



**State of New Jersey**

**DEPARTMENT OF HUMAN SERVICES**

**DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES**

**CN 712**

**TRENTON, NEW JERSEY 08625**

**(609) 588-2600**

**ALAN J. GIBBS**  
Commissioner

**SAUL M. KILSTEIN**  
Director

**MEDICAID COMMUNICATION 93-1**

**DATE: January 7, 1993**

**TO: County Welfare Agency Directors**

**SUBJECT: Continued Medicaid Eligibility for Certain SSI Ineligibles**

Continued Medicaid eligibility exists for those individuals who became ineligible for Supplemental Security Income (SSI) as the result of the January 1, 1993 cost-of-living increase in Social Security benefits. To ensure continuity of Medicaid benefits, potentially eligible individuals were issued cards valid through January 31, 1993. Effective February 1, 1993, CWAs will have ongoing responsibility for those individuals. The Division of Medical Assistance and Health Services (DMAHS) will send each individual a letter (sample copy attached) explaining this, on or about January 8, 1993.

A printout has been prepared from the Social Security Administration's (SSA) file which lists those individuals residing in your county. Attached is that portion of the printout pertaining to your county. Using the printout, the CWA shall prepare, by February 1, 1993, Form FD-346, **Certification In Lieu of Application for Medical Assistance Only** (copy attached for CWA reproduction), for appropriate cases.


Form FD-346 will provide authorization for "Medicaid Only" benefits until redetermination, at which time an application (Form PA-1G, **Application and Affidavit for Medical Assistance Only and Emergency Assistance for SSI Recipients**) must be completed. Since the SDX does not reflect a federal redetermination date, CWAs must schedule a redetermination of eligibility for "Medicaid Only" purposes within twelve months.

Continuing eligibility for Medicaid benefits must be redetermined in accordance with all existing program requirements. Individuals eligible under this special provision shall be afforded an additional disregard from income of the actual dollar amount of the 3 percent Social Security benefit cost-of-living increase of January 1, 1993. Any subsequent Title II cost-of-living increase will also be disregarded for those individuals. Additionally, this disregard shall be applied to income which is deemed from all financially responsible relatives: (i.e., spouse and parents). This disregard applies only to that special class of individuals and shall not be applied to other Medicaid applicants/recipients.

For those individuals determined ineligible for Medicaid benefits for reasons other than the Title II cost-of-living increase, the CWA must act to evaluate eligibility for other programs, i.e. New Jersey Care...Special Medicaid programs or terminate the case on the Medicaid Eligibility File. As in the past, "Medicaid Only" eligibility (nonpayment cases) terminated due to the Social Security increase is not affected by this provision. Note that the SSA file which was forwarded to the states this year contained only those individuals who were terminated from SSI eligibility due to an increase in Title II income payable in January of 1993. The Medicaid Eligibility File will automatically be updated to reflect non-money payment status code (12, 22, 52) and to maintain eligibility for those individuals.

This information is to be brought to the attention of appropriate staff. Questions may be directed to your Medicaid field staff.

Sincerely,

  
for Saul M. Kilstein  
Director

SMK:PG1  
Attachments

- c Marion E. Reitz, Director  
Division of Economic Assistance
- Nicholas Scalera, Director  
Division of Youth and Family Services



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**COUNTY WELFARE AGENCY/BOARD OF SOCIAL SERVICES**

**CERTIFICATION IN LIEU OF APPLICATION FOR MEDICAL ASSISTANCE ONLY**

This certification form provides for administrative action in lieu of application for the Medicaid Only program. It shall be used only for persons who become ineligible for SSI as a result of the January 1993 cost-of-living increase in Social Security benefits.

Case Name \_\_\_\_\_  
(last) (First) (Initial)

Case Number \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Social Security No. \_\_\_\_\_

Registration Date \_\_\_\_\_

Municipality of Residence \_\_\_\_\_

It is hereby certified that the above named individual has been evaluated as eligible for the Medicaid Only program, effective February 1, 1993.

\_\_\_\_\_  
Signature of Certifying Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Certifying Person



STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

**IMPORTANT MEDICAID NOTICE  
KEEP THIS IMPORTANT LETTER**

January 1993

You may have recently received a letter from the Social Security Administration advising that you were no longer eligible to receive a Supplemental Security Income payment because your income exceeds the eligibility standard. This appears to have been caused by the 3 per cent increase in your Social Security check which became effective January 1993.

However, Public Law 96-566 provides that you must be permitted to retain your Medicaid eligibility if the Social Security cost-of-living increase is the only reason this supplemental payment was terminated.

You should have already received your Medicaid Eligibility Identification Card, which covers the period from January 1 to January 31, 1993. Beginning in February, you will be sent a monthly Medicaid Validation stub from your County Welfare Agency/Board of Social Services. If you do not receive your February Medicaid Validation stub by February 3, 1993, contact your County Welfare Agency/Board of Social Services, and **bring this letter with you**.

Any questions you may have about covered Medicaid services can be answered by the Medicaid District Office serving your county. For your convenience, a directory of the Medicaid District Offices is shown on the back of this letter.



STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

MEDICAID DISTRICT OFFICE	DIRECTOR & PHONE NUMBER	ADDRESS
(01) Atlantic (05) Cape May (06) Cumberland Fax #1-609-344-2268	Tel. 609-441-3620	1601 Atlantic Avenue, 7th Floor Atlantic City, NJ 08401
(02) Bergen Fax #1-201-996-8084	Tel. 201-996-8060	171-173 Main Street Hackensack, NJ 07601
(03) Burlington (11) Mercer Fax #1-609-265-0095	Tel. 609-261-0448	50 Rancocas Road Mt. Holly, NJ 08060
(04) Camden (08) Gloucester (17) Salem Fax #1-609-757-4626	Tel. 609-757-2870	101 Haddon Avenue, 5th Floor Camden, NJ 08103
(07) Essex Fax #1-201-642-6468	Diane West, Director Tel. 201-648-2470 201-648-3700	153 Halsey Street, 4th Floor Newark, NJ 07101
(09) Hudson Fax #1-201-433-7544	Tel. 201-433-8011	2815 Kennedy Boulevard, 2nd Floor Jersey City, NJ 07306
(12) Middlesex (10) Hunterdon (18) Somerset (20) Union Fax #1-908-603-5643	Tel. 908-603-3151	25 S. Main Street Building B, Suites 5 & 6 Edison, NJ 08837
(13) Monmouth Fax #1-908-409-6446	Tel. 908-308-1159	1003 Route 9 North Howell, NJ 07731-1113
(14) Morris (19) Sussex (21) Warren Fax #1-201-631-6448	Tel. 201-631-6440	10 Park Place, 4th Floor Morristown, NJ 07960
(15) Ocean Fax #1-908-255-0743	Tel. 908-255-0731	1510 Hooper Avenue, Suite 130 Toms River, NJ 08753
(16) Passaic Fax #1-201-684-8182	Tel. 201-977-4077	66 Hamilton Street Paterson, NJ 07505