

CHAPTER 85

GENERAL ASSISTANCE MANUAL

Authority

N.J.S.A. 44:8-111(d).

Source and Effective Date

R.1994 d.591, effective November 4, 1994.
See: 26 N.J.R. 2757(b), 26 N.J.R. 4765(b).

Executive Order No. 66(1978) Expiration Date

Chapter 85, General Assistance Manual, expires on November 4, 1999.

Chapter Historical Note

Chapter 85, General Assistance Manual, was originally adopted pursuant to authority of N.J.S.A. 44:8-107 et seq. and was filed and became effective prior to September 1, 1969. Revisions were filed and became effective on August 31, 1971, as R.1971 d.155. See: 3 N.J.R. 154(b), 3 N.J.R. 206(a). Further revisions were filed on October 21, 1976, as R.1976 d.334 to become effective on January 1, 1977. See: 8 N.J.R. 284(a), 8 N.J.R. 557(b). Subchapter 12, "Allowance and Income Standards", was added by R.1980 d.29, effective February 1, 1980. See: 11 N.J.R. 556(b), 12 N.J.R. 86(d). Subchapter 12 was amended by Emergency Rule R.1980 d.295, effective July 1, 1980. See: 12 N.J.R. 482(a). Pursuant to Executive Order No. 66(1978), Chapter 85 (Subchapters 1 through 6, and 10) was readopted as R.1983 d.328, effective July 25, 1983. See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a). Subchapter 12 was repealed by R.1985 d.81, effective March 4, 1985. See: 16 N.J.R. 3165(a), 17 N.J.R. 595(a). Pursuant to Executive Order No. 66(1978), Chapter 85 was readopted as R.1990 d.33, effective December 20, 1989. See: 21 N.J.R. 3221(a), 22 N.J.R. 218(a).

Pursuant to Executive Order No. 66(1978), Chapter 85 was readopted as R.1994 d.591. See: Source and Effective Date. See, also, section annotations.

Law Review and Journal Commentaries

Nursing Homes in the Garden State: A Legal Perspective. Janice Chapin, 141 N.J.Law. 38 (Mag.) (July/August 1991).

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SUBCHAPTER 1. GENERAL PROVISIONS

10:85-1.1 Purpose of the General Assistance program

(a) General Assistance is a program under which financial and medical aid is provided by municipal departments of welfare to persons who are citizens of the United States or who have eligible alien status and are currently ineligible for participation in any other public assistance program in New Jersey.

(b) Each municipality in New Jersey is required by law (Chapter I of Title 44, Revised Statutes) to provide financial assistance and medical care to all eligible persons residing in the community at the time of application and not otherwise provided for under the laws of this State and to such other persons who may be in the municipality and require emergency assistance. (See N.J.A.C. 10:85-3.2(f) for definition of resident and N.J.A.C. 10:85-4.6 for emergency assistance.)

1. The General Assistance Manual is a compilation of rules based on State law (Chapter 8 of Title 44, Revised Statutes) which govern the provision of assistance to eligible needy persons by all municipalities and authorize 100 percent State funding for non-administrative costs incurred by those municipalities in the administration of the General Assistance program.

(c) The General Assistance program shall be administered by the municipality's director of welfare, under the supervision of the local assistance board. The director shall be responsible for the determination of applicant eligibility in accordance with State law and regulations.

(d) There must be strict adherence to State law and regulations. Requirements other than those established pursuant to State law and regulations shall not be imposed as a condition to receiving assistance.

(e) Any person who is in need and believes him/herself to be eligible for general assistance shall be given the opportunity to apply (see N.J.A.C. 10:85-7.1(b)).

(f) An applicant or recipient shall have the right to appeal any action on the part of the municipal welfare department which results in a denial, reduction or termination of assistance; amount of grant or designation of temporary payee. (See subchapter 7, Notices and Hearings).

(g) Financial assistance for maintenance requirements or other needs, including medical assistance, shall not be authorized through General Assistance when, during the same period, such needs are actually being provided by any other source.

1. Receipt of food stamp benefits shall not constitute duplication of assistance.

2. Receipt of duplicate assistance from more than one MWD in any one month shall render the client ineligible for General Assistance benefits for a period of 90 days beginning with the month subsequent to the month in which the benefit infraction was identified. Sanctions imposed are for additional/cumulative periods of ineligibility for each infraction.

i. Client payment records from the various MWDs shall provide the necessary documentation to initiate the 90 day penalty.

3. The following situation shall be included as duplicative assistance within the meaning of the penalty provisions stipulated in this subsection:

i. General Assistance benefits received from any MWD during any imposed sanction period, such as set forth at N.J.A.C. 10:85-3.2(g)7.

Amended by R.1978 d.171, effective July 1, 1978.

See: 10 N.J.R. 150(a), 10 N.J.R. 285(b).

Amended by R.1978 d.420, effective December 12, 1978.

See: 10 N.J.R. 284(c), 11 N.J.R. 17(d).

Amended by R.1983 d.328, effective July 25, 1983.

See: 15 N.J.R. 938(a), 15 N.J.R. 7378(a).

Originally adopted as an Emergency Adoption as R.1983 d.209, effective May 23, 1983, operative June 1, 1983.

N.J.A.C. citation corrected.

Amended by R.1991 d.521, effective October 21, 1991 (operative November 1, 1991).

See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).

(c): Added paragraph 2.
 (c)2: Renumbered as 3 and added last sentence.
 (c)3: Renumbered as 4 and added "unless an . . . of this subsection".
 (c): Renumbered paragraphs 4 and 5 as 5 and 6.
 Amended by R.1980 d.153, effective May 1, 1980.
 See: 12 N.J.R. 121(b), 12 N.J.R. 278(c).
 (g): Substantially amended.
 Amended by R.1980 d.245, effective July 1, 1980.
 See: 12 N.J.R. 191(a), 12 N.J.R. 418(b).
 (f) amended to include persons entering a New Jersey medical facility from out-of-state in the definition of municipal resident.
 (f)1 amended to include current exception and sentence immediately following.
 (f)1iii added.
 Amended by R.1980 d.252, effective July 1, 1980.
 See: 12 N.J.R. 275(c), 12 N.J.R. 419(a).
 (f)1i: Exception language added.
 Amended by R.1980 d.514, effective January 1, 1981.
 See: 12 N.J.R. 584(c), 13 N.J.R. 18(a).
 (c)1iv amended to provide applicant with pamphlet and oral explanations. (c)1v added.
 Amended by R.1981 d.160, effective June 4, 1981.
 See: 13 N.J.R. 145(a), 13 N.J.R. 363(b).
 (g)4i(3): cross-references added.
 Amended by R.1982 d.103, effective April 5, 1982 (operative May 1, 1982).
 See: 13 N.J.R. 927(b), 14 N.J.R. 344(c).
 (g)3ii deleted-v. deleted and replaced with new (g)3ii through (g)3v9(D).
 Amended by R.1982 d.104, effective April 5, 1982 (operative May 1, 1982).
 See: 13 N.J.R. 929(a), 14 N.J.R. 344(d).
 (g)7 substantially amended.
 Amended by R.1982 d.418, effective December 6, 1982.
 See: 14 N.J.R. 956(a), 14 N.J.R. 1398(a).
 Information regarding verification of Unemployment/Disability Insurance added.
 Amended by R.1983 d.160, effective May 16, 1983.
 See: 15 N.J.R. 314(a), 15 N.J.R. 807(a).
 Medical evidence of mental or physical disability or impairment added as necessary proof of unemployability.
 Amended by R.1983 d.328, effective July 25, 1983.
 See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).
 Originally adopted as an Emergency Re-adoption as R.1983 d.209, effective May 23, 1983, operative June 1, 1983.
 Internal N.J.A.C. citation form corrected throughout text.
 Amended by R.1983 d.374, effective September 6, 1983.
 See: 15 N.J.R. 313(a), 15 N.J.R. 1476(a).
 Determination of municipal responsibility added.
 Amended by R.1983 d.622, effective January 17, 1984.
 See: 15 N.J.R. 1630(a), 16 N.J.R. 145(b).
 Clear directives added routing forms from General Assistance offices to N.J. Division of Employment Services.
 Amended by R.1984 d.506, effective November 5, 1984 (operative December 1, 1984).
 See: 16 N.J.R. 2219(b), 16 N.J.R. 3031(c).
 (f)2: deleted old text and inserted new.
 Amended by R.1985 d.692, effective January 21, 1986 (operative February 1, 1986).
 See: 17 N.J.R. 2338(a), 18 N.J.R. 192(b).
 N.J.A.C. 10:85-3.2(g)(7)ii terminating general assistance recipients from welfare for a 90-day period if they are discharged because of their negligence held invalid as not in furtherance of legislative policy. *Newark Div. of Public Welfare v. Ragin*, 197 N.J.Super. 225 (App. Div. 1984).
 Correction: (e)4ii(1) omitted from text.
 See: 19 N.J.R. 307(b).
 Amended by R.1987 d.409, effective October 5, 1987.
 See: 18 N.J.R. 2183(a), 19 N.J.R. 1812(a).
 (g) substantially amended.
 Amended by R.1988 d.425, effective September 6, 1988.
 See: 20 N.J.R. 879(a), 20 N.J.R. 2292(c).
 Added (g)9.
 As amended by R.1989 d.161, effective March 20, 1989.

See: 20 N.J.R. 2968(a), 21 N.J.R. 764(b).
 Residency of person in health care facility clarified.
 See: 21 N.J.R. 1147(a).
 Correction: Erroneously entered text at N.J.A.C. 10:85-3.2(e)3.iii(1) deleted.
 Amended by R.1989 d.398, effective August 7, 1989.
 See: 21 N.J.R. 835(a), 21 N.J.R. 2384(a).
 Stipulation of 30 consecutive day residency time frame deleted.
 Amended by R.1990 d.33, effective January 16, 1990.
 See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
 Stylistic changes.
 Administrative change to (g)2.
 See: 23 N.J.R. 1412(a).
 Amended by R.1991 d.521, effective October 21, 1991 (operative November 1, 1991).
 See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).
 Verification requirements and definition of resident clarified.
 Amended by R.1992 d.368, effective September 21, 1992 (operative October 1, 1992).
 See: 24 N.J.R. 2160(b), 24 N.J.R. 3356(a).
 Text at (g) amended to conform to Family Development Program requirements.
 Amended by R.1992 d.503, effective December 21, 1992.
 See: 24 N.J.R. 3075(a), 24 N.J.R. 4538(a).
 Application procedures revised and clarified; text conformed to penalty at N.J.S.A. 44:8-114.
 Amended by R.1993 d.382, effective August 2, 1993.
 See: 25 N.J.R. 1714(a), 25 N.J.R. 3466(a).
 Amended by R.1994 d.591, effective December 5, 1994.
 See: 26 N.J.R. 2757(b), 26 N.J.R. 4765(b).
 Amended by R.1995 d.383, effective July 17, 1995.
 See: 27 N.J.R. 864(a), 27 N.J.R. 2689(a).
 New (c)7 is added and old (c)7 is redesignated as (c)8.

Case Notes

Public assistance to strikers. *Super Tire Engineering Co. v. McCorkle*, 412 F. Supp. 192 (D.N.J. 1976) affirmed 550 F.2d 903, certiorari denied 98 S.Ct. 106, 434 U.S. 827, 54 L.Ed.2d 86, rehearing denied 98 S.Ct. 753, 434 U.S. 1025, 54 L.Ed.2d 773.

Tardiness to work did not indicate unwillingness to work. *Robinson v. New Jersey Dept. of Human Services, Div. of Family Development*, 270 N.J.Super. 191, 636 A.2d 1066 (A.D.1994).

Regulation terminating general assistance recipients from welfare for a 90-day period if they are discharged from work because of that negligence is invalid as it does not further legislative intent (also cited as N.J.A.C. 10:85-2.2). *Newark Div. of Public Welfare v. Ragin*, 197 N.J.Super. 225, 484 A.2d 716 (App.Div.1984).

Immediate application. *Faison v. Green*, 171 N.J.Super. 341, 344, 409 A.2d 282 (App. Div. 1979).

Participation in workfare program did not preclude agency from obtaining reimbursement by withholding general assistance payments from recipient's retroactive SSI check. *J.H. v. Willingboro Township*, 95 N.J.A.R.2d (DEA) 11.

Money for school-related expenses disregarded. *J.C. v. New Brunswick City Welfare Department*, 92 N.J.A.R.2d (DEA) 41.

Domicile of Alzheimer's patient changed by operation of law. *A.S. v. Dumont Municipal Welfare Agency*, 92 N.J.A.R.2d (DEA) 30.

Alcoholism not good cause for failing to perform worksite assignment. *Township of Union, Department of Human Services v. M.B.*, 92 N.J.A.R.2d (DEA) 28.

Failure to comply with work requirement as basis for general assistance ineligibility. *J.B. v. Newark Div. of Public Welfare*, 5 N.J.A.R. 493 (1979).

10:85-3.3 Financial eligibility

(a) Rules concerning immediate need are as follows.

1. Definition: Immediate need is the condition in which the available resource of an applicant are insufficient to meet current living expenses.

2. Immediate assistance: When immediate need is apparent and the applicant provides affirmative evidence of eligibility by a written application signed under oath (Form GA-1), the director of welfare shall issue a grant, effective as of the date of application, in an amount sufficient to assure that the applicant is provided with food, shelter and clothing pending further verification of the case. Refer to N.J.A.C. 10:85-4.2 for periods for which assistance may be granted. (See N.J.A.C. 10:85-3.2(e) regarding verification and sources of evidence.)

(b) Rules concerning countable income are as follows.

1. Requirement: All income from whatever source must be considered in establishing the applicant's eligibility and in computing the grant.

2. Definition: Income is countable when it is in cash or in some other form readily available to meet the needs of the eligible unit.

i. "Some other form" means income-in-kind, such as shelter or food provided at no cost to the client. See (c)3 and (e)4 below.

ii. Income which is not readily available is considered a resource and will be counted only when it actually becomes available. See N.J.A.C. 10:85-3.4 for regulations regarding resources.

3. Availability of income: For purposes of determining immediate need either at the time of initial application or at any point prior to completion of verification, moneys which may have been received in the past, even though recently, and which the applicant has already spent cannot be counted as available so long as he/she provides reasonable explanation or evidence of such expenditures.

i. Having provided for immediate need, the MWD shall determine financial eligibility for continuing assistance on a monthly or weekly basis (see N.J.A.C. 10:85-4.2), in accordance with (c), (d) and (e) below.

4. Demand deposits: Funds which are available to the applicant(s) or any member(s) of the eligible unit upon demand, i.e., signature authority, are to be considered fully available for purposes of eligibility determination. This includes funds in joint accounts regardless of the source of the funds when the applicant or eligible unit member may make unrestricted withdrawals, i.e., "or" accounts. When use of funds is restricted by the need for the signature of a person(s) who is/are not a member(s) of the eligible unit, i.e., "and" account(s), a pro rata share of the funds shall be considered available unless a demonstration is made that actual ownership is in a different proportion. Such different proportion shall then be recognized. If it is demonstrated that funds in such an account are totally inaccessible, they shall not be considered. Information relating to accessibility or the lack of it must be verified.

