



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

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MEDICAID COMMUNICATION NO. 06-09

DATE: November 29, 2006

TO: County Welfare Agency Directors
Statewide Eligibility Determination Agency
Institutional Services Section Area Supervisors

SUBJECT: Aged, Blind and Disabled Fact Sheet and Check Lists

The Division of Medical Assistance and Health Services and the Department of Health and Senior Services jointly developed a Medicaid fact sheet and two check lists which state the necessary documents needed when applying for the Aged, Blind and Disabled portion of Medicaid. The purpose of these tools is to increase the applicant's knowledge of the eligibility determination process, thereby contributing to a mutually improved process.

Attached is the fact sheet entitled, What you need to know about Applying for Medical Assistance for the Aged, Blind and Disabled which explains the reasons documentation is necessary to determine program eligibility by listing the types of personal and financial documents applicants need when applying for Medicaid. Also attached are two check lists entitled, Medicaid Application for Nursing Home and Community Based Waiver Programs Checklist and Medically Needy Program Checklist which provide examples of acceptable documents that establish proof of age, citizenship, identification, marital status, income and financial resources when applying for these programs.

Please feel free to use these tools to assist our applicants and their families provide you with the information needed for determining program eligibility. Questions regarding this communication should be referred to the Office of Policy Development at 609-588-2556.

Sincerely,

Ann Clemency Kohler
Director

ACK:Mm
Attachments

C: Fred M. Jacobs, M.D., J.D., Commissioner
Kathleen M. Mason, Assistant Commissioner
Department of Health and Senior Services

Jeanette Page-Hawkins, Director
Division of Family Development

Greg Fenton, Acting Director
Division of Developmental Disabilities

William Ditto, Director
Division of Disability Services

Kevin Martone, Assistant Commissioner
Division of Mental Health Services

Eileen Crummy, Director
Division of Youth and Family Services

What you need to know about Applying for Medical Assistance for the Aged, Blind and Disabled

When you apply for medical assistance you will be asked to provide documents containing information that can verify both your personal and your financial information. The more documentation you are able to provide the easier it will be to process your application. If some documents are not available, we may be able to verify information through outside sources. **However, using outside sources may cause delays in processing your application.** The following information explains what documents you will need to apply:

Basic Information:

In order to qualify for Medicaid you must be 65 years old or blind or disabled and either a U.S. Citizen or lawfully admitted for permanent residence (or certain eligible aliens) and a resident of New Jersey. Proof of your marital status is needed along with your spouse's social security number and date of birth because the resources of your spouse will also be used in determining your financial eligibility. Listed in the columns below are examples of documentation that can assist in the processing of your application. Only one document from each column is needed. Be aware that some documents provide proof for more than one category. For example, a U.S. Passport will prove your age and citizenship and identity. Documents which should be included with your application include but are not limited to:

<u>Age</u>	<u>Citizenship*</u>	<u>Identity*</u>	<u>Marital Status</u>
US Passport	US Passport	US Passport	Marriage Certificate
Birth Certificate	Birth Certificate	Photo License	Divorce Decree
Driver's License	Naturalization Papers	School I.D.	Death Certificate
Baptismal Cert.	Alien Registration Card	US Military I.D.	Separation Papers
State issued I.D.	Final Adoption Decree		

***Consult with your County Board of Social Services to obtain a more detailed list of tiered verifications that can be accepted.**

Financial Information:

You must meet certain income criteria and be resource eligible. The income can be earned, (receiving a pay check), or unearned (receiving interest from an investment account). Listed below are examples of documents that can prove how much money you receive each month. Documents showing income include but are not limited to:

Copies of Recent Pay Stubs	Copy of Social Security Check or Award Letter
Copy of Temporary Disability Check	Copy of VA Benefits Check or Award Letter
Copy of SSI Check or Award Letter	Copy of Worker's Compensation Check or Letter
Copy of Unemployment Check or Stub	Copy of Support/Alimony Checks or Award Decree
Copies of Dividend Checks	Income Statement from Employer.

