of the refusal to undergo diagnostic evaluation.

3. If the family is eligible for Medicaid, the parent claiming incapacity shall be included if the incapacity can be established and the agency determines that the refusal is reasonable based on any of the following criteria:

i. The client is fearful of undergoing treatment, although such fear may appear to be unrealistic or emotional in origin or even irrational, if it is intense enough to adversely affect the result of treatment and a physician recommends against it;

ii. The client might suffer loss of a faculty, or the residual use of a remaining faculty, and he or she is unwilling to take the risk;

iii. The client has religious convictions that do not, in his or her judgment, permit him or her to undergo the recommended treatment; or

iv. The resistance to treatment is an element of the defect, illness or impairment itself.

4. An individual cannot be required to undergo treatment as a condition of eligibility.

(i) An incapacitated parent should be advised of services available through the social service unit and in the community.

(j) Payment for medical expenses incurred on behalf of an AFDC-C-related Medicaid (incapacitated) applicant in the determination of initial eligibility shall be the responsibility of the CSSA and made from the administration account. The CSSA shall advise the physician that payment of the fee will be at the applicable rate contained in the schedule of fees for professional and diagnostic services set forth at N.J.A.C. 10:54-9. Transportation for diagnostic evaluations shall be made available.

History

HISTORY:

Amended by R.2005 d.64, effective February 22, 2005.

See: *36 N.J.R. 3622(a)*, *37 N.J.R. 646(a)*.

Deleted references to -N throughout; in (g), rewrote the second sentence in 2.

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

In the introductory paragraph of (d), and in (j), updated the N.J.A.C. reference; in the introductory paragraph of (f), and in (g)2, inserted a comma following "illness"; in (f)2, substituted "Health Benefits Identification (HBID) Card" for "Medicaid card" and "SSI" for "the SSI program"; in (g)2 and (g)3, substituted "full-time" for "full time"; in (g)2, (h)2, and (j), substituted "CWA" for "CBOSS" throughout; and in the introductory paragraph of (h), inserted a comma following "treatment".

Annotations

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Chapter Notes

N.J.A.C. 10:69-3.16

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

§ 10:69-3.16 Continued absence of parent from the home

(a) The CSSA shall make every reasonable effort to locate an absent parent in order to obtain support payments. An absent parent shall be given the opportunity to voluntarily support his or her child, but it shall be explained to both parents that the extent of support shall be established by the court.

(b) Each applicant and beneficiary is required to cooperate in obtaining support and establishing paternity whenever necessary as a condition of eligibility for AFDC-related Medicaid.

(c) "Continued absence from the home" (see *N.J.A.C. 10:69-2.9(d)*) may be for any reason. The following are some of the ways to establish absence:

1. Documentary proof of divorce, pending divorce, or separation agreement (that is, official legal documents, court or attorney records or newspaper accounts) may be indicative of "continued absence from the home" but shall be verified and documented in the case file.

2. A parent shall be considered absent from the home during a period of incarceration. There is a possible situation that a parent whose imprisonment is expected to be of short duration may also be "incapacitated." Where this appears to be so, consideration shall be given to possible eligibility under the "incapacity" factor rather than the "absence" factor.

i. Evidence to substantiate "absence" when a parent is incarcerated in the State penal or correctional institution shall be secured by use of Forms PA-17B and PA-17C. When the "tear sheet" has been returned and the date of release determined, the CSSA shall immediately redetermine the basis of continued eligibility and note it in file.

ii. With regard to the absent parent's incarceration in a county or municipal jail, the CSSA shall need to develop a procedure in cooperation with each jail within its jurisdiction regarding exchange of information both at time of initial AFDC-C application and at time of release of incarcerated parents. PA-17B and PA-17C are not appropriate and shall not be used for local jails. Procedures established by the CSSA with regard to county and municipal jails may vary from a formal procedure to personal telephone contacts or visits, provided the information required is obtained and acceptable to the CSSA. In situations where the absent parent is incarcerated in another county, it is recommended that the CSSA of such county be consulted regarding its method for contacting county and municipal jails and a mutually agreeable decision made as to which county will contact the jail.

3. A parent who is a convicted offender but is permitted to live at home while serving a court-imposed sentence by performing unpaid public work or unpaid community service during the workday is considered absent from the home. The CSSA shall verify such court-imposed sentence and document its findings in the case record prior to case validation.

i. Such parent shall not be eligible for AFDC-related Medicaid benefits.

ii. Income, if any, of such a parent shall be treated in accordance with N.J.A.C. 10:69-10.

iii. For child support and paternity purposes, the family is considered to be intact and is not subject to the CSP process.

4. A parent who has been deported from the United States shall be considered "continuously absent from the home." There must be proof of the deportation by inspection of an official notice or statement in possession of the applicant, or by obtaining written confirmation from the Immigration authorities. The information should include the date and conditions of deportation. The current address of the deported parent and his or her circumstances should also be obtained from the applicant parent, if known, and noted in the eligibility file.

5. A parent who is separated from his or her family because of uniformed service shall not be considered "continuously absent from the home" if such absence is occasioned solely by reason of active uniformed service. If, however, continued absence would exist irrespective of performance of uniformed service (for example, desertion of the family before or after entry into uniformed service or divorce), eligibility for AFDC-C may be established. Such findings shall be noted in the eligibility file.

i. When a parent serving in the uniformed services is not continuously absent from the home, the family may be eligible under the AFDC-F or-segment.

ii. "Uniformed service" is defined to mean the Army, Navy, Air Force, Marine Corps, Coast Guard, Environmental Sciences Services Administration, Public Health Service of the United States, and the National Guard.

6. When a parent is temporarily absent in order to receive treatment for a mental or physical illness, defect or impairment, the family should be considered under the incapacity factor.

7. When the natural parents of a child are not married to each other and one lives apart from the children, a continuing relationship between the parents is not of itself evidence of a continuing relationship with the children. When there is no evidence of a continuing relationship between the absent parent and child(ren), "continuous absence" applies.

(d) The following concern the eligibility of a child born of unmarried parents:

1. The eligibility of a child is not affected by the fact that he or she was born of unmarried parents. The initiation of proceedings to determine paternity and to establish financial responsibility of reputed father shall not be a condition of eligibility.

2. Parents of a child born of unmarried parents are equally responsible for his or her support.

i. A father may voluntarily establish the fact of his paternity and establish with the CSSA the extent of his ability to support his child. Voluntary support payments do not legally establish paternity and cannot be enforced in the absence of legally established paternity. A mother may initiate proceedings to establish paternity and/or gain support from the reputed father. She shall be informed of the advantages to the child of having paternity established legally such as certain inheritance rights and social security benefits (see *N.J.A.C. 10:69-8.4*).

3. Court action may be necessary to establish paternity or to obtain support; in the absence of the mother's willingness to initiate such proceedings, the CSSA cannot refuse to establish Medicaid eligibility but may initiate proceedings. This provision shall be fully explained to each applicant mother of a child born of unmarried parents.

4. By law, the CSSA are authorized to initiate proceedings to establish paternity and responsibility for support of a child born of unmarried parents who is a beneficiary of AFDC-related Medicaid. This authority should be used only when neither parent is willing to initiate proceedings. Filiation proceedings should be initiated in the Family Division of Superior Court.

(e) A parent may be considered continuously absent from the home when a condition of desertion is established. A desertion may already be a matter of public record, or may be alleged or presumed.

1. Desertion may be established by verifying that a parent has been convicted of desertion, charged with desertion by indictment or by filing of a complaint with the court or named as defendant in an action for divorce on grounds of desertion. Methods of verification would include records of the county prosecutor's office, juvenile and domestic relations court, municipal court where the complaint was filed, or, in the case of a divorce action documents or records in the possession of the applicant, appropriate court or attorneys.

2. Where desertion has not been established but the applicant alleges that the child for whom he or she is applying has been deserted, the factor of continuing absence by reason of "desertion" shall be considered. The CSSA shall request of the applicant/beneficiary, during the completion of the application, information relating to the deserting parent's whereabouts and ask applicant/beneficiary to acknowledge such desertion. By signing the application, the client attests to the accuracy and verity of his or her statements.

i. The continuing effort to locate absent parents is a responsibility of the CSSA. Since the law permits use of Social Security numbers to aid in location of deserting parents, the CSSA shall make every effort to obtain such information.

(f) A parent shall be considered "continuously absent from the home" when by mutual agreement, not legal action, the parents have informally separated, for example, one parent is out of the home and such absent parent is not exercising responsibility as a member of the household consistent with the definition of "continued absence" although he or she may be making or demonstrating to the CSSA his or her "intent" to make some financial contribution to the family.

(g) The CSSA is charged with the general responsibility of reducing the extent of the beneficiary family's reliance on AFDC-related Medicaid. In striving for this objective, the CSSA shall attempt to effect a resumption of medical support provided to the AFDC-related Medicaid family by the absent parent within the ability of such parent. In cases of absent parent(s) whose whereabouts are unknown, the CSSA will contact the State Parent Locator Service (see N.J.A.C. 10:69-11.9).

1. This is a service to aid and supplement local efforts; the basic obligation for locating parents rests with the county's parent locator service.

History

HISTORY:

Special amendment, R.2000 d.411, effective September 12, 2000 (to expire March 12, 2001).

See: *32 N.J.R. 3598(a)*.

In (c)3, deleted former ii and recodified former iii and iv as ii and iii.

Adopted concurrent proposal R.2001 d.123, effective March 12, 2001.

See: *32 N.J.R. 3598(a)*, *33 N.J.R. 1123(c)*.

Readopted provisions of R.2000 d.411 without change.

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

Rewrote the section.

Annotations

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N.J.A.C. 10:69-3.17

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

§ 10:69-3.17 Work criteria; determination of principal earner

(a) In order to determine qualification for AFDC-F eligibility, a determination shall first be made as to which parent is the principal earner in that family.

1. The "principal earner" or primary wage earner is whichever parent earned the greater amount of income in the 24-month period immediately preceding the month of application for AFDC-F. This designation thereafter shall apply for each consecutive month for which the family receives AFDC-F.

2. When either parent can qualify as the principal earner because both parents earned an identical amount of income in such 24-month period, the principal earner shall be whichever parent earned the greater amount of income in the most recent consecutive six-month period of such 24-month period.

3. If both parents earned an identical amount of income in such six-month period, the CSSA shall designate which parent shall be the principal earner.

(b) AFDC-F segment eligibility for families with both natural or adoptive parents in the home is based on deprivation of parental support to the children in that family due to unemployment of the parent who is designated the principal earner. Form PA-22, Employment Criteria for AFDC-F families, is to be used by the CSSA in determining eligibility for AFDC-F. Form PA-22 may be reproduced by each CSSA. After the initial application, the CSSA shall reexamine Form PA-22 whenever the circumstances surrounding employment in a two-parent household change. To qualify for AFDC-F, the following criteria shall be met.

1. The principal earner has been unemployed for at least 30 days prior to the receipt of public assistance;

i. Unemployed is defined as:

(1) Not working at all;

(2) Working less than 100 hours a month;

(3) Participating in work which exceeds the 100 hour per month standard but is intermittent and the excess hours are of a temporary nature, as evidenced by the fact that the principal earner was under the 100 hours standard for the two prior months and is expected to be under the standard during the next month; or

(4) Regardless of hours worked, the family income is below the applicable cash assistance standard contained in this chapter.

2. The principal earner has not, without good cause, within such 30-day period prior to the receipt of AFDC-related Medicaid, refused a bona fide offer of employment or training for employment;

3. The principal earner has not refused to apply for or accept unemployment compensation for which he or she qualifies;

i. An individual shall be deemed "qualified" for unemployment compensation under the State's unemployment compensation law if he or she would have been eligible to receive such benefits

upon filing application, or he or she performed work not covered by such law which, if it had been covered, would (together with any covered work he or she performed) have made him or her eligible to receive such benefits upon filing application;

ii. The applicant shall also be informed that refusal to apply for or accept unemployment compensation for which he or she qualifies will render the principal earner and the second ineligible for Medicaid; and

4. The principal earner has six or more quarters of work (as described in (b)4i below), no more than four of which may be quarters of work over his or her lifetime as defined in (b)4i(2) below, within any 13 calendar-quarter period ending within one year prior to the application for such aid; or, within such one-year period, received unemployment compensation under an unemployment compensation law of a State or of the United States; or was qualified (see (b)3i above) for such compensation under the State's unemployment compensation law.

i. A "quarter of work" with respect to any individual means a period (of three consecutive calendar months ending on March 31, June 30, September 30, or December 31) in which:

(1) The individual received earned income of not less than $ 50.00;

(2) The individual attended full-time, an elementary school, a secondary school, or a vocational or technical training course that is designed to prepare the individual for gainful employment, or in which such individual participated in an education or training program established under the Job Training Partnership Act, Public Law 97-300; or

(3) The individual participated in the Community Work Experience Program or WIN (Work Incentive Program) prior to October, 1990, or the Job Opportunities and Basic Skills Training Program (JOBS/REACH or FDP in New Jersey).

(c) AFDC-F segment eligibility for families with both natural or adoptive parents in the home when the principal earner does not satisfy the Federal work criteria delineated in (b) above is based on the deprivation of parental support to the children in that family. The following additional sanctions shall apply in AFDC-F segment cases if financial eligibility is the result of voluntary cessation of employment without good cause.