(c) Rules concerning earned income are as follows.

1. Definition: Earned income is income earned by an individual through the receipt of wages, salaries or commissions from activities in which he/she is engaged as an employee or from his/her self-employment. It includes earnings over a period of time for which settlement is made in one payment, as in the sale of farm crops.

2. Self employment: Earned income from self-employment is the total income from a trade, business or enterprise adjusted by deducting business expenses or the cost of producing the income. Personal expenses, income tax payments, lunches, transportation, child care, and so forth, are not classified as business expenses for this purpose.

i. Persons who are self-employed shall be required to submit evidence of business receipts and expenditures as the basis for determining earned income. A reliable, accurate accounting system or the method utilized in reporting to the Internal Revenue Services shall be acceptable for determining net income.

ii. An individual who is providing extensive personal services together with room and board accommodation to an adult other than a relative shall be considered self-employed. Any income from this arrangement in excess of the room and board cost figure as given in (e)2 below shall be recognized as earned income.

(1) "Extensive personal services" means care given an ill or aged person, such as feeding, bathing and dressing.

(2) "Relative" in this section includes spouse, child, parent, grandparent, brother or sister.

3. Shelter or food as part of wages: When an individual is provided with shelter and/or food without charge in return for performing work duties, the monetary value shall be counted as gross earned income. Such value shall not exceed \$55.00 per month for shelter and/or \$45.00 per month for food; however, a lesser amount may be counted where warranted by conditions. (See (e)4 below for other income-in-kind situations.)

4. Disregards: Certain earnings shall be disregarded in determining the amount of countable income.

i. A standard disregard of \$60.00 per month (\$14.00 per week) for each employed member of the eligible unit engaged in either full or part-time employment shall be deducted from gross earned income. This amount represents mandatory payroll deductions and all other expenses of employment.

ii. In addition, after initial eligibility has been established (see (d) below), one-third of the total remaining earned income of all employed members of the eligible unit shall be disregarded.

iii. When the earnings of an individual are less than \$60.00 per month or \$14.00 per week, the entire amount of such earnings shall be disregarded.

5. Monthly earnings: Monthly gross earnings are established by multiplying the client's weekly gross earnings by $4\frac{1}{2}$.

6. Irregular earnings: When earnings are irregular, the weekly gross earnings for the four weeks preceding the date the grant becomes effective shall be averaged to determine a weekly amount for the purpose of grant computation.

i. When the client has been employed less than four weeks prior to the determination, the average shall be based on the actual employment period of one, two or three weeks.

(1) Example: New employment began three weeks ago, with wages (gross earnings) in amounts of \$80.00, \$62.00 and \$68.00. Average weekly earnings are \$70.00.

ii. The weeks must be identified in the case record and the amounts of earnings utilized in determining the average documented therein.

7. Change in earned income: Any change in employment circumstances, such as change in base pay, change to full or part-time work or to a different job, must be reported to the MWD immediately and a recalculation of earned income promptly made. If this change has occurred less than four weeks prior to the date the new determination is made and the earnings are irregular, an average shall be determined only for the period since the change occurred. (See example in (c)6 above.)

8. Contract income: Earnings payable under the terms of a renewable contract, e.g., earnings of school teachers, are to be prorated over the stated term of the contract only.

9. Income from tips: When the client is employed in a position where tipping is customary, a daily log or other acceptable documentation of tips received shall be used for income calculation. Tip income calculation shall not be based on the estimated tips information as reported on W-2 forms.

(d) Initial eligibility must be established for all persons who have earned income and are applying for assistance.

1. Determination: To determine initial eligibility, an initial disregard of \$60.00 shall be deducted from the total monthly gross earnings or the net earned income from self-employment. When the resultant amount is less than the applicable allowance standard, according to Schedule II, financial eligibility exists.

i. When initial eligibility has been established, the income shall be computed in accordance with (c)4

above to determine the amount of assistance to which the eligible unit is entitled.

2. Continuing eligibility: A continuing case remains financially eligible so long as the income as computed on Form GA-19 is less than the applicable allowance standard.

3. Eligibility for excessive medical costs: When computation of initial eligibility or of the grant results in a surplus (income exceeds assistance standard), eligibility for excessive medical costs may nevertheless exist, subject to provisions of subsection (g) of this section. Any such surplus, as determined on Form GA-19, shall be subtracted from applicant's total medical costs and payment provided for the remaining unpaid medical bills.

(e) Rules concerning unearned income are:

1. Definition: Unearned income includes net income from roomers, roomer-boarders (except as in (c)2ii above,) table-boarders, rental of apartments or house-keeping units, returns from capital investments such as dividends and interest, benefits and pensions, annuities, contributions from relatives or others, compensation payment and so forth.

i. All unearned income which is actually being received during the period for which assistance is being provided shall be counted in determining eligibility and in computing the grant. When available unearned income can be increased by action of an applicant/recipient, e.g., terminate a voluntary tax deduction, the applicant/recipient must, as a condition of eligibility, take such action.

ii. Income in the form of benefits, grants or earnings received from any Federal bureau or agency must be applied in computing the amount of the eligible unit's grant.

2. Income from roomers, roomer-boarders and table-boarders: The presence of roomers, roomer-boarders, or boarders in the eligible unit's home constitutes a business arrangement. Moneys received from such arrangements shall be considered gross unearned income to the eligible unit. (Note that income from provision of extensive personal services is earned income. See (c)2ii above.)

i. The monthly cost figures to be used in determination of net income are as follows:

(1) Roomer	\$ 40.00;
(2) Table-boarder	\$ 80.00;
(3) Roomer-boarder	\$120.00.

ii. To determine the net income, subtract the appropriate monthly cost figure from the monthly amount paid to the eligible unit. The difference is net unearned income.

iii. If the roomer, table-boarder or roomer-boarder pays an amount less than the applicable monthly cost

figure, no countable income shall be recognized. However, the eligible unit shall be advised that it is in fact subsidizing such person and urged to request a more equitable payment.

3. Income from rental or apartment or housekeeping unit: When payment is received for rental of an apartment or housekeeping unit in the eligible unit's home, the countable net income shall be determined by deducting the cost of operation and maintenance from the gross income received.

i. Monthly cost figure: The monthly cost figure per room for operation and maintenance are as follows:

(1) With no utilities—\$23.00;

(2) Including one major utility such as heat or electricity—\$29.00;

(3) Including two or more (or all) utilities—\$34.00.

ii. To determine the total cost, multiply the monthly cost figure by the number of rooms in each apartment or housekeeping unit, excluding any room used solely as a bathroom.

iii. Deduct the total cost from the amount of rental income received by the eligible unit. The difference is the net unearned income.

4. Income-in-kind: Income or benefits received in the form of goods, services or via third party payments, rather than cash, are to be treated in accordance with the provisions below. Cash contributions, however, made to or for a client, are to be treated as countable unearned income, except those income items specifically identified in (e)5 below.

i. Shelter/utilities: When shelter and/or utilities are provided without charge or to a third party by an individual who is under an obligation to make the contribution, it shall be recognized as income-in-kind. Deduct 25 percent of the applicable allowance standard for shelter only and 30 percent when utilities are included. When shelter and/or utilities are provided without charge or to a third party by an agency or organization or by an individual who is not under an obligation to make contribution, the value of such shelter and/or utilities shall not be considered in the determination of eligibility or in the calculation of grants of assistance.

ii. Hospital services: When grants are being continued under the provisions for shelter continuity (see (f)5 below), an adjustment in grant computations shall be used to accommodate for the absence of the individual from his or her home if inpatient hospital services continued for more than 30 days. The amount for employable persons is \$17.00 monthly; for unemployable persons, \$25.00 monthly.

iii. Other items: No deductions will be made for other income items, except for wages as described in (c) above and contributions by an LRR in accordance with N.J.A.C. 10:85-9.5.

5. Income exclusions: The following shall not be counted when determining financial eligibility:

i. Excess value of food stamps: For any household participating in the Federal Food Stamp Program, the value of the coupon allotment.

ii. Supplemental aid by other agencies or organizations, whether public or private, provided that:

(1) There is no duplication between such aid and the public assistance grant; and

(2) Such aid is for a special purpose not within the function of the public assistance agency (for example, vocational rehabilitation).

iii. Subsidization of adoption: Any income received through the subsidized adoption program of the Division of Youth and Family Services pursuant to N.J.S.A. 30:4C-45 thru 49 (P.L. 1973 c.81).

iv. Foster care payments: The regular monthly payment and clothing allowance paid by DYFS for care of children shall be considered as equal to the cost of providing the care. Extra payments for special services shall, however, be considered as earned income from self-employment.

v. Occasional gifts and contributions of nominal amount or value, such as those received on birthdays, Christmas or other holidays.

vi. HUD payments: Any HUD (Housing and Urban Development) vendor payments made on behalf of recipients.

vii. Payments for supportive services or reimbursement of out-of-pocket expenses made to individual volunteers, grandparents, senior health aides, senior companions, volunteers under Title I (VISTA) or Public Law 93-113, persons serving in the Service Corps of Retired Executives (SCORE) and Active Corps of Executives (ACE) and any programs under Titles II and III of the Domestic Volunteer Service Act of 1973 (Public Law 93-113) shall be disregarded.

viii. Personal loans: Personal loans are exempt when such loans are evidenced by a document, signed by the client and the lender, which states the amount of the loan and terms of repayment. (See also (e)5ix below for student loans.)

ix. Student income: Loans, grants, scholarships and income from work-study programs which may be received by full time undergraduate students are to be disregarded in computing eligibility or the amount of General Assistance to be granted. Stipends provided for living expenses, however, are not to be disregarded. (See also N.J.A.C. 10:85-3.2(f)3 on eligibility of college students.)

x. Relocation payments: Payments made under the authority of the New Jersey Relocation Assistance Act (Chapter 362, Laws of 1971, N.J.S.A. 20:4-1 et seq.).

xi. Energy Assistance payments and credits made under the Home Energy Assistance (HEA) Program, the Lifeline Assistance Program (LAP) and the Tenants Lifeline Assistance Program (TLAP).

xii. Unemployment Insurance Benefits for which a check(s) was/were issued, endorsed by the payee, and returned to the issuing agency in repayment of an overpayment. Verification shall be by examination of Employment Service Form B-65, Receipt for Refund of Benefits, a copy of which shall be retained in the case record.

xiii. Agent Orange payments: Money received because of a settlement agreement or judgment in a lawsuit brought against a manufacturer or distributor of "Agent Orange" for damages resulting from exposure to "Agent Orange".

(f) Assistance allowance standards are as follows:

1. An allowance standard is the total amount of need recognized for a particular eligible unit for a specified period of time, other than payment for medical needs, homemaker service, travel costs or such emergency grants as may be deemed necessary under N.J.A.C. 10:85-4.6.

2. Allowance schedules: Schedules I and II at N.J.A.C. 10:85-4.1 have been established under the authority in N.J.S.A. Title 44 and give the standards, in monthly amounts, to be used as the basis for granting assistance.

i. The eligible unit represents the person(s) applying for and eligible to receive General Assistance (see N.J.A.C. 10:85-3.1(b)1).

ii. Assistance allowance standards as given in Schedule I apply only to persons who, because of physical, mental, or emotional disabilities, are unable to accept employment.

iii. In all situations when the eligible unit includes at least one individual who is employable, Schedule II shall be used.

iv. If assistance is required for a period of less than one month, the allowance standard as given in Schedules I or II shall be prorated as necessary.

v. To prorate, divide the monthly allowance by 30 (regardless of the actual number of days in that particular month) to determine the per diem amount. Multiply the per diem amount by the number of days for which the grant is to be made.

vi. The payment granted for any period shall be determined from the applicable monthly allowance standard less any countable income (see N.J.A.C. 10:85-4.2).

3. Recognized for State aid: State aid will be provided in accordance with the appropriate allowance standard when payments, as related to the periods of time described in N.J.A.C. 10:85-4.2, adhere to the standards and regulations in this manual.

i. A MWD providing additional amounts of assistance in any given month (other than for homemaker service, travel costs, emergency assistance or medical care) will receive no State aid for the amount in excess of the applicable standard.

4. Room and board living arrangements: When an individual is purchasing a room and board living arrangement, the following shall apply:

i. Residential health care facility: When an individual who is in need of extensive personal services on a regular and continuous basis is purchasing a room and board living arrangement in a residential health care facility: (licensed by the N.J. Department of Health for purposes other than the care or treatment of drug or alcohol abuse), the monthly assistance payment including a personal allowance, shall not exceed the rate approved by the New Jersey Department of the Treasury, less any countable income. When a rate increase is approved, a public notice to that effect will be published in the New Jersey Register. Information about the current rate may also be obtained by contacting the Division of Family Development. However, the cost of purchasing such living arrangement shall not exceed the minimum amount which the establishment customarily charges to or for other guests not dependent on public assistance, for the same accommodations and/or services.

ii. Other boarding homes: When an individual is purchasing room and board in a group facility or a boarding home (including a private home) other than a Residential Health Care Facility as in (f)4i above, or a center for treatment of drug or alcohol abuse as in (f)4iv below, the total monthly allowance shall be the amount for a single individual as given in Schedule I or Schedule II, as appropriate, less any countable income.

(1) The spouse of a boarding home operator when living in the same home is also considered a boarding home operator. Neither the spouse nor a child under age 18 of a boarding home operator may be considered a boarder there.

iii. Long-term care facilities: See N.J.A.C. 10:85-5.3(e) regarding care in skilled nursing home and intermediate care facilities.

iv. Drug and alcohol treatment centers: When an individual is receiving room and board in a residential center for the treatment of drug or alcohol abuse, whether or not the center is licensed by the New Jersey Department of Health, the total allowance shall not exceed the amount to which the individual would be entitled as an eligible unit of one as given in Schedule I or Schedule II, as appropriate. Of that amount, \$25.00 shall be considered as an allowance for personal incidentals and the remainder as the room and board payment to the center. (Note: Licensure of the center by the New Jersey Department of Health as a medical institution will not affect the payment rate.)

v. Maternity homes: When an eligible individual has been found by the Division of Family Development, General Assistance Program (GAP) Unit (DFD/GAP Unit) to be in need of the services provided by a maternity home approved by the Division of Youth and Family Services (DYFS) and the individual is receiving such services, the monthly allowance shall be the rate established by DYFS. The MWD may obtain current rate information by communicating with the DFD/GAP Unit. However, the MWD shall not accept responsibility for payment at that rate prior to receipt of a report of affirmative findings from the DFD/GAP Unit. Until the report is received, the allowance shall be that for a single individual as given in Schedule I or II, as appropriate, less any countable income. For the DFD/GAP Unit approved cases, the DYFS rate shall apply with retroactive adjustment, if necessary, from the date of application or the date of admission to the maternity home, whichever is later.