Available Resources:

You are allowed \$2,000/\$4,000 in resources, (more if the applicant is married). In order to present the clearest picture of your financial situation, please bring copies of any of the following items:

- | | | |
|-----------------------------|--------------------------|-------------------------------|
| *Checking Accounts | *Savings Accounts | *Credit Union Shares/Accounts |
| *Money Market Accounts | *Christmas Club Accounts | *Vacation Club Accounts |
| Certificates of Deposit | Annuities | Stocks or Bonds |
| Retirement Accounts | Special Needs Trusts | Copies of Life Insurance |
| Life Insurance Trust Shares | | Policies with cash value |

***The last three (3) months of statements or passbook entries for every financial account prior to applying for Medicaid must be provided. In addition, three (3) months worth of statements or passbook entries for those same accounts for the past three (3) years should be provided. This documentation is also required for any accounts closed within the past 3 years. You may be asked to provide statements for the entire 36 months prior to your application if there has been a large amount of money removed or transferred from your accounts for any reason.**

Living Expenses:

If you are currently living with your spouse and one of you is applying for nursing home placement through the Medicaid Program, you will need to document your monthly living expenses. Some of the documents that you can provide to show your living expenses include, but are not limited to:

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|-----------------------------|-------------------------------|---------------------------------|
| Copies of Rent Receipts | Copies of Mortgage Statements | Copies of Real Estate Tax Bills |
| Copies of Telephone Bills | Copies of Gas/Oil Bills | Copies of Electric Bills |
| Copies of Water/Sewer Bills | Renter Insurance | Home Owner Insurance |
| Health Insurance Bills | Unpaid Medical Bills | Outstanding Loans |

In addition to the documentation listed in the categories above **please** bring any documents that show you have designated a **Power Of Attorney** or a **Third Party Signator** to help you with your finances. If you are a third party applying for an incapacitated individual, please include any **Guardianship** documentation.

You may be asked to provide information in addition to that which is listed in this document. The reason additional information may be requested is to insure that the Board of Social Services has the most complete understanding of your situation as is possible. You will be helping them to provide you with the most suitable care for your circumstances.

Medicaid Application for Nursing Home and Community Based Waiver Programs Check List

This is the type of information that you will need to bring with you when applying for Medicaid. The more information you are able to provide the faster your Medicaid application can be processed.

1. Proof of Age:

One of the following documents should be provided to verify your age:

- ☐ US Passport
- ☐ Birth Certificate
- ☐ Driver's License
- ☐ Baptismal Certificate
- ☐ Other _____

2. Proof of Citizenship:

One of the following documents should be provided to verify your citizenship:

- ☐ US Passport
- ☐ Birth Certificate
- ☐ Naturalization Papers
- ☐ Alien Registration Card
- ☐ Final Adoption Decree
- ☐ Other _____

3. Identity:

One of the following documents should be provided to verify your identity:

- ☐ US Passport
- ☐ Photo License
- ☐ School I.D.
- ☐ US Military I.D.

4. Marital Status:

One of the following documents should be provided to verify your marital status:

- ☐ Marriage Certificate
- ☐ Separation Papers
- ☐ Divorce Decree
- ☐ Spouse's Death Certificate
- ☐ Other _____

5. Income

In order to verify your **Income**, please provide copies of all that are applicable:

- ☐ Most recent pay stubs
- ☐ Social Security Check or Award Letter*
- ☐ Railroad Retirement Check or Award Letter*
- ☐ Temp. Disability Check or Award Letter*
- ☐ Pension Checks
- ☐ Employment check stubs
- ☐ Workers Comp. check stubs
- ☐ Support/Alimony Checks or Court Order
- ☐ VA check or Award Letter*
- ☐ Reparation Payments
- ☐ Payments from Boarders
- ☐ SSI Award Letter
- ☐ Dividend Checks
- ☐ Federal Income Tax Returns including schedules:
 - ☐ Schedule C – Net Profit from Business
 - ☐ Schedule D – Capital Gains
 - ☐ Schedule E – Rental Real Estate
 - ☐ Schedule K-1 - Partner's Share of Income
- ☐ Other _____

Award Letter Preferred

6. Financial Resources

To provide the most accurate picture of your **Financial Resources**, you must provide copies of all that is applicable:

- ☐ Checking Acct. Statements
- ☐ Stocks or Bonds
- ☐ Amount of Cash on Hand
- ☐ IRA, 401K, 403B, Keogh Accounts
- ☐ Money Market Accounts
- ☐ Deeds to Property Owned
- ☐ Mortgages
- ☐ Christmas/Vacation Clubs
- ☐ Burial Plot Information
- ☐ Special Needs Trusts
- ☐ Life Insurance Policies with Cash Value Statement
- ☐ Life Insurance Trust Shares
- ☐ Other _____
- ☐ Savings Acct. Statements
- ☐ Certificates of Deposit
- ☐ List of Valuables (jewelry, etc.)
- ☐ Trusts or other Financial Instruments
- ☐ Annuities
- ☐ Property Proceeds
- ☐ Prepaid Funeral Contracts
- ☐ Credit Union Shares
- ☐ Funds set aside for Burial

