State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

MARGARET A. MURRAY
Director

DEPARTMENT OF HEALTH AND SENIOR SERVICES

William. Conroy
Deputy Commissioner

MEDICAID COMMUNICATION NO. 00-11 **DATE: May 24, 2000**

TO: County Welfare Agency Directors
Institutional Services Section Area Offices

SUBJECT: January 2000 Social Security Cost-of-Living Adjustment (COLA) Automated Update to the Long-Term Care System

Attached for your review is the January 2000 Social Security Income Increase List for Medicaid beneficiaries in facilities in your county. For the January cost-of-living increase, an automatic 2.4% was computed for those beneficiaries who had a PR-1 (formerly PA-3L) in the long-term care billing system prior to January 2000.

The COLA UPDATE REPORT continues to be enhanced with a "COMMENT" column. A clarification of the comment is displayed on the first page of each facility's report. If a 1999 Social Security amount is entered on a PR-1 form that was in the long-term care billing system prior to January 2000, "00 EFF DTE NC" (PR-1 for 2000 In System - No COLA Increase Applied) will appear in the "COMMENT" portion of the COLA UPDATE REPORT. Since the COLA UPDATE REPORT will show the 2000 amount exactly as it was entered on the PR-1, it is important that the amount that was entered on the PR-1 accurately reflects the COLA increase.

When the month displayed in the "COMMENT" portion is greater than January 2000 (i.e., 2/00 EFF DTE NC), the "change" PR-1 should be reviewed as January 2000's available income would not reflect the COLA increase. In cases such as this, the facilities have been instructed to request a "change" PR-1 effective for January 2000.

If on the COLA UPDATE REPORT the beneficiary's available income (NET INC BEFORE column) is zero, the beneficiary's available income (NET INC AFTER column) will remain zero and one of two messages will appear in the "COMMENT" portion of the report:

1) SSA ZERO (COLA APPLIED - NET INCOME SET TO ZERO)

2) SSI ZERO (COLA NOT APPLIED - NET INCOME ZERO)

Since facilities are required to report all income changes, including those involving annual cost-of-living increases, a newsletter was sent instructing them to carefully review the latest 2000 billing document and compare the patient payment amount listed against the amount in the "Net Inc After" column on the COLA update report.

The facilities were further instructed to report any corrections of $1.00 or greater to the county board of social services or the Institutional Services Section area office, as appropriate, to ensure that a new PR-1 is issued. No action is required for differences of less than $1.00. The income of those Medicaid beneficiaries that may be affected by cost-of-living adjustments, but not subject to the Social Security automatic increase, i.e., Railroad Retirement, is included in "Net Inc After" and should also be reviewed.

This information is to be communicated to appropriate staff. Your cooperation in this matter is necessary for the accurate and efficient operation of the long-term care billing system. Questions regarding this communication can be directed to June Britton, Administrative Analyst, Fiscal Operations, Department of Health and Senior Services, at (609) 588-2885.

Sincerely,

Margaret A. Murray
Director

William Conroy
Deputy Commissioner
Department of Health and Senior Services

MAM:G
Attachment

c: Christine Grant, Commissioner
Department of Health and Senior Services

David C. Heins, Director
Division of Family Development

Charles Venti, Director
Division of Youth and Family Services

DIVISION OF CONSUMER SUPPORT
COLA UPDATE REPORT
COLA PERCENT: 2.4000

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*    2000 EFF DTE NC:   PA3L FOR 2000 IN SYSTEM - NO COLA INCREASE APPLIED.    *
*         SSA ZERO:   COLA APPLIED - NET INCOME SET TO ZERO.                *
*         SSI ZERO:   COLA NOT APPLIED - NET INCOME ZERO.                   *
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COUNTY CODE: 01 COUNTY: ATLANTIC
PROVIDER: 4462009 TYPE: 80 LINWOOD CONVA CTR/VENT UN ADDRESS: NEW ROAD & CENTRAL AVE. LINWOOD NJ 08221-0000

RECIP NO.	RECIPIENT NAME	COMMENT	SSA AMT BEFORE	SSA AMT AFTER	NET INC BEFORE	NET INC AFTER
011002456201	[redacted]		890.00	911.00	802.00	823.00
011002593101			334.00	342.00	299.00	307.00
011002630901		SSA ZERO	702.00	718.00	0.00	0.00
011002677401			534.00	546.00	1,382.00	1,394.00
011030181101			675.00	691.00	640.00	656.00
011080511601			521.00	533.00	563.48	575.48
012062884801		SSI ZERO	0.00	0.00	0.00	0.00
042081405101		SSI ZERO	0.00	0.00	0.00	0.00
051000938101		SSA ZERO	450.00	460.00	0.00	0.00
052000142001			0.00	0.00	1,157.38	1,157.38
061079164401		SSI ZERO	0.00	0.00	0.00	0.00
092081032801		SSI ZERO	0.00	0.00	0.00	0.00
092090490001		SSI ZERO	0.00	0.00	0.00	0.00
112080108701		SSI ZERO	0.00	0.00	0.00	0.00

TOTAL RECIPIENTS: 14