(1) The submittal to the DFD/GAP Unit may be in any appropriate form or format. It shall consist of the objective recommendation of the MWD with supporting documentation. The DFD/GAP Unit will consider the individual's age, mental and physical health, family circumstances, and other conditions peculiar to the situation. Form PA-5 (Examining Physician's Report) and/or Form PA-6 (Medical-Social Information Report) may be used in presenting the documentation.

5. Shelter continuity: When a person who had been living alone and is otherwise eligible for General Assistance is hospitalized for more than 30 days, grants of assistance may be continued for up to 60 additional days for the purpose of retaining shelter to which the person can return.

(g) Medical care: Persons found eligible for General Assistance maintenance payments in accordance with the procedures and standards established in this subchapter (N.J.A.C. 10:85-3) are likewise eligible for medical care (see N.J.A.C. 10:85-5 regarding provision of medical care). In addition, certain other individuals and families are eligible for medical assistance from the MWD or for referral to the county welfare agency.

1. Medically needy: Individuals and families who are ineligible for General Assistance, AFDC, the Refugee Resettlement Program or SSI, because their income exceeds the standards established for the applicable program may apply to the MWD on a monthly basis for assistance in paying excessive medical costs. The provisions of this subsection are not applicable to the payment of bills for inpatient or outpatient hospitalization or for medical services rendered to an inpatient or outpatient by a hospital or hospital clinic. The MWD shall refer to the county welfare agency those persons who appear to be potentially eligible for the Medically Needy Program administered by that agency. Except as stated in (g)1i below, any person found eligible under the provisions of that program is not eligible for benefits under this subsection.

i. Elderly, blind or disabled individuals who are ineligible for the SSI Program, because their income exceeds the SSI standard, will be referred to the Medically Needy Program as in (g)1 above. That program, however, does not provide payment for prescribed drugs. Therefore, individuals not entitled to receive assistance in meeting the cost of drugs from any other source may apply to the MWD on a monthly basis for assistance in meeting such costs.

ii. "Excessive" defined: When an individual's or family's income over and above the appropriate income level as explained in (g)1iii below has been used to pay medical bills, any additional medical costs are considered excessive.

iii. Income levels: For the purpose of determining excessive medical costs, the total available monthly income (see (g)1iv below) of individuals, couples, or families with children is measured against the appropriate allowance standard. (See N.J.A.C. 10:85-3.1(b) regarding eligible unit concept.) For elderly, blind, or disabled persons, the Medically Needy Program standard applies. For families with children, the AFDC (C and F) standard applies. (See N.J.A.C. 10:82-1.2 for current AFDC standard.) For all others, the General Assistance standard (Schedule I or II as appropriate) applies. Information about the standards may be obtained by contacting the Division of Family Development.

iv. Computing total income: Form GA-19 will be used to determine income and the amount of excessive medical costs. Monthly earned income is adjusted by deducting \$60.00 plus any child care necessary for employment of the parent(s) and/or court ordered support payments; no further disregards are recognized. This adjusted amount added to any unearned income equals the total monthly income available to the eligible unit.

v. Payment determination: When the appropriate standard ((g)1iii above) is subtracted from the total available income, the difference or "surplus" is the amount of medical expenses the client is expected to pay him/herself. When the client has proof of paid medical bills in the amount of the "surplus", the MWD shall provide payment for any unpaid medical costs in excess of the "surplus", in accordance with the regulations and rates set forth in N.J.A.C. 10:85-5.

vi. Application required: N.J.A.C. 10:85-3.2(c), (e) and (f) shall constitute the application process relevant to the medically needy. See also N.J.A.C. 10:85-3.5(a) regarding redeterminations.

2. Medicaid Special: Certain low income persons under age 21 and certain low income pregnant women, regardless of age, may be eligible for Medicaid even though they may or may not be living with parents, may or may not be eligible for General Assistance, and may not be eligible for cash assistance from a county welfare agency.

i. The MWD will, via Form PA-14, refer all GA recipients under age 21 and all pregnant recipients to the county welfare agency for Medicaid Special. Referral of those who have income marginally above GA eligibility standards is also indicated. The CWA will advise as to the eligibility determination made.

ii. Persons found eligible for Medicaid Special are not thereby disqualified for grants of General Assistance but the MWD will make no medical payments for such persons.

As amended, R.1977 d.291, effective September 1, 1977.

See: 9 N.J.R. 277(a), 9 N.J.R. 434(c).

As amended, R.1977 d.444, effective December 1, 1977.

See: 9 N.J.R. 432(a), 10 N.J.R. 15(a).

As amended, R.1977 d.488, effective December 29, 1977.

See: 10 N.J.R. 64(c).

As amended, R.1977 d.445, effective January 1, 1978.

See: 9 N.J.R. 433(a), 10 N.J.R. 15(b).

As amended, R.1977 d.446, effective January 1, 1978.

See: 9 N.J.R. 471(b), 10 N.J.R. 15(c).

As amended, R.1979 d.197, effective July 1, 1979.

See: 11 N.J.R. 184(a), 11 N.J.R. 283(c).

As amended, R.1979 d.366, effective September 13, 1979.

See: 11 N.J.R. 378(b), 11 N.J.R. 520(a).

As amended, R.1979 d.365, effective October 1, 1979.

See: 11 N.J.R. 378(a), 11 N.J.R. 519(f).

As amended, R.1979 d.446, effective November 13, 1979.

See: 11 N.J.R. 515(a), 11 N.J.R. 627(a).

As amended, R.1979 d.448, effective November 13, 1979.

See: 11 N.J.R. 516(b), 11 N.J.R. 627(c).

As amended, R.1979 d.447, effective January 1, 1980.

See: 11 N.J.R. 516(a), 11 N.J.R. 627(b).

As amended, R.1980 d.11, effective February 1, 1980.

See: 11 N.J.R. 506(b), 12 N.J.R. 86(a).

(g)2i: "Referral for Services" was "Interagency referral".

As amended, R.1980 d.29, effective February 1, 1980.

See: 11 N.J.R. 556(b), 12 N.J.R. 86(d).

(g)1iii: Amended cross-references.

As amended, R.1980 d.84, effective May 1, 1980.

See: 12 N.J.R. 30(a), 12 N.J.R. 127(d).

(c): Added paragraph 8.

As amended, R.1980 d.310, effective August 1, 1980.

See: 12 N.J.R. 85(b), 12 N.J.R. 483(a).

(f)4iv: Reference to Schedules I and II added.

As amended, R.1980 d.311, effective August 1, 1980.

See: 12 N.J.R. 123(a), 12 N.J.R. 483(b).

(f)4ii substantially amended.

As amended, R.1980 d.388, effective November 1, 1980.

See: 12 N.J.R. 469(d), 12 N.J.R. 599(f).

(b)4 added.

As amended, R.1980 d.466, effective December 1, 1980.

See: 12 N.J.R. 534(c), 12 N.J.R. 704(a).

(g)2i, ii, and "note" deleted and replaced with new material.

As amended, R.1980 d.486, effective December 1, 1980.

See: 12 N.J.R. 534(b), 12 N.J.R. 724(a).

(a)1 amended by redefining "immediate need".

As amended, R.1980 d.547, effective February 1, 1981.

See: 12 N.J.R. 622(c), 13 N.J.R. 100(a).

(f)4i and ii amended from "Licensed Board Home for Sheltered Care" to "Residential Health Care Facility"; (f)4i "\$40" was "up to \$30"; "\$369" was "\$339".

As amended, R.1981 d.46, effective February 5, 1981.

See: 13 N.J.R. 16(b), 13 N.J.R. 147(a).

(c)8: old text requiring 12-month prorating deleted; new text requiring prorating over the "stated term of the contract only" substituted therefor.

As amended, R.1981 d.263, effective July 9, 1981.

See: 13 N.J.R. 225(a), 13 N.J.R. 433(a).

(e)5i: deleted after "allotment"; "in excess of the amount paid by the household for such allotment."

As amended, R.1982 d.53, effective March 1, 1982.

See: 13 N.J.R. 879(a), 14 N.J.R. 235(d).

(f)4i: Deleted "of \$40 per month"; "\$408.50" was "\$360.00".

As amended, R.1982 d.98, effective April 5, 1982 (operative May 1, 1982).

See: 13 N.J.R. 930(a), 14 N.J.R. 345(a).

(e)4ii added and existing ii renumbered as iii.

(f)5 added.

As amended, R.1982 d.185, effective June 21, 1982.

See: 14 N.J.R. 270(a), 14 N.J.R. 659(b).

(e)4: added "Contributions . . . in-kind income"; (e)4ii: Deleted "these percentages . . . different amount".

As amended, R.1982 d.375, effective November 1, 1982.

See: 14 N.J.R. 893(b), 14 N.J.R. 1216(a).

Defined who may be considered a boarder.

As amended, R.1983 d.105, effective April 4, 1983.

See: 14 N.J.R. 894(a), 14 N.J.R. 550(a).

Maximum monthly assistance payment, for person in RHCF, increased from \$408.50 to \$430.20.

As amended, R.1983 d.328, effective July 25, 1983.

See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).

Originally adopted as an Emergency Readoption as R.1983 d.209, effective May 23, 1983, operative June 1, 1983.

At (e)5vii, references to other volunteers added to that of VISTA.

At (e)5xi, energy assistance payments added. At (f)4v, maternity homes added. At (g)3, references to inpatient hospitalization added.

As amended, R.1984 d.111, effective April 2, 1984.

See: 16 N.J.R. 119(a), 16 N.J.R. 729(a).

Amount of \$430.20 replaced by "the rate approved by the New Jersey Dept. of the Treasury. . . ."

As amended, R.1984 d.403, effective September 17, 1984 (operative October 1, 1984).

See: 16 N.J.R. 683(a), 16 N.J.R. 2441(a).

Text in (f)4v, deleted and replaced with new text.

As amended, R.1984 d.507, effective November 5, 1984 (operative December 1, 1984).

See: 16 N.J.R. 2056(a), 16 N.J.R. 3032(a), 16 N.J.R. 3063(c).

Effective October 1, 1984, rate for General Assistance has been increased from \$461.97 to \$464.05.

Amended by R.1985 d.81, effective March 4, 1985.

See: 16 N.J.R. 3165(a), 17 N.J.R. 595(a).

Subsection (g) substantially amended.

Public Notice: General Assistance Rate has been increased from \$464.05 to \$475.05 monthly.

See: 17 N.J.R. 485(c).

Amended by R.1986 d.47, effective March 3, 1986.

See: 17 N.J.R. 2519(a), 18 N.J.R. 483(a).
 (g) substantially amended.
 Amended by R.1986 d.57, effective March 3, 1986 (operative April 1, 1986).
 See: 17 N.J.R. 2849(a), 18 N.J.R. 482(a).
 (e)xii added.
 Public Notice: General Assistance Rate has been increased from \$475.05 to \$486.05 monthly.
 See: 18 N.J.R. 712(b).
 Amended by R.1986 d.299, effective July 21, 1986 (operative August 1, 1986).
 See: 18 N.J.R. 928(b), 18 N.J.R. 1464(a).
 (f)2vii added.
 Amended by R.1986 d.319, effective August 4, 1986.
 See: 18 N.J.R. 1056(b), 18 N.J.R. 1595(b).
 (c)9 added.
 Correction: (f)4ii and (g)2i and ii omitted from text.
 See: 19 N.J.R. 307(b).
 Public Notice: In accordance with N.J.A.C. 10:85-3.3(f)4i, the Department of Human Services announces that the rate to be paid for General Assistance recipients in Residential Health Care Facilities has been increased from \$486.05 to \$490.05 monthly. This change is effective January 1, 1987 and is the same in both the amount and effective date as the change in the rate for the same service paid to recipients under the Federal program of Supplemental Security Income.
 See: 19 N.J.R. 570(c).
 Amended by R.1987 d.177, effective April 20, 1987.
 See: 19 N.J.R. 32(b), 19 N.J.R. 645(b).
 (e)5xiii added.
 Amended by R.1988 d.425, effective September 6, 1988.
 See: 20 N.J.R. 879(a), 20 N.J.R. 2292(c).
 Added travel costs to (f)1 and 3.
 Amended by R.1989 d.7, effective January 3, 1989.
 See: 20 N.J.R. 2238(a), 21 N.J.R. 20(a).
 Deleted old (e)4 and substituted new; deleted text from (f)5 "See N.J.A.C. 10:85-3.3(e)4ii . . .".
 Amended by R.1989 d.138, effective March 20, 1989.
 See: 20 N.J.R. 2688(b), 21 N.J.R. 765(a).
 Payment for the cost of drugs to otherwise eligible persons added to N.J.A.C. 10:85-3.3(g)1.
 Amended by Public Notice, effective July 3, 1989.
 See: 21 N.J.R. 1914(b).
 Rate paid for General Assistance recipients in Residential Health Care Facilities increased from \$504.05 to \$518.05 monthly.
 Amended by R.1990 d.33, effective January 16, 1990.
 See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
 Stylistic changes.
 Public Notice: In accordance with N.J.A.C. 10:85-3.3(f)4i, General Assistance Rate in Residential Health Care Facilities raised from \$536.05 to \$557.05 monthly.
 See: 23 N.J.R. 911(d).
 Amended by R.1991 d.521, effective October 21, 1991 (operative November 1, 1991).
 See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).
 Text regarding chargeback deleted.
 Amended by Public Notice: In accordance with N.J.A.C. 10:85-3.3(f)4i, General Assistance Rate in Residential Health Care Facilities increased from \$557.05 monthly to \$572.05 monthly, effective January 1, 1992, as consistent with the rate for the same services paid to recipients under the Federal Supplemental Security Income program.
 Amended by R.1992 d.260, effective June 15, 1992.
 See: 24 N.J.R. 926(a), 24 N.J.R. 2263(a).
 Deleted text at (f)2ii, (f)4ii, and (f)4ii(2) regarding household size and determination of children age 18 or over living in the home of a parent/operator of a boarding home, who is over age 60.
 See: 24 N.J.R. 1645(b).
 Amended by R.1992 d.503, effective December 21, 1992.
 See: 24 N.J.R. 3075(a), 24 N.J.R. 4538(a).
 Payment for inpatient services deleted at (g)3 and 4; text on illegal aliens deleted at (b)1i; hospital payment reference deleted.
 Administrative Correction.
 See: 26 N.J.R. 1658(a).
 Amended by R.1994 d.591, effective December 5, 1994.

See: 26 N.J.R. 2757(b), 26 N.J.R. 4765(b).
 Public Notice: General Assistance rate for Residential Health Care Facilities raised from \$596.05 to \$608.05 monthly.
 See: 27 N.J.R. 1483(a).
 Public Notice: General assistance rate for Residential Health Care Facilities raised from \$608.05 to \$620.05 monthly.
 See: 28 N.J.R. 3675(b).

Case Notes

Immediate need. *Faison v. Green*, 171 N.J.Super. 341, 345, 409 A.2d 282 (App. Div. 1979).

Income received from Federal bureau or agency to be applied in computing amount of grant. *Gilbert v. State*, 167 N.J.Super. 217, 400 A.2d 803 (App. Div. 1979).

