



The Managed Long-Term Services and Supports (MLTSS) program is part of New Jersey Medicaid, also known as NJ FamilyCare, Aged, Blind, Disabled Programs (ABD). MLTSS provides comprehensive care in a variety of settings, including assisted living facilities, group homes, nursing homes, or in your own home. The goal of MLTSS is to enable people who require a nursing home level of care to live in the location of their choice, with the care they need.

Enrollment in MLTSS requires establishing two things:

- (1) **clinical eligibility;** and
- (2) **financial eligibility.**

Clinical eligibility means that a medical professional agrees that you need extra care for daily living. Financial eligibility means your income and things you own are within the limits of the MLTSS program. Each one is described in greater detail in this guidance.

MLTSS Application Guidance

Managed Long-Term Services and Supports (MLTSS) Application Guidance



If you are not found clinically eligible for MLTSS by the Division of Aging Services, you will receive notice from the Office of Community Choice Options. The CSSA will assess your eligibility for other Medicaid programs.

How to schedule a screening exam:

- If you are living in the community and not already enrolled in a Medicaid program, contact your Area Agency on Aging (AAA) at **1-877-222-3737** to schedule an MLTSS screening exam.
- If you are enrolled in a Medicaid program, call the member services number on the back of your Health Plan or HMO card. Ask for a clinical eligibility exam for the purpose of enrolling you in MLTSS.
- If you live in a facility, such as an assisted living facility or nursing home, ask the social worker to help you schedule your MLTSS screening exam.

(1) Clinical Eligibility

Do you have a medical need for MLTSS?

To qualify for MLTSS, you must need a "nursing home level of care." An official screening exam is required to see if you need hands-on assistance with three or more activities of daily living, such as bathing, dressing, and mobility. Schedule your exam as soon as you need more care. It is helpful, but not required, to begin this process before you apply for MLTSS.

Additional Assistance and Information

This guidance is intended to answer the most frequently asked questions. It does not cover every situation. If you are not sure what to do, or if you have a question that does not appear on this list, you may:

- Consult with an attorney who specializes in elder law or Medicaid planning;
- Call the Health Care Access Project at Legal Services of New Jersey (**1-888-576-5529**); or
- Use the following list to find free legal services available in your county: www.nj.gov/basicneeds/legal-aid/find-legal-aid.shtml.

You may also reach out to your local CSSA if you would like to speak with someone on the phone or in person. To find your local CSSA, please visit the NJ FamilyCare website at njfamilycare.dhs.state.nj.us/need_help.aspx.

More information on the MLTSS program is available at the Division of Medical Assistance and Health Services website: www.nj.gov/humanservices/dmahs/home/mltss.html.



(2) Financial Eligibility

Do your income and resources meet the MLTSS program guidelines?

Your next step is to apply for MLTSS through your local County Social Service Agency (CSSA). A CSSA caseworker will evaluate the information you provide to see if you qualify financially for MLTSS. They will look at your income and financial resources, also known as assets. You must own less than \$2,000 in total resources. The house you live in and the vehicle you use do not count toward this total. If you are married and your spouse is not applying, some of your marital assets will be set aside for your spouse and will not count toward this total.

Resources are always counted as of the first day of the month – even if the amount goes lower the very next day – you will not qualify for MLTSS for any part of that month. If your application was denied because you were over the resource limit, you can reapply at any time. A caseworker will review your resources and income going back five years from the date of your first application for MLTSS. Part of this "look-back" will include checking to see if you have transferred assets for less than fair market value. Fair market value is the most likely price someone would pay on the open market for things like property and other assets. For example, if you give your house to your child instead of selling it or sell your house for less than it is worth, then that would be a transfer for less than fair market value. Any unexplained transfer of cash, without a good or service received in return, can also be considered a transfer for less than fair market value. This is why it is so important to provide documentation whenever you have it or give your caseworker an explanation when you do not have any paperwork.

How to Apply

MLTSS applications are processed by the County Social Service Agency (CSSA) of the county where you live. You can apply online or complete a paper application that can be mailed or submitted in person. A list of CSSA locations is on the NJ FamilyCare website at njfamilycare.dhs.state.nj.us/need_help.aspx.

