NJFamilyCare
Medicaid Eligibility

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New Jersey FamilyCare Comprehensive Demonstration

• Special Terms and Conditions
  – Newest Version: December 21, 2018
  – Demonstration Extension: August 1, 2017 through June 22, 2022
NJ FamilyCare Demonstration Significant MEG Changes

- Supports Program (including PDN)
- Children’s Support Services Program (SED)
- Children’s Support Program (I/DD)
- IDD Program Out of State NJ Residents
- Community Care Program (previously 1915(c) waiver)
- Autism Spectrum Disorder Program
Medicaid Only
SSI

NJ Care
ABD

New Adult Group
ACA Expansion
MAGI Medicaid

Workability

MLTSS
(Institutional Medicaid)

Medicare
Savings Program
All of these Doors are Confusing!

But does it matter?

YES!

Because HCBS supports and services are tied to Medicaid eligibility more and more.
Punch Line: 42 CFR 435.916

- Periodic Renewal/Redeterminations
  - Ex parte redeterminations
  - Pre-populated forms
  - Process if form submitted within 90 days of termination
  - NO new applications

- Must consider all bases of Eligibility prior to termination: 42 C.F.R. 435.916(f)(1)

- Must give written notice and FH rights
  - See CMCS Informational bulletin June 7, 2017
Lots and Lots of Eligibility Silos
Here of some of those silos

- Boards of Social Services or CWAs
- DMAHS
- DDD
- DCF/CSOC
- NJFamilyCare
- Office of Community Choice Options
Medicaid Only SSI
NJ Care ABD
New Adult Group ACA Expansion MAGI Medicaid
Workability
MLTSS (Institutional Medicaid)
Medicare Savings Program
SSI-Related

Eligibility

- Aged: ≥ 65 years old
- Blind or Disabled (any age)

Income

- ≤$802.25 individual, ≤$1182.36 couple (living in own household)

Resources

- <$2000 for individual; <$3000 for couples
- Home and 1 car do not count toward resources
SSI-Related & Where do I apply?

• SSI-related Medicaid → SSI application = Medicaid application

• Medicaid Only → On-Line or with County Welfare Agencies (CWAs)

Service Package = Plan A
Medicaid Communication 19-01

Applies to an SSI recipient whose SSI is terminated
NJ Care: Aged, Blind, & Disabled

Eligibility

- Aged: ≥ 65 years old
- Blind or Disabled (any age)

Income

- ≤$1041.00 individual, ≤$1410.00 couple

Resources

- <$4000 for individual; <$6000 for couples
- Home and 1 car do not count toward resources
NJ Care: Aged, Blind, & Disabled

Where do I apply?

- Medicaid Only → On-Line or with County Welfare Agencies (CWAs) with paper application

Benefit Package = Plan A
Single Adults and Parents: ACA Expansion or MAGI Medicaid

Ages: 21 - 64 year olds*

• No longer eligible upon turning 65

No Disability determination needed:

• OK → disability determination (SSDI)
• No longer eligible once eligible to receive Medicare

Modified Adjusted Gross Income (MAGI)

• Think line #7 on IRS Form 1040 +

Income ≤ $1437/month individual (138% FPL)

No resource limit
Single Adults, Parents, Children: Where do I apply?

• On-line at njfamilycare.org
  • On-line application
  • Download a paper application
  • Most are done at the State level through vendor

• At the County Welfare Agencies (CWAs)

  Children = Plan A
  Adults=Alternative Benefits Plan/ABP
NJ Workability

Eligibility
- Age 16 years to 64 years old
- Disability Determination
- Work Earning ≥ $400/year

Countable Income
- ≤$2603/month* individual (unearned ≤$1041)

Resources
- <$20,000 individual
- <$30,000 couple

SSDI and IRA are disregarded
NJ Workability
Where do I apply?

- Division of Disability Services
  11A Quakerbridge Plaza, Mercerville NJ
  (Mailing: PO Box 705 Trenton NJ 08625)
  Telephone: 888-285-3036
  Fax: 609-631-4365
  Key Staff: Cynthia Mapp

- County Welfare Agency (ABD)

- Online application (ABD)
Managed Long Term Services and Supports (MLTSS)

Financial Eligibility
- Income ≤$2313 income*
- Resources ≤$2000 resources
- 5 year look back: No gifting
- Spousal Impoverishment protections

Clinical Eligibility
- Hands-on assistance in 3 ADLs (bathing, dressing, bed mobility, toileting, eating, transfer, ambulation) OR if cognitive impairment, supervision/cueing in 3 ADLs
- ≤20 years old – More stringent medically necessary criteria (e.g., seizure disorder)
Managed Long Term Services and Supports (MLTSS)

Clinical Eligibility Children ≤20 years old (STC #32)