Money for school-related expenses disregarded. *J.C. v. New Brunswick City Welfare Department*, 92 N.J.A.R.2d (DEA) 41.

Agency should have acted independently to verify financial eligibility. *A.S. v. Dumont Municipal Welfare Agency*, 92 N.J.A.R.2d (DEA) 30.

10:85-3.4 Resources

(a) Definition: For purposes of this manual, resources are defined as real or personal property which is within the control of one or more of the individuals applying for General Assistance or to which he or she (they) may have a valid claim; and certain other benefits and contributions of support which may become available.

1. Resources must be reported in full to the agency and a determination made as to status as either exempt or potential.

i. Medicare benefits must be utilized first before determining the amount of unpaid medical bills. (See N.J.A.C. 10:85-5.3(h)).

ii. No-fault auto insurance shall be utilized in the payment of medical expenses relative to auto accidents, hit and run accidents, and so forth.

2. No person shall be eligible for assistance within two years after having disposed of a resource for less than adequate consideration or after having abandoned a resource of value when such disposal or abandonment was made for the purpose of qualifying for assistance or of avoiding repayment of assistance. Any assistance granted by reason of nondisclosure during such two year period represents an overpayment and is to be processed accordingly.

i. There shall be an initial presumption, rebuttable, that the abandonment of any resource of value, exempt, or otherwise, or the disposal of any resource, exempt or otherwise, for less than adequate consideration, was made for the purpose of qualifying for assistance or of avoiding repayment of assistance.

ii. Any disposal or abandonment for reasons other than to qualify or to avoid repayment shall be reviewed by the MWD to determine whether or not recovery can be effected. If so, the matter is subject to the provisions of (d) below, potential resources. If recovery cannot be effected, the matter shall be disregarded in the determination of eligibility and computation of assistance grants.

3. Eligibility for benefits under any other public program represents a source of support. Applicants for and recipients of General Assistance must, as a condition of eligibility, do all things which are reasonable and necessary to establish and maintain eligibility in any other public program whenever the benefits of such program might serve or do serve to reduce the amount of any General Assistance program payment. Any person who fails or refuses, after 30 days written notice, to cooperate in establishing or maintaining eligibility in such other program is not eligible for General Assistance.

(b) Identification: The person(s) applying for assistance shall identify all his or her resources, shall assist in their evaluation, and, where indicated, shall participate in planning and carrying out their liquidation. The failure of any individual to identify a resource and to participate in its evaluation and/or liquidation shall render that individual ineligible for assistance.

1. Those aliens who are required to have a sponsor in accordance with INS requirements and whose sponsor has certified that he or she will provide support to prevent the alien from becoming a public charge, shall supply the name and address of his or her sponsor to the MWD. If unable to do so, the individual must cooperate in the agency's efforts to obtain the information from the Immigration and Naturalization Service (INS). The alien shall also cooperate in the agency's efforts to obtain support from the sponsor.

i. Communication between the MWDs and the INS for purposes other than obtaining support for an alien admitted for permanent residence is permitted only to the extent authorized at N.J.A.C. 10:85-1.5(b) and 3.1(a)2.

ii. The income and resources of an alien's sponsor shall be deemed to be unearned income and resources of an alien applicant or recipient for three years following the alien's entry into the United States. For purposes of this section, a sponsor is an individual (not an organization) who executed an affidavit of support or similar agreement on behalf of an alien as a condition of the alien's entry into the United States. No income or resources shall be deemed from a sponsor who is receiving public assistance.

iii. The amount of income of a sponsor which shall be deemed to be the unearned income of an alien shall be determined as follows:

(1) The sponsor's monthly earned income (and that of his/her spouse if living with the sponsor) shall be reduced by 20 percent (not to exceed \$175.00) plus the full amount of any costs incurred in producing income from self-employment.

(2) The amount determined in (b)1iv(1) above shall be added to the unearned income of the spon-

sor (and that of his/her spouse if living with the sponsor).

(3) The amount determined in (b)1iv(2) above shall be reduced by the following:

(A) The appropriate amount in Schedule I or II as applicable for the sponsor, spouse, and other persons residing in his/her household who are claimed by the sponsor as dependents for Federal personal income tax liability and who are not recipients of public assistance;

(B) Any amounts actually paid by the sponsor to people not living in the household who are claimed by the sponsor as dependents for Federal personal income tax liability; and

(C) Actual payments of alimony or child support with respect to individuals not in the household.

(4) The remaining amount shall be deemed to the alien and shall be counted as unearned income in the determination of eligibility and grant amount.

iv. The amount of resources (and of the sponsor's spouse if living with the sponsor) shall be determined in accordance with the provisions of this manual. The value of the sponsor's resources shall be reduced by \$1,500 and remaining amount shall be deemed available to the alien and counted in the determination of eligibility and payment level.

v. In any case where a person is the sponsor of two or more aliens who are living in the same home, the income and resources of the sponsor (and the sponsor's spouse if living with the sponsor), to the extent the income and resources would be deemed to any one of the aliens under the provisions of this section shall be equally divided among the aliens.

vi. Income and resources which are deemed to an alien shall not be considered in determining the need of other unsponsored members of the alien's family except to the extent the income and resources are actually available.

vii. Any sponsor of an alien, and the alien, shall be jointly and severally, liable for any overpayment made to the alien during the three years after the alien's entry into the United States that was caused by the sponsor's failure to provide correct information under the provisions of this section, except where the sponsor was without fault or where good cause existed.

(1) Any overpayments described in (b)1viii above which are not repaid or recovered shall be withheld from any future General Assistance payments to which the alien or sponsor is entitled.

(c) Exempt resources: Exempt resources are not subject to any requirement for liquidation and are not considered in determining the assistance grant. Any resource which is not

or is no longer exempt shall be considered as either available income or a potential resource, according to its nature. The exempt resources are:

1. Real property owned by the eligible unit and used as a home by the eligible unit, together with so much of the land on which the house stands as is reasonably necessary for the maintenance of the house.

2. Personal property which is used or likely to be used. Included are:

i. House furnishings and clothing in regular use. Furnishings and clothing in storage may be deemed to be exempt in the presence of a reasonable plan for their use.

ii. Personal effects if regularly used or of small intrinsic value. Items of exceptional value not regularly used and not essential to the physical health and safety of the eligible unit are not exempt.

3. Automobile, when at least one of the following conditions exists:

i. The automobile would, if sold, produce less than \$500.00 net revenue to the eligible unit; or

ii. No other transportation is available; or

iii. Illness or infirmity of a member of the eligible unit prevents use of other transportation; or

iv. An automobile is necessary to obtain or retain employment or is essential as an incentive to self-help.

4. Life insurance policies, including:

i. Prepaid irrevocably assigned funeral/burial arrangements;

(1) Prepaid irrevocable funeral/burial insurance policies;

(2) Prepaid irrevocable funeral/burial annuity policies;

(3) Prepaid irrevocable funeral/burial trust funds.

5. Livestock, machinery, tools, equipment, and stock-in-trade which serve to produce some net income in cash or in-kind or serve as an incentive for self-help. Livestock or property owned or used by a child in connection with a group or school activity (such as 4-H) is also exempt.

6. No net revenue: Any asset, real or personal, the liquidation of which would produce no net revenue to the eligible unit.

7. Savings: Funds up to three times the amount of the monthly assistance allowance standard for the eligible unit which have been set aside during a continuous period of receipt of assistance. Funds which exist at the time of initial application or reopening of a case are not exempt under this section. Any funds above three times the amount of the monthly assistance allowance (not necessarily the monthly grant) are to be considered as an available resource.

8. Relocation payments: Payments made under the authority of the New Jersey Relocation Assistance Act (Chapter 362, Laws of 1971, N.J.S.A. 20:4-1 et seq.).

9. Energy assistance payments: Payments and funds remaining from payments received under the Home Energy Assistance Program (HEA), the Lifeline Assistance Program (LAP), and the Tenants Lifeline Assistance Program (TLAP).

10. Agent Orange payments: Money received because of a settlement agreement or judgment in a lawsuit brought against a manufacturer or distributor of "Agent Orange" for damages resulting from exposure to "Agent Orange."

(d) Potential resources are resources which are neither exempt nor currently available for expendable use.

1. Liquidation or conversion of potential resources shall be undertaken and completed as promptly as the nature of the resource and the circumstances permit. Such liquidation or conversion to an expendable form creates countable income as defined in N.J.A.C. 10:85-3.3(b), and the agency shall take prompt and appropriate action to redetermine eligibility or adjust the payment as indicated.

i. If a member of an eligible unit willfully fails or refuses, within a period of 30 days after being requested in writing, to consent to or to take any action necessary in connection with a plan for liquidation, such individual shall be ineligible for assistance.

2. Responsibilities regarding potential resources:

i. The municipal welfare department shall:

(1) Inform the applicant at the time of application or as promptly thereafter as possible that all potential resources must be liquidated;

(2) Develop with the eligible unit a plan for the liquidation of resources and for the use of the proceeds; and

(3) Assist in carrying out the plan.

ii. Members of the eligible unit shall:

(1) Develop with the agency a plan for the liquidation of resources and for the use of the proceeds; and

(2) Consent to and cooperate in carrying out the plan.

3. Liquidation of real property:

i. The eligible unit shall be required to offer real property, other than that which is exempt, for sale at an asking price named by the unit but not lower than the price set by an independent appraisal paid for by the MWD.

ii. The eligible unit shall be required to sell such property within a period of six months at the highest offer, provided such offer is not less than the independent appraisal.

iii. Whenever the eligible unit presents evidence that such property cannot be sold, or that all efforts have failed to provide a buyer who is willing to purchase the property at the appraisal price, the property must be reevaluated.

iv. If the eligible unit has used reasonable diligence in seeking a purchaser and is unable to sell the property at the price established by the reevaluation, such property may be evaluated as having no present substantive value, pending any change which might give value to the property.

v. If encumbrances against the property, plus the cost of sale, equal or exceed the price at which it can be sold, the property need not be considered as a potential resource.

4. Liquidation of personal property: Liquidation of personal property which is not exempt shall be handled in such a way as to assure the highest net revenue. The MWD and the eligible unit may use such methods as are appropriate and mutually agreeable in determining an acceptable sale price. These include but are not necessarily limited to: professional appraisal, competitive bids, and public auction.

i. Automobiles subject to liquidation shall be sold at above the higher of two or more bids from reputable buyers.

ii. Securities, stocks and bonds can usually be liquidated through reputable local brokers at market prices. The holding of such securities in the hope of a higher price is speculation and is not an appropriate activity for either the agency or its clients.

iii. Mortgages, notes receivable and other less liquid securities shall be sold as quickly and advantageously as possible.

5. Trust Funds: When a trust fund exists for a member of the eligible unit, the MWD shall determine whether or not funds are currently accessible. If accessible, the funds represent an available resource and must be considered in determining eligibility.

i. When funds in trust are not currently accessible and the trust exists at the time of application, the client must, as a condition of eligibility, make a bona fide presentation of a petition to the appropriate court for release of the funds for current and future support. The agency with the aid of counsel will assist the client if necessary.

ii. When funds in trust are not currently accessible and the trust came into being during the term of the assistance case, the agency will with the aid of counsel

present a petition to the appropriate court for release of funds for current and future support. The client must, as a condition of continuing eligibility, provide whatever cooperation may be necessary in the presentation of the petition.

(e) Suits and claims: Where a member of the eligible unit is, at time of application, or subsequently becomes the owner of an interest in a suit or claim arising out of an accident, inheritance or legacy, insurance on the lives of relatives or others, statutory benefits or pensions, unfulfilled contracts or obligations, and so forth, such interests constitute personal property and are potential resources which must be recognized.

1. Where assistance is extended during the period that the receipt or liquidation of such interest is pending, the MWD shall make every effort to obtain the signature(s) of the applicant(s)/recipient(s) on an agreement whereby the eligible unit will, when liquidation occurs, repay the agency the amount of assistance granted since the incident or claim occurred, or the amount received as the result of the claim, whichever is less. The MWD will explain to the applicant(s)/recipient(s) that the agreement is entirely voluntary and the signing or not signing will have no influence on eligibility or on the amount of assistance to be granted, if any.

(f) The following are not subject to repayment to the MWD: Retroactive Social Security (RSDI) payments, Veteran's benefits, workers' compensation, temporary disability benefits, and SSI payments not repayable to the DFD/MWD in accordance with a valid Form GA-30. However, when such monies are received, they shall be recognized as countable income and the client's eligibility shall immediately be redetermined.

1. No repayment shall be sought from money received because of a settlement agreement or judgment in a lawsuit brought against a manufacturer or distributor of "Agent Orange" for damages resulting from exposure to "Agent Orange."

(g) Recovery: In an instance in which it is ascertained that a recipient or former recipient, living or dead, has real or personal property above that necessary for his or her maintenance and the maintenance of a spouse and minor children, the director of welfare may bring suit in the New Jersey Superior Court for recovery of all assistance paid. Includable in the property to be claimed in the suit is the amount of any insurance upon the life of any former recipient, if the terms of the policy permit, when the proceeds of the insurance are not needed for the expenses of the last illness and funeral expenses of the former recipient or for support of a widow(er) or minor children.

As amended, R.1977 d.444, effective December 1, 1977.

See: 9 N.J.R. 432(a), 10 N.J.R. 15(a).

As amended, R.1979 d.326, effective September 1, 1979.

See: 11 N.J.R. 345(a), 11 N.J.R. 449(a).

As amended, R.1979 d.446, effective November 13, 1979.

See: 11 N.J.R. 515(a), 11 N.J.R. 627(a).
 As amended, R.1980 d.388, effective November 1, 1980.
 See: 12 N.J.R. 469(d), 12 N.J.R. 599(f).
 (d)5 added.
 As amended, R.1980 d.452, effective November 1, 1980.
 See: 12 N.J.R. 535(a), 12 N.J.R. 664(d).
 (c)7: "Specified purpose" reference deleted.
 As amended, R.1982 d.134, effective May 3, 1982.
 See: 14 N.J.R. 122(b), 14 N.J.R. 428(a).
 (b) substantially amended.
 As amended, R.1983 d.328, effective July 25, 1983.
 See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).
 Originally adopted as an Emergency Re-adoption as R.1983 d.209, effective May 23, 1983, operative June 1, 1983.
 Reference, at (c)9; to energy assistance payments added, internal citations corrected.
 Amended by R.1985 d.298, effective June 17, 1985.
 See: 17 N.J.R. 548(a), 17 N.J.R. 1566(b).
 (e) substantially amended.
 Amended by R.1985 d.693, effective January 21, 1986 (operative February 1, 1986).
 See: 17 N.J.R. 2339(a), 18 N.J.R. 193(a).
 (a)2i and (g) added.
 Amended by R.1986 d.4, effective February 3, 1986.
 See: 17 N.J.R. 2520(a), 18 N.J.R. 274(a).
 (a)3 added.
 Amended by R.1986 d.76, effective March 17, 1986.
 See: 18 N.J.R. 21(a), 18 N.J.R. 563(a).
 Added he or she and his or her throughout.
 Amended by R.1986 d.98, effective April 7, 1986 (operative May 1, 1986).
 See: 17 N.J.R. 2952(a), 18 N.J.R. 690(a).
 Eligible for assistance raised from one to two years.
 Correction: (a)2ii and (d)5ii omitted from text.
 See: 19 N.J.R. 307(b).
 Amended by R.1987 d.177, effective April 20, 1987.
 See: 19 N.J.R. 32(b), 19 N.J.R. 645(b).
 (c)10 added and (f)1 added.
 Amended by R.1990 d.33, effective January 16, 1990.
 See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).
 Stylistic changes.
 Amended by R.1992 d.503, effective December 21, 1992.
 See: 24 N.J.R. 3075(a), 24 N.J.R. 4538(a).
 Obsolete text on aliens deleted at (b)1i.
 Amended by R.1994 d.591, effective December 5, 1994.
 See: 26 N.J.R. 2757(b), 26 N.J.R. 4765(b).

