SAUL M. KILSTEIN
DIRECTOR

QUAKERBRIDGE PLAZA
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TRENTON, NEW JERSEY 08625-0712

MEDICAID COMMUNICATION NO: 91-12

DATE: April 15, 1991

TO: County Welfare Agency Directors
Institutional Services Section Area Supervisors

SUBJECT: Introduction to the IEVS Resource Report (FD-348) Form

This is to advise that effective on or about May 1, 1991, as part of the implementation of IEVS II, the currently used VIMS Resource Report (PA-925) Form will be replaced with the newly developed IEVS Resource Report (FD-348) Form for Medicaid purposes.

Attached to this communication is a copy of the FD-348 Form. When reviewing the form, you will notice that, although the format of the FD-348 mirrors that of the PA-925, the statements contained in the response sections are directly applicable to the Medicaid program and allow for more specific case dispositions.

The instructions for the completion of the FD-348 are outlined below:

Section I - No Action Taken

Check **A, B, C, or D**

If **D - Eligible** is checked, also check **one** statement from **1 through 6**.

Section II - Action Taken

Check **A, B, or Both**

If **A - Case closed** is checked, also check **one** statement from **1 through 4** and **one** statement from **a, b, c, or d**, when applicable.

If **B - Third party liability** is checked, statement **1 - Health insurance identified** must be checked.

If both **A and B** are checked, then each of the subsections must be completed accordingly.

Section III - Additional Information

Check **A or B, Both or Neither**.

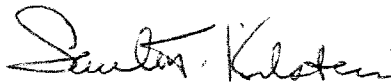### Signature of Preparer and Date

Self-explanatory.

Please note that any FD-348 Form which is incomplete or completed improperly will be returned to the county welfare agency for corrective action. The system will not accept incomplete or incorrectly entered information.

Also as part of the implementation of IEVS II, the county welfare agencies will begin to receive one Overdue Response-Detail Report which will include each of the IRS, UIB, WRS, and SSA matches, instead of the four separate reports they are currently receiving. The combined report will be sorted by case number.

As in the past, the completed FD-348 Forms should be forwarded to the Division of Medical Assistance and Health Services, Bureau of Management Information Systems (BMIS), CN-712, Trenton, New Jersey 08625, Attention: Richard Picone.

Please share a copy of this communication with appropriate staff. Any questions concerning this information should be directed to Ginny Elmer, of BMIS, at (609)588-2762.

Sincerely,

Saul M. Kilstein
Director

SMK:PTt
cc: Marion E. Reitz, Director
    Division of Economic Assistance

    Nicholas R. Scalera, Acting Director
    Division of Youth and Family Services

NEW JERSEY DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
IEVS RESOURCE REPORT

CASE IDENTIFICATION

CASE NAME		CASE TYPE	HSP #	CO. OF SUPV.

RESOURCE INFORMATION

COUNTY RESPONSE

COUNTY COPY	DATE RESPONSE DUE

COPY ALL RESPONSES FROM LEFT SIDE TO RIGHT SIDE, SIGN, AND DATE.

I NO ACTION TAKEN
- A. ☐ Case closed prior to review
- B. ☐ Benefit and employment periods differ
- C. ☐ Client and resource individual not the same person
- D. ☐ Eligible
  - 1. ☐ Resource(s) exempt
  - 2. ☐ Resource(s) inaccessible
  - 3. ☐ Less than resource limit
  - 4. ☐ Verification not received
  - 5. ☐ Liquidation in process
  - 6. ☐ Resource transferred

II ACTION TAKEN
- A. ☐ Case closed
  - 1. ☐ Resource—Ineligible
    - a. ☐ Unreported
    - b. ☐ Understated
    - c. ☐ Excess
    - d. ☐ Transferred (LTC)
  - 2. ☐ Income—Ineligible
    - a. ☐ Unreported
    - b. ☐ Understated
  - 3. ☐ Referred to another program:
    - a. ☐ New Jersey Care
    - b. ☐ Medicaid Only
    - c. ☐ Medically Needy
  - 4. ☐ Deceased
- B. ☐ Third party liability
  - 1. ☐ Health insurance identified

III ADDITIONAL INFORMATION
- A. ☐ Case referred for investigation of possible fraud
- B. ☐ Recovery potential

SIGNATURE OF PREPARER	DATE

FD-348 (7/90)