



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
P.O. Box 712
Trenton, NJ 08625-0712
Telephone 1-800-356-1561

JAMES E. MCGREEVEY
Governor

JAMES M. DAVY
Acting Commissioner

ANN CLEMENCY KOHLER
Director

MEDICAID COMMUNICATION NO. 04-02

DATE: February 5, 2004

TO: County Welfare Agency Directors

SUBJECT: Lynch v. Rank Annual Outreach

In accordance with the ongoing requirements established by the Federal Court's decision in the case of Lynch v. Rank, New Jersey is initiating its annual review of potential Medicaid eligibles. Included in the affected population are persons who are currently in receipt of Social Security benefits, Retirement and Survivors Disability Insurance (RSDI), or had concurrently received both RSDI and Supplemental Security Income (SSI) in any month since April 1977 and who lose or have lost eligibility for SSI for any reason. The Court ruled that, in the determination of eligibility for Medicaid Only, such persons are entitled to the disregard of the amount of all RSDI cost-of-living increases since the time they were last eligible for SSI. In addition, the Court ruling requires an annual eligibility review of individuals who, in the course of the previous year, may have met the requirements necessary to establish categorical eligibility under the Court's interpretation of the law. Such individuals who do not establish eligibility must be outreached in each of the subsequent two years.

This policy applies equally to income which is deemed to an individual. Should the individual have parents or a spouse whose income is deemed available, and the parents or spouse receive RSDI, those cost-of-living increases received by the parents or spouse since the time the individual lost eligibility for SSI are disregarded in determining the income to be deemed to the individual.

The Division of Medical Assistance and Health Services has identified all former SSI recipients who are potentially eligible for the disregard of RSDI cost-of-living increases as a result of the Court's ruling. The Division will mail a letter (copy attached) to all such persons five working days after release of this communication informing them of their potential eligibility and advising them to contact their CWA to apply for benefits.

For your reference, attached is a printout of those persons who, according to Social Security Administration records, reside in your county, will be outreached, and who may be eligible for this additional income disregard. The printout, which is sorted by Social Security number, includes each individual's current RSDI amount, amount of RSDI received in the last month of eligibility for SSI, and the date that SSI was last received. It should be noted that the address indicated on the printout is the address to which the RSDI check is sent. Therefore, in some

cases, the address will be that of a representative payee or the financial institution in which the RSDI benefit is directly deposited.

Persons who contact the CWA expressing interest in obtaining Medicaid benefits and who meet the criteria identified in the first paragraph of this instruction shall be provided with an opportunity to apply. With the exception of the additional disregard of the RSDI cost-of-living increases, eligibility is determined as for any other Medicaid Only applicant. With regard to the RSDI cost-of-living increases, the dollar amount of each RSDI cost-of-living increase since the time the individual lost eligibility for SSI is to be disregarded in the determination of the individual's eligibility for Medicaid. However, this special disregard is only applicable to the Medicaid Only program. Income determinations for other Medicaid programs, i.e., New Jersey Care...Special Medicaid Programs, does not include the disregard. The following are the dates and corresponding percentage increases for each adjustment since April 1977:

June 1977	5.9%	December 1990	5.4%
June 1978	6.5	December 1991	3.7
June 1979	9.9	December 1992	3.0
June 1980	14.3	December 1993	2.6
June 1981	11.2	December 1994	2.8
June 1982	7.4	December 1995	2.6
December 1983	3.5	December 1996	2.9
December 1984	3.4	December 1997	2.1
December 1985	3.1	December 1998	1.3
December 1986	1.3	December 1999	2.4
December 1987	4.2	December 2000	3.5
December 1988	4.0	December 2001	2.6
December 1989	4.7	December 2002	1.4
		December 2003	2.1

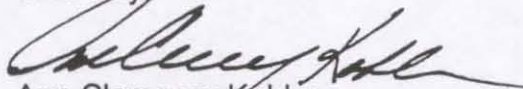
The CWA shall apply each percentage increase since SSI eligibility was lost to the amount indicated on the printout as the RSDI benefit that was being paid at the time the individual lost eligibility for SSI. If the resulting figure equals (plus or minus \$1 for each cost-of-living increase) the difference between the current RSDI amount and the amount of RSDI received when last eligible for SSI, then the difference shall be disregarded in the determination for income eligibility for Medicaid. In certain instances, because of changes in the status of the RSDI payment, the differences in the two RSDI amounts will not be fully accounted for by cost-of-living increases. If the individual is not ineligible for other reasons, such as excess resources or non-RSDI income, the CWA shall attempt to ascertain and verify the circumstances of the change in RSDI payment status in order to establish the proper amount of RSDI cost-of-living increases to be disregarded. This can be done through State Verification & Exchange System, (SVES), which may be used to verify RSDI status changes occurring in the last 12 months, or through award letters, when available.