Law Review and Journal Commentaries

Protecting the Home in Government Benefits Planning. Gary Martz, 164 N.J.Law. 34 (Mag.) (Oct. 1994).

Case Notes

Exempt resources based on total monthly assistance allowance. Paterson Municipal Welfare Agency v. H.D., 92 N.J.A.R.2d (DEA) 37.

10:85-3.5 Continuing eligibility

(a) Monthly Review: The eligibility of each case shall be reviewed at least once each calendar month. The Form GA-19, Authorization and Case Review Card, shall be utilized during the review. This review provides an opportunity for the municipal welfare department to evaluate any change in the client's circumstances or income and make appropriate adjustments on Form GA-19 in the amount of assistance to be granted. (See N.J.A.C. 10:85-7.2(a) regarding timely notice of adverse action.)

1. For all persons not exempt from the work requirement, the most recent date of registration with the New Jersey Division of Employment Services shall be recorded (see N.J.A.C. 10:85-3.2(g)2).

2. When so designated by the MWD, the review shall occur at more frequent intervals.

(b) Redetermination of eligibility: In order to continue granting assistance, the MWD shall make a complete redetermination for each case at least once every six months except that for long term care clients, redetermination shall be completed annually.

1. Redetermination for General Assistance, Form GA-1R: At the time of the redetermination a Form GA-1R (Redetermination for General Assistance) shall be completed and signed by the applicant. This form shall contain an affidavit attesting to the truth of all information provided herein.

i. The MWD worker shall assist the client in completing the application, providing explanation as necessary. If the client cannot read, the contents of the form shall be read to him/her. Upon request, the client shall be given a copy of the executed application and affidavit.

ii. At the time of redetermination the applicant will be required to sign two copies of Form GA-51 (Important Reminder of your Obligation to Report Changes). The MWD worker shall explain the contents of the form, if necessary, and provide the applicant with a copy.

2. Authorization and Case Review Card, Form GA-19: At the time of the redetermination, a new Form GA-19 shall be prepared by the MWD worker.

3. Verification and decision: All facts and circumstances related to the recipients application for continuation of assistance must be verified in accordance with N.J.A.C. 10:85-3.2(e), in order that the MWD may reach a decision regarding continued grants.

4. Reevaluation of legally responsible relatives: A reevaluation of LRRs shall be made during each six month period, in accordance with N.J.A.C. 10:85-9.6.

5. MWD staff shall make telephone contact with DFD's Integrity Control Section to obtain available wage match, UIB, or TDI information.

(c) Personal interview rules are as follows.

1. Requirement: Personal interviews shall be required for the monthly reviews and the semiannual redetermination. Such interviews shall be held with the client at the municipal welfare office or in client's home. Appointments will be scheduled in advance for a time acceptable to both client and agency and confirmed by the MWD in writing.

i. Allowances: The allowance for funeral services, exclusive of cemetery costs, is the actual amount charged or \$1,970.00 whichever is less. When ground burial is made of uncremated remains, the cemetery allowance also applies. The cemetery allowance is the sum of all cemetery charges or \$460.00, whichever is less. The maximum total of allowances for a decedent is the sum of the funeral allowance and the cemetery allowance as applicable.

ii. Payment: The payment to be made is the maximum total of allowances as reduced by all of the assets of the decedent, including cash on hand, funds in the hands of others, the value of real and personal property, and public and private death benefits; and as further reduced by the sum of all contributions from next of kin and other interested parties.

(b) Cases ineligible for purposes of State aid: It is recognized that municipal directors, who are also exercising the functions previously charged to the overseer of the poor, encounter situations where burials must be provided at public expenses for persons who do not come within the classifications specified in (a)1 above. Such burials are governed by statutes unrelated to the General Assistance Program. Payments for them are not eligible for State aid. The statutes include:

1. N.J.S.A. 44:1-157, which states: "When a person shall die in a municipality without leaving money or other means sufficient to defray his funeral expenses, the overseer of the poor of the municipality . . . shall employ some person to provide for and superintend the burial of the deceased person, and the necessary and reasonable expenses as fixed by the governing body chargeable therewith shall be paid by it upon the order of the overseer . . ."

2. N.J.S.A. 40A:9-49.1, which states: "Notwithstanding any provision of law, rule or regulation to the contrary, when an indigent person dies without a surviving spouse, parent or emancipated child and in a municipality other than his resident municipality, the resident county of the indigent decedent is responsible for the necessary and reasonable expenses for the burial. For the purposes of this act, "indigent decedent" means a person who dies without leaving an ascertainable estate sufficient to pay part or all of the person's burial expenses and whose burial expenses are not payable by the State pursuant to P.L. 1959, c.86 (N.J.S.A. 44:10-1 et seq.), P.L. 1947, c.156 (N.J.S.A. 44:8-107 et seq.) or P.L. 1973, c.256 (N.J.S.A. 44:7-85 et seq.), or by the county pursuant to N.J.S.A. 40A:9-49."

As amended, R.1980 d.436, effective October 7, 1980.

See: 12 N.J.R. 191(b), 12 N.J.R. 663(c).

(a)li was \$500 and (a)liii was \$350.

As amended, R.1982 d.287, effective September 7, 1982.

See: 14 N.J.R. 463(a), 14 N.J.R. 980(c).

(a)li Ceiling of total cost increased to \$900.00, \$800.00 deleted.

Amended by R.1986 d.427, effective October 20, 1986.

See: 18 N.J.R. 1170(a), 18 N.J.R. 2125(a).

Substantially amended.

Amended by R.1988 d.39, effective January 19, 1988.

See: 19 N.J.R. 1619(b), 20 N.J.R. 194(a).

(b)1 deleted and new (b)1-2 inserted.

Petition for Rulemaking.

See: 26 N.J.R. 4104(b).

10:85-4.9 (Reserved)

R.1987 d.132, effective March 16, 1987.

See: 18 N.J.R. 2301(a), 19 N.J.R. 451(b).

Repealed by R.1990 d.33, effective January 16, 1990.

See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).

SUBCHAPTER 5. MEDICAL CARE

10:85-5.1 Medical service payment

(a) The director of welfare shall authorize payment for medical care and professional practitioner services if such care and services are deemed necessary and appropriate and, for services rendered after July 1, 1988, if the bill for each such service reaches the municipal welfare office within one year after the date of the service. For services rendered after July 1, 1991, the bill for each such service must reach the municipal welfare office within six months after the date of the service. The MWD may seek the advice of the Division of Family Development (DFD) GAP Unit in determining whether particular elements or programs of care or service are necessary and appropriate.

1. In no instance will the rate exceed that payable under the Medicaid Program. Only services covered by the Medicaid Program shall be authorized under this program for payment.

i. Payment of medical bills which is or may be paid from any benefits provided through the Medical Assistance Program (Medicaid) of the State of New Jersey or any other state shall not be authorized.

2. Medical bills, which have been paid by the client or on his or her behalf, are not subject to reimbursement by the MWD.

3. In the event that payment is obtained from a third party by or for any client for whom the MWD has made medical payments, the welfare agency shall seek recovery of such payment from the beneficiary.

4. The director of welfare may authorize payment of other medical insurance premiums.

5. Persons eligible for Medicare benefits must have health services billed to the appropriate carrier (Pennsylvania Blue Cross/Blue Shield) by the provider before submitting bills to the MWD for consideration. The amount of the Medicare deductible may be paid by the MWD.

6. Payment for medical bills which are or may be paid through no-fault insurance benefits shall not be authorized.

(b) Physicians, dentists and other health care providers: The director of welfare shall authorize payment for services provided by licensed physicians (M.D. or D.O.), dentists and other health care providers including podiatrists, optometrists, pharmacists, opticians, prosthetists and orthotists who have not been deleted for cause from the current list of approved Medicaid providers, unless such services are specifically prohibited under (b)2 below. The DFD/GAP Unit will advise all MWDs of deletions from the approved list and of any reinstatements.

1. Amount of payment: The amount of the payment which the MWD shall authorize for any medical product or service shall be the lowest amount for which the service or product or a comparable service or product can be reasonably supplied to the recipient but in no event shall total payment for each service or product be more than the rate indicated as a maximum by the DFD/GAP Unit.

i. Municipalities to which N.J.A.C. 10:85-5.8 applies will be charged for prescriptions at the Medicaid rate for the product. (See N.J.A.C. 10:85-5.8(e) and 6.8(d).)

2. Payments not authorized: Payment to physicians, dentists or other health care providers shall not be authorized for the following services:

i. Inpatient hospital care: Payment shall not be authorized for professional services (for example, physicians, dentists, podiatrists) rendered to persons receiving inpatient hospital care.

ii. Outpatient or clinic care: Payment shall not be authorized for professional services rendered in the outpatient department of a hospital.

iii. Institutional care: Payment shall not be authorized for professional services rendered to residents of public medical institutions.

iv. Municipal/county physician care: Payment shall not be authorized for services rendered by practitioners who are employed by a municipality or county for the purpose of treating recipients of general assistance or other low-income inhabitants of the community.

v. Private duty nursing: Payment shall not be authorized for private duty nursing, whether in the home, hospital or elsewhere.

vi. Pedicure service: Payment shall not be authorized for normal pedicure service.

3. Obtaining a physician and so forth: When an appropriate clinic is not available without charge, the patient shall be provided the opportunity to select a physician, dentist or podiatrist of his/her choice. In the event that a person has no such practitioner or his/her personal practitioner is not available, the director of welfare may assist in obtaining a physician, dentist or podiatrist. The MWD may consult the DMAHS District Office to learn the names of practitioners participating in the Medicaid Program. (The practitioner shall be advised that payment cannot exceed the current Medicaid rate.)

4. Consultation by a specialist: Payment shall be authorized for services provided by a medical specialist whose advice and recommendations are requested by another physician or by the municipal welfare department with respect to the non-hospital evaluation and/or treatment of a patient. (See (b)1 above regarding maximum fee.)

i. Prior authorization: Payment for consultation services shall be approved only when performed by a qualified specialist who has received prior authorization from the municipal director of welfare to perform such services.

(c) Independent clinics: The director of welfare shall authorize payment for physician services and other professional provider services, X-ray (diagnostic therapeutic, and so forth) and laboratory services, at the Medicaid rate or at a lesser rate if such has been negotiated between the clinic and the MWD.

(d) Mental health services: For all mental health services, the payment shall be deemed to cover all services of the provider. It does not cover prescription costs. If the MWD has negotiated a rate with the mental health agency or provider which is no higher than the rate which would otherwise be payable and which takes into account any funding by the municipality or county, that rate shall be used for all participants receiving services from that provider. In all other instances, payment to other providers shall be at the Medicaid rate.

1. Partial Care Program (see N.J.A.C. 10:37-5.46 through 5.51): Partial Care is a program serving people who need more than hourly outpatient services and less than inpatient hospitalization. Some clients are served to avoid inpatient hospitalization; for others the program serves as a transition from institutional to community living. Clients usually receive services five days per week. This level of service is reduced as the client becomes more independent. Minimum attendance is one-half day per week. Services offered usually include case management, medication supervision, group therapy, activities of daily living (ADL), socialization, skill development, and prevocational activities. Program participants are divided into two Target Groups:

i. Target Group I (see N.J.A.C. 10:37-5.2) consists of:

(1) Individuals currently in a State/County/Local psychiatric hospital who could live in the community with appropriate services.

(2) Individuals in the community with a history of psychiatric hospitalization, who are in serious risk of rehospitalization.

(3) Individuals in the community who are mentally, emotionally, and functionally impaired and in serious risk of psychiatric hospitalization.

ii. Target Group II (see N.J.A.C. 10:37-5.2) consists of individuals in the community who are mentally, emotionally, and functionally impaired and are not in serious risk of psychiatric hospitalization.

iii. Referral procedures: Proper referral is the responsibility of the mental health agency which seeks payment. It is in two parts:

(1) The agency will, within five working days of the acceptance of an individual for partial care, so notify the MWD in writing. Form PA-14, Referral for Services, or any substantially similar document may be used for this purpose.

(2) The agency will, within 30 calendar days of the acceptance of an individual for Partial Care, submit Medicaid Form FD-07 to the MWD. The Target Group classification shall appear on the form. The MWD will record receipt of the form and send it promptly to the DFD/GAP Unit for approval.

iv. Service periods are as follows:

(1) The MWD will not authorize payment for any services rendered more than five days prior to notice (see (d)1iii(a) above) nor more than 30 days prior to submittal of Form FD-07 (see (d)1iii(2) above).

(2) For Target Group I clients the expected term of service is two years from the date of acceptance into this program. For Target Group II clients the expected term of service is one year from the date of acceptance into the program. The MWD will authorize no payments beyond these periods without the specific written authorization of the DFD/GAP Unit.

2. Payment for other mental health services is as follows:

i. Mental health clinics: Payment shall be authorized as described in (d) above for an initial period of 30 days or until receipt by the MWD of a completed Medicaid Form FD-07, whichever occurs first. The MWD will record receipt of the form and forward it promptly to the DFD/GAP Unit. The DFD/GAP Unit will return the form indicating any further services which are approved. For services beyond the initial period, payment shall be authorized only for services approved by the DFD/GAP Unit.

ii. Private practitioners: If no local clinic offers services which are necessary, the MWD shall authorize payment to a private psychologist or psychiatrist in accordance with the provisions and limitations specified in (d)2i above.

(1) Payments are not to be authorized for services provided by psychiatric social workers, unlicensed psychologists, or psychiatric assistants in private practice.

(e) Visiting nurse or home health agency services: The municipal director of welfare shall authorize payment for services rendered by a Visiting Nurses Association or Home Health Agency provided that the client is not entitled to such services without cost.

1. Maximum fee: Payment shall not exceed the applicable Medicaid rate.

(f) Care of individuals in long term care facilities: The director of welfare shall authorize payments for patient care and allow for a personal needs allowance (PNA) for those clients who were residing in a non-Medicaid nursing facility on or prior to June 30, 1995 when a physician certifies that the client has a defect, disease, or impairment (other than psychosis) which necessitates such care, the client is not eligible for Medicaid, or for nursing facility services under the Medically Needy Program, and there is no person available who will provide such care without cost to the client. Those GA recipients shall continue to receive GA nursing facility benefits until such time as the GA nursing facility benefits are no longer required or when the client is no longer eligible to receive such GA benefits as long as the client remains in the same non-Medicaid nursing facility.

