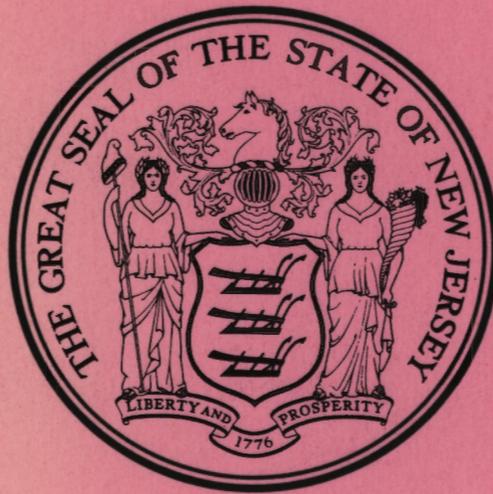


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PROPOSED REFORMS
OF
INCOME MAINTENANCE PROGRAMS



IN THE
STATE OF NEW JERSEY

COMMISSION ON INCOME MAINTENANCE

REPORT TO THE GOVERNOR AND THE LEGISLATURE

(pursuant to P.L. 1978, c. 108)

JANUARY 1, 1979

Second Printing

March 26, 1979

January 1, 1979

Governor Brendan T. Byrne

President of the Senate

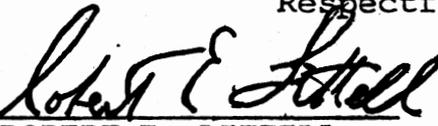
Speaker of the General Assembly

Members of the Legislature

Ladies and Gentlemen:

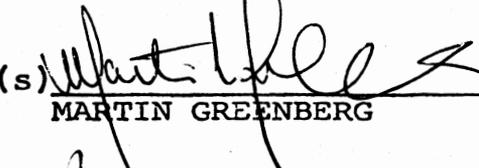
The Commission on Income Maintenance, created pursuant to P.L. 1975, c. 359 (approved on March 3, 1976), herewith respectfully submits its first report in compliance with the terms of P.L. 1975, c. 359, and in compliance with the mandate of P.L. 1978, c. 108 (approved on August 22, 1978). Pursuant to P.L. 1978, c. 108, the Chairman of said Commission is required to submit a report no later than January 1, 1979, to the President of the Senate, the Speaker of the General Assembly, and the Governor describing the activities and the accomplishments of said Commission and, if it is the judgment of the Commission, requesting that its abolition date of July 1, 1979, should be postponed or eliminated, and stating the reasons for such judgment.

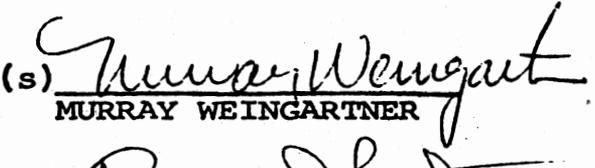
Respectfully submitted,

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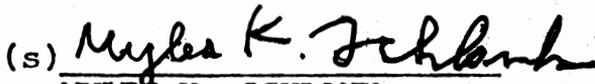
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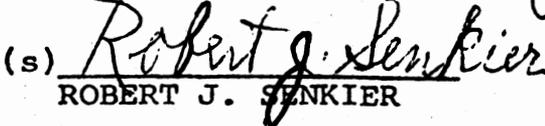
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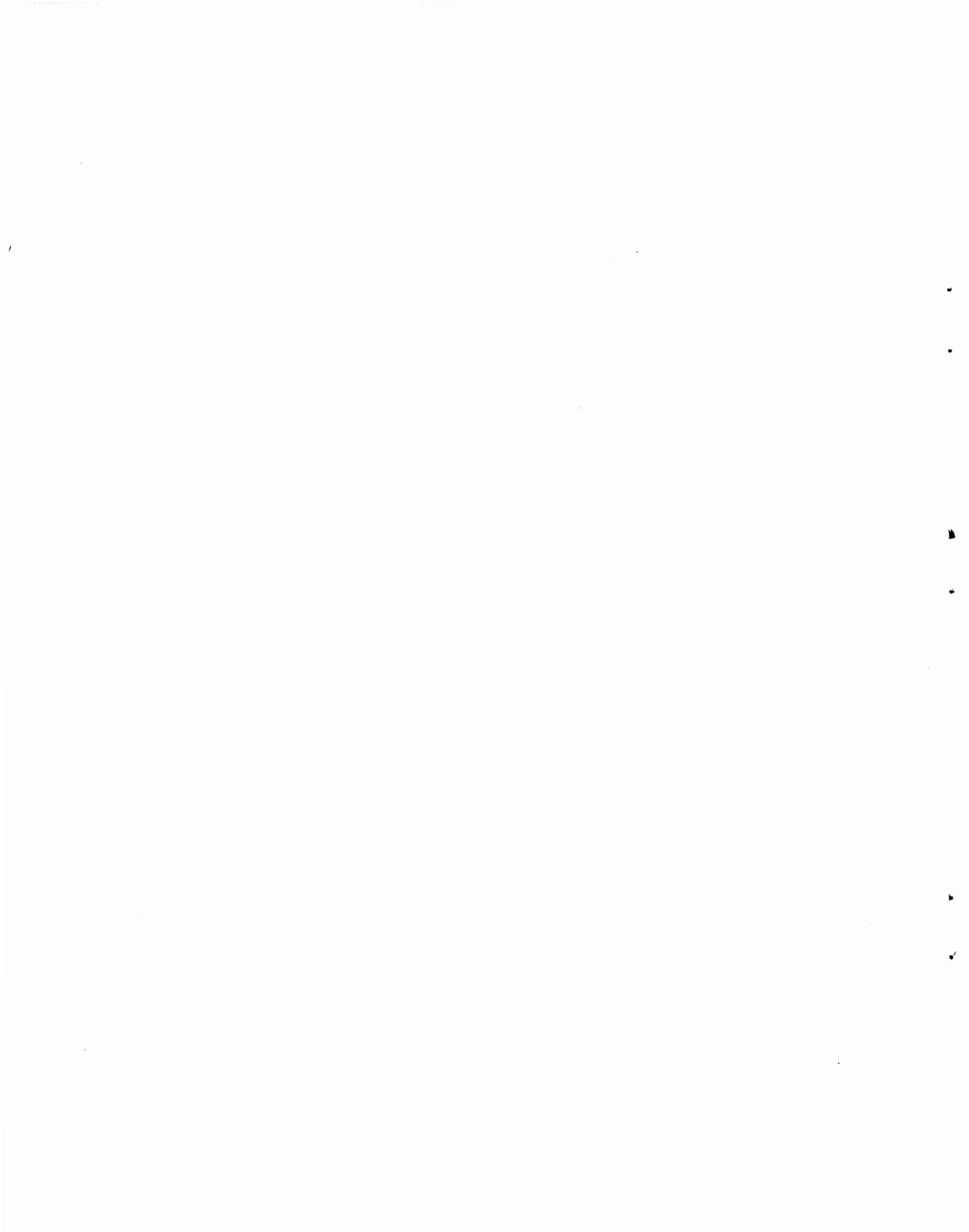
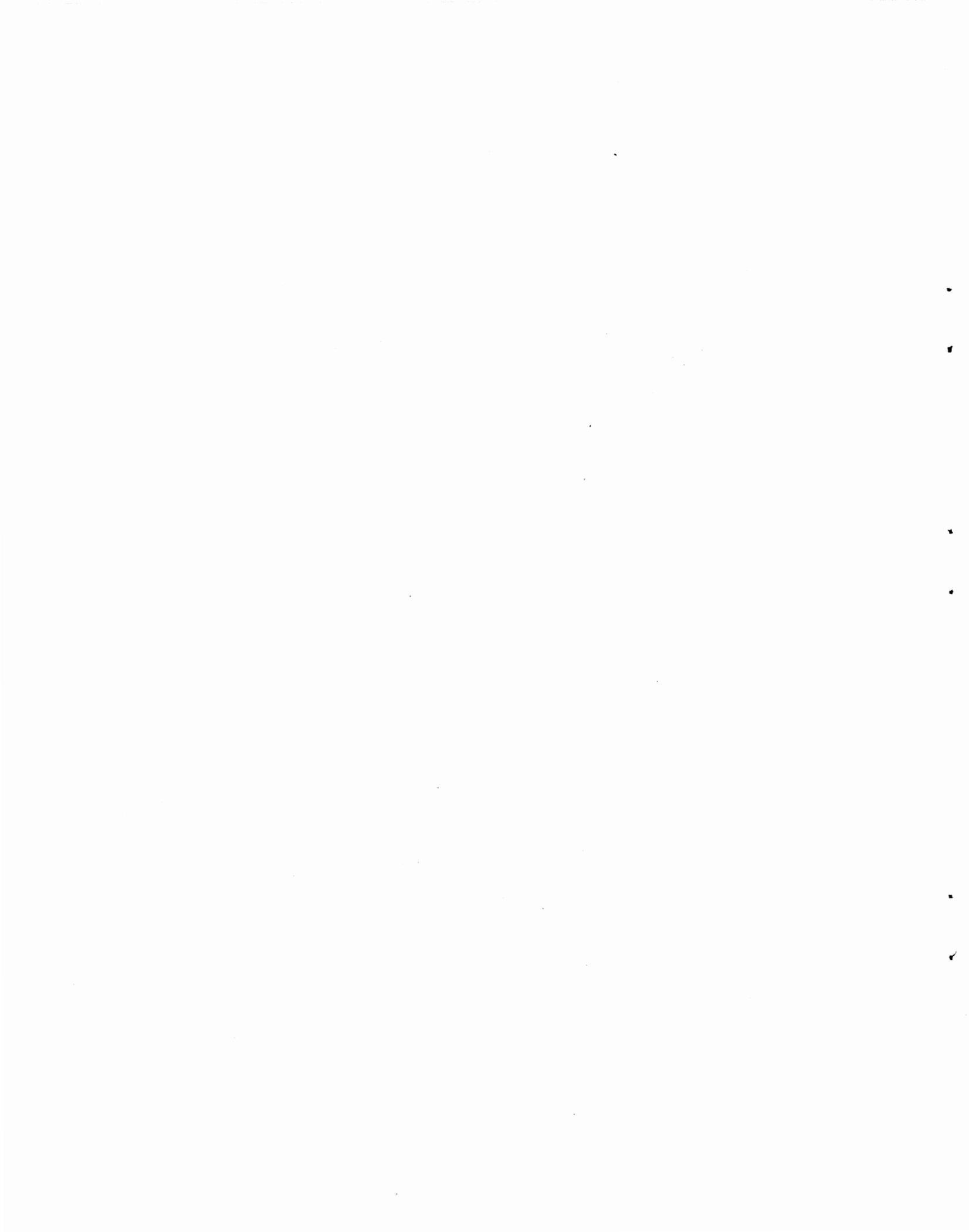


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NEW JERSEY LEGISLATIVE STUDY COMMISSION TO RECOMMEND

IMPROVEMENTS IN PROGRAMS OF INCOME

MAINTENANCE FOR THE INJURED AND DISABLED

MEMBERS

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Steven Lefelt, Esquire,¹ Vice-Chairman

Senator Martin Greenberg²
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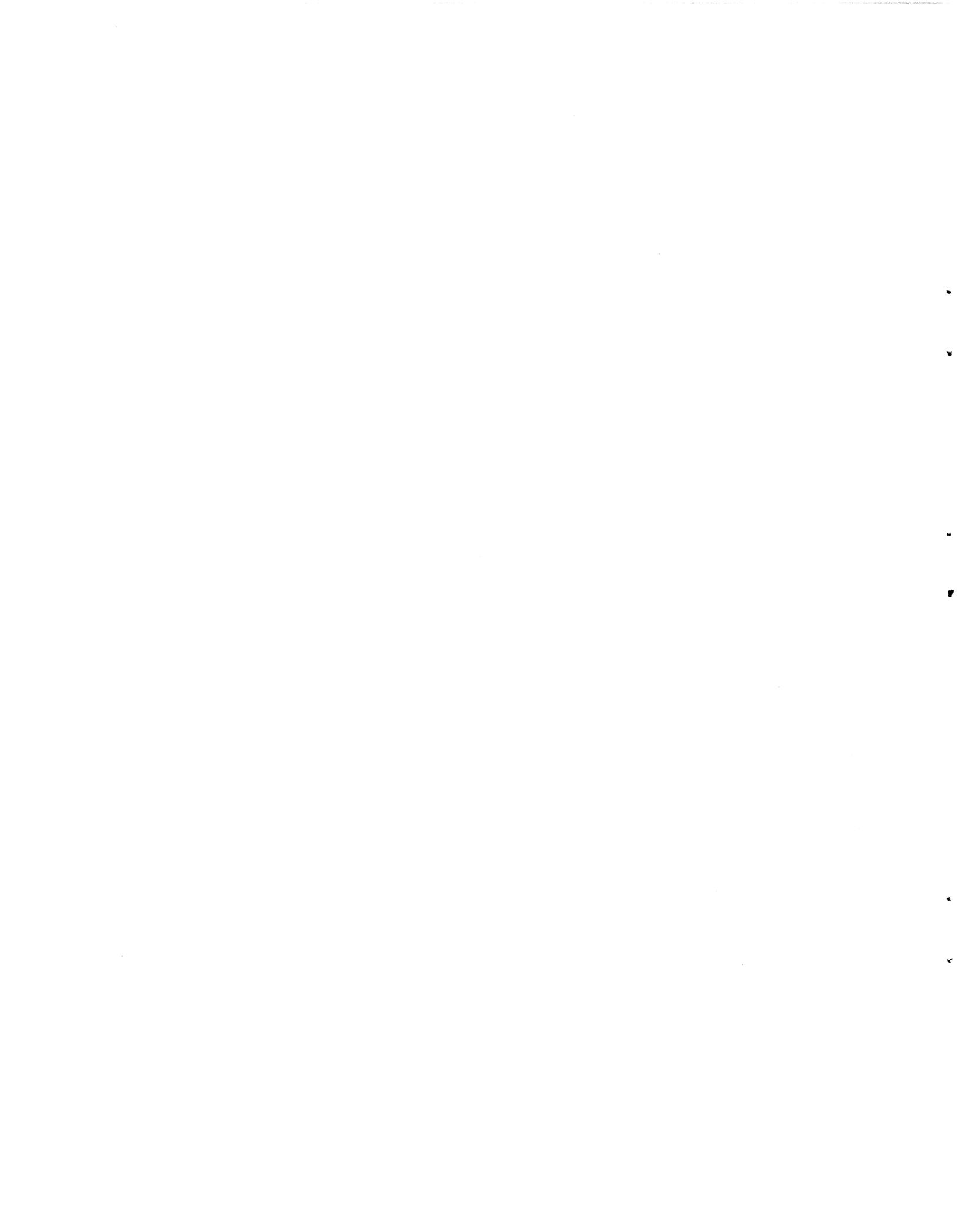
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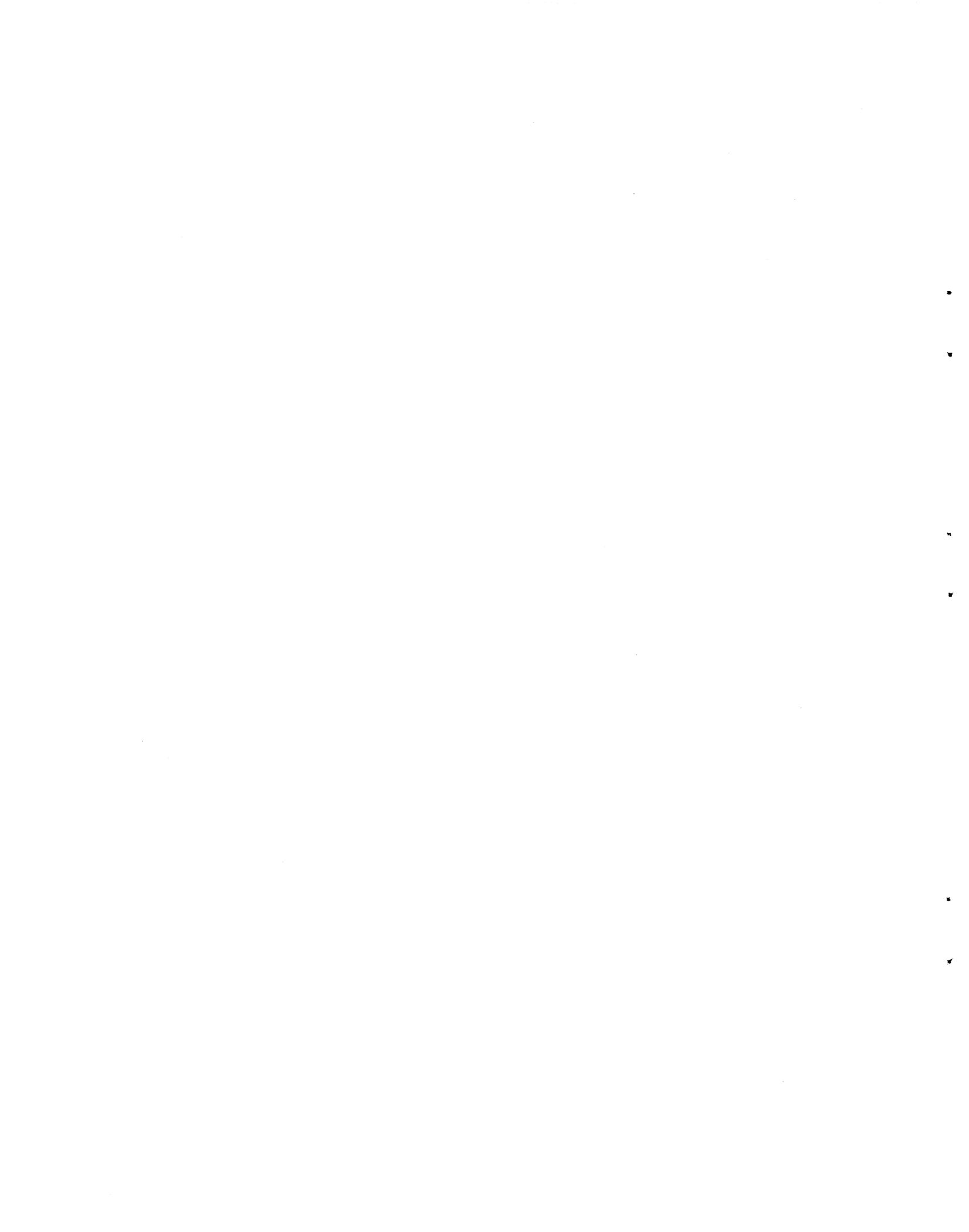
Peter P. Guzzo, Research Associate
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Legislative Services Agency

-
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² Appointed by Senate President
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RECOMMENDATION

The Commission should conduct a comprehensive feasibility study of alternative models for an integrated income maintenance program of state benefits for temporary disabilities. The Commission should also explore the practicality of a single purpose application and a unified referral, information, and "screening" system to determine probable eligibility for the various disability income maintenance benefits. In carrying out the above-mentioned tasks, the Commission may have to conduct public hearings and invite more people to testify at private hearings. Although there is a chance the Commission may conclude its studies before the expiration date of July 1, 1979, an extension of this date would allow the Commission to complete its studies without the pressures of a deadline. For these reasons, the Commission respectfully requests the Governor, the President of the Senate, and the Speaker of the General Assembly to eliminate the Commission's abolition date of July 1, 1979. The Commission would then be governed by the provision of P.L. 1975, c. 359 (which created the Commission) requiring it to report its findings and recommendations to the Governor and the Legislature, as soon as may be, accompanying the same with any legislative bills which it may desire to recommend for adoption by the Legislature.