Applying online (dmahs-nj.my.site.com/familycare/quickstart) is the fastest way to start the application process. You will be able to upload your documents at the end of the application. If you cannot upload your documents, you can bring them in person or mail them to the CSSA office after you submit the online application.

You can also fill out a paper application provided by the AAA or CSSA, or you can print a copy of the application form www.nj.gov/humanservices/dmahs/clients/medicaid/abd/. You should keep a copy and a list of what you submit.

When you apply, answer "Yes" to the question on the application that asks if you need "nursing home like" services and need assistance with daily activities, such as dressing, bathing, and mobility. This will make sure that your application is processed for MLTSS. You do not need to live in a nursing home to apply for MLTSS.

For more details, flip open here.

1 Required Documents

You will have to provide documents, such as bank statements, life insurance policies, deeds to your property, etc. for the time period starting five years before the date of your first application for MLTSS up to the date of the current application. *This entire time period, which may be longer than five years, is referred to as the “look-back period.”* The more documents you can provide to the CSSA at the time you apply, the easier your application can be processed. Any missing documentation can cause a delay or result in your application being denied.

- ✓ The **ABD Checklist** (www.nj.gov/humanservices/dmahs/clients/medicaid/abd/ABD_Checklist_NJFC-ABD-CL-0416.pdf) is a complete list of documents the CSSA needs to make a decision on your application. Read the list carefully and submit all information and documents that apply to your situation. If you cannot get a document, you must write an explanation of the steps you took to get it and the reason why you can’t provide it. Your application will be denied without a good reason for missing documents. If your application is denied because you did not provide enough documentation when you applied, or after it was requested by your CSSA, you will have to apply again when you have the information.
- ✓ You can help your CSSA with your application by submitting as many documents as you can right away. The more you send in, the easier it is for the CSSA to make a decision on your application. Organizing your documents can also speed up the process. Include a list of the documents you are providing and put bank statements in order from newest to oldest.

Bank Statements

You must provide **quarterly statements** from any bank account or similar resource you owned during the look-back period.

“Quarterly statements” means one month’s statement from each quarter of the year [Quarter 1, January-March; Quarter 2, April-June; Quarter 3, July-September; and Quarter 4, October-December].

The CSSA may later ask for monthly statements if the quarterly statements show a lot of financial transactions. If you would like, you can provide monthly statements when you apply.

- If the bank account has been closed, send quarterly bank statements for the look-back period through the date it was closed; proof that it was closed; and proof of where the funds were deposited.
- You must send statements for all bank accounts that list you as an owner or co-owner during the look-back period, even if you never deposited or withdrew funds from the account. If your name has been removed from the account, then you must also provide proof that your name was removed.

Marital Status

You should only check off “single” if you have never been married. *Do not check “single” if you are separated from your spouse, no matter how long.*

- If you are widowed, submit a copy of your spouse’s death certificate.
- If you are divorced, include a copy of your divorce decree. If the divorce occurred within the look-back period, also include a copy of the property settlement agreement (if any).
- If you are separated, write all the details you have about your spouse’s contact information and financial status.

Deposits into Bank Accounts

- If a deposit is recurring, such as a pension, provide one explanation with proof of the current gross amount, any deductions, and how long you expect to get this deposit. You should explain any change in the amount or length of time you will receive the deposit.
- If a deposit is from another resource no longer available to you, such as a bank account or stock dividends, then you must provide proof the account was closed and where the funds were deposited. You must submit quarterly statements for the look-back period prior to the closing of these accounts.
- For deposits via electronic services, such as Zelle, Venmo, or Paypal, you must provide proof of the source. If the source is an account that belongs to you, you must provide the current value, as well as look-back statements for that account. If the source is someone else, you must provide an explanation as to why they paid you money.

Cash Withdrawals

Review your bank statements before you submit them. For any cash withdrawal in a large amount, you should provide receipts if you have them. If you don’t have receipts, write a detailed explanation for the withdrawal.