1. If AFDC-F segment financial eligibility is the result of voluntary cessation of employment without good cause including cessation of employment due to inappropriate work habits by either of the applicant parents, regardless of reason, within 90 days prior to the date of application for AFDC-related Medicaid, neither of the parents shall be included in the eligible family. This penalty shall extend for a period of 90 days beginning with the date of the termination of employment. Eligibility shall be considered only for the children in such instances.

i. At the end of the 90-day penalty period, the parents may be granted assistance under AFDC-F as long as other non-financial eligibility requirements are satisfied and financial need exists.

2. If an employed primary wage earner (principal wage earner) voluntarily ceases employment for whatever reason without good cause both parents' needs shall be deleted from the eligible family under AFDC-F.

History

HISTORY:

Special amendment, R.2000 d.411, effective September 12, 2000 (to expire March 12, 2001).

See: *32 N.J.R. 3598(a)*.

In (b), deleted former 3, and recodified former 4 and 5 as 3 and 4, and in the new 4, amended internal references.

§ 10:69-3.17 Work criteria; determination of principal earner

Adopted concurrent proposal R.2001 d.123, effective March 12, 2001.

See: *32 N.J.R. 3598(a)*, *33 N.J.R. 1123(c)*.

Readopted provisions of R.2000 d.411 without change.

Amended by R.2005 d.64, effective February 22, 2005.

See: *36 N.J.R. 3622(a)*, *37 N.J.R. 646(a)*.

Deleted references to -N throughout; in (b)1i, added(4).

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

In (a)3, substituted "CWA" for "CBOSS".

Annotations

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N.J.A.C. 10:69-3.18

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

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§ 10:69-3.18 Residence requirements

The law requires that an applicant for or beneficiary of assistance shall reside in New Jersey. Any person who responds affirmatively to the question on the application "Do you plan to continue living in New Jersey?" fulfills this requirement. The requirement is also satisfied when the person resides in the State having entered with a job commitment or is seeking employment even if he or she is currently unemployed.

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N.J.A.C. 10:69-3.19

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

§ 10:69-3.19 Temporary absence from State

(a) A beneficiary family may leave the State for up to a one-month period with no resultant effect upon Medicaid eligibility. If absence from the State shall exceed or is anticipated to exceed the one-month period, the family shall immediately notify the CSSA in order to request continuation of Medicaid for a three-month period following the month of departure, or any portion thereof. Such notice of intent to temporarily leave the State and request to continue Medicaid should be given to the CSSA as far in advance of a planned absence as possible. Approval of such Medicaid continuation may be granted by the CSSA quarterly for a period not to exceed one year. Authorization for extension of assistance beyond one year requires approval of the DMAHS.

(b) Upon establishment of the fact that the beneficiary family still considers its permanent residence to be New Jersey and that it plans to return thereto, continuation of Medicaid may be granted for the following reason(s):

1. Ill health;
2. Inability to travel of one or more members;
3. Mental or physical welfare; or
4. Family responsibility (for example, settling affairs of deceased).

(c) Medicaid coverage shall not be automatically continued without inquiry with respect to a beneficiary family that leaves New Jersey when there has been no information provided to the agency establishing that the absence is purely temporary. All beneficiary families shall be advised that it is their responsibility to notify the CSSA personally or in writing and arrange in advance, so far as possible, for any plan to leave New Jersey for any period in excess of one month if they wish Medicaid coverage to be continued during absence from the State. The decision whether or not to leave New Jersey, whether it is for permanent removal or temporary absence, shall rest with the beneficiary family and does not require official approval or disapproval by the agency.

(d) Whenever a beneficiary family wishes to leave New Jersey either to establish a permanent place of abode or for a temporary visit, they shall be advised of the effects of this plan on their eligibility for continued Medicaid during the temporary absence.

(e) If a beneficiary family has left the State without notifying the agency of the nature, purpose, and expected duration of such absence, the CSSA will make every effort to inform the family in writing of the information required to termination of their Medicaid coverage. This notice shall include a sentence in Spanish cautioning the client that inaction may jeopardize continued AFDC-related Medicaid and that if they do not understand it they should get help. Upon receipt of such information from the beneficiary family or a collateral source, Medicaid may be continued if deemed necessary by the CSSA. Medicaid eligibility shall continue issued until the CSSA has determined whether the beneficiary has or has not abandoned State residency, in accordance with N.J.A.C. 10:69-3.23.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

In (a), (c), and (e), substituted "CWA" for "CBOSS" throughout; and in (a), substituted "one-month" for "one month" and "DMAHS" for "Division of Medical Assistance and Health Services", and substituted the first occurrence of "CWA" for "county board of social services".

Annotations

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N.J.A.C. 10:69-3.20

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

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§ 10:69-3.20 Management of out-of-State case records

(a) The CSSA shall maintain an up-to-date record of all cases of beneficiaries approved to receive Medicaid while out of the State.

(b) There shall be monthly supervisory review of the status of these cases to assure that the Health Benefits Identification (HBID) Card does not indicate active eligibility beyond the period for which approval has been given, unless and until extension of continued Medicaid coverage is approved.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

In (a), substituted "CWA" for "CBOSS"; and rewrote (b).

Annotations

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N.J.A.C. 10:69-3.21

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

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§ 10:69-3.21 Abandonment of State residence

Medicaid coverage shall not be provided to beneficiaries who abandon State residence by both terminating any actual place of abode in New Jersey and establishing an actual place of abode in another state with apparent intent to remain permanently absent from New Jersey. Abandonment shall also encompass situations of prolonged absence from New Jersey for an indefinite period for purpose other than temporary visit, and shall be reason for termination of eligibility. Under circumstances delineated above, timely notice need not be provided to the beneficiary, in accordance with *N.J.A.C. 10:69-6.12(a)*.

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N.J.A.C. 10:69-3.22

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

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§ 10:69-3.22 Notice of termination

Beneficiaries who are receiving AFDC-related Medicaid coverage out-of-State shall be afforded the same full advance notice including information about their right to a fair hearing in accordance with N.J.A.C. 10:69-6. A copy of any such notice shall be sent to any out-of-State agency with which there has been communication regarding the case.

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N.J.A.C. 10:69-3.23

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§ 10:69-3.23 County residence for identification

(a) Residence in a county is not an eligibility requirement. A county of residence is necessary to identify which CSSA is legally responsible for receipt, registration, and processing an application and for issuance of a Health Benefits Identification (HBID) Card and/or HBID Emergency Services Letter, but shall not preclude or limit the opportunity for any person residing in New Jersey to apply for and receive Medicaid coverage without delay.

(b) Wherever a family is living shall be considered that family's county residence. When a beneficiary family, or any member thereof, goes to another county or state for the purpose of a temporary visit, that county or state shall not become the family's residence unless *N.J.A.C. 10:69-3.24* applies.

(c) A care facility or a public or private institution of custodial, curative, or penal character shall not be considered an individual's customary residence. Upon leaving such facility, the individual retains the same residence status that he or she had prior to admission. If the family moved during that individual's absence from the home, the county residence shall be that of the family.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

Rewrote (a); and in (b), substituted "the family's" for "their", and updated the N.J.A.C. reference.

Annotations

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N.J.A.C. 10:69-3.24

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

§ 10:69-3.24 Change of county residence

(a) Responsibility for AFDC-related Medicaid, and Medicaid extension case management and payment, shall be transferred from one county to the other when a beneficiary family moves to another county.

(b) A temporary visit by either the beneficiary family or any member thereof shall not be considered to be a change of county residence until that visit has continued for more than a three-month period (see N.J.A.C. 10:69-3.28 and 3.30).

1. Whenever it is determined that a beneficiary family whose application has not been validated has changed or is planning to change its residence from one county to another, the CSSA of origin shall continue assistance while completing the validation, subject to the time limits set forth in N.J.A.C. 10:69-2.15, then transfer the case without delay to the receiving county.

2. Whenever it is determined that a beneficiary family whose application has been validated is planning to change its residence from one county to another, it shall be the responsibility of the CSSA directors of the two counties concerned to effect the transfer without interruption of Medicaid coverage.

3. The county of origin shall initiate and the receiving county shall, on request, immediately cooperate in accomplishing a full investigation of the circumstances surrounding the move. If the move is permanent, each county shall execute its respective responsibilities in accordance with this paragraph.

i. The county of origin has the responsibility to:

(1) Transfer, within five working days from the date it is notified of the actual move, a copy of pertinent case material to the receiving county. Such material shall include, at a minimum, a copy of the first application and the most recent PA-1J form; the most recent 105A and B forms; Social Security numbers or copies of SS-5 forms; all birth verifications; and, where ongoing recovery of overpayments is involved, the amounts and net balances;

(2) Forward promptly to the receiving county copies of any other material mutually identified as necessary for case administration; and

(3) Instruct the client to contact the receiving county immediately to arrange for filing an application to transfer the Medicaid coverage.

ii. The receiving county has, except as noted in N.J.A.C. 10:69-7.6, the responsibility to:

(1) Communicate with the client if case material is received prior to client contact and the client's new address is known. Such communication shall invite the client to make application to ensure receipt of uninterrupted Medicaid coverage;

(2) Grant Medicaid coverage (provided application to transfer has been made) for the next month if initial case material has been received before the 10th of the month;

(3) Grant Medicaid coverage (provided application to transfer has been made) for the second month after the month of initial receipt of case records when such records are received on or after the 10th of the month; and

(4) Notify immediately the county of origin of the date case records were received and the date Medicaid coverage shall be granted.

iii. The welfare of the clients shall not be adversely affected and disagreement or other administrative difficulty between the counties shall not prejudice their right to uninterrupted Medicaid coverage. Any adverse action resulting from transfer requires timely notice (see N.J.A.C. 10:69-6). If the receiving county is unable to verify eligibility within prescribed time limits, as stated in (b)3ii(2) or (3) above, it shall accept case responsibility in accordance with (b)3ii above and grant Medicaid coverage until such verification is completed (see N.J.A.C. 10:69-3).

iv. When a change in residence results in loss of Medicaid coverage, the receiving county shall send timely notice of such change to the client and a copy to the county of origin consistent with the requirements of N.J.A.C. 10:69-6. It is the receiving county's responsibility to send adverse notice, when necessary, after determining the client's circumstances following the change in county residence. In the event of a request for a fair hearing within 15 days of the mailing of such notice, the county of origin shall be notified and shall be responsible for Medicaid coverage pending the fair hearing.

(1) Whenever the beneficiary is entitled to receive Medicaid until the final hearing decision, the county of origin shall issue the Health Benefits Identification (HBID) Card and/or HBID Emergency Services Letter until the decision is rendered. The receiving county shall then immediately accept case responsibility.

(c) Those cases that are in Medicaid extension only shall also be transferred to the new county of residence when the family moves from the county of origin in the same manner as active AFDC-related Medicaid cases. The procedures established at *N.J.A.C. 10:69-3.26(b)* are to be followed when transferring a case in Medicaid extension (see also *N.J.A.C. 10:69-5.13*).

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

In (b)1 and (b)2, substituted "CWA" for "CBOSS"; rewrote (b)3iv1 as (b)3iv(1); and in (c), updated the second N.J.A.C. reference.

Annotations

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N.J.A.C. 10:69-3.25

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

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§ 10:69-3.25 Verification of residence

(a) Verification of residence is necessary to ensure eligibility. Under some circumstances, documentary evidence of residence may not be available.

1. The following are examples of sources of evidence of residence:

i. Landlord's records and rent receipts;

ii. Public utility records and receipts;

iii. Personal property assessment records;

iv. Census records;

v. Records of business or professional people such as grocers, bankers, and physicians with whom applicant has had frequent contact;

vi. Telephone directories;

vii. City directories if maintained on current basis;

viii. Postmarked letters addressed to applicant;

ix. Post office records;

x. School records;

xi. Records of social agencies, public or private;

xii. Employment records; or

xiii. Affidavits of knowledgeable persons that support other recorded evidence or knowledge of CSSA.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

In (a)1xiii, substituted "that" for "which" and "CWA" for "CBOSS".

Annotations

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N.J.A.C. 10:69-3.26

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 69. AFDC-RELATED MEDICAID > SUBCHAPTER 3. ESTABLISHING PROGRAM ELIGIBILITY IN AFDC-RELATED MEDICAID

§ 10:69-3.26 Procedures governing release from State institutions

The procedures provided in this subchapter have been established specifically to govern relationships between the CSSA and the several State institutions. These procedures do not necessarily apply to relationships with local mental hospitals and other institutions. When a CSSA develops other procedures to expedite release of persons from local institutions, it shall submit complete plan material to the Division of Medical Assistance and Health Services for approval prior to granting Medicaid coverage to such persons.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

Substituted "CWA" for "CBOSS" twice.

Annotations

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N.J.A.C. 10:69-3.27

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

§ 10:69-3.27 Release from a State institution

(a) A parent or parent-person who is about to be released from an institutional facility (medical, mental, or correctional) may apply for AFDC-C related Medicaid.

(b) When eligibility has been established, benefits can begin upon release from the institution, providing the parent and child will be living together within 30 days of the date of issuance except in circumstances identified in (b)1 below. This application may be registered and processed up to two months before anticipated date of release.