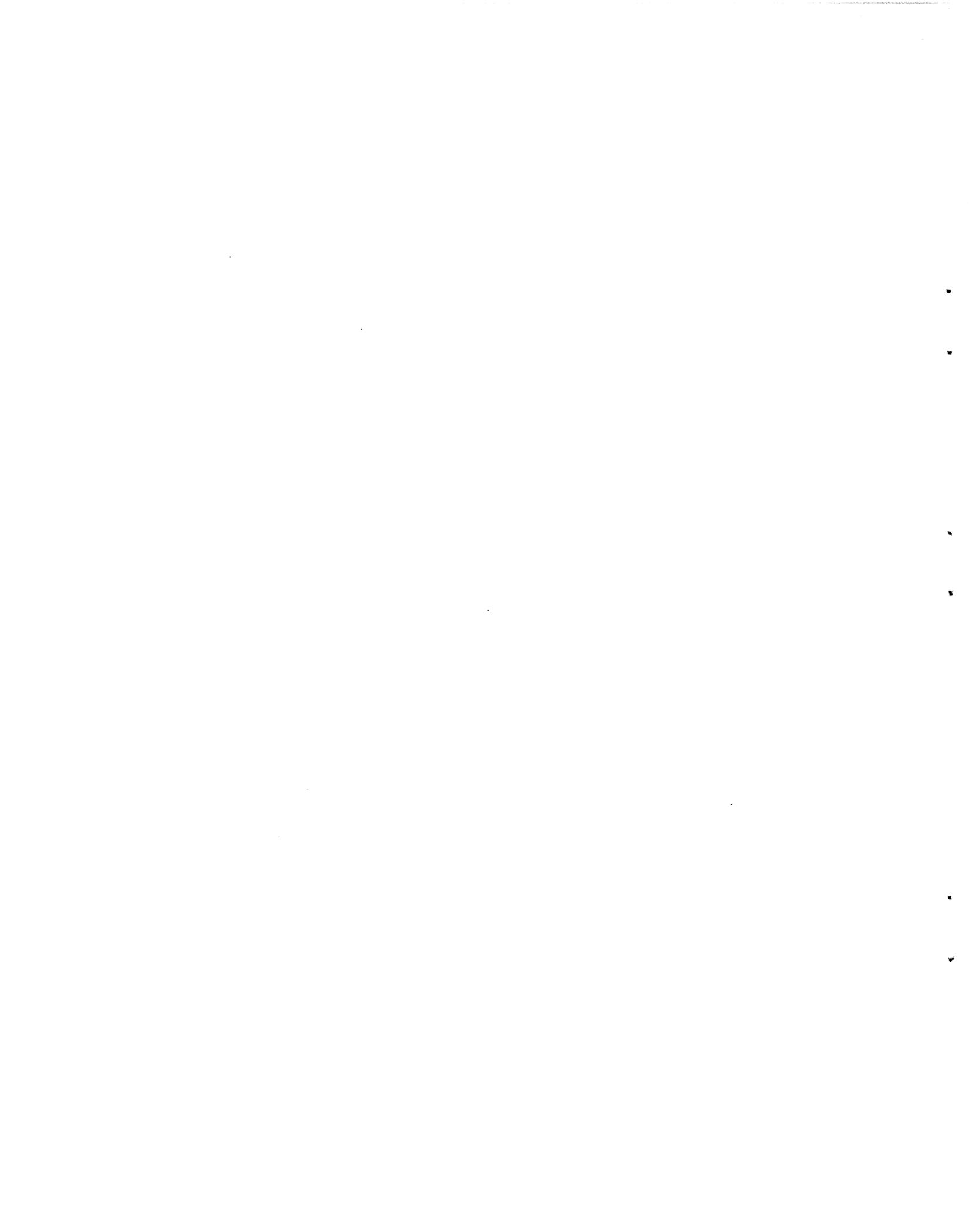


FINDINGS

After reviewing the several income maintenance programs in the state which contribute to the support of the injured and disabled, the Commission agreed upon the need to (1) investigate alternative approaches to improve the effectiveness of these programs through better coordination and a more thorough program of integration for temporary disabilities, and (2) consider the creation of a single purpose application and a unified referral, information, and "screening" system to determine probable eligibility for the various income maintenance benefits.

Specifically, the Commission believes that a high degree of coordination and integration between the various programs for temporary disabilities may contribute toward a more efficient and less duplicative income maintenance system in New Jersey. Such an integrated system would most likely exclude federal maintenance programs and welfare programs. Programs which are being considered for inclusion are Temporary Disability Insurance, Workers' Compensation, No-Fault Automobile Insurance, and Aid to Victims of Violent Crimes.

Integration should be for a limited-time period, probably twenty-six weeks. After or during the twenty-six week period an individual would be referred to the appropriate existing program. Twenty-six weeks appears to be a logical cut off because temporary disability insurance is

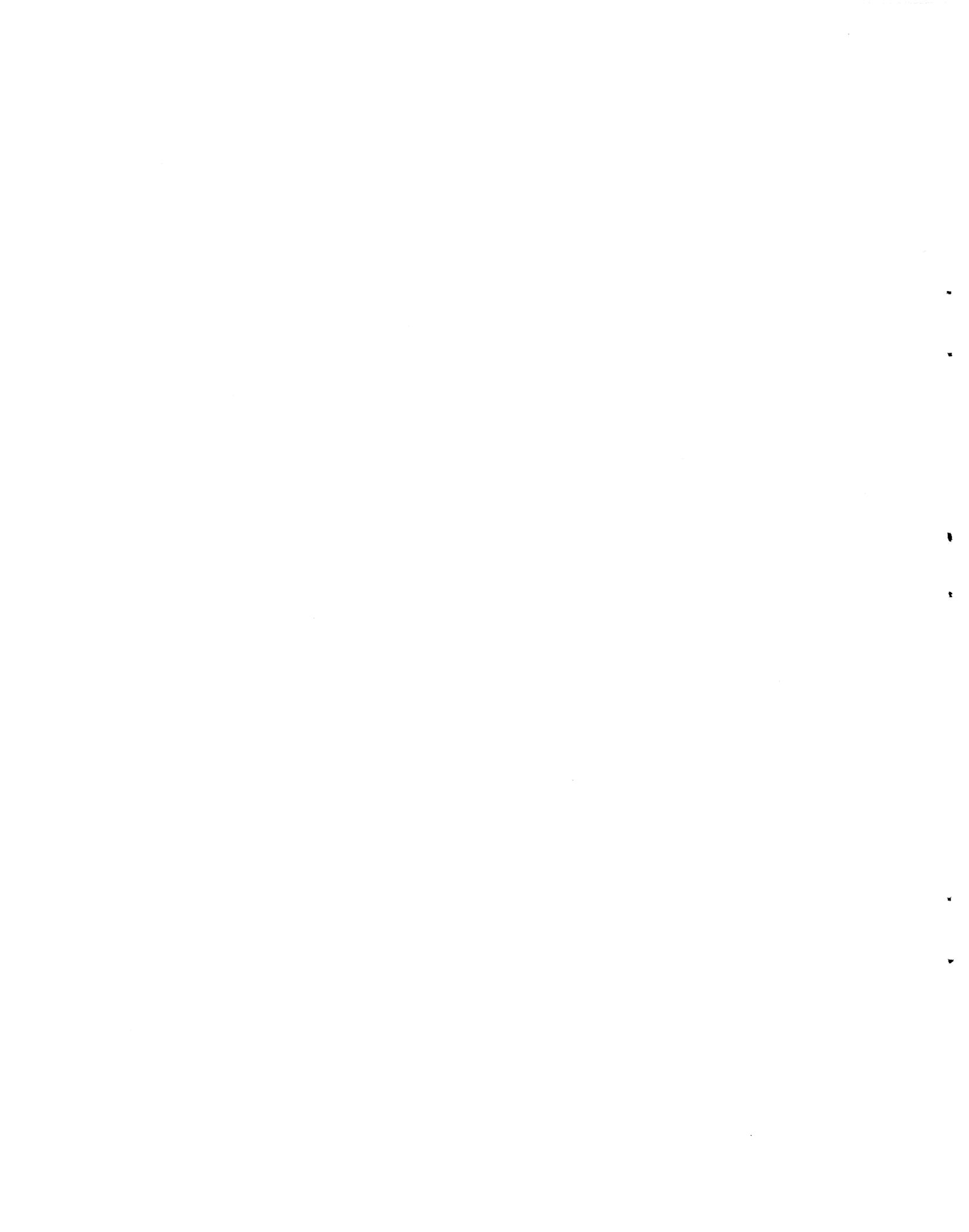


limited to this time, and social security payments start after twenty-six weeks. Furthermore, this would enable people who are eligible for benefits after twenty-six weeks to receive them without interruption.

The common denominator of a short-term integrated income maintenance program should probably be an inability of an individual to earn wages because of a temporary disability, and a twenty-six week or less disability period. Additionally, while it needs to be studied, payments for an integrated program could be from a single agency and a single fund.

With the implementation of a short-term, integrated program of income maintenance benefits for temporary disabilities, filing for such benefits could be facilitated by a single purpose application form and a unified referral, information, and "screening" system. This approach would simplify the application for benefits, eliminate delays occasioned by jurisdictional disputes, speed the delivery of benefits to disabled wage earners, and eventually allow for a speedy referral of applicants to the appropriate program during or after the twenty-six week period.

The Commission is considering proposals for the state to establish in each county a central intake or "screening" income maintenance office or to use existing state offices in the various counties as the central office so as to avoid additional costs. Under an integrated system, personnel would need to be trained in procedures, paperwork, and various

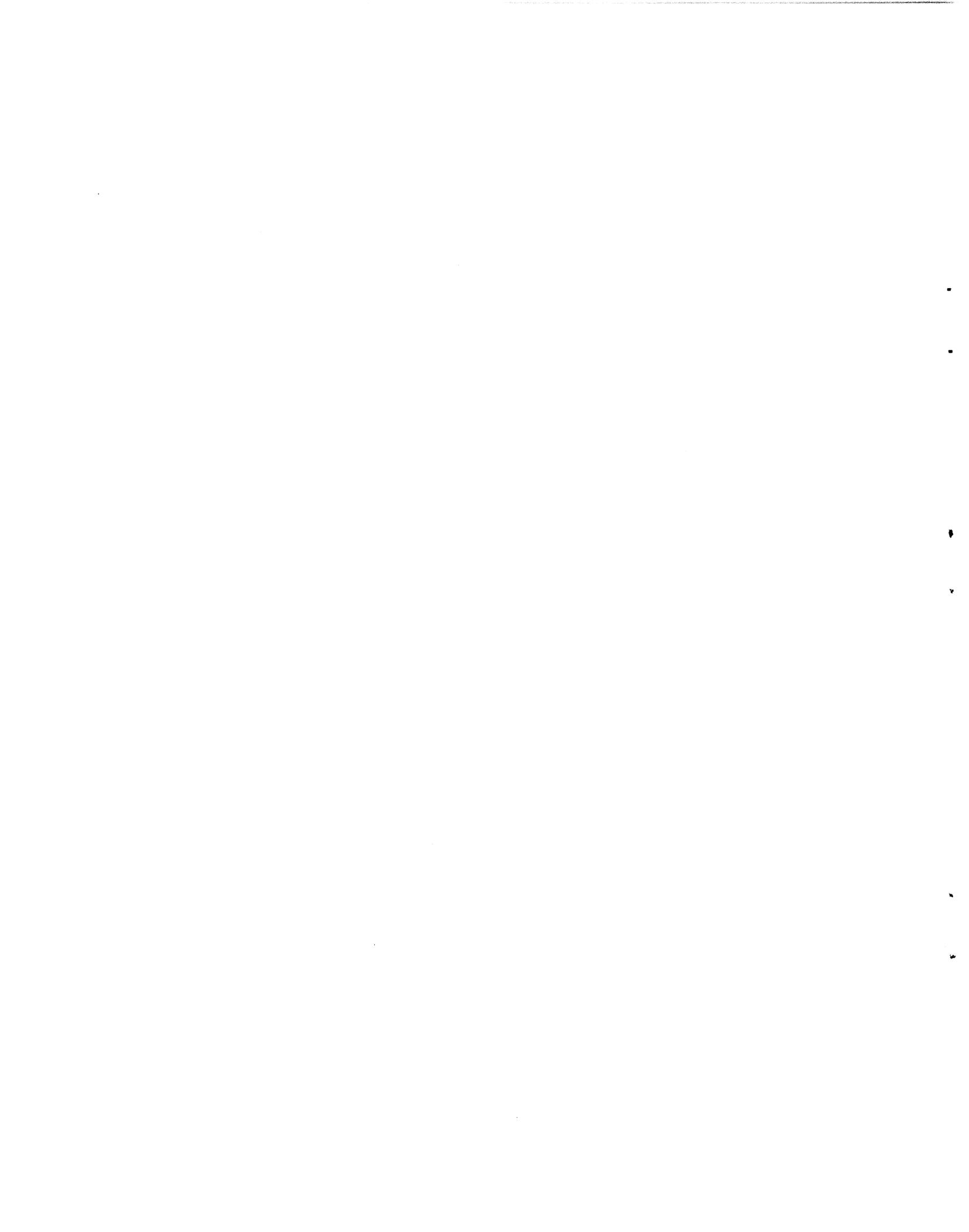


benefits. Finally, the need for a statewide computerized management information system to keep track of the recipients of income maintenance benefits and to prevent fraud is also being considered. A comprehensive income maintenance system for the disabled and injured could enable the public to identify the true costs of the various assistance programs through consolidation and computerization of records. This should promote a greater degree of accountability for the disbursement of funds in these programs.

The Commission felt it was beyond the scope of its charge to deal with long term, or permanent disability, income maintenance programs. Attempting to do so at this time would involve a full evaluation and redefinition of the nature and implications of permanent disabilities and of a comprehensive integrated income maintenance system. It seems more practical to concentrate as a first step upon the immediate problem of improving the effectiveness of income maintenance programs for temporary disabilities through better coordination and a more thorough short-term integrated program.

Specifically, in the next phase of its study, the Commission will concentrate on the following points:

1. The short-term integration of various income maintenance programs for the injured and disabled.
2. A cost-benefit analysis of an integrated program in terms of improving the speed and accuracy with which



benefits are delivered to eligible recipients, and the quality of service.

3. Determining which benefit level should apply to a short-term integrated program.

4. Determining which eligibility standards should apply to a short-term integrated program.

5. Determining the type and extent of coverage of a short-term integrated program.

6. The funding of the program.

7. Medical evidence of inability to work.

8. The effect of a short-term integrated program on the duplication of benefits.

9. The accountability of a short-term integrated program compared to the present system.

10. The effect of a short-term integrated program on curtailing fraudulent claims (and determining if fraud is a big problem for income maintenance programs for the injured and disabled).

11. Whether a short-term integrated program would lend itself to consolidation by computers.

12. The possible extension of a short-term program of integration to an integration of long-term, or permanent disability, income maintenance programs.

13. The development of a single purpose application form and a unified referral, information, and "screening system" for a short-term integrated program of income



maintenance benefits for temporary disabilities.

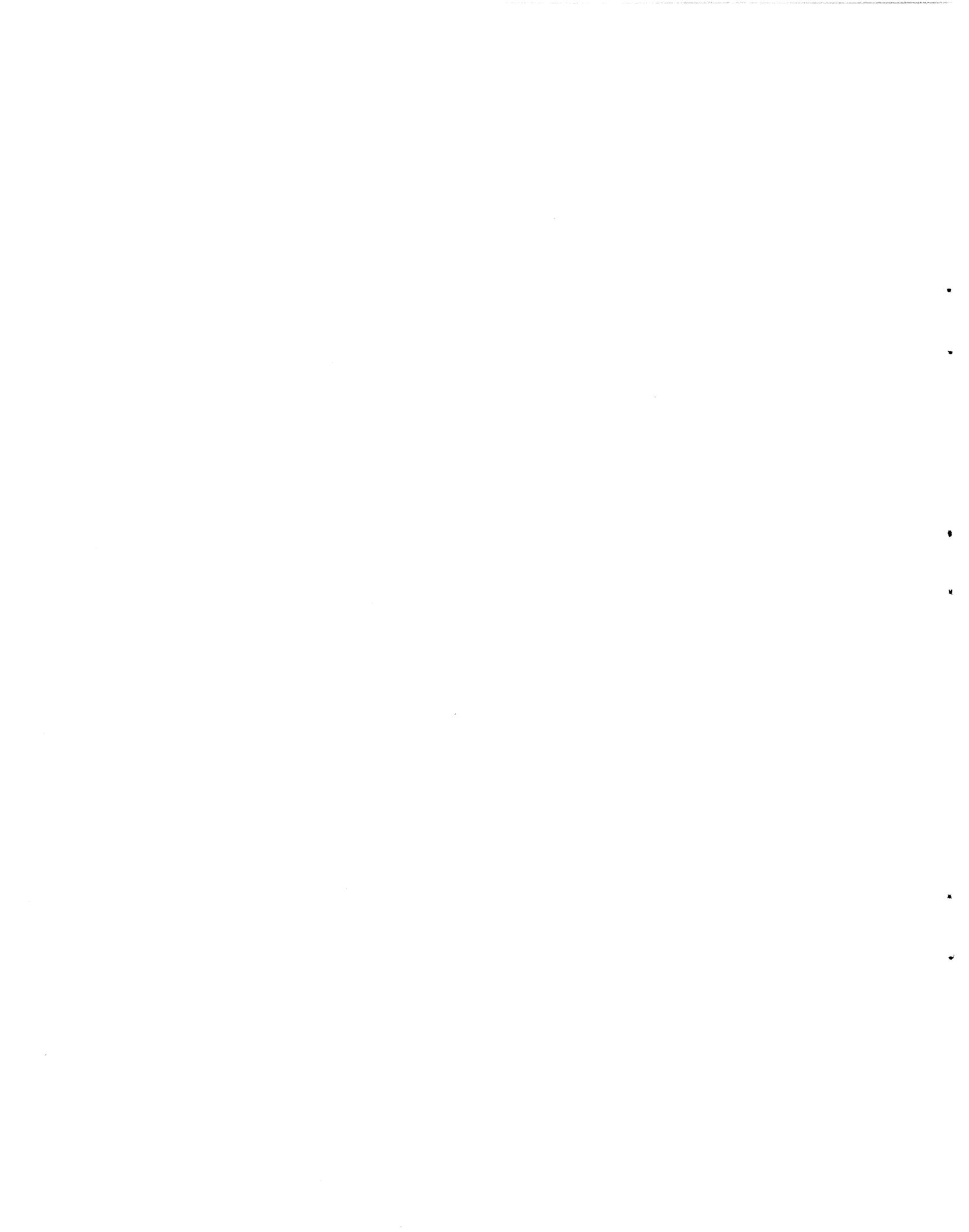
PURPOSE AND OBJECTIVES OF COMMISSION

Much of our social policy is based on the principle that people should work. Voluntary employment in a full-time job ought to be the primary way that people acquire the means to meet their consumption needs. However, many people are not able to work and may need help in meeting basic needs because of injuries, disabilities, the death of a spouse, and other reasons largely beyond their control. To deal with such circumstances, a complex income maintenance system has evolved in which federal, state, and local governments as well as the private sector play significant roles.