For cases determined eligible as a result of Lynch v. Rank, the CWA shall ask the applicant if he or she has any outstanding medical bills incurred within the three-month period prior to the month of application. If the individual has such outstanding medical bills, the CWA shall determine if eligibility for Medicaid would have existed (with application of the income disregard) in the months that services were rendered. If it is found that eligibility existed during that period, the individual should be accreted to the Medicaid Eligibility File with an effective date of the first of the months in which eligibility was attained. Such a person should be advised to ask his medical provider to send bills directly to Unisys.

For individuals who cannot be determined eligible using this methodology, all other coverage options should be explored including Medicaid and NJ Family Care.

This information is to be brought to the attention of appropriate staff. Questions regarding program policies may be directed to the Medicaid field staff or Douglas Eide, Office of Information Services, at (609) 588-2897.

Sincerely,



Ann Clemency Kohler
Director

ACK: E

Attachment

c Clifton R. Lacy, M.D., Commissioner
Susan Reinhard, Deputy Commissioner
Department of Health and Senior Services

Jeanette Page-Hawkins, Director
Division of Family Development

Edward Cotton, Director
Division of Youth & Family Services

James W. Smith Jr., Director
Division of Developmental Disabilities



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

**IMPORTANT MEDICAID NOTICE
KEEP THIS IMPORTANT LETTER**

IF YOU ONCE RECEIVED SSI (SUPPLEMENTAL SECURITY INCOME) BENEFITS, YOU SHOULD READ THIS IMPORTANT NOTICE ABOUT YOUR ELIGIBILITY FOR MEDICAID BENEFITS. You do not need to read this notice if you never received SSI, or if you now receive SSI or Aid to Families with Dependent Children (AFDC). If you live in a nursing facility, this notice will not apply to you.

A federal law called the "Pickle Amendment", regarding possible Medicaid eligibility, applies to people who meet the following three tests: (1) they now receive Social Security benefits; and (2) they used to receive SSI benefits but do not receive them now; and (3) they received both a Social Security check and an SSI check in the same month, in at least one month since April 1977.

IF YOU MEET THESE THREE TESTS, YOU MAY BE ELIGIBLE TO RECEIVE MEDICAID BENEFITS. To find out if you are eligible, you (or someone on your behalf) should contact your County Welfare Agency. For your convenience, the location and telephone number of your County Welfare Agency is included in the listing on the reverse side.

PLEASE NOTE THAT TO APPLY FOR MEDICAID UNDER THE PICKLE AMENDMENT, YOU OR YOUR REPRESENTATIVE MUST GO TO YOUR COUNTY WELFARE AGENCY. TAKE THIS LETTER WITH YOU WHEN YOU GO.

COUNTY WELFARE AGENCIES

Atlantic County Department of Family & Community Development 1333 Atlantic Ave. Atlantic City, NJ 08401 (609) 348-3001 FAX (856) 343-2374	Middlesex County Board of Social Services P.O. Box 509 181 Howe Lane New Brunswick, NJ 08903 (732) 745-3500
Bergen County Board of Social Services 216 Route 17 North 17 Park Office Center, Bldg. A Rochelle Park, NJ 07662-3300 (201) 368-4200	Monmouth County Division of Social Services P.O. Box 3000 - Kozloski Road Freehold, NJ 07728 (732) 431-6000
Burlington County Board of Social Services Burlington County Human Services Facility 795 Woodlane Rd. Mount Holly, NJ 08060-3316 (609) 261-1000	Morris County Division of Employment and Temporary Assistance Program Services 340 W. Hanover (Morris Township), P.O. Box 900 Morristown, NJ 07963-0900 (973) 326-7800
Camden County Board of Social Services Althea R. Wright Administration Bldg. 600 Market Street Camden, NJ 08101-2798 (856) 225-8800	Ocean County Board of Social Services P.O. Box 547 - 1027 Hooper Avenue Toms River, NJ 08754-0547 (732) 349-1500
Cape May County Board of Social Services 4005 Route 9 South Rio Grande, New Jersey 08242-1911 (609) 886-6200	Passaic County Board of Social Services 80 Hamilton Street Paterson, NJ 07505-2057 (973) 881-0100
Cumberland County Welfare Agency 13 North East Boulevard Vineland, NJ 08360 (856) 691-4600	Salem County Board of Social Services P.O. Box 111 - 147 S. Virginia Avenue Penns Grove, NJ 08069 (856) 299-7200
Essex County Department of Citizen Services Division of Welfare 18 Rector Street - 9th Floor Newark, NJ 07102 15 Bell St. - 1St Floor Orange, NJ 07050 (973) 733-3000	Somerset County Board of Social Services P.O. Box 936 - 73 East High Street Somerville, NJ 08876 (908) 526-8800
Gloucester County Board of Social Services 400 Hollydell Drive Sewell, NJ 08080-9318 (856) 582-9200	Sussex County Division of Welfare P.O. Box 218 - 18 Church Street Newton, NJ 07860-0218 (973) 383-3600
Hudson County Division of Welfare John F. Kennedy Office Building 100 Newkirk Street Jersey City, NJ 07306 (201) 420-3000	Union County Division of Social Services & Special Community Projects 342 Westminster Ave Elizabeth NJ 07208-3290 (908) 965-2700
Hunterdon County Board of Social Services Community Services Center 6 Gauntt Place Flemington, NJ 08822 (908) 788-1300	Warren County Department of Human Services Cummins Bldg., 202 Mansfield St., P.O. Box 15 Warren County Division of Temporary Assistance and Social Services, Court House Annex Second & Hardwick Sts. (501 Second St. - mailing) Belvidere, NJ 07823 (908) 475-6301
Mercer County Board of Social Services 200 Woolverton Street, P.O. Box 1450 Trenton, NJ 08650 (609) 989-4320	