1. When an applicant parent is being released from an institution for the mentally ill or intellectually disabled, or a correctional facility, no Health Benefits Identification (HBID) Card or HBID Emergency Services Letter shall be issued until the actual release, discharge, or parole is a matter of record and verified by the CSSA, and the applicant is not adjudged or alleged to be mentally incompetent.

(c) A parent or parent-person separated from a dependent child for a period no more than 30 days prior to application, who wishes to maintain an already established home for that child with whom such parent or parent-person customarily resides, may apply for and receive a Health Benefits Identification (HBID) Card or HBID Emergency Services Letter for the child(ren) temporarily absent from the home. In this case, such parent or parent-person must indicate plans to return to the home within two months from the month in which the HBID Card or HBID Emergency Services Letter is initially issued (see *N.J.A.C. 10:69-3.28* through *3.30*).

(d) In the case of the return to the home of a beneficiary family by a parent, parent-person, or spouse in AFDC-C or child of eligible age in any segment, no application for Medicaid is involved.

1. If the individual will return to a home or plans to establish a home with a dependent child in the county receiving the inquiry and appears eligible for Medicaid, the CSSA of that county shall register the application, assist in completion of the plan as necessary, complete the determination of eligibility and be responsible for issuance of the Health Benefits Identification (HBID) Card or HBID Emergency Services Letter (see *N.J.A.C. 10:69-3.24*).

2. If the individual is to return to a home or desires to establish a home with a dependent child in another county, the CSSA receiving the inquiry shall complete an application interview and assist the individual to complete an application form. All information that the applicant can supply shall be obtained and recorded on appropriate case record forms, which shall be forwarded to the county where the family currently resides or is planning to establish a home. The county receiving the application shall process and register the application without delay.

(e) Responsibility for initial planning for the return of a patient to the community rests with the institutional authorities. When AFDC-related Medicaid is necessary and the person appears eligible, the Division of Mental Health and Addiction Services shall coordinate the application with the appropriate CSSA. The Division of Mental Health and Addiction Services shall be responsible for reviewing such referrals to assure that all essential information is assembled, and for expediting the processing of an application by the appropriate CSSA for final determination of eligibility.

1. The institution shall routinely complete the following forms without change, a stock supply of which shall be provided to them by the DMAHS, and shall forward copies to the CSSA along with copies of staff notes pertinent to each case:

i. Form PA-12, Referral by State Mental Institution to AFDC-related Medicaid Agency; and

ii. Form DRS-8, Report of Findings by Psychiatric Diagnostic Group, where appropriate.

2. Persons under the jurisdiction of Division of Developmental Disabilities, Bureau of Field Services, shall be referred directly to the appropriate CSSA.

(f) When a parent is about to be released from a veteran's hospital, the hospital shall make referral in writing, with the knowledge and consent of the veteran, to include the following minimum information: identifying data, the anticipated date of discharge, and a description of any known or tentative living arrangement following discharge.

1. In addition, the hospital shall complete, without charge, the following forms as appropriate;

i. DRS-8, Report of Findings by Diagnostic Group;

ii. Abstract of patient's hospital record, or in absence of abstract;

iii. DRS-1, Examining Physician's Report; and

iv. DRS-1A, Report of Eye Examination.

2. Thereafter, the CSSA shall arrange for an application interview and shall process the application as any other.

(g) The social service staff of the institution shall assist in completing the application in accordance with N.J.A.C. 10:69-2.

1. The social service worker is responsible for prompt investigation to determine initial eligibility, including inquiry regarding any funds held by the institution or other party in a personal account for the applicant. The social service worker shall discuss available services including assistance in locating a suitable living arrangement with the applicant. The social service worker shall not send the completed referral forms to the designated CSSA.

(h) The CSSA shall register cases transferred from Division of Mental Health and Addiction Services within one working day. The CSSA shall determine initial eligibility within 30 days and so inform in writing the social service worker that will coordinate discharge of the client.

(i) A child of eligible age or a spouse of an AFDC-C beneficiary parent who is at home on extended visit or convalescent leave from a State institution is eligible for inclusion in the AFDC-C or-F eligible unit, as appropriate.

History

HISTORY:

Amended by R.2005 d.64, effective February 22, 2005.

See: *36 N.J.R. 3622(a)*, *37 N.J.R. 646(a)*.

In (i), deleted a reference to -N Medicaid.

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

Rewrote the section.

Annotations

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N.J.A.C. 10:69-3.28

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

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§ 10:69-3.28 Temporary absence of a family member

(a) Eligibility for AFDC-related Medicaid may exist during the absence of a child, parent, or parent-person from the home under the circumstances described in *N.J.A.C. 10:69-3.29* and *3.30*. When the absence is foreseeable, the CSSA should make appropriate plans.

1. A parent or caretaker relative who fails to notify the CSSA of the absence of the minor child from the home by the end of the five-day period that begins with the date that it becomes clear to the parent or relative that the minor child shall be absent for more than 180 consecutive days shall be ineligible for benefits for a period of three months from the date the CSSA becomes aware of the beneficiary's failure to notify the agency of the absence, which shall begin with the month following the month in which the absence becomes known.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

Rewrote the section.

Annotations

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N.J.A.C. 10:69-3.29

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

§ 10:69-3.29 Child or parent in an institution

(a) When a child who would be otherwise eligible for AFDC-related Medicaid is out of the home due to voluntary/involuntary placement in an institution, he or she shall be recognized as a member of the eligible unit so long as it is anticipated that he or she will return home within one year from the date of the placement. State only funds shall be used after the minor child has been absent from the home for more than 180 consecutive days.

1. A child whose placement is specified for a period longer than one year shall not be eligible during the entire period of placement. (See N.J.A.C. 10:69-11.5 regarding visits home of seven or more days.)

2. Placement for an unspecified or indeterminate period shall be construed to be for less than one year. Should such period extend beyond one year, the child shall be deleted from the eligible unit at the end of the year.

3. In the case of a new application, eligibility of an institutionalized child shall be based on the specified length of the placement starting from the date the placement began.

(b) The term "parent" as used in (c) below includes both parents and parent-persons.

(c) Rules concerning a parent in an institution are:

1. In AFDC-C, when a parent is absent for diagnostic treatment or care and, even though hospitalized, is able to retain responsibility for supervising a plan for adequate care and control of his or her child(ren), eligibility shall continue so long as necessary to complete recovery but not to exceed three months.

i. When it appears that the absence will continue for more than three months, the case shall be reevaluated relative to the care and protection of the children and approval of the Division of Medical Assistance and Health Services obtained for continued eligibility of the parent.

2. In AFDC-F cases, when a parent is absent from the home due to one of the following conditions, the case shall be immediately reviewed for transfer to AFDC-C if:

i. A parent is hospitalized and such condition will continue for at least 30 days; or

ii. A parent is committed to an institution and such absence will continue for at least 30 days.

History

HISTORY:

Amended by R.2005 d.64, effective February 22, 2005.

See: *36 New Jersey Register 3622(a)*, *37 New Jersey Register 646(a)*.

In (c)2, deleted a reference to -N.

Annotations

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N.J.A.C. 10:69-3.30

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

§ 10:69-3.30 Absence for reasons other than institutional

(a) Temporary absence of a child that has not lasted more than 30 consecutive days does not affect eligibility. When the absence of a child lasts longer than 30 days or it appears that an absence will last longer than 30 days, the CSSA shall review the situation.

1. If it is found that the parent or parent person lacks or will lack both physical custody and responsibility for day to day care of the child and the situation is likely to continue for more than 90 days, the child is no longer eligible for Medicaid coverage. In situations in which the whereabouts of the child is unknown, or the parent or parent-person is precluded from contact, or the time period is otherwise indefinite, the child is no longer eligible for Medicaid coverage.

2. If it is found there is reasonable expectation that the child will return to the home within 90 days, the child remains eligible.

3. The child remains eligible during the time that the review under (a) above is in process, but not longer than 90 days.

4. In unusual situations involving particular hardship, the CSSA may consult with the Division of Medical Assistance and Health Services.

(b) Regarding parent or parent-person, temporary absence of not more than 30 days for whatever reason shall not affect eligibility provided that adequate care and supervision of the child(ren) has been arranged in advance. When necessary, arrangements shall be made by the CSSA regarding changing the receiver of the Health Benefits Identification (HBID) Card or HBID Emergency Services Letter.

1. The CSSA shall obtain approval from the DMAHS for continuing eligibility in unusual situations of temporary absence lasting more than 30 days.

(c) When the entire family unit leaves the State for a temporary visit, the provisions of *N.J.A.C. 10:69-3.19* and *3.20* shall apply.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

Rewrote the section.

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N.J.A.C. 10:69-3.31

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

§ 10:69-3.31 Legally responsible relatives (LRRs)

(a) Certain relatives are legally considered responsible to provide support if financially able and may be a source of income for an AFDC-related Medicaid applicant or beneficiary. The CSSA shall determine the capacity of LRRs to contribute to the support of AFDC-related Medicaid applicants and beneficiaries.

(b) The CSSA director is authorized under specified circumstances to apply to the appropriate court for a support order. In cases where a court order appears to be the only means of insuring consistent and actual support, the applicant/beneficiary may elect to receive from the CSSA the grant for which he or she is eligible and request the CSSA to collect the support payments (see N.J.A.C. 10:69-3.36). The applicant shall be fully informed of these provisions and their impact:

1. The following chart identifies relatives who are recognized as legally responsible under AFDC-related Medicaid:

Legally Responsible Relative	AFDC-related Medicaid Program
Spouse	X
Child under age 55	X
Parent of a child under 18 or of a child over age 18 who is not an AFDC-related Medicaid parent or parent-person	X

(c) All legally responsible relatives shall be contacted in completing the investigation:

1. Regardless of where the relative lives, it is the responsibility of the eligibility worker to obtain the necessary information by the most direct and practical method.

i. The legally responsible relative shall be the primary source of the information required to evaluate his or her capacity to support.

ii. When the evidence submitted by the relative is inadequate or shows a discrepancy, or he or she is unable to submit evidence, he or she shall understand that it shall be necessary for the agency to obtain verification directly from his or her employer, bank and so forth.

(d) Legally responsible relatives shall be reevaluated at least once every 12 months. See N.J.A.C. 10:69-5.3 regarding reevaluation and situations in which contact need not be made.

(e) Priorities of obligations to support legally responsible relative are:

1. A person's obligation to support those relatives for whom he or she is legally responsible takes precedence over voluntarily assumed obligations.

2. Responsibility of a person for the support of his or her own minor children takes priority over any obligations for other relatives.

(f) The eligible unit shall not be eligible for AFDC-related Medicaid when the amount of the legally responsible relative's evaluated capacity to support equals or exceeds his or her adjusted allowance and this support is actually provided to the eligible unit.

1. The LRR's contribution shall be considered available only when there is affirmative and persuasive evidence that such amount or its equivalent in goods or services is in fact provided to members of the eligible unit. (For details see *N.J.A.C. 10:69-3.7*.)

2. When any LRR fails or refuses to provide any portion of his or her contribution the agency shall, within 30 days, take appropriate action in accordance with available procedures to compel contribution in the amount of the adjusted allowance or the evaluated capacity to support, whichever is less.

3. Whenever the LRR fails or refuses to furnish information concerning his or her ability to support members of the eligible unit, it shall be deemed a failure or refusal to provide support as required by law.

i. In such cases the agency shall take appropriate action within 30 days, in accordance with available procedure to secure judicial determination of the LRR's ability to support the eligible unit member(s). Until such determination is made, each LRR shall be considered a potential resource.

4. For a LRR in the home of the eligible unit, see *N.J.A.C. 10:69-3.10*.

(g) When it has been determined by judicial process that a child of an applicant for or beneficiary of AFDC-related Medicaid has been abandoned, deserted or not supported by the applicant or beneficiary during his or her minority, such person is legally excused and relieved of obligation and shall not be considered a legally responsible relative.

(h) When an individual (under the age of 19) who is himself or herself a parent lives in the same home as his or her own parent(s) or legal guardian(s), and the adolescent parent applies for AFDC-C or -F, the income of such parent(s) or legal guardian(s) shall be considered available to the eligible unit in accordance with the deeming provisions of *N.J.A.C. 10:69-10.44*.

History

HISTORY:

Special amendment, R.2000 d.411, effective September 12, 2000 (to expire March 12, 2001).

See: *32 N.J.R. 3598(a)*.

In (d), substituted "12" for "six" following "at least once every" in the first sentence.

Adopted concurrent proposal R.2001 d.123, effective March 12, 2001.

See: *32 N.J.R. 3598(a)*, *33 N.J.R. 1123(c)*.

Readopted provisions of R.2000 d.411 without change.

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

In (a), substituted "CWA" for "CBOSS"; rewrote (b); in (f), substituted "his or her" for "their"; and in (f)4 and (h), updated the N.J.A.C. references.

Annotations

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N.J.A.C. 10:69-3.32

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

§ 10:69-3.32 Support orders for legally responsible relatives

(a) The CSSA director has authority, after due investigation, to direct a legally responsible relative to pay toward the support of an applicant for or beneficiary of AFDC-related Medicaid.