There are two major parts to the public components of the income maintenance system:

1. Social insurance programs; and
2. Welfare or public assistance programs.

Social insurance programs have as their primary function the replacement of a portion of earnings lost (or made impossible) due to unemployment, disability, retirement or death. These programs include workers' com-

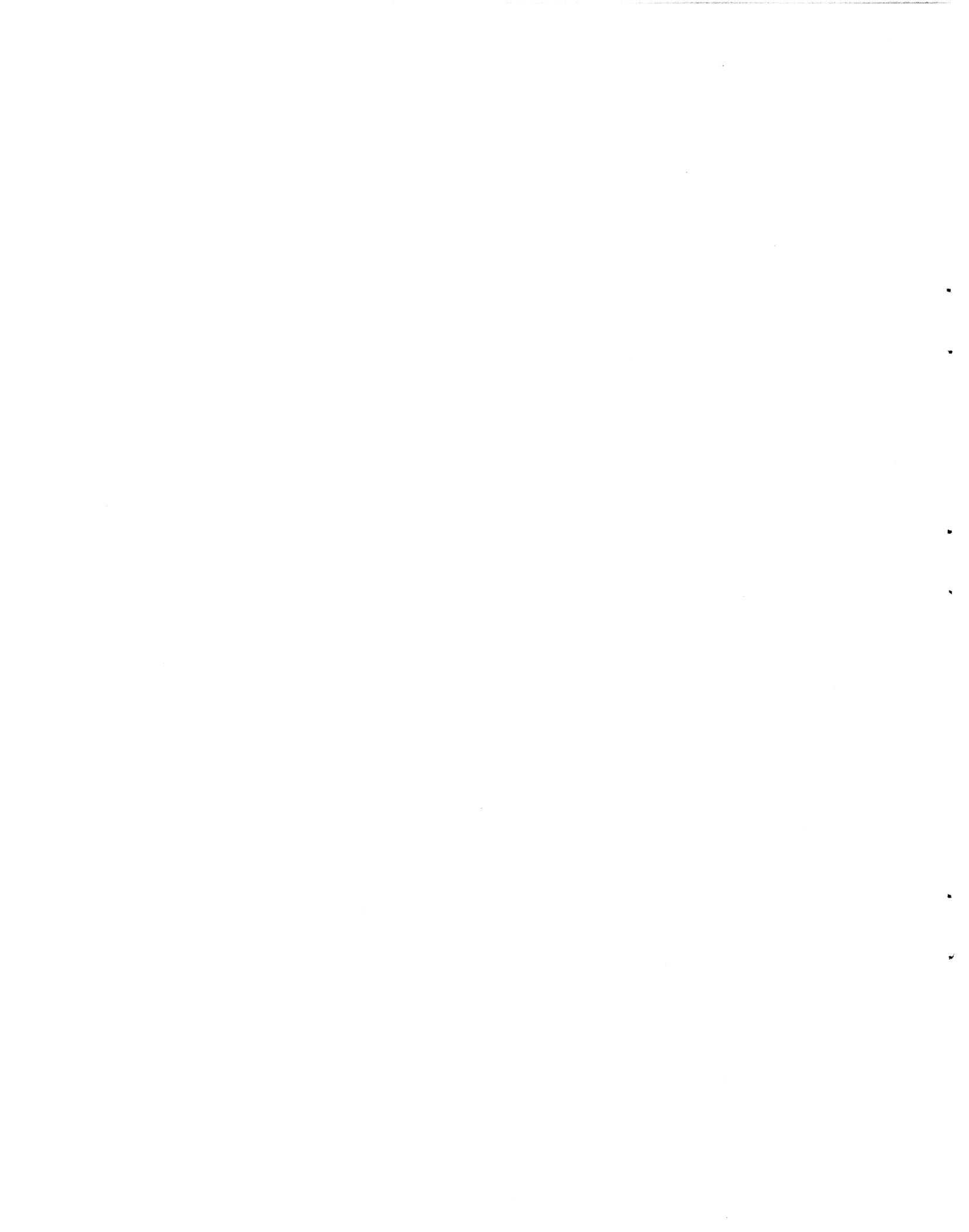


pensation,* disability insurance, aid for the permanently and totally disabled victims of violent crimes, unemployment compensation, and, of course, social security benefits (old age, survivor, and disability benefits).

Welfare or public assistance programs have as their primary function the provision of some minimum level of subsistence for people who, for any of several reasons, are not receiving adequate income from other sources. These programs involve cash assistance, e.g., AFDC (Aid to Families with Dependent Children), SSI (Supplemental Security Income), state programs of general assistance, and in-kind assistance (commodities, vouchers, credits, reimbursements), e.g., Medicare and Medicaid, direct food distribution programs, food stamps, etc.

Because public agencies (federal, state, and local) are more or less independent of one another and are concerned with administering different programs, the resulting income maintenance programs are fragmented. Each program in the whole income maintenance system has its own professional and substantive interests. This fragmented approach to

*Workers' compensation is unlike other social insurance programs because it is private, not governmental, there are no employee contributions, and it utilizes employer liability within the delivery system.



providing income maintenance benefits has become undesirable, however, because of the skyrocketing costs of funding and administering the entire system, the increasing number of eligible recipients, and delays in payments due to conflicts between the several programs.

While these problems exist for the whole income maintenance system, the Commission on Income Maintenance, created pursuant to P.L. 1975, c. 359 (approved March 3, 1976), was mandated the task of reviewing existing income maintenance programs in the State for the injured and disabled only, and devising a coherent rationale for such programs. The Commission recognized that the State Legislature has no authority to affect federally mandated programs, or even state programs which must follow federal guidelines or are federally financed. However, it recognized that the Legislature can sponsor reforms of state income maintenance programs so as to integrate them more effectively with federal programs.

Accordingly, the Commission outlined its objectives at an organizational meeting on November 20, 1978, shortly after the final appointment of members to the Commission was made. They were:

1. Identify income maintenance programs in the state.
2. Identify state and local programs of income maintenance, and identify whether (and to what extent) they



are federally funded and there are federally mandated guidelines.

3. Identify areas where income maintenance programs overlap in terms of who is eligible and types of payment.

4. Identify where no-fault automobile insurance benefits overlap with state income maintenance programs.

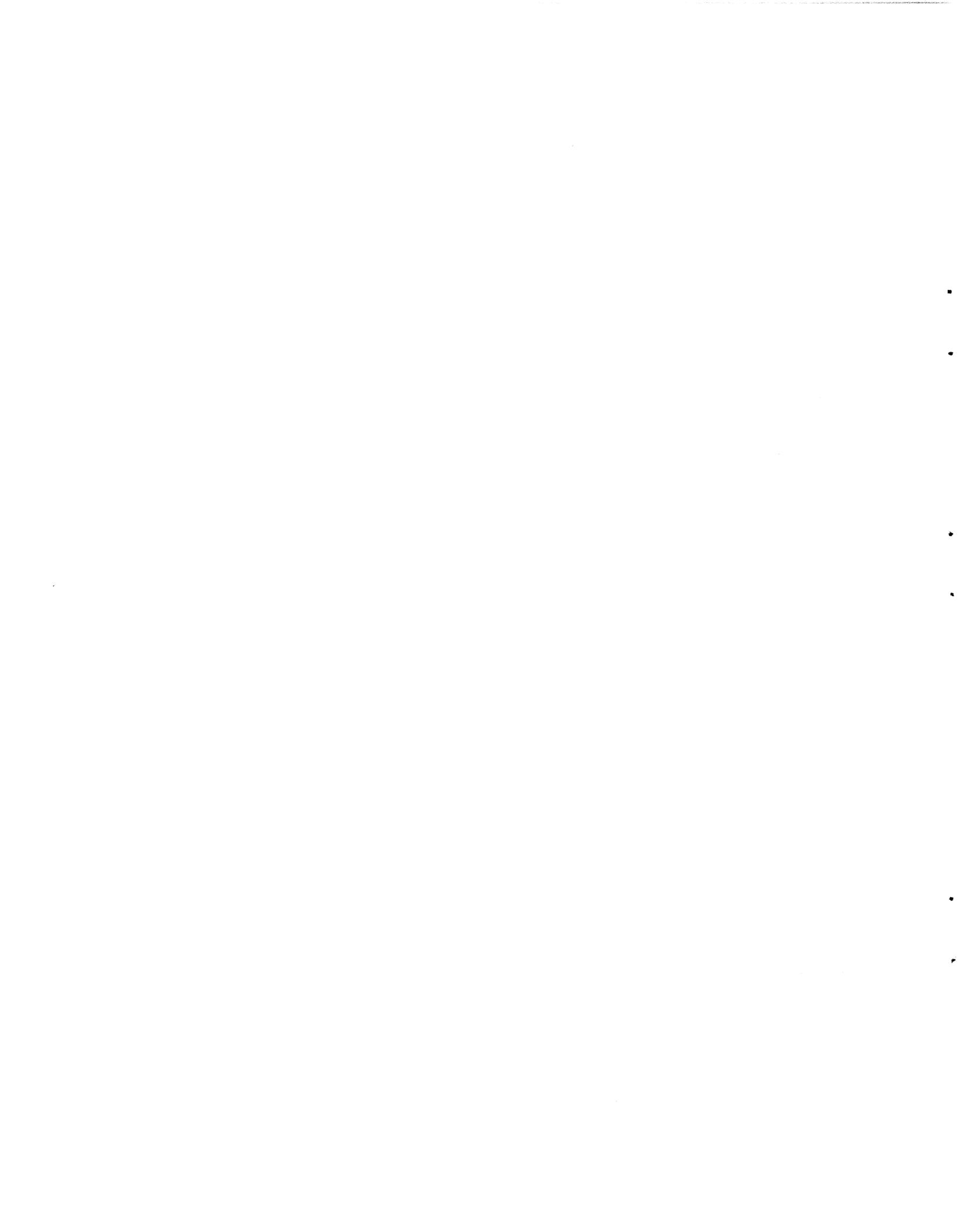
5. Take account of state tax expenditures for the funding and administration of state income maintenance programs.

6. Identify state and local agencies concerned with administering income maintenance programs.

7. Review and suggest proposals for combining two or more of the income maintenance programs into a single administrative system, or making one primary and the other secondary, for the injured and disabled, and, in the case of no-fault automobile insurance, determine if there are overlapping benefits and whether one set of benefits should be primary (if not already the case) and the other secondary.

8. Evaluate all feasible merger proposals for state income maintenance programs.

9. Consider the creation of a single purpose application and a unified referral, information, and "screening" system to determine probable eligibility for the various income maintenance benefits.

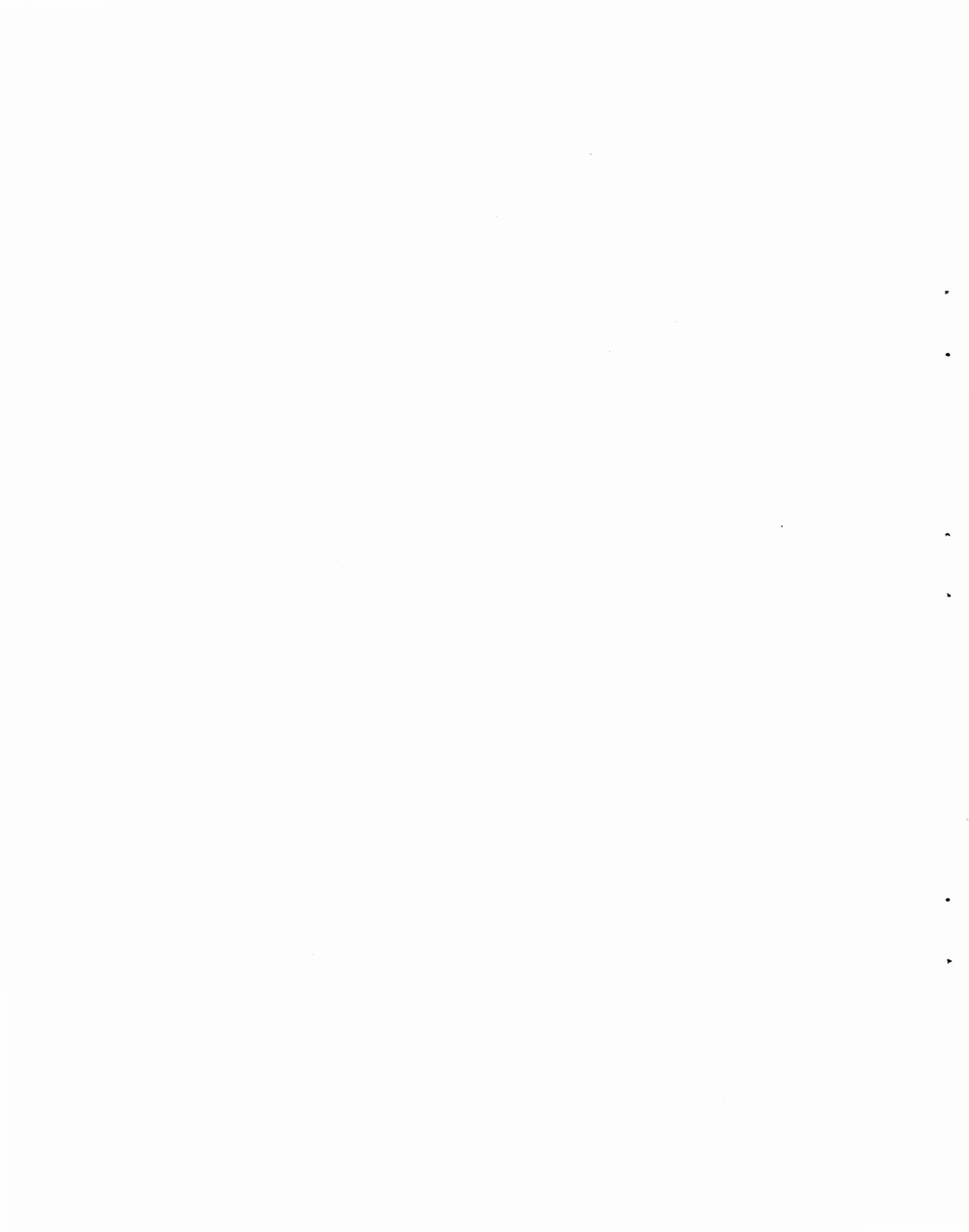


After the Commission concluded its activities, it re-defined its objectives as three broad areas of possible reform, which it intends to study:

1. Establish an effective "screening" system to determine eligibility, and to expedite processing of applications, for the various income maintenance benefits. Such a system must be designed to function efficiently, to improve services to qualified applicants, and to minimize waste and fraud;
2. Integrate the administration and funding of various income maintenance programs which apply to temporary disabilities; and
3. Determine the feasibility, and review options, for reforming various income maintenance programs which apply to permanent disabilities.

The integration of various income maintenance programs for the disabled and injured in New Jersey poses a real challenge. New Jersey has one of the best systems of such programs, with a wide array of benefits, both federally and state funded or strictly federally or state funded. The various programs have separate eligibility requirements, filing procedures, benefit levels, medical examination requirements, and funding mechanisms.

This interim report addresses itself only to three proposed areas of possible reform the Commission intends to consider. The Commission does not purport to make its final recommendations in this report. Rather, pursuant to P.L. 1978, c. 108 (approved



on August 22, 1978), the Chairman of the Commission on Income Maintenance is required to issue to the Legislature and the Governor no later than January 1, 1979, a report describing the activities and accomplishments of the Commission and whether the expiration date of July 1, 1979 (also set in P.L. 1978, c. 108) should be postponed or eliminated, stating the reasons for such judgment.

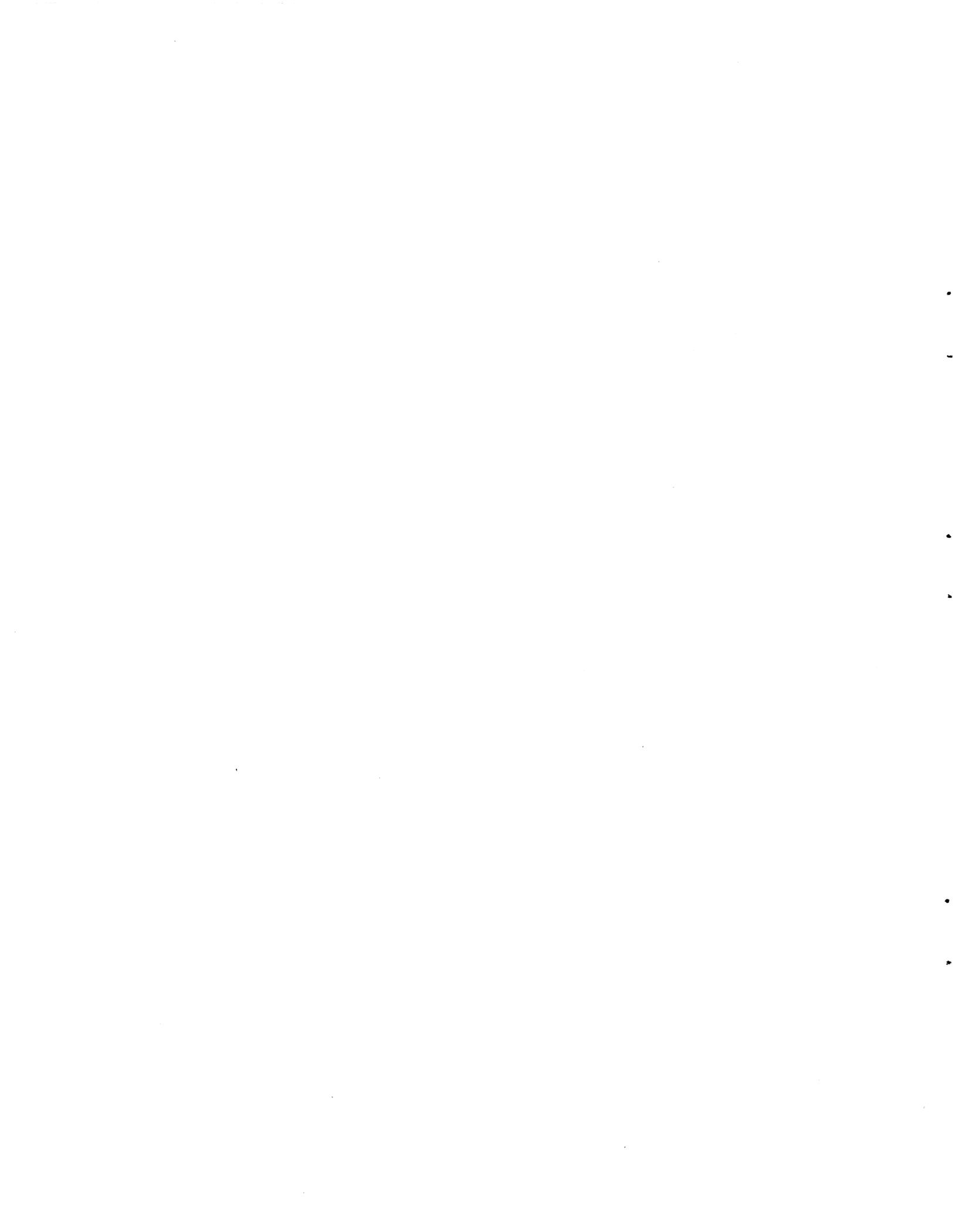
ACTIVITIES OF COMMISSION

The Commission met on October 26, 1978, November 20, 1978, and December 4, 1978. Prior to November 20, 1978, a letter was addressed on behalf of the Commission to government officials involved in the administration of the following income maintenance programs: unemployment and disability insurance; workers' compensation; public welfare; medical assistance and health services; violent crimes compensation; and social security. The letter listed the following questions and invited written responses to them:

1. Who is covered and not covered? Does the program overlap with other income maintenance programs? If so, which one(s)? And how?