The following **Living Expenses** will be taken into account if the Medicaid recipient is placed in a nursing facility but the SPOUSE remains living in the community. Please provide copies of the following:

- ☐ Mortgage Statements
- ☐ Electric Bills
- ☐ Telephone Bills
- ☐ Outstanding Loans
- ☐ Other _____
- ☐ Real Estate Tax Bills
- ☐ Gas / Oil Bills
- ☐ Connection Charges
- ☐ Health Insurance Bills
- ☐ Other _____
- ☐ Rent Receipts
- ☐ Water / Sewer Bills
- ☐ Home / Renter's Insurance
- ☐ Unpaid Medical Bills (past 3 months)

Medically Needy Program Check List

This is the type of information that you will need to bring with you when applying for the Medically Needy program. The more information you are able to provide, the faster your Medicaid application can be processed.

1. Proof of Age:

One of the following documents should be provided to verify your age:

- ☐ US Passport
- ☐ Birth Certificate
- ☐ Driver's License
- ☐ Baptismal Certificate
- ☐ Other _____

2. Proof of Citizenship:

One of the following documents should be provided to verify your citizenship:

- ☐ US Passport
- ☐ Birth Certificate
- ☐ Naturalization Papers
- ☐ Alien Registration Card
- ☐ Final Adoption Decree
- ☐ Other _____

3. Identity:

One of the following documents should be provided to verify your identity:

- ☐ US Passport
- ☐ Photo License
- ☐ School I.D.
- ☐ US Military I.D.

4. Marital Status:

One of the following documents should be provided to verify your marital status:

- ☐ Marriage Certificate
- ☐ Separation Papers
- ☐ Divorce Decree
- ☐ Spouse's Death Certificate
- ☐ Other _____

Income

In order to verify your **Income**, please provide copies of all that are applicable:

Most recent pay stubs
Social Security Check or Award Letter*
Railroad Retirement Check or Award Letter*
Temp. Disability Check or Award Letter*
Pension Checks
Employment check stubs
Workers Comp. check stubs
Support/Alimony Checks or Court Order
VA check or Award Letter*
Reparation Payments
Payments from Boarders
SSI Award Letter
Dividend Checks
Federal Income Tax Returns
including schedules:

- ☐ Schedule C – Net Profit from Business
- ☐ Schedule D – Capital Gains
- ☐ Schedule E – Rental Real Estate
- ☐ Schedule K-1 - Partner's Share of Income

Other _____

Award Letter Preferred

6. Financial Resources

To provide the most accurate picture of your **Financial Resources**, you must provide copies of all that is applicable:

- | | |
|--|--|
| ☐ Checking Acct. Statements | ☐ Savings Acct. Statements |
| ☐ Stocks or Bonds | ☐ Certificates of Deposit |
| ☐ Amount of Cash on Hand | ☐ List of Valuables (jewelry, etc.) |
| ☐ IRA, 401K, 403B, Keogh | ☐ Trusts or other Financial Instruments |
| ☐ Money Market Accounts | ☐ Annuities |
| ☐ Deeds to Property Owned | ☐ Property Proceeds |
| ☐ Mortgages | ☐ Prepaid Funeral Contracts |
| ☐ Christmas/Vacation Clubs | ☐ Credit Union Shares |
| ☐ Burial Plot Information | ☐ Funds set aside for Burial |
| ☐ Special Needs Trusts | |
| ☐ Life Insurance Policies with Cash Value Statement | |
| ☐ Life Insurance Trust Shares | |
| ☐ Other _____ | |

The Medically Needy Program provides limited medical coverage to disabled or aged individuals who do not qualify for other Medicaid programs due to excess income or resources. This program features a spend-down provision, in which documented medical expenses and nursing home costs can be used to reduce your monthly income and to meet the program's limits (**currently: \$367.00/month in income and \$4,000.00 in resources for an individual, and \$734.00/month in income and \$6,000.00 in resources for a couple**). For your information, a hospital bill paid by Medicare is considered **unpaid** for the purposes of the Medically Needy Program. **Please Note: You must apply for the Medically Needy Program every six months.**