(b) Upon failure of such relative to comply, the director shall so certify in writing to the county court or to the court of juvenile and domestic relations of the county, whereupon such court may, after hearing, "order and adjudge the able relative or other persons responsible for the support of such applicant to pay such sum or to deliver to the court or to the CSSA director such other pledge or guaranty as the circumstances may require in the discretion of the court for each such applicant."

(c) The CSSA may also bring appropriate action in a court of competent jurisdiction to recover any sum of money due for Medicaid coverage given any person under this chapter against any person chargeable by law for the support of such persons.

(d) Where the relative from whom support is sought is a resident of another state and the CSSA is unsuccessful in securing information and/or voluntary contributions commensurate with the evaluated capacity to support, either by direct correspondence or through an appropriate AFDC-related Medicaid agency, the procedures provided in the Uniform Interstate Family Support Act, *N.J.S.A. 2A:4-30.124* et seq., shall apply.

(e) When there is evidence that a relative is failing to comply with the order of the CSSA director, the director shall follow the legal procedure as provided in (b) above. Where there is failure to comply with the order of a court, the CSSA shall consult with the probation department or with the court that placed the order.

(f) With respect to AFDC-C segment, it shall be recognized that the presence of a stepparent in the home does not relieve either natural parent of duty to support a child.

(g) An order to support should not be sought against a reputed father of a child born of unmarried parents until paternity has been judicially established.

(h) The following concern the inability of a legally responsible relative to comply with an order:

1. Where there is evidence that a relative is not able or no longer able to comply with the order of the director, there shall be prompt reevaluation of capacity to support, and the order shall be voided or the amount adjusted, as appropriate.

2. Where such situation is found to exist in respect to a relative under court order to support, the terms of the order cannot be changed except by amendment by the court itself after review. The CSSA will assist in initiating amendment proceedings in such cases.

(i) Where the amount of support actually received, under court order and otherwise, exceeds the per capita share of the income standard for the family size for the individual for whose benefit it is paid, the client shall be informed of the right to choose whether to leave the eligible unit and have the benefit of all the income or

to remain in the eligible unit. All consequences including those with regard to Medicaid shall be clearly and explicitly explained. This provision also applies to other legally designated income (see N.J.A.C. 10:69-10).

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

Rewrote the section.

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N.J.A.C. 10:69-3.33

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

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§ 10:69-3.33 (Reserved)

History

HISTORY:

Special repeal, R.2000 d.411, effective September 12, 2000 (to expire March 12, 2001).

See: *32 New Jersey Register 3598(a)*.

Section was "Assignment or transfer of property".

Adopted concurrent repeal R.2001 d.123, effective March 12, 2001.

See: *32 New Jersey Register 3598(a)*, *33 New Jersey Register 1123(c)*.

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N.J.A.C. 10:69-3.34

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

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§ 10:69-3.34 Liquidation of all debts, claims, interests, settlements, and trust funds

(a) Members of the eligible family shall take all necessary and reasonable action to avail themselves of funds for support from others who owe or may owe money to them or who are holding funds for them. Any funds made available by such action shall be considered as income to the eligible family, except as provided in *N.J.A.C. 10:69-3.36(b)*.

1. When a trust fund exists for a member of the eligible family, the CSSA shall determine whether or not the funds are currently accessible. If accessible, the funds represent a source of funds for support and shall be considered in determining eligibility.

i. When a trust fund is not currently accessible and it exists at the time of application, the client shall, as a condition of eligibility, make a bona fide presentation of a petition to the appropriate court for release of the funds for current and future support. The agency shall assist the client if necessary.

(1) When a trust fund is not currently accessible and came into being during the term of the assistance case, the agency shall present a petition to the appropriate court for release of funds for current and future support. The client shall, as a condition of continuing eligibility, provide whatever cooperation may be necessary in the presentation of the petition.

History

HISTORY:

Special amendment, R.2000 d.411, effective September 12, 2000 (to expire March 12, 2001).

See: *32 N.J.R. 3598(a)*.

Rewrote (a).

Adopted concurrent proposal R.2001 d.123, effective March 12, 2001.

See: *32 N.J.R. 3598(a)*, *33 N.J.R. 1123(c)*.

Readopted provisions of R.2000 d.411 without change.

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

In the introductory paragraph of (a)1, substituted "CWA" for "CBOSS".

Annotations

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N.J.A.C. 10:69-3.35

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

§ 10:69-3.35 Repayment

(a) The CSSA shall, in all circumstances, take appropriate action to recover all AFDC-related Medicaid improperly granted. The action taken shall be in accordance with the appropriate sections of this chapter, N.J.A.C. 10:49, and any other applicable authority.

1. Recoveries of funds applicable to more than one CSSA shall be divided according to the mutual agreement of the directors of the CSSAs involved.

(b) Properly granted AFDC-related Medicaid coverage rules are as follows:

1. Repayment of Medicaid coverage in the AFDC-related Medicaid program (all segments) is required in certain cases in which Medicaid coverage is provided for treatment where another third party is responsible for payment of the medical services. Medicaid coverage is granted while the beneficiary(ies) awaits receipt of funds from some other source (see N.J.A.C. 10:69-3.36).

(c) Rules when agreement to repay is not required are as follows:

1. Agreements to Repay are not to be used in any Medicaid program.

2. Upon signing an application for AFDC-related Medicaid (PA-1J), the applicant or beneficiary automatically assigns all support rights (whether for past due or future support) to the CSSA. The signing of an Agreement to Repay is therefore not required when the pending payment arises from potential entitlement to payment of support from a relative.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: 49 N.J.R. 1789(a), 49 N.J.R. 3729(a).

Rewrote the section.

Annotations

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N.J.A.C. 10:69-3.36

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§ 10:69-3.36 Action by CSSA upon voluntary liquidation

(a) Upon voluntary liquidation of a claim or interest, and the family is currently receiving AFDC-related Medicaid, the CSSA shall evaluate the situation to determine the family's continued eligibility for Medicaid coverage.

(b) Rules on continued eligibility arising from sale of exempt resources (see N.J.A.C. 10:69-11.1 for exempt resources) are as follows:

1. The CSSA shall not terminate eligibility when the proceeds from the sale of an exempt resource are promptly reinvested in another exempt resource of the same type. Funds designated by the client as being reserved for such reinvestment, including any interest accrued during the period, may be held for up to three months, provided the funds are held in escrow or are otherwise unavailable for daily living expenses. The three-month period may be extended upon written approval of the Division of Medical Assistance and Health Services.

History

HISTORY:

Special amendment, R.2000 d.411, effective September 12, 2000 (to expire March 12, 2001).

See: 32 N.J.R. 3598(a).

Rewrote (a); and deleted former (c).

Adopted concurrent proposal R.2001 d.123, effective March 12, 2001.

See: 32 N.J.R. 3598(a), 33 N.J.R. 1123(c).

Readopted provisions of R.2000 d.411 without change.

Amended by R.2017 d.209, effective December 4, 2017.

See: 49 N.J.R. 1789(a), 49 N.J.R. 3729(a).

Section was "Action by CBOSS upon voluntary liquidation". In (a) and (b)1, substituted "CWA" for "CBOSS"; and in the introductory paragraph of (b), updated the N.J.A.C. reference.

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§ 10:69-3.36 Action by CSSA upon voluntary liquidation

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N.J.A.C. 10:69-3.37

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NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 69. AFDC-RELATED MEDICAID > SUBCHAPTER 3. ESTABLISHING PROGRAM ELIGIBILITY IN AFDC-RELATED MEDICAID

§ 10:69-3.37 (Reserved)

History

HISTORY:

Special repeal, R.2000 d.411, effective September 12, 2000 (to expire March 12, 2001).

See: *32 New Jersey Register 3598(a)*.

Section was "Liquidation of nonexempt real property".

Adopted concurrent repeal R.2001 d.123, effective March 12, 2001.

See: *32 New Jersey Register 3598(a)*, *33 New Jersey Register 1123(c)*.

Annotations

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N.J.A.C. 10:69-3.38

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 69. AFDC-RELATED MEDICAID > SUBCHAPTER 3. ESTABLISHING PROGRAM ELIGIBILITY IN AFDC-RELATED MEDICAID

§ 10:69-3.38 Strikers

(a) AFDC-related Medicaid benefits shall not be payable for any month in which any caretaker relative with whom the child is living, is, on the last day of such month, participating in a strike. Additionally, no individual's needs shall be included in determining the amount of AFDC-related Medicaid payable for any month to a family if, on the last day of the month, such individual is participating in a strike.

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.

Annotations

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N.J.A.C. 10:69-4.1

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

§ 10:69-4.1 General provisions

(a) An individual under age 21, who would not have qualified as a dependent child for AFDC-related Medicaid, whether or not he or she lives with his or her parent(s), may be eligible for Medicaid Special.

(b) When the individual lives in the same household as his or her birth or adoptive parent(s), financial eligibility shall in all cases include the parent's(s') income. If applicable, the deemed income of the stepparent shall be included. For the determination of financial eligibility of an individual under the age of 21, he or she shall be considered to be in an eligible family consisting of the applicant, his or her parent(s) and the parent(s) dependent children.

(c) When an individual does not live with his or her birth or adoptive parent(s), eligibility shall be determined for an eligible family of one, considering only the individual's income (see *N.J.A.C. 10:69-4.2(c)* regarding LRRs).

1. An individual under age 21 who would not have qualified as a dependent child for AFDC-related Medicaid shall be evaluated for Medicaid Special in accordance with this subchapter, but without regard to income or resources, if that individual was, at age 18, in foster placement under the supervision of the Division of Youth and Family Services with his or her maintenance paid in whole or in part from public funds. Such individual shall be eligible for medical coverage up to the age of 21.

2. If the individual is married and living with his or her spouse, they shall be considered a family of two and the income of both parties shall be considered.

i. Medicaid coverage shall not be extended to a spouse age 21 or older, although his or her income shall be considered. If the spouse is under 21, both individuals shall be included.

3. College attendance shall be construed as a temporary absence from the home. College students shall be considered to be living with their parent(s), even if away from home during the school year. College students under age 21 who claim permanent residence apart from their parent(s) shall be evaluated in accordance with *N.J.A.C. 10:69-4.3*.

(d) Rules concerning pregnant women under age 21 are as follows:

1. Medicaid Special may be provided to a pregnant woman under age 21 if the pregnant woman meets all the Medicaid Special requirements as set forth in this chapter.

2. Eligibility is determined for an eligible family of two, or more if a multiple pregnancy (woman and unborn children), based on her income only, or, if she is married and living with her spouse, on an eligible family of three or more (woman, spouse and unborn children) including income of both spouses. Medicaid coverage does not include the spouse even though his income is included in the eligibility determination.

i. The income and household size provision at (d)2 above cannot be used prior to the date it was medically determined the woman became pregnant.

ii. A pregnant woman with other dependent children should be assisted in making immediate application for AFDC-related Medicaid based on AFDC rules in effect as of July 16, 1996, and for

TANF cash assistance. If she is found ineligible under AFDC-related Medicaid rules, the CSSA shall determine potential eligibility for New Jersey Care...Special Medicaid Programs coverage for pregnant women (see *N.J.A.C. 10:72*).

iii. After the birth of the child, so long as the mother was eligible for and receiving Medicaid Special benefits at the time of the birth of the child(ren), the child(ren) remain(s) eligible for Medicaid for period of one year, whether or not application has been made.

History

HISTORY:

Special amendment, R.2000 d.411, effective September 12, 2000 (to expire March 12, 2001).

See: *32 N.J.R. 3598(a)*.

Deleted references to resources throughout; and in (a), added 1.

Adopted concurrent proposal R.2001 d.123, effective March 12, 2001.

See: *32 N.J.R. 3598(a)*, *33 N.J.R. 1123(c)*.

Readopted provisions of R.2000 d.411 without change.

Amended by R.2005 d.64, effective February 22, 2005.

See: *36 N.J.R. 3622(a)*, *37 N.J.R. 646(a)*.

Rewrote the section.

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

In (d)2ii, inserted a comma following "1996", and substituted "CWA" for "CBOSS"; and in (d)2iii, deleted "and the child(ren) resides with her," following "child(ren),".

Annotations

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N.J.A.C. 10:69-4.2

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 69. AFDC-RELATED MEDICAID > SUBCHAPTER 4. MEDICAID SPECIAL

§ 10:69-4.2 Determination of eligibility; Medicaid Special

(a) All appropriate rules in this chapter regarding income shall apply in determining financial eligibility. Requirements related to employment or training or job search activities, school attendance of a child, the birth of additional children, and parent minors not residing with specified applicants/beneficiaries are not applicable in the determination of eligibility for Medicaid Special. Sanctions relating to the Child Support and Paternity program shall not be imposed on applicants for Medicaid Special.

(b) Earned income shall be calculated in accordance with AFDC-C and -F procedures found in this chapter.

1. Work First New Jersey/GA payments whether in the form of cash, check or assistance order or a combination of the above shall be countable as income for purposes of determining eligibility for Medicaid Special. If the individual is ineligible for Medicaid Special due to this income, he or she shall be evaluated for the Medically Needy Program as a child or if disability is alleged, for New Jersey Care ... Special Medicaid Programs.