2. What is the cost of administering and funding the program? How is the program funded?

3. What are the benefits paid, and the purposes of benefits?



4. Are there problems in the administration of the program, e.g., in determining eligibility, making payments, location of geographic offices, existing coordination among various income maintenance programs?

All officials invited to submit responses did so quickly and thoroughly.

As a follow-up to the responses, the same officials were invited to speak to the Commission at the November 20, 1978 meeting. All attended, or sent their designees, except for the respondent from the Social Security office. The Commission did not see a need at the time to meet with someone from that office. Many of the speakers also presented Commission members with descriptive brochures of their respective income maintenance programs. A final report of the "Commissioner's Task Force On Integrated Wage Replacement Policy," released on April 11, 1975 was also presented to the Commission. This report has been extremely valuable to the Commission in its study.

Based on material submitted to the Commission by officials responsible for administering the various income maintenance programs, testimony presented to it by the same officials or their designees, and the input of Commission members, the Commission made its findings and recommendations and prepared a summary description of the present state of such programs (included in Appendix A).



APPENDIX A

Summary Description of Various
Income Maintenance Programs in New Jersey



a. Supplemental Security Income (SSI) Program

The federally administered SSI program was established by the United States Congress in 1972, with payments beginning in 1974. It replaced the previous federal-state programs of old-age assistance (OAA) to people who are 65 years of age or over, aid to the blind (AB), and aid to the permanently and totally disabled (APTD) in the fifty states and the District of Columbia. The objective of the SSI program is to establish uniform national income and resource requirements and payment standards for aged, blind, and disabled persons applying for financial assistance. The federal program, administered by the Social Security Administration, is funded through federal general revenues.

To qualify for SSI benefits, a person must satisfy the program criteria for age, blindness, or disability. The amount of monthly SSI benefits is determined by the recipients countable income, living arrangements, and marital status. Effective July, 1978, an individual (aged, blind, or disabled) living in his own household and with no countable income receives a benefit of \$207. per month. This includes a federal payment of \$189.40 and a state supplement of \$17.60.

New Jersey has elected to have the federal government administer state supplementation payments on its behalf. Accordingly, the federal government assumes the administrative cost and is reimbursed by the State of New Jersey



for the supplementation payments. Since July of 1978 the cost of supplementation payments to approximately 82,000 SSI recipients in New Jersey has been about \$2 million per month.

If a person applies for SSI, he is asked two basic questions:

1. What is the value of your assets -- the things you own?

2. What is your income?

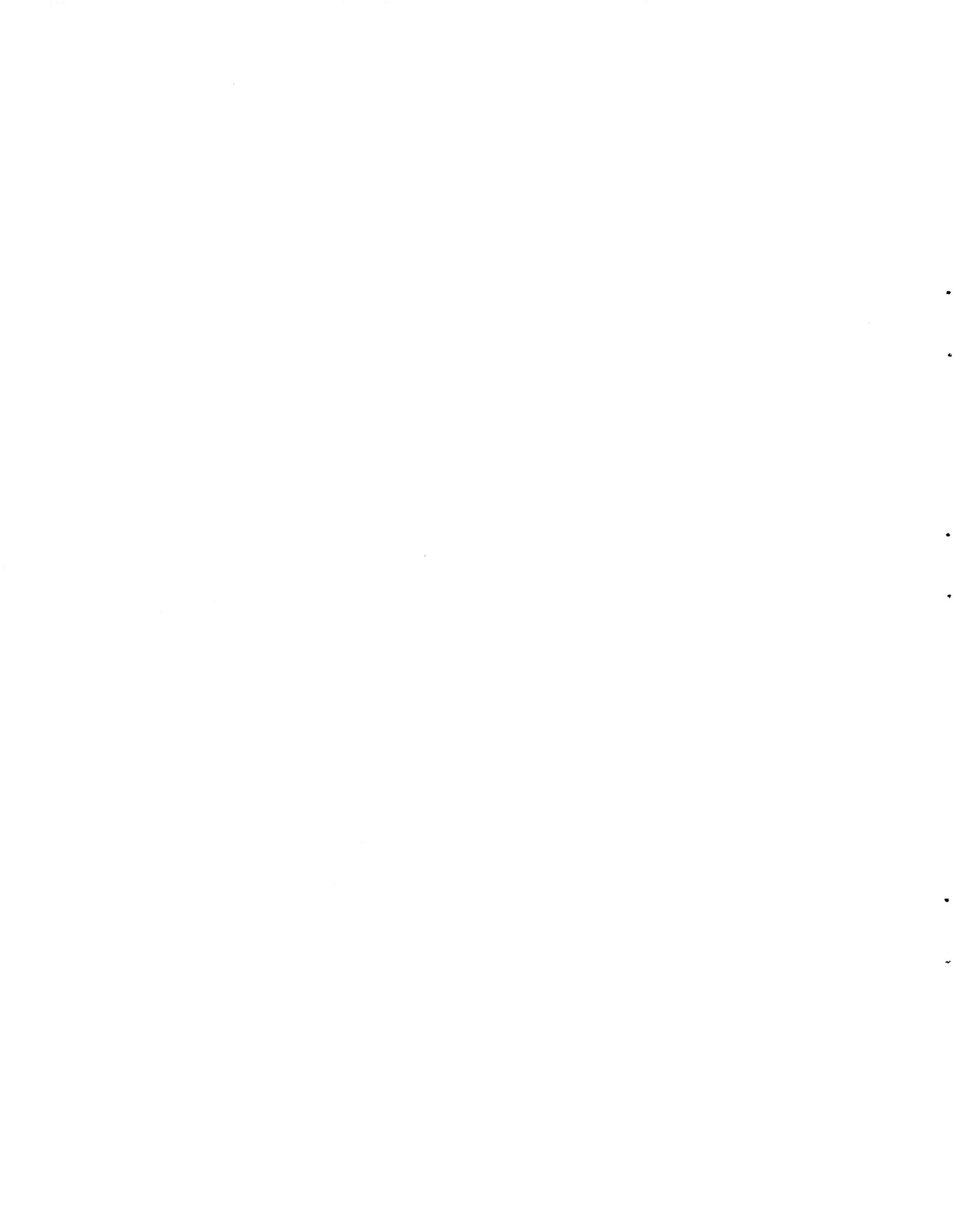
If you are single or have not been living with your spouse for six months or longer, you can have assets worth up to \$1,500 and still receive payments. The amount for a couple is \$2,250. This includes savings accounts, stocks, bonds, jewelry, and other valuables.

Not everything owned counts as an asset. A home does not count. And the federal, state, and local governments do not ask for a lien on your home if a person receives SSI payments.

Personal effects or household goods do not count if their market value is \$1,500 or less. Insurance policies are not counted even if their total face value is more than \$1,500; only the cash surrender value counts.

If a person owns a car, only the portion of the retail value which exceeds \$1,200 is counted. A car is not counted at all if it is used for transportation to a job or to a place for regular treatment of a specific medical problem.

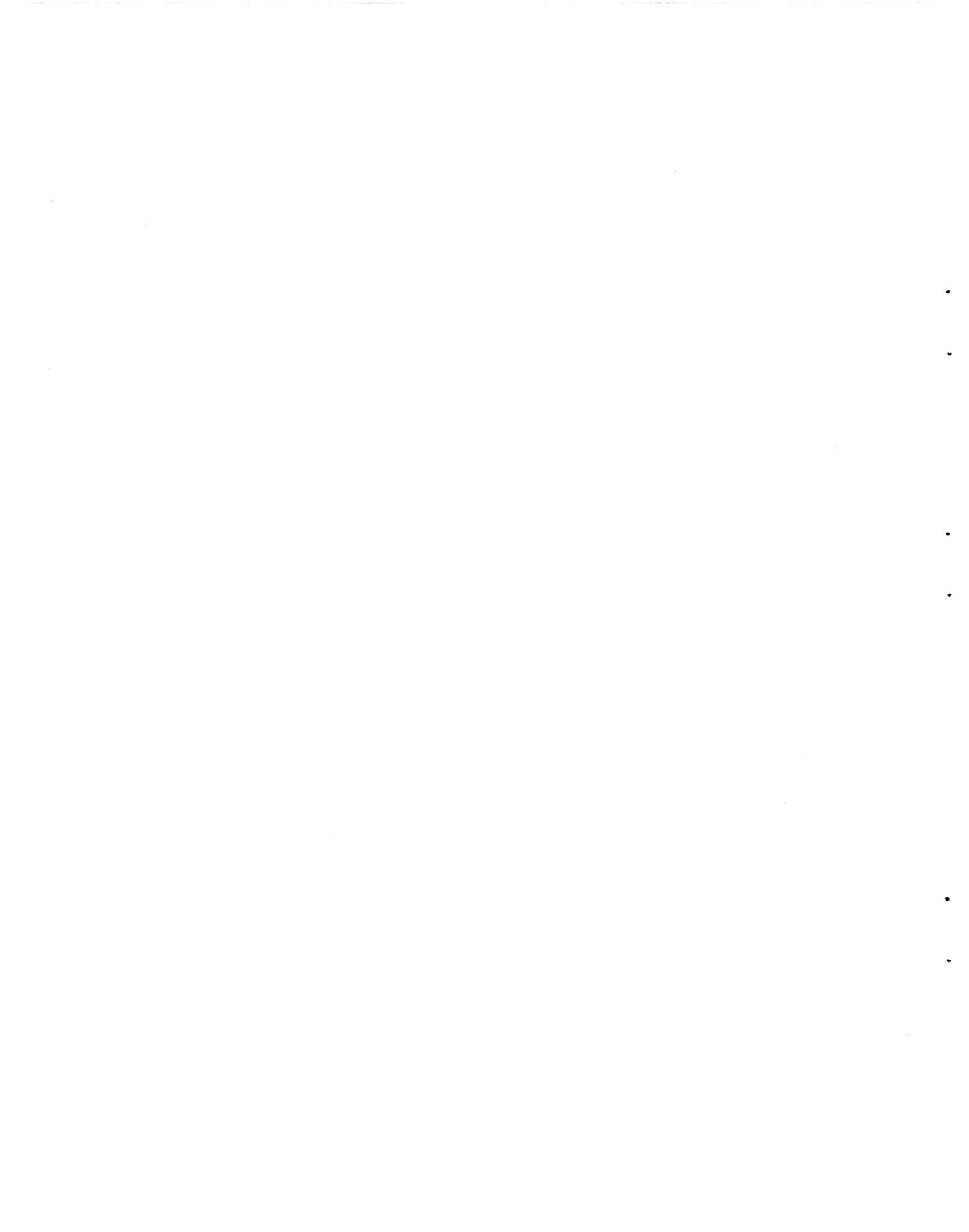
One can also have some money coming in and still receive



SSI. The first \$20 a month of income generally will not affect the payment. This income includes social security checks, veterans compensation, workers' compensation, pensions, annuities, gifts, and other income. Any other income of this type above the first \$20 will generally reduce the SSI payment amount. Further, a person may be eligible for an SSI payment even though he works. The first \$65 in earnings a month will not count against the SSI payment, and only half of any additional earnings will be deducted from the monthly payment.

Even though the Social Security Administration runs the program, SSI is not the same as social security. Money for SSI payments comes from general funds of the U.S. Treasury. Social security benefits are paid from contributions of workers, employers, and self-employed people. There are no limits on the amount of money or property one can have and still receive social security payments. Social security funds are not used to make SSI payments. A person can receive social security and SSI, too, if he is eligible for both.

Maximum monthly payment amounts for eligible people living alone or with someone else are shown in the table below. Payments may be lower than the maximum amounts if the recipient has other income.



<u>Category</u>	<u>Total SSI Check*</u>
Individual living alone	\$207.00
Individual living with others	191.00
Individual living in household of another and receiving support and maintenance	147.00
Individual living in licensed boarding home for sheltered care	315.00
Individual living in public general hospital or long-term care facility (Medicaid approved)	25.00
Couple living alone	293.00
Couple living with others	286.00
Couple living in household of another and receiving support and maintenance	257.00
Couple living in licensed boarding home for sheltered care	630.00

*Includes federal and state funds.

A local municipal welfare agency may be able to assist while a SSI application is being processed. The agency will require that a claimant sign an agreement which will allow it to recover, from the first SSI check, the amount of financial assistance the municipality has given the claimant while the SSI application was being processed.

Under certain circumstances, a county welfare agency will provide assistance payments to SSI recipients in catastrophic situations, such as fire, flood, or other



natural disasters. Applications for all of the above types of special assistance are available at municipal and county welfare offices.

If a person receive SSI payments, he will receive Medicaid automatically. He does not need to apply separately for Medicaid. A letter of acceptance and a Medicaid Identification Card will be sent to him if he is eligible to receive SSI.

If he is not eligible for SSI payments because of his income and he is a patient in a medical facility with income under \$533.40 a month, he may be eligible for Medicaid coverage. Information and an application can be obtained from a county welfare agency.

People receiving SSI may be eligible for food stamps. Food stamps are used like money to buy food at grocery stores and will enable a person to buy more food without spending more money. The Social Security Administration does not determine food stamp eligibility. If a person wishes to apply for food stamps, he must get in touch with his county welfare agency.

Many New Jersey counties provide the following social services at no cost to people receiving SSI payments:

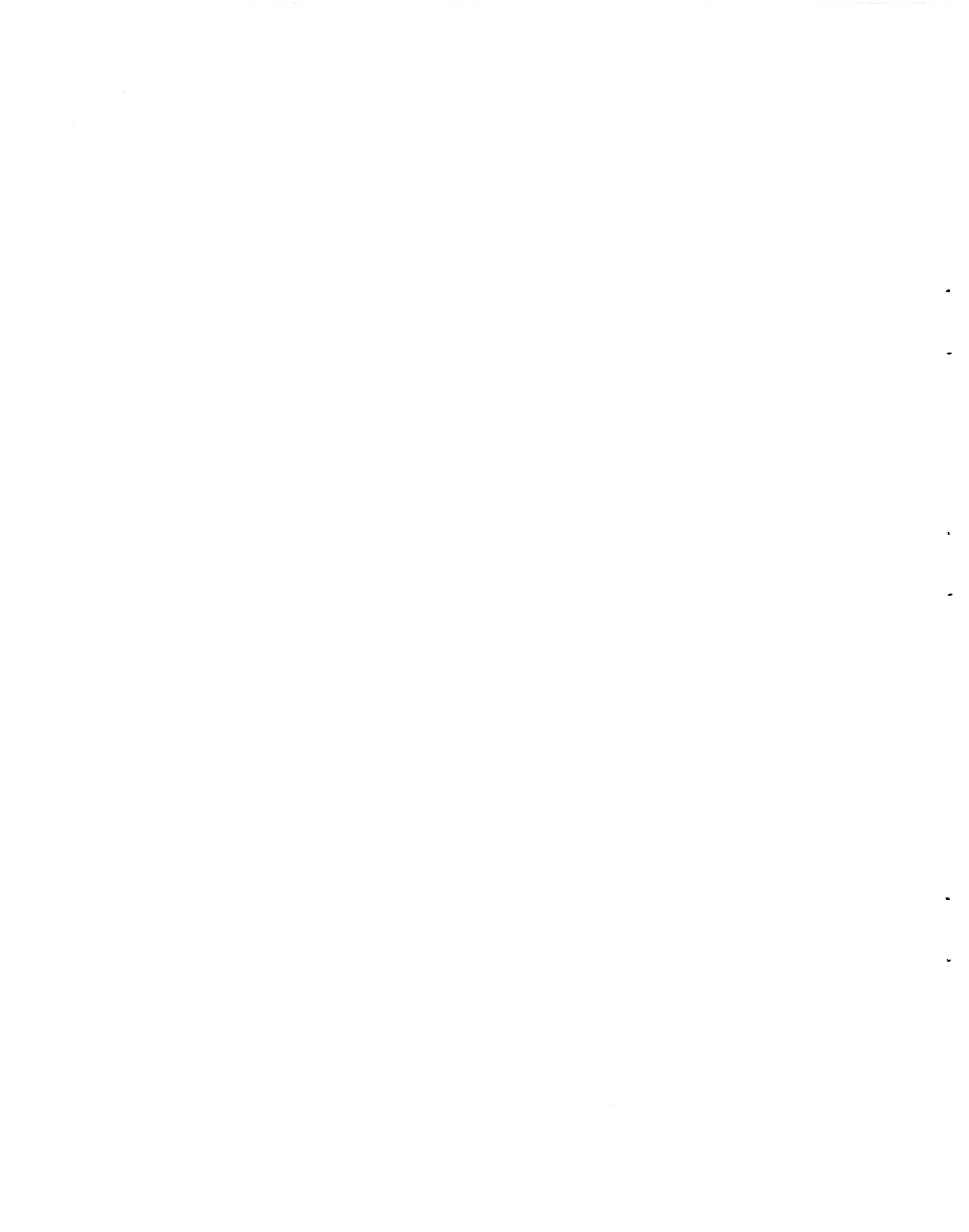
Counseling casework

Homemaker services

Information and referral services

Housing services

Home delivered meals



Transportation

Educational training and employment assistance

Friendly visitors

Special assistance for the blind and deaf

Special assistance for drug abusers

Money management services

Consumer protection services

If a person believes he may be eligible for SSI payments, he may apply at any social security office. Parents or guardians can apply on behalf of eligible blind or disabled children under 18 years of age. When applying, a person must bring along:

- * Proof of age, unless he is already receiving social security checks;

- * The latest tax bill or assessment notice if he owns real property other than his home;

- * Names of any persons who help with his support and the amount of money provided;

- * Bank books, stock certificates, and bonds;

- * Motor vehicle registration;

- * Proof of pensions and annuities;

- * A copy of his most recent tax return if he is presently self-employed;

- * If blind or disabled, a list of medical sources (doctors, hospitals, or clinics) when he has received treatment.

