



## State of New Jersey

DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

CHRISTINE TODD WHITMAN  
Governor

WILLIAM WALDMAN  
Commissioner

VELVET G. MILLER  
Director

**MEDICAID COMMUNICATION NO.** 96-23

**DATE:** October 23, 1996

**TO:** County Welfare Agencies

**SUBJECT:** Communication with the Disability Review Section (DRS)

In an ongoing effort to provide expeditious service with regard to disability determinations, the Division is requesting your cooperation in addressing the issues outlined below:

- o **County of Supervision Clarification**  
Please ensure that cases referred to the Disability Review Section (DRS) clearly indicate the county which is responsible for the case, and to which the case is to be returned after a determination is made. This is particularly significant in cases where a client resides in one county, but the application is initiated by an "outstationed worker" in another county.
- o **Coordination and Communication of Medical Information**  
Please refrain from referring hospitals directly to the DRS. It is essential that all communications be coordinated and managed by your staff. Adherence to this practice ensures client confidentiality and facilitates the Disability Review Team's ability to review and expedite case dispositions.

If a case was denied and the client believes it was not **sufficiently documented**, in lieu of a fair hearing, he or she may request a reconsideration in writing through your agency representative to the DRS. This request should be accompanied by updated and current medical documents which he/she believes supports his/her claim. If the agency representative is in need of further direction, the DRS should be contacted.

For other disputed dispositions, the normal fair hearing process should be utilized. If an attorney represents the client, it will be necessary for the client to submit a statement, notifying the DRS that the attorney has been retained to represent him/her, and including the attorney's name, address and telephone number.

o **SSA Denials**

If a client has applied to SSA and received a denial letter, please have the worker obtain a copy of the denial letter and forward it to the DRS with the medical package. The availability of this document would help expedite a determination by the DRS.

o **Out-of-State Applicants**

Those applicants relocating to New Jersey, claiming to have SSI from another state, should submit evidence of authorization. If the award letter is dated within the past year, the DRS will accept the letter and schedule the case for redetermination. If the authorization is over one year old, the application, along with the complete medical package, should be forwarded to the DRS for review.

o **Veteran and Other Disability Recipients**

Recipients of Veterans, Temporary Unemployment/Disability Insurance benefits, or other disability programs are not automatically eligible for Medicaid Disability. Complete medical packages should be forwarded to the DRS for review.

Additionally, it would be beneficial to have our contact information updated. Please complete the attached Information Request Form and forward it to the DRS at the address below as soon as possible.

State of New Jersey  
Division of Medical Assistance & Health Services  
Disability Review Section  
CN-712

Trenton, NJ 08625-0712  
Attention: Lucretia Agostarola

Telephone: 609-588-2934  
Fax: 609-588-7343

Thank you for your continued support and cooperation.

Sincerely,



Velvet G. Miller  
Director

VGM:Ar  
Attachment  
c Medicaid Supervisors

## INFORMATION REQUEST FORM

1. Agency \_\_\_\_\_ Telephone: \_\_\_\_\_  
Director \_\_\_\_\_ Fax: \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Current mailing address, designated coordinator, telephone and fax number to which disability cases and communications in your county should be forwarded:

\_\_\_\_\_  
Attn: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

3. Medicaid Only Liaison: \_\_\_\_\_ (Name) \_\_\_\_\_ (Telephone)

4. New Jersey Care Liaison: \_\_\_\_\_ (Name) \_\_\_\_\_ (Telephone)

5. Medicaid Disability Liaison (if different from individual(s) identified in items 3 and 4):

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Telephone)