(c) Obligations of LRRs who live in the same household as the applicant/beneficiary are accounted for in the eligibility determination process. No further evaluation or pursuit of contributions from such LRRs is required. Actual contributions from parents outside the household shall be considered in all eligibility determinations but pursuit of non-voluntary contributions from parents outside the household shall be made only by or on behalf of applicant/beneficiaries under the age of 18. Contributions from a spouse outside the household shall be sought in all cases.

(d) Medicaid Special is available only for U.S. citizens or eligible aliens (see *N.J.A.C. 10:69-3.9* requirements related to alien status).

(e) Eligibility for Medicaid Special does not include eligibility for burial expenses, nor do the Medicaid extension benefits apply.

History

HISTORY:

Special amendment, R.2000 d.411, effective September 12, 2000 (to expire March 12, 2001).

See: *32 N.J.R. 3598(a)*.

In (a), deleted a former second sentence, and inserted a reference to applicants/beneficiaries.

Adopted concurrent proposal R.2001 d.123, effective March 12, 2001.

See: *32 N.J.R. 3598(a)*, *33 N.J.R. 1123(c)*.

Readopted provisions of R.2000 d.411 without change.

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

Rewrote (d).

Annotations

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End of Document

N.J.A.C. 10:69-4.3

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 69. AFDC-RELATED MEDICAID > SUBCHAPTER 4. MEDICAID SPECIAL

§ 10:69-4.3 College students and Medicaid Special

(a) A student's permanent residence is considered to be with his or her parents even though he or she is temporarily absent to attend college. A student shall be determined "not living with parents" only when the CSSA has verified that all of the following conditions exist:

1. The student lives apart from his or her parents for reasons other than convenience of attending school;

2. His or her parents do not provide one-half or more of his or her support; and

3. His or her parents did not claim the student as an exemption on their most recent Federal income tax return or they affirm that the student will not be claimed on their next return.

(b) Eligibility shall be determined on a semester basis inclusive of vacations during such semester. When a student is not actually attending college classes during other periods, such as summer vacations or other breaks of one month or more, a separate eligibility determination shall be required based on current circumstances.

(c) Income from all sources shall be applied in determining eligibility of college students not living with his or her parent(s), except that educational loans and grants shall be treated in accordance with *N.J.A.C. 10:69-10.8*. All earnings of the student shall be considered for purposes of Medicaid Special (see *N.J.A.C. 10:69-4.2(b)*).

(d) See *N.J.A.C. 10:69-4.2* for other factors relating to eligibility.

History

HISTORY:

Special amendment, R.2000 d.411, effective September 12, 2000 (to expire March 12, 2001).

See: *32 N.J.R. 3598(a)*.

In (c), deleted former third and fourth sentences.

Adopted concurrent proposal R.2001 d.123, effective March 12, 2001.

See: *32 N.J.R. 3598(a)*, *33 N.J.R. 1123(c)*.

Readopted provisions of R.2000 d.411 without change.

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

In the introductory paragraph of (a), substituted "CWA" for "CBOSS".

Annotations

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End of Document

N.J.A.C. 10:69-5.1

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 69. AFDC-RELATED MEDICAID > SUBCHAPTER 5. CONTINUING ELIGIBILITY IN AFDC-RELATED MEDICAID

§ 10:69-5.1 Continuing eligibility defined

(a) The eligibility of each case shall be redetermined at regular intervals.

(b) The eligibility worker shall be alert to indications of change in need for financial assistance or change in circumstances that may affect the eligible unit's continuing Medicaid eligibility.

Annotations

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Chapter Notes

End of Document

N.J.A.C. 10:69-5.2

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 69. AFDC-RELATED MEDICAID > SUBCHAPTER 5. CONTINUING ELIGIBILITY IN AFDC-RELATED MEDICAID

§ 10:69-5.2 Requirements for periodic redetermination

(a) Redetermination is a review of factors affecting AFDC-related Medicaid eligibility, including, but not limited to, continued parental deprivation, or changes in income. At the redetermination, the parent(s) shall complete an application for continuation for Medicaid. If a redetermination is not conducted and the CSSA is responsible, the right of the client to continued Medicaid shall not be jeopardized.

(b) For beneficiaries of AFDC-related Medicaid, all factors of eligibility shall be redetermined at least every 12 months. No case shall be terminated before evaluating eligibility, using data available from other sources, such as the Supplemental Nutrition Assistance Program (SNAP) or Work First programs. All cases determined ineligible for AFDC-Medicaid shall be screened for eligibility under all other program options. Referrals shall be coordinated to ensure that continuous coverage of benefits is available to the beneficiary, as applicable.

(c) Redeterminations shall be conducted in each case at least once every 12 months, but, at the beneficiary's option, the beneficiary may mail in the redetermination form to the CSSA.

(d) It is the responsibility of the CSSA to maintain a control file to assure that redeterminations are undertaken and acted upon at intervals as prescribed by this section. The redetermination time interval shall be contingent upon the month in which the beneficiary's permanent Health Benefits Identification (HBID) Card is issued, rather than on such factors as the date of application or final validation of eligibility.

History

HISTORY:

Special amendment, R.2000 d.411, effective September 12, 2000 (to expire March 12, 2001).

See: *32 N.J.R. 3598(a)*.

Rewrote (a) through (c).

Adopted concurrent proposal R.2001 d.123, effective March 12, 2001.

See: *32 N.J.R. 3598(a)*, *33 N.J.R. 1123(c)*.

Readopted provisions of R.2000 d.411 without change.

Amended by R.2005 d.64, effective February 22, 2005.

See: *36 N.J.R. 3622(a)*, *37 N.J.R. 646(a)*.

Rewrote (d).

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

In (a), (c), and (d), substituted "CWA" for "CBOSS"; in (b), substituted "Supplemental Nutrition Assistance Program (SNAP)" for "Food Stamp"; and in (d), substituted "the beneficiary's permanent Health Benefits Identification (HBID) Card" for "an initial Medicaid card", and deleted the last sentence.

Annotations

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Case Notes

As applicants became ineligible for NJ FamilyCare benefits under *N.J.A.C. 10:69-10.3(b)* due to their increased income, they were no longer eligible for publicly funded medical assistance, as no regulation indicated that a beneficiary of one program was entitled to an automatic transfer to another program upon a change in circumstances. *S.J. v. Div. of Med. Assistance & Health Servs., 426 N.J. Super. 366, 44 A.3d 643, 2012 N.J. Super. LEXIS 95 (2012)*.

End of Document

N.J.A.C. 10:69-5.3

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > *TITLE 10. HUMAN SERVICES* > *CHAPTER 69. AFDC-RELATED MEDICAID* > *SUBCHAPTER 5. CONTINUING ELIGIBILITY IN AFDC-RELATED MEDICAID*

§ 10:69-5.3 Process of redetermination

(a) At the option of the beneficiary, the face-to-face interview may be conducted. The eligibility worker shall assist the beneficiary in the completion of the application form, providing explanation as necessary. If the beneficiary cannot read, the contents of the form shall be read to him or her. Upon request, the client shall be given a copy of his or her executed application form, with any attachments. Signature requirements shall be the same as for initial application. The contact shall focus on discussion of the eligibility factors, which are subject to change and shall include information about any change in agency policy or procedure that affects the beneficiary's status. There shall also be a reevaluation of the family's need for social services. When the parent is represented by a protective payee or has a representative payee, such person shall also be interviewed. A summary report including all pertinent information shall be made for each contact with the parent(s), parent-person(s) or collateral sources.

(b) In each redetermination, it is the responsibility of the eligibility worker to complete the appropriate forms.

1. When there is a pending claim, the appropriate procedure in *N.J.A.C. 10:69-3.35* shall be followed.

(c) Attention shall be given to any change in residence that may affect county responsibility.

(d) Eligibility with respect to age and school attendance shall be evaluated for a child who is nearing the age beyond which he or she is no longer eligible. The eligibility of the family shall be evaluated when the youngest child is nearing the age and school situation beyond which he or she will no longer be eligible.

History

HISTORY:

Amended by R.2005 d.64, effective February 22, 2005.

See: *36 New Jersey Register 3622(a)*, *37 New Jersey Register 646(a)*.

In (a), rewrote the first sentence.

Annotations

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§ 10:69-5.3 Process of redetermination

End of Document

N.J.A.C. 10:69-5.4

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 69. AFDC-RELATED MEDICAID > SUBCHAPTER 5. CONTINUING ELIGIBILITY IN AFDC-RELATED MEDICAID

§ 10:69-5.4 Competency status in AFDC-related Medicaid

(a) The eligibility worker should be alert to the development of medical or mental problems that may affect the adequate functioning of the parent. Such evidence shall be submitted to the Disability Review Section for special review.

(b) If it is the finding of the CSSA that the parent or parent-person has demonstrated such inability to manage the medical care of the child, the child's Health Benefits Identification (HBID) Card or HBID Emergency Services Letter can be issued to a third party. In such cases, the client shall be fully advised of his or her rights.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

Rewrote (b).

Annotations

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End of Document

N.J.A.C. 10:69-5.5

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > *TITLE 10. HUMAN SERVICES* > *CHAPTER 69. AFDC-RELATED MEDICAID* > *SUBCHAPTER 5. CONTINUING ELIGIBILITY IN AFDC-RELATED MEDICAID*

§ 10:69-5.5 (Reserved)

History

HISTORY:

Repealed by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

Section was "Institutional status in AFDC-related Medicaid".

Annotations

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End of Document

N.J.A.C. 10:69-5.6

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

§ 10:69-5.6 Requirements with respect to deprivation of parental support or care in AFDC-C

(a) Since eligibility in AFDC-C is based on the fact that the needy child has been deprived of parental support or care by reason of the death, continued absence from home, or mental or physical incapacity of a natural or adoptive parent, it is necessary to reevaluate these factors in determining continuing eligibility. A family may continue to be eligible for AFDC-C although the original reason for "deprivation" has changed. This may occur when an absent parent dies or, although returned to the home, is incapacitated. Such change in status shall be appropriately noted in the case record.

(b) When eligibility is based on deprivation of parental support or care by reason of the continued absence of a parent, the evaluation of continued eligibility shall include a determination that the absence still exists and, if not, whether there is another basis for eligibility.

(c) The following concern incapacity status for a natural or adoptive parent:

1. There shall be redetermination that "incapacity" exists in every case in which the eligibility of the family is based on the incapacity of a natural or adoptive parent.

2. The Disability Review Section, Division of Medical Assistance and Health Services shall designate the review date for the CSSA. "Incapacity" shall be considered as continuing until the Disability Review Section officially determines that such incapacity no longer exists. The eligibility worker shall prepare Form DRS-2A, Interim Medical-Social Report, for the redetermination review. The CSSA shall maintain controls on review dates so that any specific medical information or reports requested by the Disability Review Section may be obtained. In addition, the Disability Review Section shall maintain a control file in order to ensure appropriate and timely reevaluation by that Section. The Disability Review Section will notify CSSAs one month in advance of cases scheduled for such review by means of Form DRS-5.

3. In any case in which, subsequent to a finding of "approved," the incapacitated parent becomes a beneficiary of Federal disability benefits or SSI benefits for reasons other than age, this of itself shall be considered conclusive proof of continuing incapacity, and the CSSA shall disregard the "review date" for submittal to the Disability Review Section.

4. It is the responsibility of the eligibility worker to submit the record to the Disability Review Section for special review if available evidence raises question of continuing incapacity during the interval between redetermination review dates. The special review shall be requested through use of Form DRS-2A, Interim Medical-Social Report, together with all material previously submitted.

(d) When, subsequent to a finding of "approved" on the "incapacity" factor, the CSSA learns that the parent has obtained full-time employment at normal rate of pay for a job appropriate to his or her capacity, then incapacity no longer exists.

(e) The following concern when an "incapacitated" natural or adoptive parent is in institution:

§ 10:69-5.6 Requirements with respect to deprivation of parental support or care in AFDC-C

1. In cases where AFDC-C has been granted on the basis that a natural or adoptive parent will be receiving care for a physical or mental illness in a public or private institution, it shall be necessary for the eligibility worker to check periodically with the family, and in some cases with the institution, regarding the incapacitated parent's progress and discharge.

2. As soon as the date of discharge is known, or if the CSSA learns that the parent has already been discharged to his or her home, the CSSA shall submit the required record material to the Disability Review Section as appropriate to the situation; that is, if official determination of incapacity had already been made, the previous record shall be submitted for review with a completed Form DRS-2A; if the case had not been previously submitted, then a DRS-2 giving current situation and Form DRS-1 (Examining Physician's Report) shall be submitted. Whenever practical, the DRS-1 form should be prepared by a staff physician of the institution.

3. An abstract of the hospital record may be accepted in place of Form DRS-1, when the parent is in the hospital or has been released within the past three months. The client's consent in writing for release of the information shall accompany the request.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

In (c)2, (c)3, (d), and (e)2, substituted "CWA" for "CBOSS" throughout; and in (c)2, substituted "CSSAs" for "county board of social services".

Annotations

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N.J.A.C. 10:69-5.7

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 69. AFDC-RELATED MEDICAID > SUBCHAPTER 5. CONTINUING ELIGIBILITY IN AFDC-RELATED MEDICAID

§ 10:69-5.7 Marriage or remarriage

In AFDC-C, when eligibility is based on the absence of one parent and the remaining parent marries or remarries, such marriage or remarriage does not in and of itself terminate eligibility but does require prompt redetermination of financial need and eligible unit composition in accordance with N.J.A.C. 10:69-10.33.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: 49 N.J.R. 1789(a), 49 N.J.R. 3729(a).