Disability application and medical reports are processed by the New Jersey State Disability Determinations Service



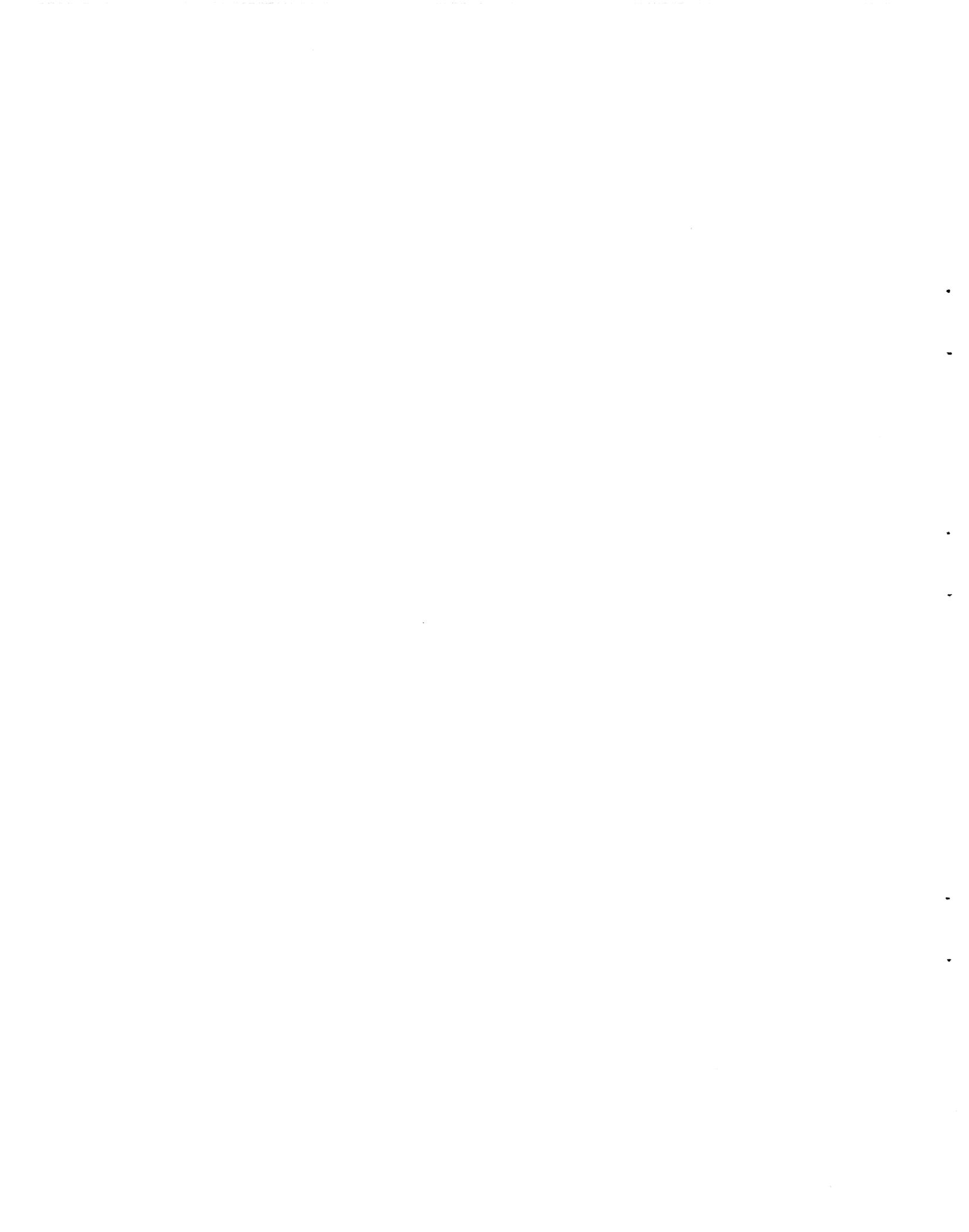
which will decide if an applicant meets the federal standard of disability. An applicant has the right to appeal if he disagrees with the decision.

b. Unemployment Insurance (UI)

The UI program, established by N.J.S.A. 43:21-1 et seq., covers practically all workers in New Jersey, including state, county, and municipal employees who perform services for wages unless and until it is shown that the individual is free from control or direction over the performance of his service both under his contract of hire and in fact. Some employment is specifically exempt, however. Among employees not covered are domestics in private homes, where the total wages paid in a calendar quarter are less than \$1,000, and agricultural laborers if the employer has not employed ten or more such laborers for some portion of a day in each of twenty different weeks or paid \$20,000 in cash remuneration to such laborers in any calendar quarter.

UI benefits are entitlements, i.e., there are no means test. The UI program does not overlap, therefore, with other income maintenance programs. However, welfare benefits, which are based on a means test, are reduced by UI payments.

The purpose of the UI program is to provide a partial wage replacement for those covered workers who become unemployed through no-fault of their own. In the benefit year



which starts in 1978, benefit amounts range from \$20 to \$110 per week, depending on the claimant's average weekly wage. In benefit year 1979, the maximum weekly benefit will be \$117 per week. The duration of payments is based on the number of weeks worked in the year preceding the date of the initial claim. Maximum total benefits on a regular claim cannot exceed twenty-six times the weekly benefit rate in any benefit year. Up to thirteen weeks of additional benefits may be paid under the Extended Benefits Program.

Employers and employees contribute a percentage of taxable payrolls into the Unemployment Trust Fund from which benefits are paid to eligible unemployed workers. If there is a balance, it is used to pay back the federal government for money loaned to the Fund because of the federal mandate to pay extended unemployment insurance benefits during periods of high unemployment. (Half of the money paid out for extended benefits come from the Fund, and the balance is supplied by the federal government.)

During the 1977 calendar year, disbursements under the state's regular unemployment insurance program totalled \$521,024,673, while \$152,797,600 was paid out under the Extended Benefits Program. The administrative costs of the unemployment insurance program are met by the federal government. The budget for fiscal year 1979 is \$35,541,742, which covers the funding of 2,099 positions.



The UI program is located in the Division of Unemployment and Disability Insurance in the State Department of Labor and Industry. Officials from the division testified to the Commission that they have encountered no administrative problems which could not be corrected in providing services or coordinating their activities with other income maintenance programs.

c. Temporary Disability Benefits (TDB's)

New Jersey's Temporary Disability Benefits Law, N.J.S.A. 43:21-25 et seq., provides protection for the same workers covered by unemployment insurance, except for employees of state, county, and local governments, who are specifically excluded. The purpose of the TDB's insurance program is to provide partial wage replacement for covered workers who cannot perform their job functions because of sickness or injury suffered off the job. Whereas UI is a matter of right, TDB's are based on the existence of a disability. Only five states have a TDB's insurance program, and only California has attempted to extend such benefits to government workers. [The problem with this approach is that until a TDB's insurance program is instituted, how can sick leave -- which government employees receive in lieu of TDB's -- be reconciled with TDB's?]

The TDB's law permits employers to provide coverage under a private plan, which may be underwritten by themselves as self-insurers, by a private insurance carrier, or through a union agreement. Unless a private plan is established,



the employees are mandatorily covered by the State TDB's Plan. State plan employers and their workers pay a payroll tax into the State Disability Fund, from which benefits are paid to eligible claimants.

Weekly benefits range from \$10 to \$110, depending on the claimant's average weekly wage. The maximum amount of benefits which may be paid on each disability is one-third of the claimant's wages in the year preceding the start of the disability or twenty-six times the claimant's weekly benefit amount, whichever is lower. In 1977, benefits paid under the State Plan totalled \$82,457,301; disbursements for disabilities incurred by unemployed workers amounted to \$14,633,630.

The fiscal year 1979 budget for the State Plan is \$3,632,698 and the funding source is the Disability Benefits Fund. The fiscal year 1979 budget for the administration of the disability-during-unemployment program and the Private Plan system is \$2,107,560 and the funding source is an assessment of insurance carriers and self-insured employers as well as a porportion of funding from Private and State Plan revenue. Positions budgeted for disability insurance operations total 302.

As with UI, the TDB's program is located in the Division of Unemployment and Disability Insurance in the State Department of Labor and Industry. Officials from the division testified there are no outstanding administrative problems with the program. Because of statutory provisions, there

can be no overlapping of benefit eligibility under the UI and TDB's programs, or under these programs and Workers Compensation. Furthermore, the TDB's program and Workers' Compensation Program operate cooperatively through a "lien case" mechanism. That is, the TDB's insurance program and the Workers' Compensation Program operate a cooperative benefit payment program to assist workers' compensation claimants whose claims for workers' compensation benefits are "contested" and thereby "delayed." Such claimants may receive TDB's upon application and proof that the workers' compensation claim is contested. Temporary disability insurance then places a "lien" against any future workers' compensation award to assure the replenishment of TDB's insurance reserves upon final settlement of the workers' compensation case.

To minimize costs and the duplication of benefits, TDB's are primary under New Jersey's "Automobile Reparation Reform Act" (N.J.S.A. 39:6A-1 et seq.), the so-called "no-fault" act. This was decided upon since the TDB's insurance program encompasses a very large part of the New Jersey labor force, and TDB's are financed by employer contributions.

The TDB's insurance program also has an informal referral service to the appropriate income maintenance program if a person does not qualify for TDB's. Approximately 15 to 20 per cent of all claimants do not qualify for disability claims. The State Department of Labor is also developing a common intake form

and hopes to place terminals in local disability and unemployment insurance offices. All of the offices also presently have referral directories for other income maintenance programs and there is a close working relationship between these offices and welfare offices.

d. Worker's Compensation Benefits (WCB's)

The New Jersey Workers' Compensation Law (N.J.S.A. 34:15-1 et sq.) provides that virtually every employee, public or private, elected or appointed, whether working full-time, part-time, infrequently, or sporadically, is entitled to benefits if a work-connected injury is sustained. "Casual" workers are not covered. However, interpretations of that term by Appellate Courts are so narrow as to make that type of employee virtually non-existent. Seamen, maritime workers, railroad workers, and federal government workers are covered under various Federal laws, e.g., the Jones Act (46 U.S.C.A. 688 et. seq.), the Federal Employers Liability Act (45 U.S.C.A. 51 et seq.), and the Federal Employees' Compensation Act (5 U.S.C.A. 8108 et seq.)

WCB's are in the form of cash payments and medical or hospital services provided to workers or their families (in case of death) who sustain a job connected injury or illness. There is no cost to the worker in the form of salary deductions or otherwise.

Benefit costs are assumed by employers through private insurance companies or authorized self-insurers. The payment of benefits to injured workers is directly from those sources. The role of the Division of Worker's Compensation is that of a

"court" adjudicating disputes which arise under the WCB's law. The funds to administer these "courts" are derived from State General Treasury revenues.

There are various benefits, as follows:

- (1) All necessary medical treatment and hospitalization. The employer or the employer's insurance carrier has the right to choose the doctor who treats. However, in case of emergency the worker can obtain medical or hospital treatment without specific authorization from the employer but the employer should be notified as soon as possible concerning the treatment being rendered.
- (2) Cash Benefits for the time lost except where it is seven days or less. The rate of payment is two-thirds of wages to a maximum set by law which is two-thirds of the average weekly wage of workers covered by New Jersey Unemployment Compensation. This average is determined by the Commissioner of Labor and Industry and is calculated for each year.
- (3) Cash benefits for permanent disability. The rate of payment in this category will depend on whether the disability is total or partial. Permanent-partial disability is based on certain "scheduled" losses, or on a percentage of "non-scheduled" loss, weekly payments being a maximum of \$40.00 per week. A "scheduled" loss, as set forth in the Worker's Compensation Act, would be one involving arms, hands, fingers, legs, feet, toes,



eyes, ears and teeth. (See Schedule on page 30.) Where there is less than 100 per cent loss of any of the above, payment is based on the percentage such loss bears to the whole member in function, scarring, and structural changes.

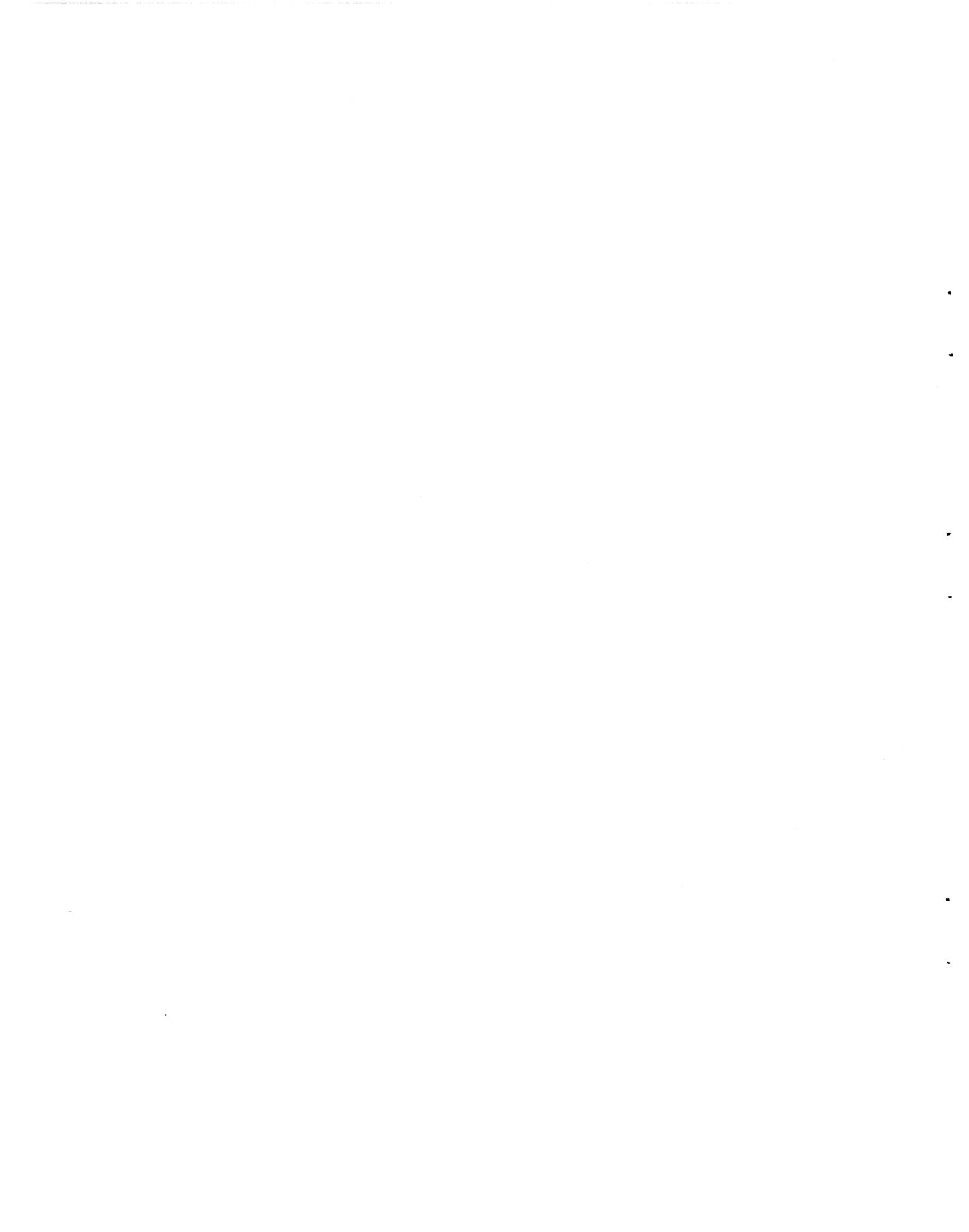
"Non-scheduled" losses refer to any injury to parts of the body other than those defined as "scheduled" losses as set forth above. Thus, non-scheduled losses would include heart, lungs, head, back, etc. Payments here would be based on a percentage of 550 weeks at \$40.00 per week. (For example, a work-related injury resulting in less than total disability might be viewed as a 25 per cent permanent-partial disability, which would entitle the injured employee to 137 1/2 weeks of compensation - 25 per cent of 550 weeks at \$40 per week, totaling \$5,500.00).

- (4) Permanent total disability. When a work-related injury results in permanent total disability, the injured employee is entitled to total disability payments for 450 weeks, and will be continued thereafter for as long as the total disability exists, subject -- after the 450 week period -- to reduction from wages earned, assuming a return to gainful employment. Weekly payments for permanent total are two-thirds of the average weekly wage in New Jersey. In 1977, maximum weekly payments for both temporary and



permanent total disability are \$138.00. Permanent total disability is automatically presumed when one loses two major members, or combinations thereof, such as eyes, arms, hands, legs and feet. However, permanent total disability can result from other injuries as well -- or a combination of injuries and conditions -- which render the injured worker unemployable.

- (5) Death Benefits. These are paid in case of a work-related death, with compensation payable to the dependents on a different formula, although the maximum weekly benefits can never exceed two-thirds of the average statewide weekly wage. The maximum weekly compensation benefits payable in 1977 were \$138.00. If there is one dependent, the compensation rate is 50% of the deceased employee's weekly wage; if two dependents, 55%; three dependents 60%; four dependents, 65%; five or more, 70%. Thus, if the deceased had weekly wages of \$200 gross and one dependent, the weekly compensation rate would be \$100.00; if two dependents, \$110.00; if five or more, the maximum weekly payment of \$138 would apply. The widow is entitled to payments of 450 weeks (unless she remarries earlier), with the same payments to continue after 450 weeks on continued widowhood but subject to deduction from any earnings. Children of the deceased are entitled to payments until the age of 18, although children above the age of 18 may be



eligible for payments when physically or mentally disabled. Other dependents (parents, grandparents, grandchildren, brothers, sisters, etc.) might receive payments for 450 weeks, but only upon proof of actual dependency. Funeral expenses, up to \$750, are payable by the employer in any work-related death.

As previously mentioned, there is also a provision in the Temporary Disability Benefits Law (N.J.S.A.43:21-30) which obliges the payment of non-occupational TDB's where a workers' compensation claim is contested and thereby delayed. Such payment is subject to a lien and repayment if the worker prevails in his workers' compensation proceeding.

Also, as with TDB's, WCB's are primary for automobile related injuries. Again, this is because the WCB's program encompasses a very large part of the New Jersey labor force, and such benefits are financed by employer contributions.

The various income maintenance programs presently in existence in New Jersey attempt to limit payments to situations defined in their areas of responsibility to prevent overlap or duplication of benefits. However, there are frequent jurisdictional questions which arise concerning whether WCB's or some other program is appropriately applicable. For example, by whom is a traveling salesman covered when injured in an automobile accident while deviating from his work to attend to a personal errand having no relationship to the employer's



business? There would most likely be a dispute concerning the liability of the automobile carrier (for personal injury protection benefits) and the workers' compensation carrier.