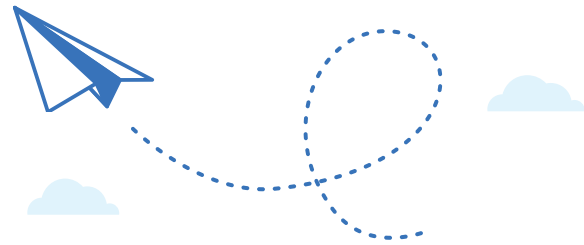
Life Insurance Policies

If you own a life insurance policy that has a face value over \$1,500 (or multiple policies with a total face value over \$1,500), you should call the insurance company to get a letter showing the cash value of the policy. The cash value will be counted as a resource and will result in a denial if your resources are over \$2,000. You should think about the cash value prior to applying. You are not required to cancel or cash out the policy. Other options are possible, such as assigning the policy to a funeral home.

Transfer of Resources

The review of the look-back period documents if you have transferred assets for less than fair market value. *Any transfer that is not documented or explained will be treated as a gift.* A transfer penalty will be determined for the monetary value of the total amount of gifts. This transfer penalty is a period of time you will not be eligible for Medicaid. The calculation of the transfer penalty is based on the total dollar amount of transfers being treated as gifts, which includes the value of assets sold for less than fair market value.

- If a house, car, or similar resource has been sold or transferred in the past five years, include detailed information about the transfer, such as the closing statement, current owner (if you know), and proof of where the funds were deposited.
- Transfers to other people, including cash, checks, or transfers between accounts, must be explained. You should provide receipts, if you have them, and a written explanation about the transfer. Checks written to “cash” will result in a transfer penalty, unless you can provide enough documentation or a written explanation.
- If any payments were for caregiving services, include a copy of any contract for those services. It is helpful to provide caregiver logs if you have them.
- If any income or payments were related to a loan, provide documents showing the existence of the loan, repayment terms, any receipts or logs of payments, etc.

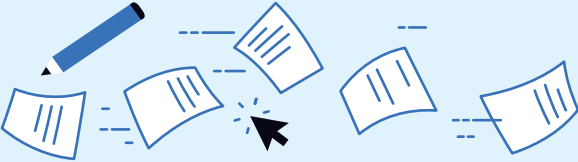


2 Income Eligibility

If your income is higher than \$2,901 per month in 2025, then you will need to establish a Qualified Income Trust (QIT) to be considered income-eligible for MLTSS. A QIT is a financial tool made up of a simple trust document and a bank account. It is used to redirect your income so that this income is not counted when determining eligibility. Once the QIT document is signed and the QIT bank account is funded, you can be income eligible for MLTSS. Note that income placed in the QIT may only be used to help pay for cost of care (in accordance with Post Eligibility Treatment of Income rules), and may be subject to recovery by the State of New Jersey after your death. Further information about the QIT process, including a template of the trust document, can be found at www.nj.gov/humanservices/dmahs/clients/mtrusts.html.

3 Self-Attestation Form

You may be able to fill out a Self-Attestation Form and provide fewer documents if your monthly income is less than \$1,305 per month in 2025. A Self-Attestation Form is a document you sign that states you have not transferred any money or property to someone else within the look-back period. If you think this applies to you, talk to your AAA or CSSA. Be aware that the CSSA will still run a computer check of your resources. If they see that you have transferred resources during the look-back period, more information will be requested, which will increase your application’s processing time.



4 Request for Information Letter

The CSSA may send you a Request for Information (RFI) letter to ask for more information about your application or documents. If you receive an RFI, respond to it as quickly as possible. If you cannot provide all the information that is requested, you can either ask for more time or provide a written explanation of what steps you took to get the information and why you were unable to get it. Include copies of any correspondence you sent in your effort to get the missing information.

You must respond to every request in the RFI. It can be helpful to number the requests in the letter and provide matching numbered responses. This helps the CSSA match your answers to the request and see that you answered every question.

5 Reapplying if You Are Denied

Your application may be denied if you:

- Do not respond by the deadline in your RFI letter;
- Do not provide all the documents or information needed to process your application; or
- Do not have financial eligibility (your income or resources were too high when you applied).

If your application is denied for any of these reasons, you do not have to wait to reapply. If your circumstances have changed, you can reapply by filling out a new application. You will not have to re-send all of your documents. The CSSA will accept your new application with just the missing document(s) listed in your RFI letter or updated information on your change in circumstances. The CSSA will go back to your old application to find the rest of your documents and put them with your new application. If it has been several months since your last application, it is a good idea to provide updated bank statements and documents for any other changes, like a new address, different income, more expenses, etc.