Deleted "or 10.34, as applicable" following the N.J.A.C. reference.

Annotations

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N.J.A.C. 10:69-5.8

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 69. AFDC-RELATED MEDICAID > SUBCHAPTER 5. CONTINUING ELIGIBILITY IN AFDC-RELATED MEDICAID

§ 10:69-5.8 Special conditions relating to parent(s) in AFDC-F

(a) When a parent becomes absent from the home and continuous absence is established (N.J.A.C. 10:69-2.9(e)), the AFDC-F case shall be transferred to the AFDC-C segment. No interruption of Medicaid shall result if AFDC-C eligibility begins with the absence.

(b) When a parent becomes hospitalized, incapacitated, committed to a mental institution, or incarcerated in a correctional facility and the CSSA has evidence that this condition will continue beyond 30 days, the case shall be transferred to the AFDC-C segment. No interruption of Medicaid shall result if AFDC-related Medicaid eligibility begins with such aforementioned situation.

History

HISTORY:

Amended by R.2005 d.64, effective February 22, 2005.

See: 36 N.J.R. 3622(a), 37 N.J.R. 646(a).

In (a), deleted references to -N and amended the N.J.A.C reference.

Amended by R.2017 d.209, effective December 4, 2017.

See: 49 N.J.R. 1789(a), 49 N.J.R. 3729(a).

In (b), substituted "correctional facility" for "penal institution" and "CWA" for "CBOSS".

Annotations

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End of Document

N.J.A.C. 10:69-5.9

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

§ 10:69-5.9 Legally responsible relatives capacity to support

(a) Each legally responsible relative's capacity to support shall be reevaluated at least once in each 12-month period and adjustments made as indicated (see N.J.A.C. 10:69-3.31(d)).

(b) Each legally responsible relative shall be contacted unless it can be verified that the relative:

1. Is receiving public or private financial assistance;

2. Has no source of support except fixed income, such as pension, retirement benefits or statutory benefits, and there was no capacity to support at time of last evaluation;

3. Is himself or herself dependent upon a relative (other than the client) for support;

4. Is receiving care in an institution for a mental or physical condition, or is in a penal institution and has no capacity to support; or

5. Cannot reasonably be anticipated to have experienced a change in income since the last evaluation that would affect his or her capacity to support. (The eligibility worker will consult with his or her supervisor when this appears to be the situation.)

(c) When a decision is made that it is not necessary to reevaluate capacity to support for one of the reasons in (b) above, the justification for such decision shall be recorded in the case record with notation of any plan for making contact in the future.

(d) The CSSA shall avoid making routine requests of other CSSAs or of out-of-State agencies to contact relatives for reevaluation of capacity to support. When, after careful evaluation of the need for such service, it is considered essential to request an interview, the letter of request shall clearly identify both the nature and the purpose of the desired service.

History

HISTORY:

Special amendment, R.2000 d.411, effective September 12, 2000 (to expire March 12, 2001).

See: 32 N.J.R. 3598(a).

In (a), substituted "12-month" for "six-month"; and deleted (a)1.

Adopted concurrent proposal R.2001 d.123, effective March 12, 2001.

See: 32 N.J.R. 3598(a), 33 N.J.R. 1123(c).

Readopted provisions of R.2000 d.411 without change.

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

In (d), substituted "CWA" for "CBOSS" and "CWAs" for "county board of social services".

Annotations

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N.J.A.C. 10:69-5.10

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 69. AFDC-RELATED MEDICAID > SUBCHAPTER 5. CONTINUING ELIGIBILITY IN AFDC-RELATED MEDICAID

§ 10:69-5.10 Recording and recommendation for changes in AFDC-related Medicaid eligibility

A complete summary report of pertinent information shall be made for each contact with a beneficiary, which shall clearly state the basis for any recommendation for termination of Medicaid. A new redetermination form shall be completed for each redetermination.

Annotations

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End of Document

N.J.A.C. 10:69-5.11

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

§ 10:69-5.11 Notice of agency decision

(a) Each applicant shall receive timely and adequate written notice of any change in Medicaid eligibility status in accordance with N.J.A.C. 10:69-6.

(b) If the notice of intention to terminate Medicaid eligibility is related to identification of possible fraud, beneficiaries are entitled to timely notice as defined at *N.J.A.C. 10:69-6.1*.

1. Seven days notice shall be considered timely when, in the judgment of the CSSA director, there is substantiated evidence that the client is receiving Medicaid coverage through willful fraud (see *N.J.A.C. 10:69-9.15* through *9.18*).

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

Rewrote (b).

Annotations

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Case Notes

Medicaid recipient who failed to timely notify the county social services board that she had moved from Address 1 to Address 2 thereby failed to meet her obligations to provide the agency with accurate and timely information as required for continued eligibility. That being so, her claim that she did not receive timely notice of the agency's intention to terminate her benefits had no merit and she was not entitled to an award of retroactive benefits. *S.G. v. Hudson Cnty. Bd. of Social Servs., OAL DKT. NO. HMA 01622-17, 2017 N.J. AGEN LEXIS 162*, Initial Decision (March 20, 2017).

§ 10:69-5.11 Notice of agency decision

End of Document

N.J.A.C. 10:69-5.12

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 69. AFDC-RELATED MEDICAID > SUBCHAPTER 5. CONTINUING ELIGIBILITY IN AFDC-RELATED MEDICAID

§ 10:69-5.12 Periodic notice to client

(a) The client shall be informed periodically (at least once every 12 months) of his or her continuing obligation to furnish accurate and timely information to the CSSA concerning changes in income or other circumstances that may affect the receipt of benefits. The applicant shall receive, and have explained if necessary, a copy of the pamphlet Medicaid Rights and Responsibilities. This pamphlet shall be given to the applicant at the time of application and at each redetermination if the beneficiary has not retained the copy previously provided. The client shall inform the CSSA of any change as soon as possible but in no event later than two weeks after the change takes place. Failure of the client to so inform the CSSA shall constitute willful withholding of information.

(b) The client, by the signing of an affidavit, agrees that he or she has received the pamphlet, has been informed of his or her rights and obligations as stated in the pamphlet, and understands them.

History

HISTORY:

Special amendment, R.2000 d.411, effective September 12, 2000 (to expire March 12, 2001).

See: *32 N.J.R. 3598(a)*.

In (a), substituted "12 months" for "six months"; and "receipt of benefits" for "amount of the grant" in the first sentence.

Adopted concurrent proposal R.2001 d.123, effective March 12, 2001.

See: *32 N.J.R. 3598(a)*, *33 N.J.R. 1123(c)*.

Readopted provisions of R.2000 d.411 without change.

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

In (a), substituted "CWA" for "CBOSS" three times, and substituted "that" for "which".

Annotations

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Case Notes

County social services board acted properly when it terminated Medicaid benefits being paid to a recipient on the basis, inter alia, that she had failed to notify the agency when she moved, married and had a child. Moreover, because the recipient's income exceeded the relevant cap, the county might properly seek reimbursement of incorrectly paid benefits. *S.G. v. DMAHS, OAL DKT. NO. HMA 1622-17, 2017 N.J. AGEN LEXIS 1334*, Final Agency Determination (April 27, 2017).

N.J.A.C. 10:69-5.13

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

§ 10:69-5.13 Extension of Medicaid benefits

(a) Extended Medicaid benefits shall be provided to former AFDC-related Medicaid families in accordance with the provisions of this section for a period of 24 months beginning with the month in which the family no longer would have otherwise been eligible for AFDC-related Medicaid due to an increase in earned income.

1. When an AFDC-C or-F family loses eligibility for AFDC-related Medicaid due to the following reasons, Medicaid eligibility continues for a period of 24 months beginning with the month in which the family is no longer eligible for AFDC-related Medicaid:

i. Earnings or increased earnings from employment, including earnings from new employment;

ii. Increased hours of employment; or

iii. Receipt of New Jersey State unemployment or temporary disability insurance benefits.

2. New members added to the eligible family during the 24 month extension period, as appropriate, are not included under the extended coverage, with the exception of a child born to the family during the 24 month extension period. For children born during this period, the child and the mother may be eligible for additional coverage if the 60-day post-partum period continues beyond the termination of the extension period applicable to the remainder of the household, or if the child's 12-month guaranteed period of Medicaid eligibility continues beyond that termination date. In either case, Medicaid eligibility terminates at the end of the guaranteed eligibility period, if that termination date is later than the termination date of the 24 month Medicaid extension.

3. Eligibility for the 24-month Medicaid extension is not available for any month to any individual who, except for income or hours of employment, is not otherwise eligible to receive AFDC-related Medicaid. The following individuals shall not be included in the eligible family for Medicaid extension:

i. Any child who reaches the age of 18, or any child who is attending a secondary or vocational school full-time up to the month of graduation or age 19, except that such child shall be evaluated for Medicaid eligibility for other appropriate Medicaid programs; and

ii. All other family members who are receiving Medicaid extension solely because of the presence in the home of a child who "ages out," as in (a)3i above.

4. When an AFDC-C related Medicaid family loses eligibility as a result (wholly or in part) of the collection of child or spousal support through the Child Support and Paternity process, AFDC-related Medicaid eligibility continues for a period of four calendar months beginning with the month in which such ineligibility begins.

i. In order to qualify for this extension of Medicaid benefits, the family must have received and been eligible to receive AFDC-C-related Medicaid in at least three of the six months immediately preceding the month in which ineligibility for AFDC-related Medicaid begins;

ii. Eligibility for this extension shall be terminated for any child who reaches the age of 18, or any child who is attending a secondary or vocational school full-time up to the month of graduation or

age 19, except that such child shall be evaluated for Medicaid eligibility for other appropriate Medicaid programs; and

iii. All other family members who are receiving Medicaid extension solely because of the presence in the home of a child who "ages out," as described in (a)4ii above, shall be terminated.

(b) Those cases that are in Medicaid extension only shall also be transferred to the new county of residence when the family moves from the county of origin in the same manner as active AFDC-related Medicaid cases. The procedures established at *N.J.A.C. 10:69-3.24* are to be followed when transferring a case in Medicaid extension.

(c) AFDC applicants may be eligible for retroactive Medicaid benefits; such determinations are made by the CSSA. The eligibility worker shall ask if the family has unpaid medical bills from the previous three months and shall provide the applicant with appropriate forms. The CSSA shall make a determination of eligibility for each of the three previous months, based on the eligibility rules in this chapter.

(d) AFDC eligible families who would not have received any AFDC payments solely because the amount payable would be less than $ 10.00, are eligible for AFDC-related Medicaid benefits. Likewise, AFDC families who would have been ineligible for AFDC solely because of rounding of the amount that would otherwise be payable, are eligible for AFDC-related Medicaid benefits.

(e) For newborns of eligible women who have applied, before or on the date of the birth, and are eligible for Medicaid on the date of birth, except for a presumptively eligible pregnant woman, as defined at *N.J.A.C. 10:72-6.1*, who is subsequently found ineligible for the month the child was born, eligibility continues for both mother and child through the last day of the month in which the 60-day post-partum period ends, without regard to other program requirements. So long as the mother remains eligible, or would remain eligible if pregnant, the child remains eligible for Medicaid for a period of one year, whether or not application has been made for the child.

(f) Individuals who were admitted to a hospital and were subsequently referred to the CSSA through the use of Form PA-1C, Public Assistance Inquiry, may be eligible for Medicaid benefits from the date the PA-1C was completed, provided:

1. Such individual was an inpatient at the time the referral was made;

2. Except for good cause, including, but not limited to, hospitalizations lasting for three or more months, the homebound status of the applicant, the CSSA was unable to schedule a timely application appointment, or the hospital failed to inform the applicant to apply at the CSSA, the individual applies for AFDC-related Medicaid benefits within three months after the referral is made.

i. If the CSSA determines that the individual had good cause for not applying within three months, an extension may be granted for an additional three months.

ii. Newborns of eligible women are deemed to have applied and shall be added to the Medicaid case, effective the date of birth, upon receipt of a valid Form PA-1C (see *N.J.A.C. 10:69-2.19* for coverage limits).

(g) Those cases that are in Medicaid extension only shall also be transferred to the new county of residence when the family moves from the county of origin in the same manner as active AFDC-related Medicaid cases. The procedures established at *N.J.A.C. 10:69-3.24* are to be followed when transferring a case in Medicaid extension.

History

HISTORY:

Special amendment, R.2000 d.411, effective September 12, 2000 (to expire March 12, 2001).

See: *32 N.J.R. 3598(a)*.

In (a)1, deleted a former ii, and recodified a former iii and iv as ii and iii; and in (a)3 deleted a reference to resources.

Adopted concurrent proposal R.2001 d.123, effective March 12, 2001.

See: *32 N.J.R. 3598(a)*, *33 N.J.R. 1123(c)*.

Readopted provisions of R.2000 d.411 without change.

Amended by R.2005 d.64, effective February 22, 2005.

See: *36 N.J.R. 3622(a)*, *37 N.J.R. 646(a)*.