1. Physician certification (completion of GA-18): Physician certification shall be accomplished by means of Form GA-18, Certification of Need for Patient Care in Facility Other than Public or Private General Hospital.

This form shall be completed in duplicate, by the attending, or staff physician and the operator or superintendent of the appropriate facility. One copy shall be submitted to the DFD/GAP Unit for determination of nursing facility care and subsequently, filed in the case record and the other copy shall be retained by the nursing facility or institution.

2. Maximum fees: payment to the non-Medicaid facility shall not exceed the rates established by the DFD/GAP Unit for that facility. The MWD shall contact the DFD/GAP Unit to obtain the per diem rate for room, board, and nursing care. A personal needs allowance of \$35.00 per month shall be allowed to the patient.

i. To determine the all inclusive rate the MWD will be authorized to pay the non-Medicaid nursing facility, the MWD shall calculate the non-Medicaid facility rate established by the GAP Unit times the number of days of care for the month less the payment by or on behalf of the client. Each month the MWD will obtain a current bill for all services rendered during the previous month.

(1) The MWD shall authorize per diem payments for periods of up to 10 days during which the client is temporarily absent from the facility for hospitalization or for periods of up to 25 days in a calendar year for therapeutic visits.

ii. Prescription drugs, laboratory, X-ray, physician, dental, podiatry services and supplies are not included

in the nursing facility per diem rate. Such services shall be paid directly to the provider. An order for lab, X-ray, pharmacy services, and so forth must be based on a written prescription from the attending physician (see N.J.A.C. 10:85-8.4(g)1i regarding the Pharmaceutical Assistance to the Aged and Disabled program).

(g) The director of welfare shall authorize payment for physical, occupational, or speech therapy under the conditions and in the amounts indicated in (g)1 through 2 below.

1. Conditions:

i. The therapy must have been recommended in writing by a physician.

ii. The therapy must be a part of a planned physical restoration program.

iii. The therapy must be performed by an appropriately qualified therapist under the direction and supervision of a physician.

iv. The therapy has been approved in advance by the DFD/GAP Unit. Request for the DFD/GAP Unit approval shall be submitted via Form GA-18A with any other documentation which is appropriate and available or is requested by the DFD/GAP Unit. Approvals by DFD/GAP Unit will be made for a maximum of three months. Requests for approval for an additional three-month period shall be made prior to the commencement of the additional period. Such a request shall include a new Form GA-18A if appropriate or a written statement by the supervising physician describing all changes since the previous submittal.

2. Amount of payment: The MWD will authorize no payment for therapy which is available or could have been provided to the client without cost. The amount of payment shall be at the rate established for the service by the Medicaid program. The DFD/GAP Unit will ascertain the rate and indicate it in the notice of approval. Welfare directors in need of rate information before submitting an approval request may communicate with the DFD/GAP Unit.

(h) Miscellaneous services: The director of welfare shall authorize payment for drugs, blood, blood plasma, infusions, hearing aids, prosthetics, oxygen, dental services or dentures, eyeglasses and other visual prosthesis, braces and appliances, if recommended in writing by an appropriately licensed practitioner and if not otherwise available without cost to the patient.

1. Maximum fee: The DFD/GAP Unit will determine an appropriate fee for the services provided as stated in (b)1 above.

2. Pharmaceutical Assistance to the Aged and Disabled (PAAD) Program: See N.J.A.C. 10:85-8.4(f)1i regarding referral to the PAAD program.

3. Prosthetics and orthotics (for example, artificial limb, eye or brace): Clients who have a job disability which may be reduced or diminished if provided with an appliance (that is, prosthesis or brace) should be referred to the Division of Vocational Rehabilitation Services (DVRS) (see N.J.A.C. 10:85-8.4(g)). If accepted for service by that agency, the cost of the appliance is the responsibility of DVRS. Only if the client is rejected as not feasible for the services furnished by DVRS should the municipal welfare agency consider authorizing payment for such an appliance, and then only after consulting with the DFD/GAP Unit.

(i) Persons eligible for Medicare Part B (medical insurance) benefits must have health care services billed to the appropriate carrier (for New Jersey Medicare, the carrier is Medicare/Pennsylvania Blue Shield, Harrisburg, Pennsylvania) by the practitioner or other provider before submitting bills to the MWD for consideration. Recipients eligible for Medicare Part B benefits shall submit the statement, "Explanation of Benefits", from the Medicare carrier before the MWD determines if additional payment may be allowed.

(j) Residential treatment for drug or alcohol abuse: When the director of welfare authorizes the GA grant, payments for room and board shall be made by the client, and a PNA in amounts as specified in N.J.A.C. 10:85-3.3(f)4iv shall be retained by the client. The payment for room and board by the GA client shall be considered as inclusive of all goods and services.

1. When laboratory tests necessary for admission to drug treatment programs are performed by independent laboratories, payment procedures are as follows:

i. For costs incident to admission to methadone maintenance outpatient drug treatment facilities, laboratories will submit their charges on the appropriate Medicaid form and send that form to the MWD for submittal to the DFD/GAP Unit for costing.

ii. For costs incident to admissions to residential drug treatment facilities, laboratories will submit charges on the appropriate Medicaid form to the MWD for submittal to the DFD/GAP Unit for costing and processing in customary manner.

As amended, R.1977 d.168, effective May 12, 1977.

See: 9 N.J.R. 174(c), 9 N.J.R. 278(a).

As amended, R.1978 d.77, effective April 1, 1978.

See: 10 N.J.R. 13(b), 10 N.J.R. 153(d).

As amended, R.1979 d.141, effective May 1, 1979.

See: 10 N.J.R. 488(a), 11 N.J.R. 249(c).

As amended, R.1979 d.495, effective December 14, 1979.

See: 11 N.J.R. 516(c), 12 N.J.R. 43(a).

(b), (b)5, (c)1, (c)2, (c)3, (c)3i through iii, (d), (e), (g), (g)1, and (h): "shall" was "may."

As amended, R.1979 d. 496, effective December 14, 1979.

See: 11 N.J.R. 507(b), 12 N.J.R. 43(b).

(b)1: Added "a center ... alcohol abuse." (b)2: Substantially amended. Added (c)4 and (j).

As amended, R.1980 d.11, effective February 1, 1980.

See: 11 N.J.R. 506(b), 12 N.J.R. 86(c).

(f)1: Added "facility" (g)4i: Added comma after "therapy."

As amended, R.1980 d.252, effective July 1, 1980.

See: 12 N.J.R. 275(c), 12 N.J.R. 419(a).

(b)2i added.

As amended, R.1980 d.311, effective August 1, 1980.

See: 12 N.J.R. 123(a), 12 N.J.R. 483(b).

(f)1i added.

As amended, R.1980 d.531, effective January 1, 1981.

See: 2 N.J.R. 586(a), 13 N.J.R. 18(c).

(f)1 amended to require submission of Form GA-18 to DPW/BMA; (f)1i amended to require annual recertification by Form GA-18 and to delete previous requirement.

As amended, R.1980 d.547, effective February 1, 1981.

See: 12 N.J.R. 662(c), 13 N.J.R. 100(a).

(b)1 "Residential Health Care Facility" was "licensed boarding home for sheltered care."

As amended, R.1981 d.263, effective July 9, 1981.

See: 13 N.J.R. 225(a), 13 N.J.R. 433(a).

(b)2: added "shall total . . . or product be."

As amended, R.1983 d.328, effective July 25, 1983.

See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).

Originally adopted as an Emergency Readoption as R.1983 d.209 effective May 23, 1983, operative June 1, 1983.

Subsection (f) added, regarding authorizing payments for physical, occupational and speech therapies; (h) recorded as (g).

Amended by R.1984 d.593, effective January 7, 1985.

See: 16 N.J.R. 2488(a), 17 N.J.R. 90(a).

(c): Substantially amended.

Amended by R.1985 d.565, effective November 4, 1985.

See: 17 N.J.R. 1836(a), 17 N.J.R. 2665(a).

Amended by R.1986 d.70, effective March 17, 1986.

See: 17 N.J.R. 2953(a), 18 N.J.R. 564(a).

Payments for periods up to 14 days amended to 10 days.

Amended by R.1987 d.176, effective April 20, 1987.

See: 19 N.J.R. 33(a), 19 N.J.R. 646(a).

(a)1 added.

Amended by R.1987 d.322, effective August 3, 1987.

See: 19 N.J.R. 619(b), 19 N.J.R. 1454(b).

Personal incidental allowance increased from \$25.00 to \$35.00 per month.

Amended by R.1988 d.169, effective April 18, 1988.

See: 20 N.J.R. 162(a), 20 N.J.R. 902(b).

Added text to (a) "and, for services . . .".

Amended by R.1990 d.33, effective January 16, 1990.

See: 21 N.J.R. 3221(b), 22 N.J.R. 21(a).

Allowed costs for drug or alcohol programs added to (i).

Amended by R.1991 d.521, effective October 21, 1992 (operative November 1, 1991).

See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).

Medical care providers to bill within six months; labs to use Medicaid forms.

Amended by R.1992 d.503, effective December 21, 1992.

See: 24 N.J.R. 3075(a), 24 N.J.R. 4538(a).

Text on general provisions deleted; text on other medical payments recodified from 5.3, with amendments deleting references to inpatient and outpatient services and physician recertification.

Prior annotations on general provisions

As amended, R.1983 d.328, effective July 25, 1983.

See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).

Originally adopted as an Emergency Readoption as R.1983 d.209, effective May 23, 1983, operative June 1, 1983.

Explanation of payments expanded.

Amended by R.1990 d.33, effective January 16, 1990.

See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).

Stylistic changes.

Amended by R.1994 d.591, effective December 5, 1994.

See: 26 N.J.R. 2757(b), 26 N.J.R. 4765(b).

Amended by R.1995 d.663, effective January 2, 1996.

See: 27 N.J.R. 3553(a), 28 N.J.R. 186(a).

Amended (f).

10:85-5.2 Procedure for payment of medical bills

(a) This section does not apply to prescription bills except for medical supplies and equipment in those municipalities which pay prescription charges through Medicaid.

(b) Rules concerning determination of Medicaid rate are as follows:

1. MWD responsibility: The MWD shall submit bills received from providers of health services, or requests for authorized fee levels, to the DDF/GAP Unit. Such bills and/or requests should be submitted on official Medicaid vendor voucher forms which all providers servicing Medicaid recipients utilize. The forms shall contain the following: signature of the vendor and client, date, and description of the commodity delivered or service rendered with full Medicaid product and procedure codes. Exception: The signature of the client/designee is not required on bills for residential services such as Long Term Care Facilities (see (b)4 below for requirement of client/designee signature).

i. Bills/requests shall include age of the patient, diagnosis, and whether or not he or she is receiving disability insurance benefits. The signature of the MWD director, preceded by the words "approved by" is required on the bottom or on the reverse side of the Medicaid vendor form. This signature may be affixed either before or after submission to the DDF/GAP Unit for rate approval but prior to payment.

ii. Medicaid vendor forms not completed in accordance with the above instructions must be accompanied by a Form GA-11, General Assistance Order, properly completed.

iii. In instances of repeated submission of a Medicaid vendor form showing the same client, same vendor, same commodity or service and same price, the MWD may, for audit purposes, attach a photocopy of the previous rate-approved form to each resubmittal in lieu of submission to the DDF/GAP Unit as required above.

2. State responsibility: It is the responsibility of the DDF/GAP Unit to authorize appropriate rates in accordance with those established by the State Medicaid Program insofar as feasible. The DDF/GAP Unit will return disapproved, any voucher submitted from a provider who has been deleted for cause from the current list of approved Medicaid providers. Such disapproval will prevent States, matching on the payment, but will not eliminate any responsibility for payment which the MWD may have incurred by prior authorization.

i. The DDF/GAP Unit will enter the appropriate fee for each service listed, mark the bill or voucher as approved for amount of payment and return it to the MWD. The MWD shall retain this form in file for audit purposes.

3. Notification of provider: The MWD shall promptly notify the provider of the authorized fee and shall make payment accordingly.

4. Client/designee signature requirements: The following procedures may be used when the patient's signature is unobtainable.

i. Illiterate patient: The patient may sign by mark (X), and the signature must be witnessed by another person and also the provider of the service must sign his/her name and address on the same line.

ii. Client designee: If the patient is physically or mentally incapable of signing, a minor child, deceased, or for other reasons the patient's signature is not obtainable, through reasonable effort, the form may be signed on the patient's behalf by:

- (1) A parent; or
- (2) A legal guardian; or
- (3) A relative; or
- (4) A friend; or
- (5) An individual provider; or
- (6) A representative of the institution/agency providing care and/or support; or
- (7) A representative of a governmental agency providing assistance.

iii. A brief explanation of the reason the patient was not personally able to sign voucher form must be written directly on the form or recorded on an attachment should additional space be required. The explanation must include a statement as to how the designee and the patient are related.

As amended, R.1977 d.168, effective May 12, 1977.

See: 9 N.J.R. 174(c), 9 N.J.R. 278(a).

As amended, R.1979 d.141, effective May 1, 1979.

See: 10 N.J.R. 488(a), 11 N.J.R. 249(c).

As amended, R.1980 d.252, effective July 1, 1980.

See: 12 N.J.R. 275(c), 12 N.J.R. 419(a).

"Note" added before (a).

As amended, R.1981 d.417, effective November 2, 1981.

See: 13 N.J.R. 499(c), 13 N.J.R. 768(b).

(a)1: Last sentence added; (a)4 added.

As amended, R.1983 d.328, effective July 25, 1983.

See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).

Originally adopted as an Emergency Readoption as R.1983 d.209, effective May 23, 1983, operative June 1, 1983.

Exception added at (a)1, and (b) and (c) deleted and replaced by text regarding retroactive medical eligibility.

Amended by R.1990 d.33, effective January 16, 1990.

See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).

Stylistic changes.

Amended by R.1992 d.503, effective December 21, 1992.

See: 24 N.J.R. 3075(a), 24 N.J.R. 4538(a).

Text on inpatient hospital care deleted; text on procedures for a payment of medical bills recodified from 5.4, with amendment deleting subsection (c).

Prior annotations on inpatient hospital care (including case note):

As amended, R.1977 d.134, effective June 1, 1977.

See: 9 N.J.R. 123(c), 9 N.J.R. 238(b).

As amended, R.1978 d.217, effective June 30, 1978.

See: 10 N.J.R. 345(b).

As amended, R.1979 d.197, effective July 1, 1979.

See: 11 N.J.R. 184(a), 11 N.J.R. 283(c).

As amended, R.1980 d.92, effective April 1, 1980.

See: 12 N.J.R. 29(c), 12 N.J.R. 193(d).

(a): Added Bergen County.

(c): "are included per diem" was "quality for State aid".

As amended, R.1980 d.311, effective August 1, 1980.