Schedule of Benefits
(Effective January 1, 1946)

Per Cent	Thumb, 1st & 2nd Finger or Hand 250 Weeks	Arm 300 Weeks	Thumb 75 Weeks	Fingers				Leg 275 Weeks	Foot 200 Weeks	Toes		Eyr 200 Weeks	Hearing		Partial Total Based on 510 Weeks
				1st 50 Weeks	2nd 40 Weeks	3rd 30 Weeks	4th 20 Weeks			Large 40 Weeks	Other 15 Weeks		1 Ear 60 Weeks	2 Ears 200 Weeks	
1	2.3	3	2 1/2	3 1/2	4	3	.2	23 1/2	2	.4	.15	2	.4	2	9 1/2
2 1/2	9 1/2	7 1/2	13 1/2	13 1/2	1	3 1/2	1 1/2	67 1/2	5	1	3 1/2	5	1 1/2	5	133 1/2
5	11 1/2	15	31 1/2	21 1/2	2	1 1/2	1	133 1/2	10	2	3 1/2	10	3	10	273 1/2
7 1/2	17 1/2	22 1/2	35 1/2	33 1/2	3	2 1/2	1 1/2	203 1/2	15	3	1 1/2	15	4 1/2	15	413 1/2
10	23	30	71 1/2	5	4	3	2	273 1/2	20	4	1 1/2	20	6	20	55
12 1/2	28 1/2	37 1/2	93 1/2	6 1/2	5	3 1/2	2 1/2	343 1/2	25	5	1 1/2	25	7 1/2	25	65 1/2
15	34 1/2	45	113 1/2	7 1/2	6	4 1/2	3	413 1/2	30	6	2 1/2	30	9	30	82 1/2
20	46	60	15	10	8	6	4	55	40	8	3	40	12	40	110
25	57 1/2	75	18 1/2	12 1/2	10	7 1/2	5	68 1/2	50	10	3 1/2	50	15	50	137 1/2
30	69	90	22 1/2	15	12	9	6	82 1/2	60	12	4 1/2	60	18	60	165
33 1/2	76 1/2	100	25	16 1/2	13 1/2	10	6 1/2	97 1/2	66 1/2	13 1/2	5	66 1/2	20	66 1/2	183 1/2
35	80 1/2	105	26 1/2	17 1/2	14	10 1/2	7	96 1/2	70	14	5 1/2	70	21	70	192 1/2
40	92	120	30	20	16	12	8	110	80	16	6	80	24	80	220
45	103 1/2	135	33 1/2	22 1/2	18	13 1/2	9	123 1/2	90	18	6 1/2	90	27	90	247 1/2
50	115	150	37 1/2	25	20	15	10	137 1/2	100	20	7 1/2	100	30	100	275
55	126 1/2	165	41 1/2	27 1/2	22	16 1/2	11	151 1/2	110	22	8 1/2	110	33	110	302 1/2
60	138	180	45	30	24	18	12	165	120	24	9	120	36	120	330
65	149 1/2	195	48 1/2	32 1/2	26	19 1/2	13	178 1/2	130	26	9 1/2	130	39	130	357 1/2
66 1/2	153 1/2	200	50	33 1/2	26 1/2	20	13 1/2	183 1/2	133 1/2	26 1/2	10	133 1/2	40	133 1/2	366 1/2
70	161	210	52 1/2	35	28	21	14	192 1/2	140	28	10 1/2	140	42	140	385
75	172 1/2	225	56 1/2	37 1/2	30	22 1/2	15	206 1/2	150	30	11 1/2	150	45	150	412 1/2
80	184	240	60	40	32	24	16	220	160	32	12	160	48	160	440
85	195 1/2	255	63 1/2	42 1/2	34	25 1/2	17	233 1/2	170	34	12 1/2	170	51	170	467 1/2
90	207	270	67 1/2	45	36	27	18	247 1/2	180	36	13 1/2	180	54	180	495
95	218 1/2	285	71 1/2	47 1/2	38	28 1/2	19	261 1/2	190	38	14 1/2	190	57	190	522 1/2
100	230	300	75	50	40	30	20	275	200	40	15	200	60	200	

For each natural tooth lost - 4 weeks.

N.B. A claim may be reopened within two years of the last payment of compensation or employer's authorized treatment if the disability becomes worse.



e. Income Maintenance Programs of the Division of Public Welfare, State Department of Human Services.

The Division of Public Welfare has program responsibilities for the financial assistance programs outlined below. In the Aid to Families with Dependent Children (AFDC) program, the division supervises the county welfare agencies which actually administer the program, and is responsible to the federal government for the State Plan for those programs for which federal assistance is claimed. The division supervises the municipal administration of the General Assistance program, and represents the state's interests in dealing with the federal government which administers and partially finances the Supplementary Security Income (SSI) program. The division also has statewide responsibility for the Food Stamp Program, which is administered by the county welfare agencies, and for assistance to Cuban and Indochinese refugees.

(1) Aid to Families with Dependent Children (AFDC-C segment)

This program provides financial assistance to families in which one parent is incapacitated or absent from the home due to divorce, separation, abandonment, imprisonment, or death. Assistance is based on a schedule of benefits according to family size and the amount of income and assets available. A family of four eligible persons with no other income receives a grant of \$374 per month. Income disregards of the first \$30 and 1/3 of earnings per month provide an incentive for employment. The federal government pays 50% of the cost of benefits. The state finances 75% of the non-federal share or 37 1/2%, and the counties



finance 25% of the non-federal share or 12 1/2%.

(2) Aid to Families with Dependent Children - Unemployed Father (AFDC-F segment)

This is a federally assisted program similar to the regular AFDC program, described above, for families where a father is at home but unable to support the family due to involuntary unemployment. The benefit schedule is the same as the regular AFDC program, and the federal, state and local cost sharing is the same.

(3) Aid to Families with Dependent Children - Insufficient Employment of Father (AFDC-N segment)

This is a state-county financed program of assistance to families where the father is working but due to inadequate wages cannot support the family. Benefits are set by state statute at 2/3 of the benefit standard available under the federally matched segments of the AFDC program. The state finances 75% of the cost of benefits and the counties 25% of the cost.

(4) General Assistance

This program provides assistance to single individuals and childless couples. Under state supervision, it is administered by the municipal welfare departments. For those municipalities which choose to participate in the State Aid Program, the State provides 75% and the municipality 25% of the assistance costs (approximately 460 municipalities participate). Unemployable individuals receive grants based on a standard of \$178 per month;



employable persons, \$119 per month. Employable persons are required to register for the General Assistance Employment Program under the auspices of the State Employment Service.

(5) Supplemental Security Income (SSI) Program

Described on page 14 et seq. above.

(6) Food Stamp Program

Funded by the U.S. Department of Agriculture (USDA), the Food Stamp Program provides benefits to both public assistance and non-public assistance participants. Administered by the county welfare agencies and supervised by the Division of Public Welfare, the program follows rules and regulations issued by USDA. All AFDC and SSI recipients are eligible for food stamps. General Assistance recipients are referred for eligibility determinations.

(7) Child Support and Paternity Program

New Jersey's Child Support and Paternity program is part of the Federal Child Support Enforcement efforts. Its purpose is to ensure that children deserted by a parent receive adequate support. While the county welfare agency endeavors to locate the absent parent and to work through the local probation department to obtain support payments, it provides full AFDC grants to families in financial need.

The administration of the AFDC and food stamp programs is the responsibility of the twenty-one county welfare agencies. The SSI program is administered by district Social Security



Administration offices. General Assistance is administered by municipal welfare departments. Considerable coordination, referrals, etc., are necessary. Eligibility for federally funded programs is based on federal regulations. In the case of AFDC and the Food Stamp Program, regulations are issued by the U.S. Department of Health, Education and Welfare and the U.S. Department of Agriculture respectively.

Basic differences in the regulations and in the methodology used for income determinations, etc., cause some conflicts and add to the complexity of administration. The new food stamp regulations to be implemented March 1, 1979, require a joint AFDC-food stamp application and a single interview at time of application. This means that the income maintenance worker must be knowledgeable regarding both programs.

For data on the costs and funding of the programs for which the division is responsible, see Appendix B.

f. Medical Assistance and Health Services (Medicaid)

Medicaid is the responsibility of the Division of Medical Assistance and Health Services in the State Department of Human Resources. Eligibility is a by-product of eligibility for AFDC, SSI, or Refugee Assistance. Medicaid is funded with 50% federal funds and 50% state funds for AFDC and SSI eligibles and with 100% federal monies for Cuban and Indochinese refugees. The federal funding for the refugee program is in the process of being reduced under recent federal legislation.



Other individuals eligible for Medicaid are children in foster care under the supervision of the Division of Youth and Family Services; categorically related pregnant women and children under the age 21 (who do not receive a cash payment), certain elderly, blind, or disabled persons in Medicaid approved Skilled Nursing Facilities, Intermediate Care Facilities, and certain persons over age 65 and under 21 in Medicaid approved state and county psychiatric hospitals.

The division does not administer an "income maintenance program" per se, but provides medical services (Medicaid) to the abovementioned eligible recipients.

The Medicaid program provides the following services for eligibles if the service is medically necessary: Inpatient Hospital, Outpatient Hospital, Skilled Nursing Facility, Intermediate Care Facility A and B, Physician Services, Laboratory Services, Transportation Services, Family Planning Services, Early Child Screening, Home Health Services, Medical Day Care, Podiatry Services, Psychologist Services, Prescribed Drugs, Hearing Aids, Optical Appliances, Artificial Limbs and Braces, Special Hospital Services, Medical Supplies and Durable Medical Equipment, Chiropractic Services, Mental Health Services, Clinic Services, Inpatient Mental Hospital Services for persons under 21 and over 65 in participating State and County Hospitals, and inpatient care in Intermediate Care Facilities for the Mentally Retarded (ICF/MR).



People who are eligible for Medicaid may also be eligible for Food Stamps, Vocational Rehabilitation Services, Workers Compensation, Maternal and Child Health Services, and Medicare. In all instances, except for Maternal and Child Health Services, Medicaid is the last party payer, so its funds are utilized only after the other benefits have been fully utilized.

Because of the many agencies involved in the Medicaid process -- 21 County Welfare Agencies, local Social Security offices, the Division of Public Welfare, and the Division of Youth and Family Services -- the administration is quite complex. However, through inter-agency agreements, liaison people and a number of standing committees, it is reported to be working quite well. Regional staff from the various Department of Human Services' divisions meet periodically; DMAHS, DPW, and DYFS each have high level liaison people who meet periodically and talk frequently, and the division directors and Deputy Commissioner meet together monthly to discuss important issues. There also are liaison people with the Social Security Administration and various other state agencies, such as the Health Department, the Division of Vocational Rehabilitation, etc. The department and division are always looking at better methods of communication and coordination of the various components involved in the administration of the Medicaid, Social Service, and Public Assistance programs.



g. Veterans Benefits

Grants authorized to veterans of New Jersey are administered by the Bureau of Veterans Services in the Division of Veterans Programs and Special Services, State Department of Health. Disabled veterans who suffer from specific types of service connected disabilities and who were residents of New Jersey prior to their entry into service may be entitled to a life-time pension of \$500 per year. Blind veterans who meet the eligibility requirements receive \$750 per year.

The child or children of a New Jersey veteran may be eligible for a \$500 annual grant for four consecutive years provided they are between the ages of 16 and 21 years of age, and their parent died in military service or as a result of a service connected disability, and they have resided in New Jersey for one year preceeding the filing of their application. All of the above grants are appropriated by the State of New Jersey and the expenditures for last fiscal year were:

Disabled Veterans	\$164,540
Blind Veterans	54,687
War Orphans	74,890

The bureau has not experienced any problems in the administration, eligibility requirements, and making prompt payments for the above programs. Since there is very little relationship to other income maintenance programs there have



been few reported problems. Veterans benefits are considered when other programs are applied for by the eligible recipients of such benefits.

h, Compensation to Victims of Violent Crimes Suffering Personal Injuries.

The Violent Crimes Compensation Board was established for the purpose of providing assistance to those victims of violence suffering personal injuries. In accordance with the provisions of N.J.S.A. 52:4B-1 et seq., the board will compensate qualifying innocent victims of crime for non-reimbursable medical expenses and loss of earnings incurred as a result of their injuries. In the case of the death of a victim, compensation may be paid to or for the benefit of the dependents of the deceased victim. A crime must be reported to the police authorities within ninety days of its occurrence, and a claim for compensation must be made within one year of the date of the injury or death.

A claim can be filed by:

1. The victim of a crime;
2. The surviving spouse or child of a victim of a crime who dies as a direct result of such crime; or
3. Any other relative dependent for his support upon a victim of a crime who dies as a direct result of such crime.

A claimant must incur out-of-pocket expenses for medical or other services of at least \$100 unreimbursable from



other sources, or two continuous weeks loss of earnings. In determining the amount of compensation to be allowed, by order, the board takes into consideration amounts received or receivable from any other source or sources by the victim (N.J.S.A. 52:4B-19), including compensation received from any insurance programs mandated by law, or from public funds or private sources. In instances of death or protracted disability, payments may be made in a lump sum or periodically. Amounts awarded as weekly compensation or support shall not exceed the highest prevailing weekly benefit payable under Workers' compensation proceedings in this state at the time of the injury. The maximum award permitted by statute is \$10,000.00.

The program is funded within the State Budget with the following amounts having been appropriated for fiscal year '78-'79:

Administrative	\$ 195,889
Claims - Extraordinary	1,078,000
Total	<u>\$1,273,889</u>

The board reported no problems in the administration of the program, i.e., in determining eligibility, making payments, location of geographic offices, or existing coordination between various income maintenance programs. There is, however, the long standing problem of insufficient funding with a resultant backlog of approximately 2,700 claims, causing a delay of several years before final awards

are made in behalf of qualifying claimants. Last year there were 819 claims; the average award was \$3700; about 5% of all claimants were paid the \$10,000 maximum; and about 54% of all applicants eventually qualify. There are approximately 30,000 violent crimes reported per year in New Jersey.

i. "New Jersey Automobile Reparation Reform Act"

Benefits

The so-called "no fault" act (N.J.S.A. 39:6A-1 et seq.) alters the tort system so that an automobile accident victim cannot recover for general damages if his injuries are confined to soft tissue and his medical expenses (not counting hospital costs) are less than \$200. Any such victim can recover for general damages if his injury results in death, permanent disability, permanent significant disfigurement, permanent loss of a bodily function or loss of all or part of a body member.

No-fault insurance provides first-party medical and hospital benefits with no limit as to time or amount; wage loss of up to \$100 a week (one year maximum); substitute services of up to \$12 a day (limited to \$4,380 per person); funeral expense of \$1,000; and survivor's benefits equal to benefits that would have been paid to the accident victim except for his death. Additional first-party wage coverage must be offered by insurers.

As mentioned elsewhere, temporary disability benefits and workers' compensation benefits (as well as Medicare

payments) are primary coverage for victims of automobile accidents. There have been problems in coordinating these benefits with no-fault benefits.

No-fault coverage is administered by private carriers, except for claims paid by the New Jersey Unsatisfied Claim and Judgment Fund.

j. Work Incentive (WIN) Program

The WIN program is funded by the U.S. Department of Labor and jointly administered, in New Jersey, by the Division of Employment Services in the State Department of Labor and Industry and the Division of Youth and Family Services in the State Department of Human Services. Its purpose is to help AFDC (Aid to Families with Dependent Children) recipients become economically self-sufficient through job preparation and job placement. Participation in the WIN program is based upon the following guidelines:

(1) Unemployed fathers are mandated by law to participate.

(2) Mothers with children six years of age and older are mandated by law to participate.

(3) Mothers with children under the age of six may participate on a voluntary basis.

The New Jersey WIN program is funded for \$14,748,308 for fiscal year 1979. This funding is based upon the following guidelines utilized by the U.S. Department of Labor in its WIN allocation formula:



(1) Fifty percent of the funds allocated are based upon the total number of AFDC recipients registered in the WIN program.

(2) The other 50% of the funds are allocated on a discretionary basis. These funds are determined by statistically evaluating the potential capability and actual achievement in the areas of:

(a) wages generated from employment after participation in the WIN program; and

(b) grant reductions obtained from employment after participation in the WIN program.

WIN enrollees are paid the following benefits while participating in the program:

(1) While participating in the orientation component they are paid \$44 bi-weekly, or \$4.40 per day.

(2) While participating in institutional training they are paid \$44 bi-weekly, or \$4.40 per day.

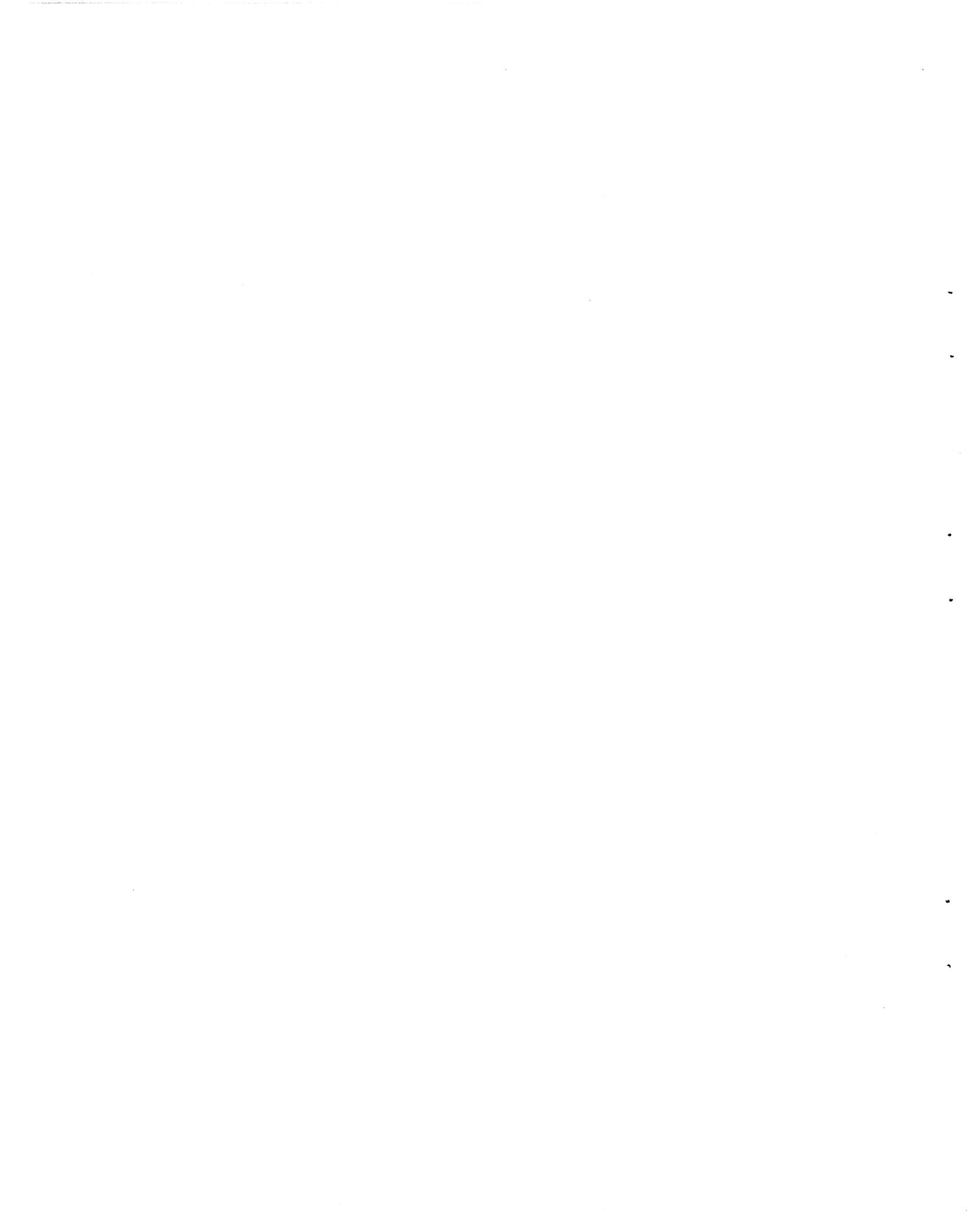
(3) While participating in the work experience component they are paid \$44 bi-weekly, or \$4.40 per day.