Rewrote (a).

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

Rewrote the section.

Annotations

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Case Notes

County board of social services properly terminated Medicaid benefits being paid to a recipient who became ineligible when the father of her minor child, who was a member of the household, obtained employment. An available extension of Medicaid benefits should have started in June 2013, not in April 2014, being the date that was used by the board in determining the period to be covered by the extension. *K.S. v. Camden Cnty. Bd. of Social Servs., OAL DKT. NO. HMA 3372-15, 2015 N.J. AGEN LEXIS 505*, Initial Decision (June 25, 2015).

N.J.A.C. 10:69-5.14

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > *TITLE 10. HUMAN SERVICES* > *CHAPTER 69. AFDC-RELATED MEDICAID* > *SUBCHAPTER 5. CONTINUING ELIGIBILITY IN AFDC-RELATED MEDICAID*

§ 10:69-5.14 Change in eligible unit

(a) A newborn child shall be added to the AFDC-related Medicaid case effective with the date of birth, provided that the CSSA is notified within one year of that date.

(b) The date of change for adding other members added to an eligible unit shall be the first day of the month the eligible unit reports to the CSSA the addition of the member.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

In (a) and (b), substituted "CWA" for "CBOSS".

Annotations

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N.J.A.C. 10:69-6.1

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

§ 10:69-6.1 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings unless the context clearly indicates otherwise.

"Adequate notice" means a written notice that meets the requirements of N.J.A.C. 10:69-6.2(d).

"Administrative hearings" are hearings concerning either contested cases or non-contested cases, which have been determined by the Director of the Division of Medical Assistance and Health Services (DMAHS) in accordance with N.J.A.C. 1:1-1, to be appropriately heard in the Office of Administrative Law (see N.J.A.C. 10:6).

"Administrative law judge" (ALJ) means the person from the Office of Administrative Law (OAL) who conducts the hearing and who writes an initial decision which may be reviewed by the Director of the Division of Medical Assistance and Health Services.

"Administrative review" means a review of a disputed matter that has been determined by the Director of the Division of Medical Assistance and Health Services not to constitute a contested case and therefore remains in the Division for review. At the discretion of the Director, an administrative review may be conducted as a procedure at which parties appear and are heard or it may be a paper review (see N.J.A.C. 10:69-6.6).

"Administrative review official" is a representative of the State, Department of Human Services assigned to conduct an administrative review.

"Adverse action" means any action by a CSSA resulting in denial of application for AFDC-related Medicaid. An adverse action is an action to deny an application for Medicaid, or to terminate Medicaid (including service, vendor payments, or Medicaid entitlement) or to deny payment to a vendor for medical services required to be reimbursed by the CSSA.

"CFR" is the acronym for Code of Federal Regulations.

"Contested case" means a dispute that is heard by an Administrative Law Judge.

"Fair hearing" means a formal or informal procedure through which an AFDC-related Medicaid client may protest an adverse action or decision of the CSSA regarding eligibility or manner of granting AFDC-related Medicaid. Fair hearing is a general term that includes administrative hearing and administrative review.

"Initial decision" means the decision of an administrative law judge that is sent to the Director of the Division of Medical Assistance and Health Services, who may accept, reject or modify it within 45 days.

"Timely notice" means that the notice is mailed at least 10 days before the effective date of agency action.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

In definitions "Adequate notice" and "Administrative review", updated the N.J.A.C. reference; in definition "Administrative review", substituted "that" for "which" and "review (see" for "review. (See"; in definition "Adverse reaction", substituted the first occurrence of "CWA" for "CBOSS" and the second occurrence of "CWA" for "county board of social services"; and in definition "Fair hearing", substituted the first occurrence of "an" for the second occurrence of "a", substituted "CWA" for "county board of social services (CBOSS)" and substituted "that" for the second occurrence of "which".

Annotations

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N.J.A.C. 10:69-6.2

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

§ 10:69-6.2 Right to fair hearing and administrative review

(a) It is the right of every applicant or beneficiary adversely affected by an action by a CSSA to be afforded a fair hearing in a manner established by the rules in this subchapter and by the Uniform Administrative Procedure Rules, *N.J.A.C. 1:1*. These rules have been established pursuant to Federal regulations, *45 CFR 205.10*, and the New Jersey Administrative Procedure Act, *N.J.S.A. 52:14B-1* et seq.

(b) The CSSA shall promptly notify the beneficiary in writing of any agency decision affecting that client. The term "agency decision" refers to a decision made by the CSSA and includes any decision made by the CSSA. In the case of a client who cannot be located, notice shall be sent to his or her last known address.

(c) Agency action which adversely affects an applicant or beneficiary includes:

1. Any action, inaction, refusal of action, or unduly delayed action with respect to program eligibility, including, but not limited to, denial or termination of benefits; and

2. When the complete processing of an application is delayed beyond 30 days, the applicant is to be notified of this fact and the reason(s) for the delay on or before the expiration of such period (see *N.J.A.C. 10:69-2.14* and *2.15*).

(d) The written notice of adverse action shall, at a minimum, include the following:

1. The action the agency intends to take;

2. The reasons for the intended agency action;

3. The specific regulations supporting such action;

4. An explanation of the individual's right to request a fair hearing;

5. An explanation of how to request a fair hearing;

6. The time limits on requesting a hearing;

7. An explanation of the right to examine evidence;

8. An explanation of the circumstances under which continued Medicaid coverage is continued if a hearing is requested;

9. An explanation of the requirement to repay Medicaid coverage received during the period pending the hearing, if the agency action is upheld;

10. A sentence in Spanish cautioning the client that the notice relates to a change in Medicaid coverage and if he or she does not understand the notice, he or she should contact the CSSA; and

11. The name, address and phone number of the nearest legal services office where available.

(e) Where an agency decision results in an adverse action, there will be no termination of the AFDC-Medicaid related coverage until at least 10 days after the mailing date of the notice, except in situations described in (f) below.

(f) Timely notice may be dispensed with but adequate notice shall be sent not later than the effective date of action when:

1. The agency has factual information confirming the death of a beneficiary;

2. The agency receives a clear written statement signed by a beneficiary that he or she no longer wishes continued Medicaid coverage, or that gives information which requires termination, and the beneficiary has indicated, in writing, that he or she understands that this must be the consequence of supplying such information;

3. The beneficiary has been admitted or committed to an institution, that does not qualify for Federal financial participation under the State plan;

4. The beneficiary has been placed in a nursing facility, intermediate care facility or long-term hospital;

5. The claimant's whereabouts are unknown and agency mail has been returned by the post office indicating no known forwarding address. The Health Benefits Identification (HBID) Card or HBID Emergency Services Letter must, however, be made available to the beneficiary if his or her whereabouts become known during the medical coverage period, unless (f)5i below applies.

i. The claimant moves out-of-State, with apparent intent to remain permanently absent from New Jersey;

6. A beneficiary has been accepted for medical assistance in another state and that fact has been established by the CSSA previously providing Medicaid coverage;

7. An AFDC child is removed from the home as a result of a judicial determination, or voluntarily placed in foster care by his or her legal guardian; or

8. The application for Medicaid coverage is being denied.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

Rewrote (a); in (b), substituted "CWA" for "county board of social services" three times; in (d)10 and (f)6, substituted "CWA" for "CBOSS"; and in (f)5, substituted "Health Benefits Identification (HBID) Card or HBID Emergency Services Letter" for "Medicaid Card".

Annotations

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N.J.A.C. 10:69-6.3

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

§ 10:69-6.3 Responsibilities of the CSSA in processing hearing requests

(a) Upon receipt of a timely request for a fair hearing, Medicaid coverage shall be continued until a written decision is rendered, unless:

1. A determination is made at the hearing by the ALJ that the sole issue is one of State or Federal law or policy, or change in State or Federal law, and not one of disputed facts; or

2. A change occurs which further affects beneficiary's eligibility while the first hearing decision is pending and the beneficiary fails to request an additional hearing after notice of this change within the time allowed.

(b) In the event of either (a)1 or 2 above, the beneficiary shall be promptly notified in writing that the proposed action will be implemented after the hearing while the decision is pending.

(c) Any incorrectly paid benefit resulting from continued Medicaid coverage is subject to recovery. In the event that agency action is sustained and a beneficiary has received incorrectly paid Medicaid benefit, solely due to continued eligibility, recovery shall be effected in accordance with procedures in *N.J.A.C. 10:69-9.23*.

(d) A beneficiary may waive his or her claim to Medicaid by submitting a written statement at the time the fair hearing is requested.

(e) To assure orderly and expeditious processing of complaints and hearing requests, each CSSA shall designate a liaison between the county and State Division whose duties shall include, but not be limited to:

1. Informing the Bureau of Administrative Review and Appeals (BARA) by telephone on the same day an oral or written request for a hearing is received, providing the following information:

i. The case number and the applicant/beneficiary's name and address;

ii. The date the request received;

iii. The nature of contested action;

iv. The date of action; and

v. The reason for action;

2. Establishing a system to assure that every written request for a hearing received in the CSSA office is stamped with the date of receipt and forwarded to BARA within one work day of the date;

3. Reviewing incoming requests for possible corrective action prior to hearing;

4. Identifying and arranging for participation of staff individuals who are essential to a hearing, and assembling all records relevant to a hearing and arranging for an interpreter when the client is non-English speaking;

5. Contacting the applicant/beneficiary or his or her legal or authorized representative not less than two days prior to a hearing to confirm attendance and arranging for transportation by agency staff and vehicles or otherwise at agency expense when no other reasonable means of transportation is available;

6. Submitting special reports on hearing requests prior to the hearing date, when requested by BARA;

7. Submitting reports on implementation of fair hearing decisions as soon as such action is taken when requested; and

8. Serving as the single individual in the CSSA to be contacted regarding matters relating to hearings and the monitoring system.

(f) The CSSA is responsible to inform the applicant/beneficiary who is requesting a hearing and elects to receive continued Medicaid that the ALJ may find him or her not entitled to all or a portion of the Medicaid coverage received during the pendency of the hearing and that, in such event, repayment may be required of the amount of benefits received from the effective date of the proposed adverse action to the date of the scheduled hearing.

1. The beneficiary shall also be advised that if he or she elects not to receive continued Medicaid coverage and the hearing decision is favorable to the client, Medicaid coverage shall be reinstated retroactive to when it was terminated.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

Section was "Responsibilities of the CBOSS in processing hearing requests". In the introductory paragraph of (e), and in (e)2, (e)8, and (f), substituted "CWA" for "CBOSS"; in the introductory paragraph of (e)1, substituted "Administrative Review and Appeals (BARA)" for "Legal and Regulatory Liaison (BLRL)"; in (e)2, substituted "BARA" for "BLRL"; and in (e)6, substituted "BARA" for "OEP or BLRL".

Annotations

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Case Notes

A single mother who sought a fair hearing and a continuance following a decision by a county human services agency that terminated her Medicaid benefits effective December 1, 2011 was not entitled to an order relieving her of the obligation, imposed by *N.J.A.C. 10:69-6.3(c)*, to repay $ 1,881, which was the overpayment that she thereafter was found to have received. The mother failed to show that she was entitled to relief from her repayment obligation under either of the exceptions in *N.J.A.C. 10:69-9.23(g)*. Nor was the fact that the administrative law judge had found in her favor initially a factor that could be considered in determining whether she was required to repay the funds at issue. *L.R. v. Gloucester Cnty. Bd. of Social Servs., OAL DKT. NO. HMA 768-14, 2014 N.J. AGEN LEXIS 268*, Initial Decision (May 16, 2014).

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N.J.A.C. 10:69-6.4

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

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§ 10:69-6.4 Responsibilities of the Division of Medical Assistance and Health Services

(a) Each request for a fair hearing shall be registered by the Bureau of Administrative Review and Appeals (BARA) on the date the request is received.

(b) Requests initially received in BARA shall be transmitted by telephone to the CSSA on the date received.

(c) BARA shall transmit each contested case to OAL within five work days of the receipt of the request.

(d) Written determination on entitlement to receive continuing Medicaid coverage shall be included in the OAL transmittal and sent to the applicant/beneficiary and the CSSA.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

In (a), substituted "the Bureau of Administrative Review and Appeals (BARA)" for "BLRL"; in (b) and (c), substituted "BARA" for "BLRL"; and in (b) and (d), substituted "CWA" for "CBOSS".

Annotations

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N.J.A.C. 10:69-6.5

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

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§ 10:69-6.5 Responsibilities of the Office of Administrative Law upon transmittal of a contested case from the DMAHS (*45 CFR 205.10* and N.J.A.C. 1:1-1 et seq.)

(a) The Office of Administrative Law shall schedule the hearing and shall send any necessary notices to the parties.

(b) The hearing shall be conducted by an administrative law judge who shall issue an initial decision.

Annotations

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N.J.A.C. 10:69-6.6

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

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§ 10:69-6.6 Administrative hearings and administrative reviews

(a) Requests on matters which constitute a contested case (as defined by N.J.A.C. 1:1-1 and consistent with case law) shall be handled in accordance with the Department of Human Services (DHS) rules on "Administrative Hearings and Administrative Reviews" at *N.J.A.C. 10:6*.