See: 12 N.J.R. 123(a), 12 N.J.R. 483(b).

(a) Amended to require eligible hospitalized persons in first class counties to receive payment authorization from the director of welfare of their municipality of residence.

As amended, R.1980 d.466, effective December 1, 1980.

See: 12 N.J.R. 534(c), 12 N.J.R. 704(a).

(d)7iii added.

As amended, R.1980 d.515, effective January 1, 1981.

See: 12 N.J.R. 585(b), 13 N.J.R. 18(b).

(g) Add "which shall . . . (c) above," delete "per diem" rate.

(g)2 delete existing text and replace with current text.

As amended, R.1981 d.394, effective November 2, 1981.

See: 13 N.J.R. 433(b), 13 N.J.R. 768(a).

(a): "Hudson" and "Essex" deleted from list of counties of the first class.

As amended, R.1983 d.328, effective July 25, 1983.

See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).

Originally adopted as an Emergency Readoption as R.1983 d.209, effective May 23, 1983, operative June 1, 1983.

Lead-ins and descriptive language added at many subsections.

Correction: Deleted Hudson from the counties of the first class.

See: 17 N.J.R. 1339(b).

Amended by R.1986 d.7, effective February 3, 1986.

See: 17 N.J.R. 252(a), 18 N.J.R. 274(b).

Old text in (a) deleted and new text substituted.

Amended by R.1986 d.47, effective March 3, 1986.

See: 17 N.J.R. 2519(a), 18 N.J.R. 483(a).

Old (f) deleted; (g) recodified to (f).

Amended by R.1988 d.251, effective June 6, 1988.

See: 20 N.J.R. 521(a), 20 N.J.R. 1222(a).

Added text to (f)1. "Starting July 8, 1988, State Aid . . .".

Amended by R.1990 d.33, effective January 16, 1990.

See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).

Stylistic changes.

Case Notes

Former regulation mandated payment for in-patient hospitalization only for residents of municipalities in first class counties. *R.S. v. Gloucester Cty. Welfare Dept.*, 1 N.J.A.R. 448 (1980).

Statutorily mandated hospital costs payments are limited to counties of the first class; limitation does not amount to denial of equal protection. *Sharp v. Dept. of Human Services*, 178 N.J.Super. 70 (App.Div.1982).

Director of welfare has discretion in authorization of payments. In re *R.S.*, OAL Dkt. HPW 2369-7 (Dec. 6, 1979), rejected, DPW (Feb. 29, 1980), App. Div., Dkt. No. A-2315-79T1.

10:85-5.3 Travel costs for health care

(a) The director of welfare shall authorize payment for travel costs necessary for the receipt of health services, provided that such transportation is not otherwise available without cost.

1. Method of payment: To the extent possible, such services shall be purchased directly from the vendor.

i. Payment to the recipient: Payment may be made directly to the recipient when prior authorization for the expenditure has been obtained from the MWD.

2. Maximum rate: Payment shall not exceed the Medicaid rate, when appropriate, or the most reasonable rate for which service may be obtained.

As amended, R.1979 d.495, effective December 14, 1979.

See: 11 N.J.R. 516(c), 12 N.J.R. 43(a).

(a): "shall" was "may".

Recodified by R.1992 d.503, effective December 21, 1992.

See: 24 N.J.R. 3075(a), 24 N.J.R. 4538(a).

Text on other medical payments recodified to 5.1; text on travel costs for health care recodified from 5.5.

10:85-5.4 Medical care for recipients with chronic renal failure

(a) Most patients with chronic renal failure requiring dialysis or transplantation are eligible for Medicare coverage the first day of the third month following the first dialysis treatment, or immediately upon hospitalization for transplantation. Medicare provides payment for the hospitalization. Medicare Part B shall be purchased to provide payment for 80 percent of the cost of outpatient care, including dialysis treatment. Drugs not prescribed as part of the dialysis treatment are not eligible for payment by Medicare.

1. Responsibility of other agencies: It is the responsibility of the administrator or coordinator of the dialysis unit to initiate the application for Medicare and to contact all other possible resources. These include: the Social Security Administration for DIB and/or SSI benefits; the county welfare agency for "Medicaid Only" and transportation, and the Division of Medical Assistance and Health Services for Pharmaceutical Assistance to the Aged and Disabled (PAAD).

i. PAAD applications can be obtained from county offices on aging, local Medicaid offices, county welfare agencies and local pharmacies.

2. MWD responsibility: When utilization of benefits from other sources leaves a medical cost deficit, the municipal welfare director will determine eligibility for other medical costs, if needed, in accordance with N.J.A.C. 10:85-5.1 with due regard for the medically needy provisions of N.J.A.C. 10:85-3.3(g)1. Maximum fees will be determined by the DFD/GAP Unit in accordance with N.J.A.C. 10:85-5.1(b)1.

i. Written verification: As part of the application process for assistance for individuals with chronic renal failure, the municipal welfare director must obtain, from the administrator of the dialysis unit, written verification that the patient's eligibility for any or all of the above resources has been explored.

R.1979 d.141, effective May 1, 1979.

See: 10 N.J.R. 488(a), 11 N.J.R. 249(c).

As amended, R.1982 d.377, effective November 1, 1982.

See: 14 N.J.R. 420(b), 14 N.J.R. 1217(a).

Deleted obsolete reference to State Department of Health for Renal Disease Program.

As amended, R.1983 d.328, effective July 25, 1983.

See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).

Originally adopted as an Emergency Readoption as R.1983 d.209 effective May 23, 1983, operative June 1, 1983.

Reference to PAA changed to PAAD, including disabled category.

Amended by R.1990 d.33, effective January 16, 1990.

See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).

Stylistic changes.

Amended by R.1992 d.503, effective December 21, 1992.

See: 24 N.J.R. 3075(a), 24 N.J.R. 4538(a).

Text on procedure for payment of medical bills recodified to 5.2; text on medical care for recipients with chronic renal failure recodified from 5.6 with obsolete references deleted.

10:85-5.5 SSI application pending

(a) In situations where residential medical care is required by an eligible person whose SSI application is pending, the MWD will assure the provider of payment in accordance with all regulations in this chapter. Such payment will, however, be withheld during the period in which the SSI application is pending. The MWD shall authorize payment of all other medical expenses as for other GA recipients.

(b) Payment following SSI determination: If the application is approved, the withheld payments will be made through the Medical Assistance (Medicaid) program on a retroactive basis. If the application is denied, the MWD shall promptly make payment for the withheld costs incurred during the pending period, such payments being eligible for reimbursement to the same extent as other medical payments. For purposes of this section as SSI application shall not be considered as denied until there has been a decision acceptable to the MWD that no appeal or no further appeal is to be taken.

R.1979 d.365, effective October 1, 1979.

See: 11 N.J.R. 378(a), 11 N.J.R. 519(f).

As amended, R.1983 d.328, effective July 25, 1983.

See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).

Originally adopted as an Emergency Readoption as R.1983 d.209 effective May 23, 1983, operative June 1, 1983.

Language added concerning payment following SSI determination.

Amended by R.1992 d.503, effective December 21, 1992.

See: 24 N.J.R. 3075(a), 24 N.J.R. 4538(a).

Text on travel costs for health care recodified to 5.3; text on SSI application pending recodified from 5.7.

10:85-5.6 Pharmaceutical payments through DMAHS

(a) Prescription bills, except for medical supplies and equipment, incurred on behalf of recipients in all municipalities shall be processed through the New Jersey Division of Medical Assistance and Health Services (DMAHS).

(b) A General Assistance recipient who requires a pharmaceutical product will take his or her prescription to a Medicaid participating pharmacy. The pharmacist will procure authorization from the MWD (see (d) below), complete Form MC-6, and supply the product. Payment will be as provided in (e) below.

(c) All GA pharmaceutical claims shall be processed via Form MC-6 or any other system utilized by the participating pharmacies. Supplies of the MC-6 claim form are provided to the pharmacies by the Unisys Corporation.

(d) It should be noted that in all instances the "Person No." block on the claim form shall be completed with a code of "01." Each MWD shall provide, in writing, its unique four-digit identification number to each participating pharmacy. In addition, each MWD shall be required to

provide the pharmacy with verification that a particular individual is an active GA recipient and has an agency assigned case number. The pharmacy shall require the MWD to provide a six-digit case number in order to process the claim. If a client's case number has less than six digits, the MWD shall add zeros in front of the case number to exact the required six-digit case number. The MWD shall provide the above information to the pharmacies through either one or a combination of the following:

1. The pharmacy will contact a MWD representative by telephone prior to dispensing the prescription. Agencies using this method only must maintain procedures whereby pharmacies can obtain authorizations outside of agency business hours.

2. The recipient presents a current validation card or letter issued by the MWD to the pharmacist who completes the transaction without additional contact with the agency. Agencies using this method must supply a card or letter to each recipient at each opening or reopening of a case and at least monthly thereafter with dates to ensure validity throughout all periods of assistance eligibility. The size and layout of the validation card or the letter are optional with the agency. Each card or letter must contain as a minimum:
 - i. Name, address, phone number and four-digit municipality code of the agency;
 - ii. First and last name(s) of client(s) for whom card or letter applies;
 - iii. The required six-digit case number (see (d) above);
 - iv. Expiration date;
 - v. Notice to client as follows: This validation form indicates eligibility for General Assistance benefits and is to be presented to the pharmacist when having a prescription filled;
 - vi. Notice to pharmacist as follows: Please complete Form MC-6 according to Medicaid policies and procedures and forward to the Unisys Corporation for payment.

- (e) The MWD will make no payment directly to a pharmacy for any prescription charge other than those for medical supplies or equipment. Payment at the Medicaid rate will be made by the Unisys Corporation and reported and charged as described in N.J.A.C. 10:85-6.8(d).

R.1980 d.252, effective July 1, 1980.

See: 12 N.J.R. 275(c), 12 N.J.R. 419(a).

As amended, R.1983 d.328, effective July 25, 1983.

See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).

Originally adopted as an Emergency Readoption as R.1983 d.209 effective May 23, 1983, operative June 1, 1983.

Further instructions concerning a prescription form and reference to code list deleted.

Amended by R.1990 d.33, effective January 16, 1990.

See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).

Stylistic changes.

Amended by R.1992 d.503, effective December 21, 1992.

See: 24 N.J.R. 3075(a), 24 N.J.R. 4538(a).

Text on medical care for recipients with chronic renal failure recodified to 5.4; text on pharmaceutical payments through DMAHS recodified from 5.8 with amendments on processing of forms.

10:85-5.7 (Reserved)

Repealed by R.1983 d.328, effective July 25, 1983.

See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).

SUBCHAPTER 6. FISCAL PROCEDURES

10:85-6.1 Statutory authority

- (a) Under the provisions of N.J.S.A. 44:8-111, the Commissioner is empowered to make and to enforce rules and regulations governing the provision of General Assistance.

- (b) Further, N.J.S.A. 44:8-112 provides that the Commissioner may require keeping of records and submission of reports, and investigate the administration of public assistance within each municipality.

1. Qualifications for State aid: In accordance with the foregoing authority, this chapter sets forth the fiscal regulations, procedures and policies which must be uniformly observed in the administration of General Assistance by municipalities in order to qualify for State aid.

- (c) The Commissioner reserves the right to approve municipal welfare agency budgets.

1. Such budget approvals shall be contingent on the MWD's submission and DFD's approval of Form GA-15.

Amended by R.1991 d.521, effective October 21, 1991 (operative November 1, 1991).

See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).

Commissioner's approval required for MWD budgets.

10:85-6.2 State financial participation

Effective July 1, 1991, in accordance with P.L. 1990 c.66, the amount of State aid for General Assistance which an approved municipality may receive shall equal 100 percent of the amount of municipal funds approved for public assistance on or after that date. For commitments approved before that date or with date of service prior to July 1, 1991, the amount of State aid for General Assistance which an approved municipality may receive shall equal 75 percent of the amount of municipal funds expended and approved for public assistance. The amount of such State aid shall be exclusive of any costs incurred in the administration of the program.

As amended, R.1978 d.171 effective June 1, 1978.

See: 10 N.J.R. 150(a), 10 N.J.R. 285(b).

As amended, R.1978 d.217, effective June 30, 1978.

See: 10 N.J.R. 345(b).

4. In accordance with instructions on Form GA-31 Supplement (Form GA-31 reverse side), a copy of the SSI check shall be attached to Form GA-31 and the GA-31 Supplement completed.

5. The deposit of State share of Interim Assistance recovered shall be as follows:

i. If the retroactive eligibility period of the award began on or after July 1, 1991, the initial check received by the municipal treasurer shall be deposited into the Public Assistance Trust Fund II Account.

ii. If the retroactive eligibility period of the award includes periods of Interim Assistance prior to July 1, 1991, the deposit shall be made and the recovery allocated in accordance with N.J.A.C. 10:85-6.3(a)4i.

(f) The Certificate of Authority identifies municipal personnel who are authorized to sign documents in conjunction with reporting the receipt and distribution of Interim Assistance Reimbursement received from SSA. The Certificate shall be completed and processed as follows:

1. Names, signatures and titles of the current Director of Welfare and his or her designee(s) (if appropriate) are to be identified on the Certificate;

2. Although the Certificate is to be addressed to the SSA, it is to be mailed to the DFD; and

3. Each newly appointed director (temporary or permanent) shall complete and submit a Certificate of Authority.

As amended, R.1980 d.11, effective February 1, 1980.

See: 11 N.J.R. 506(b), 12 N.J.R. 86(a).

(c): Change form title. (c)1i: Clarified where to sign.

Amended by R.1980 d.551, effective February 1, 1981.

See: 12 N.J.R. 586(b), 13 N.J.R. 100(d).

(e)1: GA deduction period was "from the date on which the GA-30 was signed and witnessed."

Amended by R.1983 d.57, effective March 7, 1983.

See: 14 N.J.R. 1342(b), 15 N.J.R. 340(c).

(c)3 added, requiring the seeking of repayment from client directly receiving retroactive SSI check.

Amended by R.1983 d.328, effective July 25, 1983.

See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).

Originally adopted as an Emergency Readoption as R.1983 d.209 effective May 23, 1983, operative June 1, 1983.

Further explanation as to applicability of Form GA-30 and 30A.

Repeal and New Rule by R.1990 d.33, effective January 16, 1990.

See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).

Amended by R.1991 d.521, effective October 21, 1991 (operative November 1, 1991).

See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).

Fiscal procedures for recovery specified.

Amended by R.1994 d.591, effective December 5, 1994.

See: 26 N.J.R. 2757(b), 26 N.J.R. 4765(b).

10:85-6.6 Establishment of Petty Cash Fund Account

(a) The LAB shall request the municipal governing body to establish a General Assistance Petty Cash Fund for use by the municipal department of welfare, unless the MWD is able to make direct payments to clients from the Public Assistance Trust Fund Account(s).

1. Utilization of Petty Cash Fund Account: Moneys in the Petty Cash Fund Account shall be withdrawn by check for direct disbursement to SSI recipients (see N.J.A.C. 10:85-6.5(e)), and/or for direct payment of General Assistance.