(4) While participating in the intensive manpower service component they are paid \$4.40 per day.

(5) WIN enrollees in suspense status, i.e., participating in paid components of non-WIN funded programs (CETA), are paid the benefits of these programs.

(6) WIN enrollees also receive paid child care, when necessary, while participating in the WIN program.

All of these benefits are paid to eligible WIN enrollees

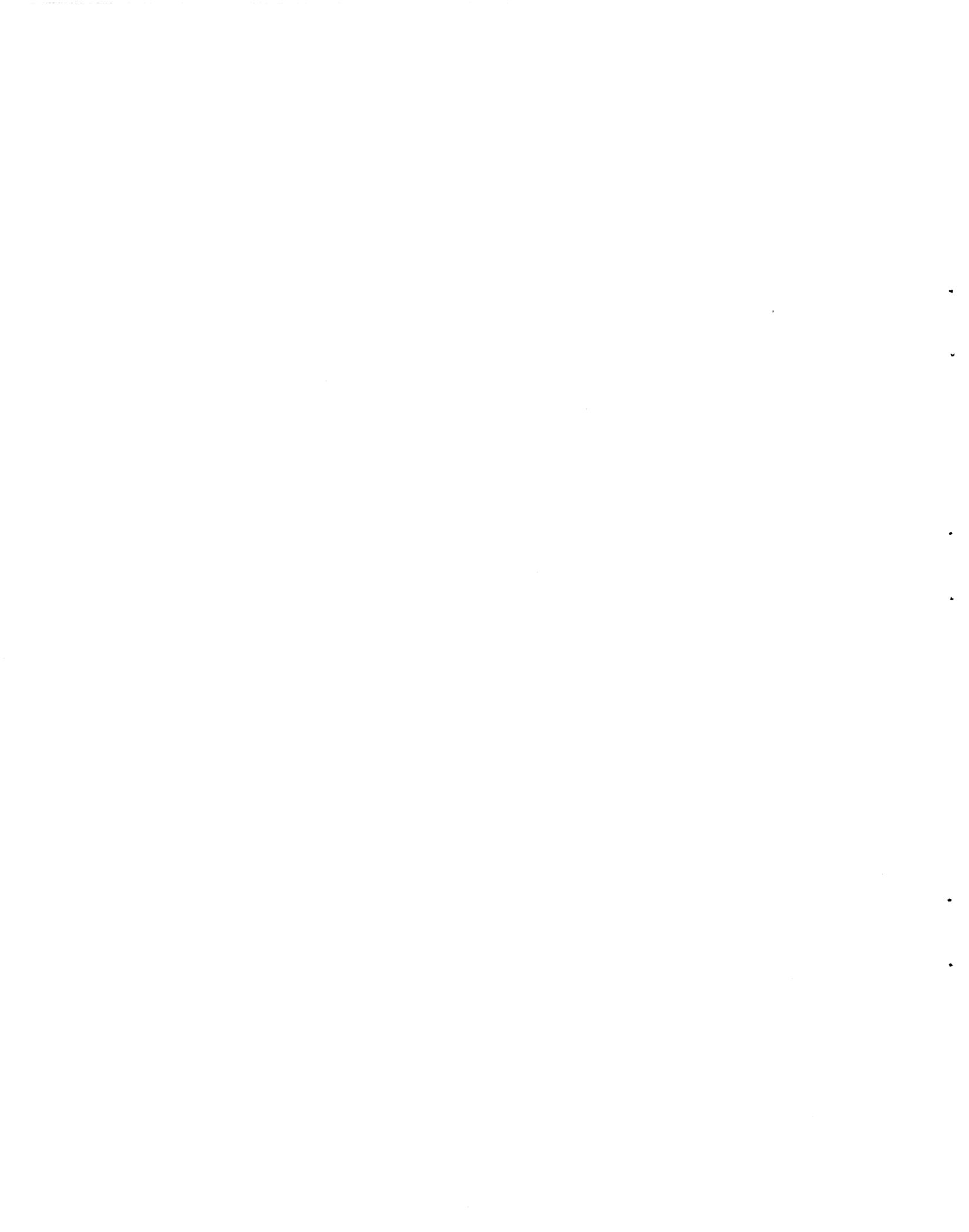


for the purpose of maximizing their participation. The cash payments are made to defray the costs of lunch and transportation, as well as to offer each WIN enrollee an incentive to participate. Three dollars per day is to cover the cost of lunch and transportation, when \$1.40 per day is for the incentive.

The WIN program can overlap with unemployment insurance. AFDC recipients who are eligible to collect unemployment compensation are mandated to file for it. The amount of unemployment compensation collected is deducted dollar-for-dollar from the total AFDC monthly grant established by the local County Welfare Board. The receipt of unemployment compensation does not effect participation in the WIN program. It only effects the dollar amount received by an AFDC recipient every month.

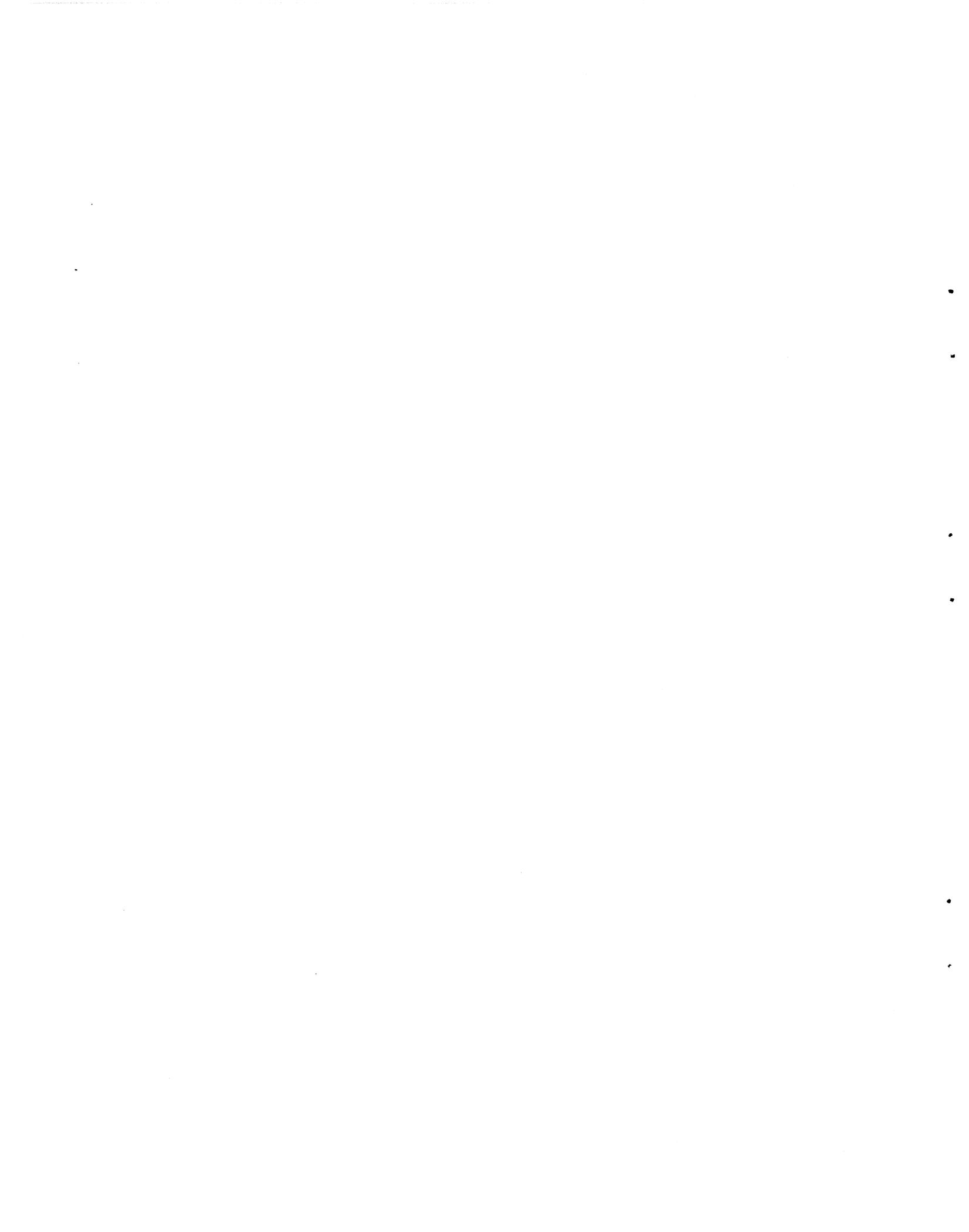
The staff of the Division of Employment Services and the Division of Youth and Family Services presently encounters no major difficulties in the administration of the WIN program. Problems have been encountered, however, regarding the coordination of available data as it relates to the inter-relationships of existing income maintenance programs. These problems are reported to be previously due to:

- (1) the right of individual privacy.
- (2) the different reporting procedures used by each program.
- (3) the lack of available common computerized data.



APPENDIX B

Data on the Costs and Funding
of Programs administered
by the Division of Public Welfare



Public Assistance Allowance Standards

AFDC Program

<u>Schedule I</u>	Number in Eligible Unit	<u>Schedule II</u>
AFDC-C AFDC-F		AFDC-N
124	1	83
247	2	165
326	3	217
374	4	249
426	5	284
482	6	321
531	7	354
583	8	389
628	9	419
669	10	446
721	11	481
774	12	516
826	13	551
870	14	580
916	15	611
add \$42 each person	more than 15	add \$28 each person

Schedule I

Monthly Assistance Allowances
(Limited to persons determined unable to accept employment)

Number in Household	Eligible Unit	
	1	2
1	178.	
2	122.	244.
3	110.	220.
4	98.	196.
5	90.	180.
6	85.	170.
7	72.	145.
8	69.	139.
9	66.	133.
10	64.	127.
11	62.	125.
12	61.	123.
13	60.	120.
14	59.	118.
15	58.	116.

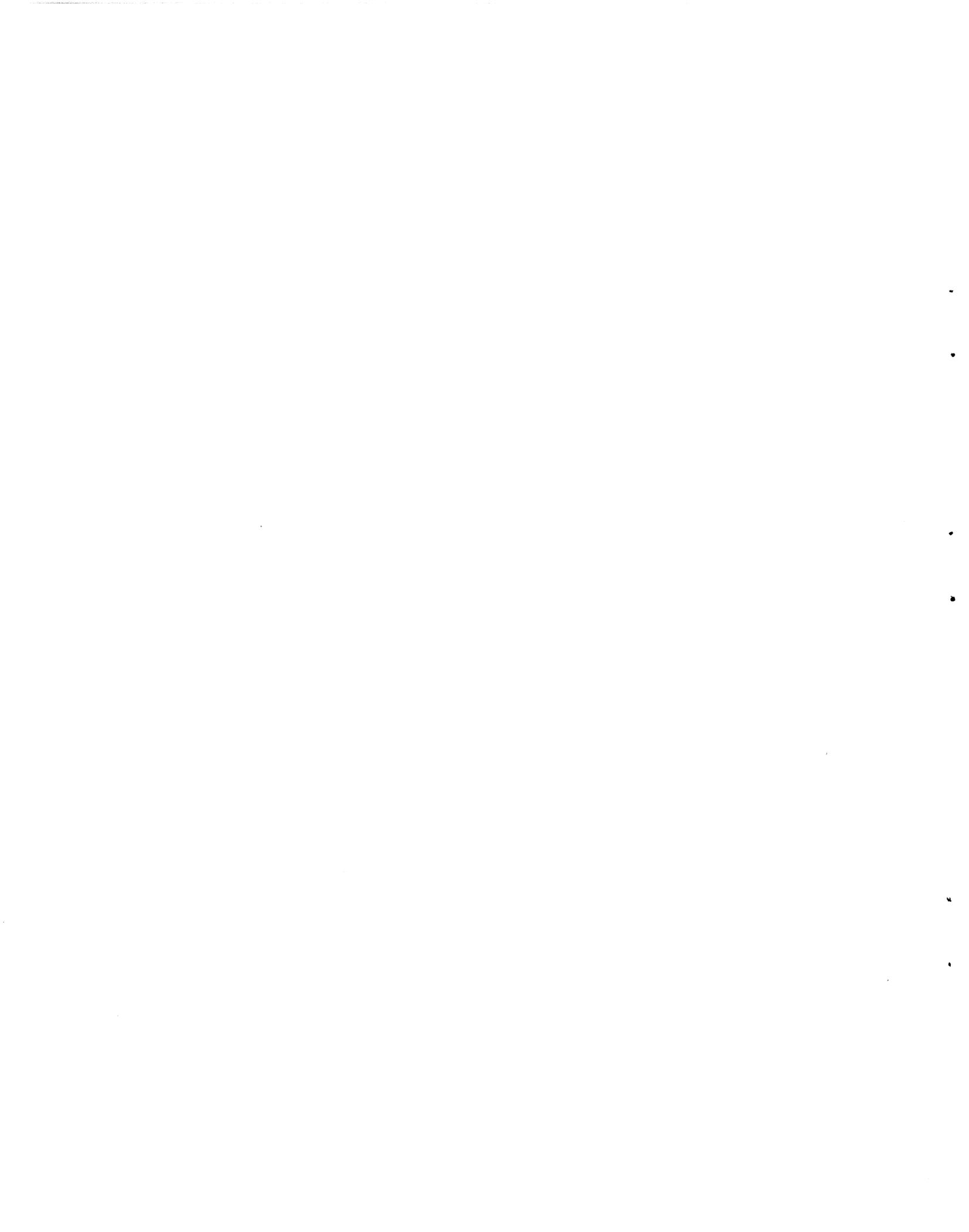


SCHEDULE II
 Monthly Assistance Allowances
 (For eligible units in which at least one person is employable)

Number in Household	Number in Eligible Unit														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1	119.														
2	82.	163.													
3	69.	138.	207.												
4	59.	119.	178.	237.											
5	54.	108.	163.	217.	271.										
6	51.	102.	153.	204.	255.	306.									
7	48.	96.	144.	193.	241.	289.	337.								
8	46.	93.	139.	185.	231.	278.	324.	370.							
9	44.	89.	133.	177.	222.	266.	310.	355.	399.						
10	43.	85.	128.	170.	213.	255.	298.	340.	383.	425.					
11	42.	83.	125.	167.	208.	250.	291.	333.	375.	416.	458.				
12	41.	82.	123.	164.	205.	246.	286.	327.	368.	409.	450.	491.			
13	40.	81.	121.	162.	202.	242.	283.	323.	363.	404.	444.	485.	525.		
14	40.	79.	119.	158.	198.	237.	277.	316.	356.	395.	435.	474.	514.	553.	
15	39.	77.	116.	155.	194.	232.	271.	310.	349.	387.	426.	465.	504.	542.	581.

In eligible units of more than 15, add \$27. for each additional member.

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INCOME STANDARDS FOR MEDICAID ONLY PROGRAM AND SSI

7/1/78

Licensed Boarding Home

Eligible person	\$315
Eligible couple	630

Head of Household

Living Alone

Eligible person	207
Eligible couple	293
Eligible individual with ineligible spouse only	293

Living with Others

Eligible person	191
Eligible couple	286

Living in Household of Another
(Receiving Support and Maintenance)

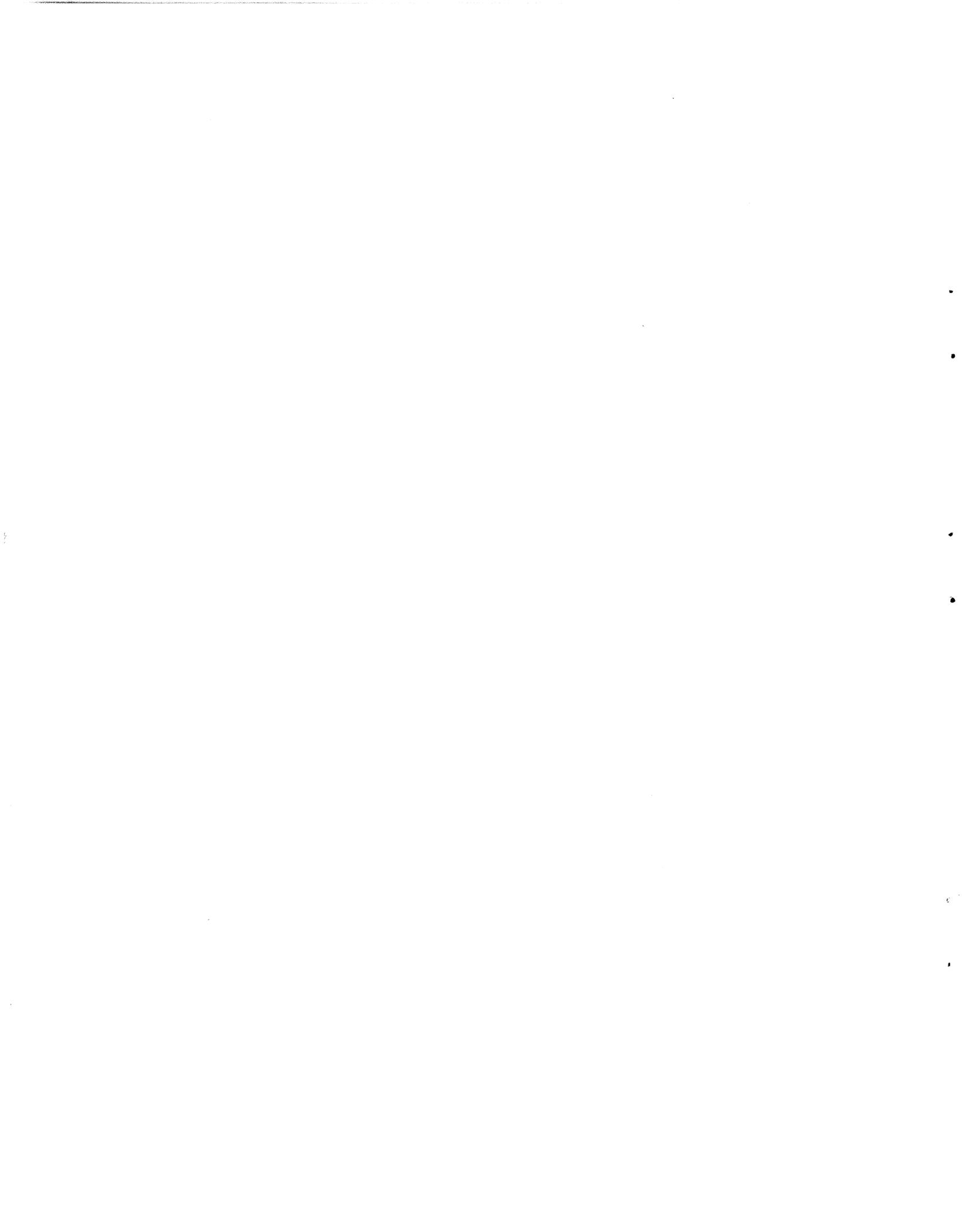
Eligible person	147
Eligible couple	257

Institutionalized in a Title XIX
Approved Facility

Includes person in acute care general hospital, skilled nursing facility, intermediate care facility (Level A, B and ICFMR), licensed special hospital (Class A, B and C), and psychiatric hospital (for persons under 21 and 65 and over) or a combination of these facilities for a full calendar month.

