

State of New Jerzey Department of Human Services Division of Medical Assistance and Health Services P.O. Box 712 Trenton, NJ 08625-0712

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JOHN R. GUHL

Director

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MEDICAID COMMUNICATION NO. 10-09

DATE: November 24, 2010

TO:County Welfare Agency Directors
Institutional Services Section (ISS) Area Supervisors

SUBJECT: Case Processing Time Limit Increase

Effective immediately, when processing applications for Medicaid programs related to the Aged, Blind and Disabled population, the County Welfare Agency (CWA) and the Institutional Services Section (ISS) will be given 45 days to determine eligibility for Aged cases and 90 days for those cases where a disability determination is required for Blind and Disabled applicants. Previously, the time limit had been 30 days and 60 days respectively. This adaptation is in line with Federal regulation 42 CFR 435.911 and supersedes NJ Administrative Code 10:71-2.3(a).

Operational Procedures

During the initial face-to-face interview, the case worker should provide a checklist/missing information letter to the applicant or their representative highlighting verifications and supporting documentation which are required to process the Medicaid application. This notification letter will be considered the beginning of the case processing time limit.

The worker will then review and analyze information contained in the Medicaid application. It is important to remember to utilize the various computerized systems accessible to the Agency as a means to verify the information provided on the application. The Agency must document the source of this information and include a copy of these verifications in the case record.

If additional verifications are needed and the applicant or their representative does not respond to the worker's request after a time period, as specified by the Agency, an additional request for information must be sent informing the applicant of what documentation is still needed in order to determine their eligibility. This letter will also inform the applicant or their representative that if the information is not received within the specified time period from the receipt of the request, the case will be denied. It should be understood that exceptional circumstances can arise in determining eligibility for Medicaid. Therefore, if the applicant or their representative continues to cooperate in good faith with the Agency, an extension of the time limit may be permitted. These exceptional circumstances shall be documented in the case record.

If the applicant or their representative continues to fail to provide the requested information, or fails to act within the spirit of cooperation, a denial letter with applicable New Jersey Administrative Code citations must be sent to the applicant. After the denial letter is sent, no further documentation will be accepted by the Agency. The applicant or their representative will be informed that a new application must be submitted; however, verifications from the previous application shall be utilized in the new application where applicable. Every application must have a disposition regarding eligibility within these new timeframes, except when documented exceptional circumstances arise.

The Agency also must redetermine the eligibility of Medicaid recipients, with respect to circumstances that may change, at least every 12 months (every 6 months for the Medically Needy segment of New Jersey Care...Special Medicaid Programs). The Agency must give recipients timely and adequate notice to provide the requested information as well as the proposed action to either terminate, discontinue, or suspend eligibility they may receive under Medicaid.

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

Sincerely,

John Blukl

John R. Guhl Director

JRG:D

- Page 3
- c: Jennifer Velez, Commissioner Department of Human Services

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