2. Application procedure: To establish a petty cash fund, Form GA-32, Application to Establish a Petty Cash Fund for Direct Payment of General Public Assistance, must be completed in triplicate, signed and dated by the clerk of the municipality and submitted to the Director of Local Government Services, 363 W. State Street, CN 800, Trenton, New Jersey 08625.

i. Conditions for approval: Conditions under which the Director of Local Government Services may grant approval are as follows:

(1) All claims being paid by check will be signed by municipal welfare director, who is the designated custodian of the fund;

(2) No deposits may be made to this account other than funds transferred from the Public Assistance Trust Fund Accounts;

(3) A schedule (two schedules if disbursements were eligible for State aid at 100 percent and 75 percent) listing all disbursements for a given period or, in the alternative, a schedule(s) together with actual vouchers must be submitted to the governing body for approval, after which a check(s) will be drawn to reimburse the fund(s);

(4) The fund shall be closed out to a zero balance on December 31 of each year (June 30 if fiscal year end) and reestablished after January 1 (July 1 if fiscal year) of the following year. (Also see Form GA-32 for additional requirements.)

3. Welfare director designated as custodian: The municipal welfare director shall be the designated custodian of the general assistance petty cash fund. He/she shall be responsible for depositing into the petty cash fund checks drawn on the public assistance trust fund account, payable to "(Name), Director of Welfare", in order to replenish balance to the authorized amount (see Form GA-32).

4. Existing petty cash funds: In those municipalities where a general assistance petty cash fund account is already in existence, additional funds may be deposited in order to meet an anticipated increase in expenditures from this account. In order to increase the amount in the account, a new application (Form GA-32) must be completed and submitted to the Director, Division of Local Government Services.

5. Identification of checks: General Assistance petty cash fund checks and public assistance trust fund checks shall be of three distinct colors for the purpose of readily distinguishing between the three accounts.

As amended, R.1981 d.263, effective July 9, 1981.

See: 13 N.J.R. 225(a), 13 N.J.R. 433(a).

(a)1: delete "and/or" for the purpose of "Food Stamps" before "and as for direct payment. . . ."

Amended by R.1990 d.33, effective January 16, 1990.

See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).

Address changed.

Amended by R.1991 d.521, effective October 21, 1991 (operative November 1, 1991).

See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).

Petty Cash fund account procedures specified.

10:85-6.7 Retention and destruction of case records

(a) The MWD director shall have the responsibility of determining which case records may be destroyed. In selecting these cases, he/she shall follow the procedures set forth in this section and shall not destroy or otherwise dispose of any case record before the expiration of the retention requirement as specified in (c) below.

1. The MWD shall institute a system, compatible with its internal administrative procedures, which will assure the identification of closed application and cases, date of closing and status of reimbursement, if applicable.

2. The file of closed cases will be reviewed annually until the record retention period has expired.

i. Cases which have been closed for a period exceeding that indicated in (c) below will be removed and destroyed after authorization has been received from the Division of Archives and Records Management (see (b) below).

(b) Rules concerning request and authorization for records disposal are:

1. Requests for destruction of case records will be submitted on Form CR-AA-0005, Request and Authorization for Records Disposal (formerly Form ED-6) to the Division of Archives and Records Management.

i. Supplies of the Request and Authorization for Records Disposal form may be obtained from the DFD/BMS. All copies of the completed form shall be forwarded to the Division of Archives and Records Management for approval;

ii. A follow-up copy will be returned to the municipal welfare office by the Division of Archives and Records Management with recommendation for suitable action.

2. The MWD shall not destroy any records until written approval has been received. After records are destroyed, the MWD will maintain a list of the names and case numbers of the cases destroyed. This list shall be made available for inspection by representatives of the Division of Archives and Records Management upon request.

(c) Cases shall be selected for destruction in accordance with the following schedule:

Record	Retention period
Inactive case records	6 years
Denied cases	10 years
Copies of relief orders or vouchers	6 years
General correspondence not relating to policy or active cases	3 years
Form GA-6, Report of Assistance Commitments	6 years
Form 100, Original Invoice for Expenses	6 years
Form GA-12, Statement of Refunds	6 years
Form GA-30, Authorization for Reimbursement of Initial Supplemental Security Income or Initial SSI Post Eligibility	6 years
Form GA-31, Repayment of Interim Assistance Authorization	6 years
Form GA-48, General Assistance Data Input	3 years

The current year shall not be counted when determining the retention period.

As amended, R.1979 d.326, effective September 1, 1979.

See: 11 N.J.R. 345(a), 11 N.J.R. 449(a).

Amended by R.1990 d.33, effective January 16, 1990.

See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).

Stylistic changes.

Amended by R.1991 d.521, effective October 21, 1991 (operative November 1, 1991).

See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).

Forms GA-12, 30 and 31 added to retention schedule.

Amended by R.1994 d.591, effective December 5, 1994.

See: 26 N.J.R. 2757(b), 26 N.J.R. 4765(b).

10:85-6.8 Pharmaceutical payments

(a) The provisions of this section apply to all municipalities concerning pharmacy charges paid by the Unisys Corporation as described in N.J.A.C. 10:85-5.6.

(b) Each month the Unisys Corporation will provide to the Division of Family Development (DFD), Bureau of Business Services (BBS), through DMAHS, a computer printout of pharmacy bills paid for General Assistance recipients. The BBS will forward this printout to the respective municipal welfare departments. The monthly printout will show:

Municipal Code	Amount dispensed
Provider (Medicaid I.D. No.)	Number of days supply
Sequential claim No.	Prescription (Rx) No.
Recipient No.	Individual Medicaid
National Drug Co.	Practitioner (IMP) No.
Name of Drug	Date of Service
Metric quantity	Amount paid

1. Upon receipt of the computer printout each month the MWD shall be responsible to check the printout to determine if all claims charged to the municipality are for eligible GA recipients. All identified errors shall be highlighted and the MWD shall provide a copy of the highlighted printout to the BBS. Payments may be recorded in individual case records if desired.

2. Computer printouts shall be retained for the same periods applicable to Form GA-6.

(c) The computer printout shall serve as a supplementary Form GA-6. It will therefore be unnecessary to transfer the printout listings to a regular Form GA-6. However, because the Bureau of Business Services will have retained a copy for charging purposes, it will be necessary to notify that bureau of any adjustments made in the reconciliation process (see (b)1 above).

(d) Periodically, the administrative costs of processing the MC-6 forms up to that time will either be billed to or deducted from payments of State aid to the respective municipalities.

1. A check shall be drawn from the municipal account used for administrative expenses and made payable to the Treasurer, State of New Jersey for the total amount billed the municipality for the processing of each prescription claim. The check shall be forwarded to the Division of Family Development, Bureau of Business Services, CN 716, Trenton, New Jersey 08625.

R.1980 d.252, effective July 1, 1980.

See: 12 N.J.R. 275(c), 12 N.J.R. 419(a).

Amended by R.1990 d.33, effective January 16, 1990.

See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).

Stylistic changes.

Amended by R.1991 d.521, effective October 21, 1991 (operative November 1, 1991).

See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).

MC-24 processing cost billing and payment delineated.

Amended by R.1992 d.503, effective December 21, 1992.

See: 24 N.J.R. 3075(a), 24 N.J.R. 4538(a).

Names updated at (b); process for errors revised at (b)1.

Amended by R.1994 d.591, effective December 5, 1994.

See: 26 N.J.R. 2757(b), 26 N.J.R. 4765(b).

10:85-6.9 Computerized match reports

(a) MWDs shall complete investigation of the following computerized match reports and submit their findings, along with an indication as to the appropriate action undertaken, to the DFD's Bureau of Integrity Control within 60 days of receipt:

1. GA-Wage Match Report: A match of the GA files with the Department of Labor's wage files. The GA-Wage Match Reports are sent to all MWDs on a quarterly basis;

2. GA-SSI Match Report: A match of the GA files with the (SDX) State Data Exchange which lists all Supplemental Security Income (SSI) recipients.

i. The GA-SSI Match Report is sent to computerized MWDs on a monthly basis and to non-computerized MWDs on a quarterly basis;

3. GA-GA Match Report: A match of all municipalities matched against each other.

i. The GA-GA Match Report is sent to computerized MWDs on a monthly basis and to non-computerized MWDs on a yearly basis;

4. GA-FAMIS Match Report: A match of all GA cases matched against the FAMIS (county welfare) files.

i. The GA-FAMIS Match Report is sent to computerized MWDs on a monthly basis and to non-computerized MWDs on a yearly basis;

5. GA-UIB Match Report: A match of the GA cases with the Department of Labor's Unemployment Insurance Benefits files. The GA-UIB Match Reports are sent only to the computerized municipalities on a monthly basis.

New Rule, R.1991 d.521, effective October 21, 1991 (operative November 1, 1991).

See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).

SUBCHAPTER 7. NOTICES AND HEARINGS

Subchapter Historical Note

Pursuant to Executive Order No. 66(1978), Subchapter 7 was re-adopted as R.1984 d.578, effective November 30, 1984. See: 16 N.J.R. 2221(a), 16 N.J.R. 3447(a). See, also, Chapter Historical Note.

10:85-7.1 General provisions

(a) Rights of applicant or recipient: An individual who applies for or receives General Assistance is entitled to a written notice of denial, reduction or termination of such assistance. Moreover, an applicant or recipient has a right, upon his or her request, to a local hearing and a State fair hearing, if appropriate, in accordance with the procedures established in this subchapter.

(b) Opportunity to apply: Any person who is in need and believes he or she is eligible for General Assistance shall be given the opportunity to make application in the municipality in which he or she is living at that time. Such opportunity shall be available during normal business hours and, on an emergency basis, at other times.

(c) Immediate assistance: When an applicant is in immediate need according to the provisions of N.J.A.C. 10:85-3.3(a), assistance shall be granted on the day of application (see N.J.A.C. 10:85-4.2(a)3 and 4). When, however, immediate need does not exist or there are, in the judgment of the municipal welfare director, persuasive and compelling reasons to conduct an investigation of the applicant's eligibility before any assistance is granted, a final decision on the application shall be made as soon as eligibility can be verified, but in no event later than 30 days from the date of application.

1. Effective date of grant: When immediate assistance is not granted and eligibility is subsequently established, assistance shall be granted retroactive to the date of application, or to the date eligibility first existed if such date is more recent.

(d) Approval of application: If immediate assistance is not granted but eligibility is subsequently verified, a notice shall be sent to the applicant informing him or her of the action taken (see also N.J.A.C. 10:85-7.2(b)2).

(e) Denial of assistance: When an application for assistance is denied, the applicant shall be so informed in writing by a notice mailed as soon as possible, but in no event later than 30 days from the date of application. Such notice shall include a statement of the applicant's right to appeal the decision.

1. Right to appeal: Upon receipt of the notice of such denial, the applicant is entitled to a local fair hearing, provided such request is made orally or in writing (post-marked) within 10 days from the mailing date of the notice. Following receipt of a written decision on the local hearing, he or she may further request a State fair hearing if dissatisfied with the local hearing decision (see N.J.A.C. 10:85-7.4(a)).

2. Delay in scheduling: When a total hearing has not been convened within the 15 days specified in N.J.A.C. 10:85-7.3(b)4, the applicant may request and be granted a State fair hearing. In such event, the request for a local hearing is considered cancelled but local efforts at reconciliation may and should continue to the maximum extent possible.

As amended, R.1979 d.496, effective December 14, 1979.
See: 11 N.J.R. 507(b), 12 N.J.R. 43(b).

Added (e)2.
As amended, R.1984 d.578, effective December 17, 1984.
See: 16 N.J.R. 2221(a), 16 N.J.R. 3447(a).
Amended by R.1994 d.591, effective December 5, 1994.
See: 26 N.J.R. 2757(b), 26 N.J.R. 4765(b).

10:85-7.2 Notices to applicants or recipients

(a) A timely notice is the notice which must be sent by the municipal welfare department in advance of any action which adversely affects the eligibility of a person who is receiving assistance.

1. Termination or reduction of assistance: The municipal welfare department shall send a notice to every recipient for whom assistance is to be terminated or reduced no later than 10 days before the date such action will be taken. In the event the 10-day period extends beyond the last date for which assistance has already been granted, the MWD will continue assistance at an unreduced per diem rate for the balance of the full 10-day period.

(b) Exceptions to timely notice are:

1. Requirement waived: A timely notice shall not be required when:

i. Assistance is terminated due to an individual's receipt of SSI benefits;

ii. There is verified evidence that the individual is no longer living in the municipality;

iii. The client is confined to jail for a period of excess of seven days;

iv. The agency has information confirming the client's death;

v. The client disappears, leaving no known forwarding address.

2. Time-limited assistance: When it is mutually understood between the applicant and the MWD that assistance is requested for and will be granted to cover only a limited period of time, or is limited to a specific purpose or an emergency grant (see N.J.A.C. 10:85-4.2(a)4 and 5) or when other circumstances warrant the MWD to grant assistance to cover a limited period of time, the MWD will send a time-limited notice promptly when such assistance is granted. No further notice will be required.

i. All time-limited notices shall include information regarding the client's right to appeal (see (c)2 below).

(c) Content of notices: Notices of denial, reduction or termination and time-limited notices shall state in clear, simple language the nature of the action, the effective date and the reason such action is being taken.

1. Basis for action: In addition, all notices of adverse action (denials, reductions and terminations) shall contain the citation upon which such action is based.

2. Right to appeal: The notice shall include an explanation of the client's right to request, orally or in writing (postmarked) within 10 days, a local hearing and his or her further right to a State fair hearing if a local fair hearing is not convened within 15 days of the date of the hearing request.

3. Statement in Spanish: Each notice shall include a statement in Spanish cautioning the individual that the information contained therein relates to his or her eligibility for assistance and, if he or she does not understand it, he or she should contact the MWD.

As amended, R.1979 d.496, effective December 14, 1979.
See: 11 N.J.R. 507(b), 12 N.J.R. 43(b).

(c)2: Previous language gave right to State hearing "if dissatisfied with the local hearing decision."

As amended, R.1981 d.53, effective March 1, 1981.
See: 12 N.J.R. 535(b), 13 N.J.R. 147(d).

(a)1: added "In the event of the 10-day . . . full 10-day period."

As amended, R.1984 d.578, effective December 17, 1984.

See: 16 N.J.R. 2221(a), 16 N.J.R. 3447(a).

Amended by R.1991 d.521, effective October 21, 1991 (operative November 1, 1991).

See: 23 N.J.R. 1741(a), 23 N.J.R. 3155(a).

Provisions added to (b)2.

Amended by R.1992 d.503, effective December 21, 1992.

See: 24 N.J.R. 3075(a), 24 N.J.R. 4538(a).

Requirements for employable 6A recipients added at (b)2i.

Amended by R.1993 d.382, effective August 2, 1993.

See: 25 N.J.R. 1714(a), 25 N.J.R. 3466(a).

Amended by R.1994 d.591, effective December 5, 1994.

See: 26 N.J.R. 2757(b), 26 N.J.R. 4765(b).