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

**IMPORTANT MEDICAID NOTICE
KEEP THIS IMPORTANT LETTER**

January 2004

You may have recently received a letter from the Social Security Administration advising that you were no longer eligible to receive a Supplemental Security Income payment because your income exceeds the eligibility standard. This appears to have been caused by the 2.1 per cent increase in your Social Security check which became effective January 2004.

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

You should have already received your Medicaid Eligibility Identification Card, which covers the period from January 1 to January 31, 2004. Beginning in February, you will be sent a monthly Medicaid Validation stub from your County Welfare Agency/Board of Social Services. If you do not receive your February Medicaid Validation stub by February 3, 2004, contact your County Welfare Agency/Board of Social Services, and **bring this letter with you.**

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

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
MEDICAL ASSISTANCE CUSTOMER CENTER
(MACC)

MEDICAID ASSISTANCE CUSTOMER CENTER

COUNTY	ADDRESS	TELEPHONE NUMBER
Atlantic Cumberland, Cape May	Giles Bldg. 1676 East Landis Ave. Vineland NJ 08362-1513	Phone (856) 690-5208 FAX (856) 690-5223
Burlington Mercer	Mt. Laurel Corporate Park 1000 Howard Blvd. Suite 303 Mt. Holly, NJ 08054-2355	Phone (856) 787-3855
*Camden Gloucester, Salem	1 Port Center Suite 401 2 Riverside Drive Camden, NJ 08103-1018	Phone (856) 614-2870 Fax (856) 614-2575
Essex Newark	153 Halsey St., 4th Floor Newark, NJ 07102	Phone (973) 648-3700 Fax (973) 642-6468
Hudson	438 Summit Avenue, Sixth Floor Jersey City, NJ 07306-3186	Phone (201) 217-7100
Middlesex Union	301 Blair Road 2nd Floor Avenel, NJ 07001-2936	Phone (732) 499-5700 Fax (732) 499-5803
Monmouth	Juniper Business Plaza 3499 Highway 9 North Suite 1 H-A Freehold, N.J. 07728-3287	Phone (732) 761-3600
Morris, Hunterdon Sussex, Warren Somerset	10 Park Place, Suite 340 Morristown, NJ 07960	Phone (973) 631-6440
Ocean	1510 Hooper Avenue, Suite 130 Toms River, NJ 08753-2225	Phone (732) 255-0731
*Bergen *Passaic	100 Hamilton Plaza 5th Floor Paterson, NJ 07505-2021	Phone (973) 977-4077 Fax (973) 684-8182



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JAMES E. MCGREEVEY
Governor

GWENDOLYN L. HARRIS
Commissioner

ANN CLEMENCY KOHLER
Director

_____ COUNTY WELFARE AGENCY/BOARD OF SOCIAL SERVICES
CERTIFICATION IN LIEU OF APPLICATION FOR MEDICAL ASSISTANCE ONLY

This certification form provides for administrative action in lieu of application for the Medicaid Only program. It shall be used only for persons who became ineligible for SSI as a result of the January 2004 2.1% cost-of-living increase in Social Security benefits.

Case Name _____ Case Number _____
(Last) (First) (Initial)

Mailing Address _____ Social Security No. _____
_____ Registration Date _____

Municipality of residence _____

It is hereby certified that the above named individual has been evaluated as eligible for the Medicaid Only program, effective February 1, 2004.

Signature of Certifying Person

Date

Title of Certifying Person

FD-346 rev.12/03