568.20*

*The Medicaid "Cap" is applied to gross income (i.e., income prior to application of income exclusions).



NEW JERSEY FOOD STAMP MANUAL

Appendix D

TABLES

TABLE II

MONTHLY COUPON ALLOTMENTS AND PURCHASE REQUIREMENTS
(Effective July 1, 1978)

Monthly Net Income		Number of Persons in Household:							
		1	2	3	4	5	6	7	8
		Monthly Coupon Allotment:							
		\$54	\$100	\$144	\$182	\$216	\$260	\$286	\$328
		Monthly Purchase Requirement							
\$ 0 to	19.99	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
20 to	29.99	1	1	0	0	0	0	0	0
30 to	39.99	4	4	4	4	5	5	5	5
40 to	49.99	6	7	7	7	8	8	8	8
50 to	59.99	8	10	10	10	11	11	12	12
60 to	69.99	10	12	13	13	14	14	15	16
70 to	79.99	12	15	16	16	17	17	18	19
80 to	89.99	14	18	19	19	20	21	21	22
90 to	99.99	16	21	21	22	23	24	25	26
100 to	109.99	18	23	24	25	26	27	28	29
110 to	119.99	21	26	27	28	29	31	32	33
120 to	129.99	24	29	30	31	33	34	35	36
130 to	139.99	27	32	33	34	36	37	38	39
140 to	149.99	30	35	36	37	39	40	41	42
150 to	169.99	33	38	40	41	42	43	44	45
170 to	189.99	39	44	46	47	48	49	50	51
190 to	209.99	42	50	52	53	54	55	56	57
210 to	229.99	44	56	58	59	60	61	62	63
230 to	249.99	44	62	64	65	66	67	68	69
250 to	259.99	44	68	70	71	72	73	74	75
270 to	289.99	44	74	76	77	78	79	80	81
290 to	309.99		80	82	83	84	85	86	87
310 to	329.99		80	83	89	90	91	92	93
330 to	359.99		80	94	95	96	97	98	99
360 to	389.99		80	103	104	105	106	107	108
390 to	419.99			112	113	114	115	116	117
420 to	449.99			121	122	123	124	125	126
450 to	479.99			125	131	132	133	134	135
480 to	509.99			126	140	141	142	143	144
510 to	539.99				149	150	151	152	153
540 to	569.99				158	159	160	161	162
570 to	599.99				158	168	169	170	171
600 to	629.99				158	177	178	179	180
630 to	659.99					186	187	188	189
660 to	689.99					188	196	197	198



C.L. 78-6-13

NEW JERSEY FOOD STAMP MANUAL

Appendix D

TABLES

TABLE II

MONTHLY COUPON ALLOTMENTS AND PURCHASE REQUIREMENTS
(Effective July 1, 1978)

Monthly Net Income	<u>Number of Persons in Household:</u>							
	1	2	3	4	5	6	7	8
	<u>Monthly Coupon Allotment:</u>							
	\$54	\$100	\$144	\$182	\$216	\$260	\$286	\$328
	<u>Monthly Purchase Requirement</u>							
690 to 719.99					188	205	206	207
720 to 749.99					188	214	215	216
750 to 779.99						223	224	225
780 to 809.99						228	233	234
810 to 839.99						228	242	243
840 to 859.99						228	250	252
870 to 899.99							250	261
900 to 929.99							250	270
930 to 959.99							250	279
960 to 989.99								288
990 to 1,019.99								288
1,020 to 1,049.99								288
1,050 to 1,079.99								288
1,080 to 1,109.99								288

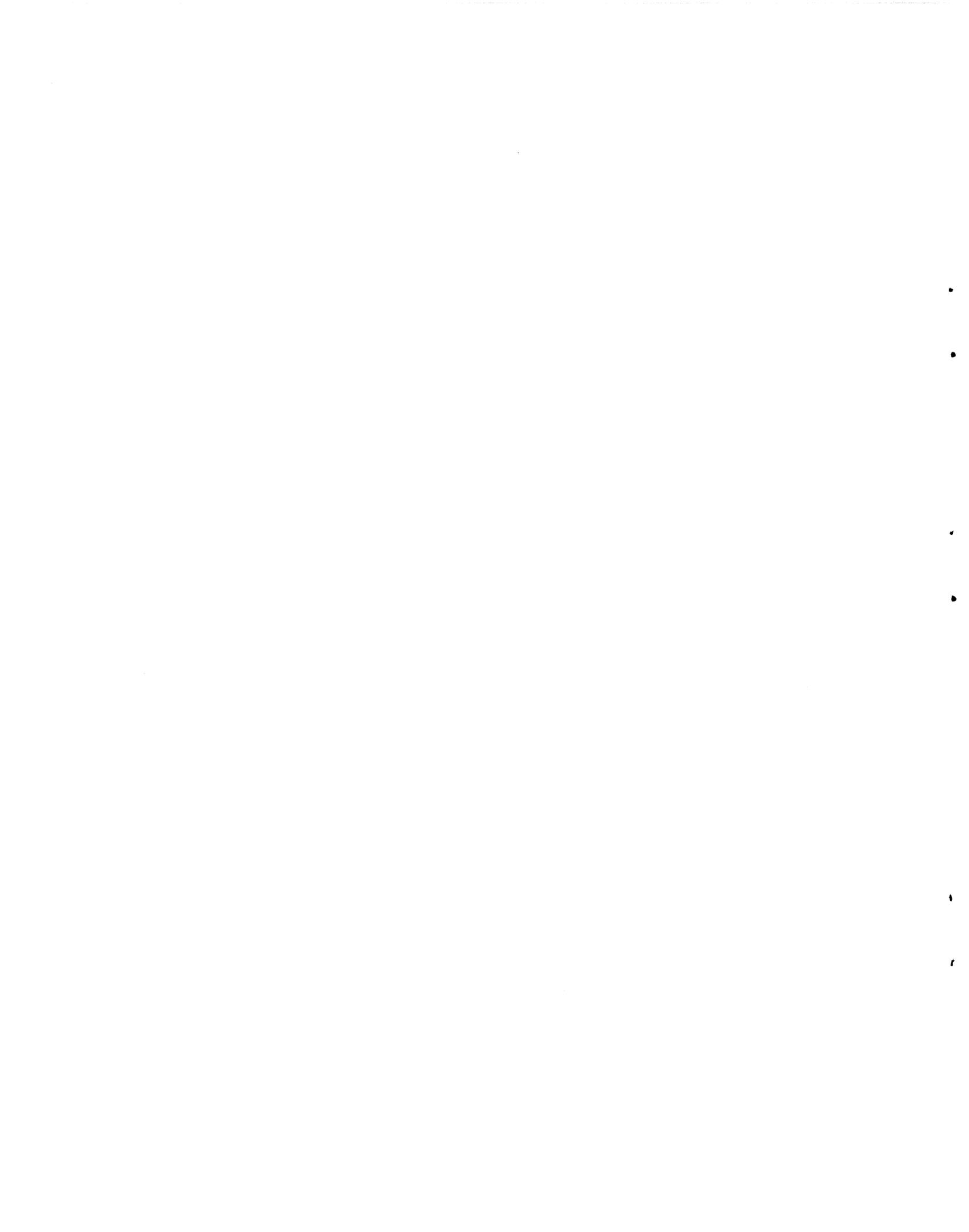
For each household member over eight, add \$42 to the monthly coupon allotment for an eight person household.

For households with incomes of \$939.99 or less, use the purchase requirement for a household of eight.

To determine the purchase requirement for household sizes over eight with incomes of \$990 or more, for each \$30 in income (or portion thereof) over \$939.99 add \$9 to \$288.

To obtain maximum purchase requirements for households over eight persons, add \$38 for each additional person to \$288.

For fractional issuance, prorate the coupon allotment and round up to the next higher whole dollar amount. The purchase requirement shall be prorated without rounding.



NEW JERSEY FOOD STAMP MANUAL

Appendix D

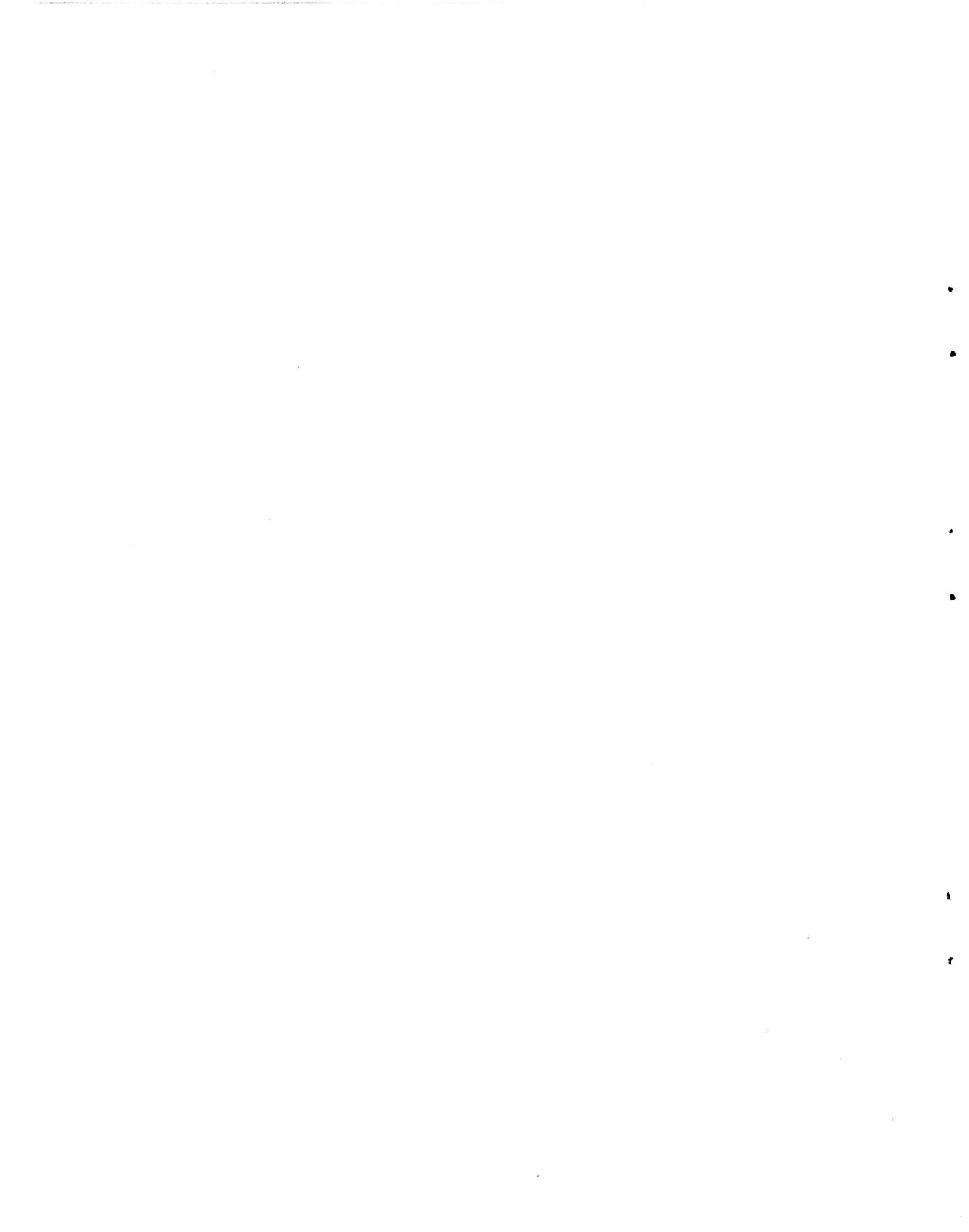
TABLES

TABLE III

Maximum Monthly Allowable Income Standards (NPA Households)

<u>Household Size</u>	<u>Maximum Allowable Monthly Income Standards</u>
One	¹ \$ 277
Two	363
Three	480
Four	607
Five	720
Six	867
Seven	953
Eight	1,093
Each additional member	+140

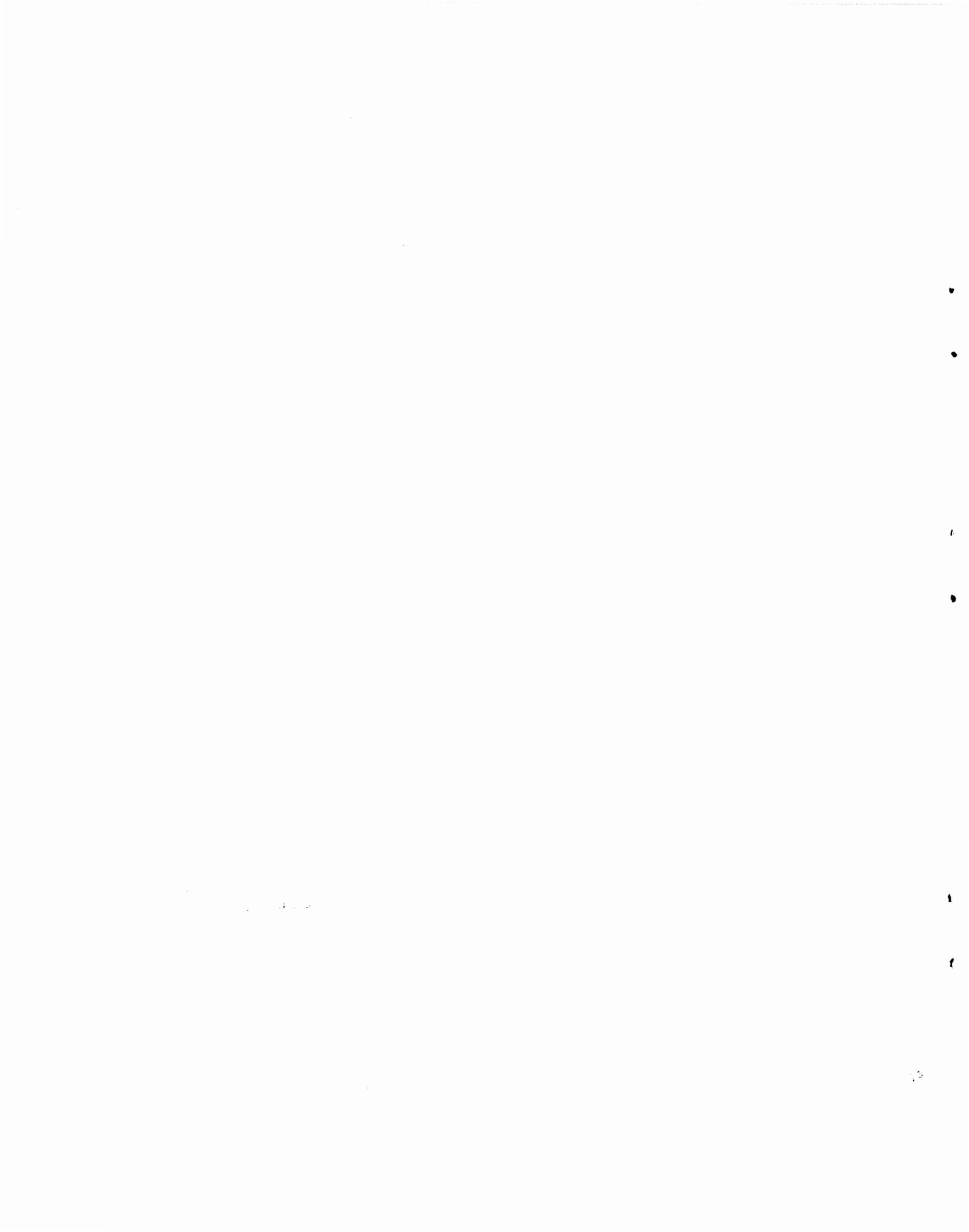
¹ adjusted poverty guideline



State of New Jersey
Department of Human Services
Division of Public Welfare

Assistance Caseload Data and Allocation of Net Expenditures
Fiscal Years 1976, 1977, and 1978

	Actual F. Y. 1976	Actual F. Y. 1977	Actual F. Y. 1978
EVALUATION DATA - CATEGORICAL ASSISTANCE			
Average Monthly Recipients	567,708	553,689	551,452
Families of the Working Poor Assistance	35,058	33,703	-
Supplemental Security Income	63,042	51,800	51,783
General Assistance	21,563	25,135	25,833
<u>Dependent Children Assistance</u>			
Regular Segment	448,045	443,046	440,556
Unemployment of Father	-	-	20,287
Insufficient Employment of Parents	-	-	12,943
Emergency Assistance 1/	-	2,717	2,068
Average Monthly Grant			
Families of the Working Poor Assistance	\$ 47.08	\$ 48.91	\$ -
Supplemental Security Income	26.68	33.36	32.39
General Assistance	151.46	151.12	159.91
<u>Dependent Children Assistance</u>			
Regular Segment	82.36	83.90	88.41
Unemployment of Father	-	-	76.74
Insufficient Employment of Parents	-	-	50.28
Emergency Assistance	-	55.59	74.14
Net Assistance Expenditures (Excluding Burials)	\$499,276,739	\$509,285,311	\$533,832,375
Families of the Working Poor Assistance	18,520,343	18,613,423	-
Supplemental Security Income	20,441,509	20,994,953	20,270,310
General Assistance	39,191,064	45,579,392	49,666,693
<u>Dependent Children Assistance</u>			
Regular Segment	421,053,803	422,285,059	436,763,553
Unemployment of Father	-	-	17,890,126
Insufficient Employment of Parents	-	-	7,397,256
Emergency Assistance	-	1,812,484	1,894,437
State Funds Required	\$211,219,662	\$219,129,041	\$226,164,518
Families of the Working Poor Assistance	13,942,757	13,959,768	-
Supplemental Security Income	15,331,132	15,760,643	15,203,137
General Assistance	27,543,743	31,485,000	35,163,060
<u>Dependent Children Assistance</u>			
Regular Segment	154,402,030	157,221,163	162,754,120
Unemployment of Father	-	-	6,713,769
Insufficient Employment of Parents	-	-	5,585,879
Emergency Assistance	-	702,462	744,553
County Funds Required	\$61,135,811	\$62,529,079	\$63,701,507
Families of the Working Poor Assistance	4,647,586	4,653,655	-
Supplemental Security Income	5,110,377	5,234,310	5,067,173
<u>Dependent Children Assistance</u>			
Regular Segment	51,377,848	52,406,959	54,298,664
Unemployment of Father	-	-	2,237,923
Insufficient Employment of Parents	-	-	1,849,563
Emergency Assistance	-	234,155	248,184
Federal Funds Required	\$215,273,925	\$213,617,059	\$230,033,545
<u>Dependent Children Assistance</u>			
Regular Segment	215,273,925	212,741,192	220,174,017
Unemployment of Father	-	-	8,939,621
Emergency Assistance	-	875,867	919,907
Municipal Funds Required			
General Assistance	\$11,647,341	\$14,094,392	\$14,503,633



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