(b) Requests on matters which do not constitute a contested case (as defined by N.J.A.C. 1:1-1 and consistent with case law) shall be handled in accordance with the DHS rules on "Administrative Hearings and Administrative Reviews" at *N.J.A.C. 10:6*.

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N.J.A.C. 10:69-6.7

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§ 10:69-6.7 Complaints and adjustment procedures

(a) Prompt and courteous attention shall be given to all complaints, whether or not such complaints constitute requests for fair hearing and whether or not they are directed to the CSSA or the Division of Medical Assistance and Health Services. All complaints received shall be acknowledged promptly and, if it is not apparent from the complaint that a fair hearing request has been made, the acknowledgment shall inform the beneficiary of his or her right to a fair hearing.

(b) Informal efforts to effect a resolution may be made through field contacts, office interviews with supervisory personnel, or consultation with Division staff as needed. In no event, however, are such informal efforts to be considered as prerequisite to a fair hearing, and in no event do they delay, interfere with or otherwise impede the processing of a fair hearing whenever a request for such is made. Agency emphasis shall be on helping the client to prepare and submit his or her request for a fair hearing.

(c) Any clear expression (oral or written) by a beneficiary (or person acting for him or her, such as his or her legal representative or relative) to the effect that the beneficiary wants the opportunity to present his or her case to a higher authority constitutes a request for a fair hearing.

(d) A request for a fair hearing may be either oral or in writing and addressed to the CSSA or to DMAHS. Oral requests for fair hearing shall be immediately reduced to a written record by the staff person to whom the request is made. No special form of statement or manner of expression is required so long as the request identifies the nature of the complaint and the relief sought. Requests made to the CSSA shall be immediately transmitted to the BARA, and in no event later than one work day after receipt of the request.

(e) Upon receipt of any request for a fair hearing, a determination shall be made by DMAHS on the appropriateness of an administrative hearing or administrative review (*N.J.A.C. 10:69-6.6*). If the matter is deemed contested, BARA will send an acknowledgment of the request to the client. All contested cases shall be promptly forwarded to the OAL for a hearing before an ALJ.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

In (a) and (d), substituted "CWA" for "CBOSS" throughout; in (d), substituted "DMAHS" for "the State Division"; in (d) and (e), substituted "BARA" for "BLRL"; and in (e), substituted "DMAHS" for "the Division", and updated the N.J.A.C. reference.

Annotations

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N.J.A.C. 10:69-6.8

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§ 10:69-6.8 Time limitations on entitlement to fair hearings

(a) An applicant or beneficiary has a right to request a fair hearing which relates to an agency action or lack of action within 20 days of such action or lack of action.

(b) If the request for a fair hearing relates to an agency action or lack of action that occurred more than 20 days prior to the date of the request, there shall be no entitlement to a hearing on such action or lack of action, unless extraordinary and extenuating circumstances exist as determined by the Division of Medical Assistance and Health Services. Extraordinary or extenuating circumstances are defined as conditions beyond the applicant or beneficiary's control. This could include, but is not limited to, the beneficiary's receipt of notice after due date or personal illness or incapacity.

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N.J.A.C. 10:69-6.9

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§ 10:69-6.9 Eligibility for continued Medicaid coverage

(a) When a request is made for a fair hearing within 15 days from the date of mailing of a notice of termination, Medicaid coverage shall be continued until the scheduled date of the administrative hearing or the date of the administrative review unless the beneficiary waives such entitlement or requests postponement of the scheduled hearing or review date. In the event the beneficiary elects to receive continued benefits, they will be continued pending a final decision if the ALJ or the administrative review official determines that the issue is one of fact rather than law or policy. (*45 CFR 205.10(a)(7)*)

(b) An adjournment of a hearing at the request of a beneficiary shall not prolong continuation of Medicaid coverage, unless the adjournment is due to delay caused by DMAHS, OAL, or the CSSA; unavoidable causes, such as an illness on the part of the applicant/beneficiary; or the failure of the CSSA to provide assistance for transportation when such assistance is required by regulations. Adjournment at the request of the CSSA or by the ALJ shall not affect continued benefits.

(c) The CSSA shall promptly inform the beneficiary in writing whether or not Medicaid coverage shall be continued unreduced pending a final decision.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

In (b) and (c), substituted "CWA" for "CBOSS" throughout; and in (b), substituted the second occurrence of "a" for the first occurrence of "an", and substituted "DMAHS, OAL," for "the State Division, OAL".

Annotations

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N.J.A.C. 10:69-6.10

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§ 10:69-6.10 Access to discovery of information in contested cases

The CSSA shall provide the applicant/beneficiary and/or his or her authorized representative opportunity to review the entire case file or documents and records to be used in the administrative hearing. Such materials shall be made available at a reasonable time before the scheduled hearing date as well as during the hearing (see *45 CFR 205.10(a)(13)*).

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

Substituted "CWA" for "CBOSS", deleted a period following the third occurrence of "hearing", inserted "see", and inserted a period at the end.

Annotations

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N.J.A.C. 10:69-6.11

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§ 10:69-6.11 Representation at hearings

(a) Representation shall be pursuant to *N.J.A.C. 1:10B-5.1*.

(b) The CSSA representative must have knowledge of the matter at issue and must be able to present the agency case, supplying the ALJ with that information needed to substantiate the agency action. If the CSSA representative feels that he or she must be an advocate of the client and is unable to represent the agency, then another CSSA staff person shall appear at the hearing to fulfill the above identified role.

(c) In hearings involving a determination by any component of the DMAHS, the matter at issue shall be presented by the appropriate staff representative(s) of the DMAHS.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

In (b), substituted "CWA" for "CBOSS" three times.

Annotations

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N.J.A.C. 10:69-6.12

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§ 10:69-6.12 Disposition of hearing request through withdrawal, abandonment, or settlement

(a) Prior to transmittal to OAL, if a party desires that a hearing request be withdrawn, that party shall notify the CSSA or DMAHS in writing of the withdrawal request. DMAHS shall in turn acknowledge, in writing, receipt of the withdrawal request. No CSSA shall deny or dismiss a request for a fair hearing. The determinations on the validity of each hearing request shall be made by the DMAHS including any determination on the appropriateness of processing hearing requests pursuant to this subchapter.

(b) The filing of a request for a fair hearing shall not of itself preclude continued effort to accomplish corrective action, settlement, or any other agreement through informal procedures. Any withdrawal or abandonment or any settlement or agreement reached, subsequent to the transmittal of the case to the OAL, shall be processed according to *N.J.A.C. 1:1*, including any Rules of Special Applicability which may apply to disposition by settlement or withdrawal.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

Section was "Disposition of hearing request through withdrawal, abandonment or settlement". In (a), substituted "CWA" for "CBOSS" twice, and substituted the third occurrence of "DMAHS" for "Division of Medical Assistance and Health Services".

Annotations

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N.J.A.C. 10:69-6.13

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

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§ 10:69-6.13 Adjournments

Any adjournment requested by an applicant or beneficiary and granted by the OAL may not operate to extend the deadlines for a final decision and final agency implementation of the final decision.

Annotations

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N.J.A.C. 10:69-6.14

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§ 10:69-6.14 Hearings involving medical issues

(a) If the hearing involves medical issues, requiring a diagnosis or a report from an examining physician, or concerning a determination by the DMAHS Disability Review Unit, the ALJ may issue an order requiring a medical assessment by someone other than the person who made the original medical determination.

(b) The CSSA shall pay for this medical assessment which shall be obtained at reasonable expense.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

In (b), substituted "CWA" for "CBOSS".

Annotations

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N.J.A.C. 10:69-6.15

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

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§ 10:69-6.15 Decision by Director, Division of Medical Assistance and Health Services

(a) A final administrative hearing decision shall be rendered by the Director of the DMAHS. The applicant/beneficiary, his or her representative, and the CSSA shall be notified by mail of any decision or order.

1. Unless otherwise indicated, the decision shall be effective on the date of issuance.

(b) An official and complete record of each administrative hearing shall be maintained in the files of DMAHS and the CSSA for at least one year after the date the final decision is rendered. During this one year period, the applicant/beneficiary or his or her legal representative may review, upon appointment, all or any part of the official and complete record of his or her administrative hearing.

(c) A decision requiring action by the CSSA may apply either prospectively with regard to future action by the CSSA or retroactively to the date an incorrect action was taken. If the decision results from mutual agreement of the parties at the hearing and disposition by settlement and withdrawal, the terms of settlement will be binding upon the parties.

1. Administrative hearing decisions shall be retained by the DMAHS for a period of three years.

(d) The DMAHS shall take such steps as may be necessary to assure that the decision has been carried out. Corrective or remedial measures ordered by the hearing decision, unless otherwise directed in the decision, will be implemented by the CSSA immediately upon receipt of the decision.

(e) Final administrative action on administrative hearing decisions, including any corrective action required by the decision, shall be implemented by the CSSA within 90 days of the date of the request for a fair hearing.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

Substituted "CWA" for "CBOSS" throughout; and in the introductory paragraph of (a), inserted a comma following "representative".

Annotations

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N.J.A.C. 10:69-7.1

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NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 69. AFDC-RELATED MEDICAID > SUBCHAPTER 7. CASE RECORDS AND FILES

§ 10:69-7.1 Purpose of case records

(a) The case record is the official file of forms, chronological narrative, correspondence, and other documents pertinent to the application and eligibility of the client. It constitutes a complete record of the CSSA's decisions and actions about eligibility for each case. Since it is the record of information on which decisions to grant, deny, or continue Medicaid coverage in accordance with law and regulations are made, it is mandatory that a case record be established for every individual who applies for and/or receives Medicaid.

(b) The case record shall be kept absolutely confidential.

(c) The case record also serves:

1. To provide the information necessary for action in conformity with all relevant legal requirements in the CSSA's relationship with the client;

2. To provide an adequate and accurate source of information for the DMAHS and Federal staff for statistical studies or other research purposes that will be statistical in nature and include no beneficiary's names; and

3. As an essential tool in supervision.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

In (a), inserted a comma following "correspondence"; in (a) and (c)1, substituted "CWAs' " for "county board of social services' "; and in (c)2, substituted "DMAHS" for "Division of Medical Assistance and Health Services" and "that" for "which".

Annotations

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N.J.A.C. 10:69-7.2

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§ 10:69-7.2 Contents of the case record

(a) The validity of all case action rests primarily on the significance of the data in the case record. The following items shall be part of the case record:

1. All completed forms necessary for the appropriate AFDC-related Medicaid programs;

2. Any pertinent narrative recording;

3. A log of each contact with client and summary of substance;

4. All medical reports, as appropriate; and

5. All case-related referrals, correspondence, memorandums and documents except those that are required by law or regulation to be maintained in some other files.

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N.J.A.C. 10:69-7.3

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§ 10:69-7.3 Documentation of verification of factors of eligibility

(a) It is essential that the CSSA carefully document its verification of all eligibility requirements. It is extremely important that when reference is made to a document or source of verification, sufficient information be provided so that the document or source can be readily identified.

(b) The preferred method of documentation is inclusion in the case record of the original document, or photocopy of such document verifying a factor of eligibility.

1. If the eligibility worker has reviewed but not obtained a copy of a document, a description of the document and its location shall be included in the case record to facilitate review of the material, where necessary, by the Division of Medical Assistance and Health Services.

(c) There shall be instances where the limited space provided on the application for verification shall be insufficient to record all relevant facts. It shall then be necessary to provide whatever further information is needed through narrative recording in the case record. When this occurs, the eligibility worker shall indicate on the application that additional information is available in the case record.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

In (a), substituted "CWA" for "CBOSS".

Annotations

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N.J.A.C. 10:69-7.4

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§ 10:69-7.4 Maintenance and custody of case records

(a) All financial eligibility record material relevant to each client or client group shall be maintained in a folder, jacket, or envelope bearing the appropriate registration number, separate and apart from material relevant to social services.

(b) All records shall be filed in a secure and fire-resistant room. A separate file shall be maintained for each program. The CSSA director may further subclassify the case records in whatever manner is best suited to local administrative use and control, provided that all such classifications are cross-indexed so that it shall be possible to locate immediately the whole of any case record either by name or registration number.

(c) All records shall be maintained in accordance with the New Jersey Division of Revenue and Enterprise Services (DORES) Records Management Services (RMS) policy (see N.J.A.C. 15:3). The RMS website is: http://www.nj.gov/treasury/revenue/rms/index.shtml.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: 49 N.J.R. 1789(a), 49 N.J.R. 3729(a).

In (b), substituted "CWA" for "CBOSS"; and added (c).

Annotations

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N.J.A.C. 10:69-7.5

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§ 10:69-7.5 Movement of case records

(a) No case record or official part of such record shall be removed from its designated filing cabinet without an identifying record of the person who has custody of it.

(b) Any case record or official part that has been removed from its designated filing cabinet shall be placed in some similar storage arrangement at the close of each business day.

(c) No case record or official part shall be removed from the offices of the CSSA except at the specific authorization of the director, deputy director, or other person specifically designated by the agency director to authorize such removal.

History

HISTORY:

Amended by R.2017 d.209, effective December 4, 2017.

See: *49 N.J.R. 1789(a)*, *49 N.J.R. 3729(a)*.

In (c), substituted "CWA" for "county board of social services", and inserted a comma following the second occurrence of "director".

Annotations

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