Child exhibits functional limitations, identified in terms of developmental delay or functional limitations in specific age-appropriate activities of daily living, requiring nursing care over and above routine parenting and meets one of the following nursing care criteria:

i. Medical and/or intense therapeutic services for the medically complex child who exhibits a severe illness that requires complex skilled nursing interventions 24 hours per day, seven days per week.

ii. Skilled Nursing Services must be based upon, but not limited to, at least one of the following:

a. Dependence on mechanical ventilation;
b. The presence of an active tracheostomy;
c. The need for deep suctioning;
d. The need for around-the-clock nebulizer treatments with chest physiotherapy;
e. Gastrostomy feeding when complicated by frequent regurgitation and/or aspiration; or is on continuous feeding for more than 4 hours at a time;
f. A seizure disorder manifested by frequent prolonged seizures requiring emergency administration of anticonvulsant medication in the last four months; or
g. Medical and/or intense therapeutic services for the technology dependent child who requires a medical device that the Federal Food and Drug Administration has classified pursuant to 21 C.F.R. 860.3, as amended and supplemented, as a life-supporting or life-sustaining device that is essential to, or that yields information that is essential to, the restoration or continuation of a bodily function important to the continuation of human life. These services must be provided if the life-supporting or life-sustaining device is necessary to compensate for the loss of a vital function, to avert death or further disability, and if the use of the device requires ongoing skilled nursing intervention.
Managed Long Term Services and Supports (MLTSS)

• **Includes:**
  – Personal Care Assistance (PCA)
  – Private Duty Nursing (PDN)
  – Respite
  – Care management
  – Home and vehicle modifications
  – Home delivered meals
  – Personal emergency response systems
  – Mental health and addiction services
  – TBI specific community-based services
  – Assisted Living Facilities
  – Nursing Homes
Where do I apply for MLTSS?

- **ADRC**: 1(877) 222-3737
- Office of Community Choice Options or OCCO does the clinical screen
- Application: on-line or at CWA (ABD)
- If currently enrolled in Medicaid
  - Call Managed Care Organization or MCO for clinical eligibility screen
Community Care Program (CCP)

**Financial Eligibility**
- Income $\leq$2313 income (QIT over SIL)
- Resources $\leq$2000 resources
- 5 year look back: No gifting
- QIT/Spousal Impoverishment Protections

**Other Eligibility**
- Be reached on the CCP waiting list or determined to be at imminent risk of homelessness
- Meet functional criteria for DDD services
- Meet LoC for ICF-ID
Supports Programs Plus PDN

Financial Eligibility
- Income ≤$2313 income (QIT option)
- Resources ≤$2000 resources
- 5 year look back: No gifting?
- Spousal Impoverishment Protections

Clinical Eligibility
- An individual must meet the functional criteria of having a developmental disability. In general, individuals must document that they have a chronic physical and/or mental impairment that: manifests in the developmental years, before age 22; is lifelong; and substantially limits them in at least three of these life activities: self-care; learning; mobility; communication; self-direction; economic self-sufficiency; the ability to live independently.
Supports Plus PDN Program

• Includes:
  – Assistive Technology
  – Behavioral Supports
  – Cog Rehab
  – Community inclusion Services
  – Day Habilitation
  – Occupational Therapy
  – Prevocational Training
  – Support Coordination
  – Supported Employment
  – Private Duty Nursing
Where do I apply for CCP and Supports Program?

- **DDD Intake**
  - Including CAT assessment

- **Medicaid Waiver Unit in DDD**
  - Kelli Rice
    - Kelli.Rice@dhs.state.nj.us
Children’s Support Services Program (I/DD)

Financial Eligibility

– Medicaid or CHIP eligible: Plan A and HCBS Services in Attachment C
– No Medicaid or CHIP eligible; income up to SIL AND at risk of hospitalization/out of home care: Plan A and HCBS
– Not eligible for first two above, HCBS services in Attachment C

Clinical Eligibility

– Under 21
– Meet functional eligibility criteria of I/DD
– May have co-occurring I/DD and MI
Medicare Savings Programs

- **Qualified Medicare Beneficiary (QMB)**
  - **Income:** ≤100% FPL ($1041)

  *QMB “Plus”* = individual has full-scope Medicaid
  *QMB “Only”* = ineligible for full scope Medicaid

- **Specified Low-Income Medicare Beneficiary Program (SLMB)**
  - **Income:** ≤ $1249/month
  - **Qualified Individual or QI**
  - **Income:** ≤ $1406/month

Resource limit for all MSPs: ≤$7,730
Where do I apply for MSPs?

Division of Aging Service
1 (800) 792-9745

On line at
NJSAVE
What if my Medicaid is terminated?

Written Notice:

- Right to a “fair hearing”
- Right to continuation of services pending the outcome of the hearing
- Constitutionally protected rights!

Medicaid is required to screen for ALL Medicaid program eligibility before terminating you!
Questions?

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