



State of New Jersey

DEPARTMENT OF HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

P.O. Box 712

Trenton, NJ 08625-0712

Telephone 1-800-356-1561

RICHARD J. CODEY
Acting Governor

JAMES M. DAVY
Commissioner

ANN CLEMENCY KOHLER
Director

MEDICAID COMMUNICATION NO. 05 - 02

January 10, 2005

TO: County Welfare Agency Directors

SUBJECT: Continued Medicaid Eligibility for Certain SSI Ineligibles

Under federal law, any individual who became ineligible for Supplemental Security Income (SSI) as the result of the January 1, 2005, 2.7% cost-of-living increase in Social Security benefits is entitled to continue to receive Medicaid benefits. To ensure continuity of Medicaid benefits, those individuals will be issued cards in the December run that are valid through January 31, 2005. Effective February 1, 2005, CWA's will have ongoing responsibility for those individuals. The Division of Medical Assistance and Health Services (DMAHS) will send each individual a letter (sample copy attached) explaining this, on or about January 3, 2005.

A printout has been prepared from the Social Security Administration's (SSA) file, which lists those individuals residing in your county. Attached is that portion of the printout pertaining to your county. Using the printout, the CWA shall prepare, by February 1, 2005, Form FD-346, **Certification In Lieu of Application for Medicaid Only** (copy attached for CWA reproduction) for appropriate cases.

Form FD-346 will provide authorization for "Medicaid Only" benefits until redetermination, at which time an application (Form PA-1G, Application and Affidavit for Medical Assistance Only and Emergency Assistance for SSI Recipients) must be completed. Since the State Data Exchange (SDX) does not reflect a federal redetermination date, CWA's must schedule a redetermination of eligibility for "Medicaid Only" purposes within twelve months.

In the future, the CWA must redetermine eligibility for Medicaid benefits for these individuals in accordance with all existing program requirements. Any subsequent Social Security cost-of-living increase will also be disregarded for those individuals.

Additionally, this disregard shall be applied to income, attributable from all financially responsible relatives (e.g., spouse and parents). This disregard applies only to that special class of individuals and shall not be applied to other Medicaid applicants/recipients.

For those individuals determined ineligible for Medicaid benefits for reasons other than the Social Security cost-of-living increase, the CWA must determine whether those individuals are eligible for other programs, e.g., New Jersey Care... Special Medicaid Programs. If an individual is not eligible, then the CWA shall terminate the case on the Medicaid Eligibility File. As in the past, "Medicaid Only" eligibility cases (nonpayment cases) terminated due to the Social Security increase are not affected by this provision. The Medicaid Eligibility File will automatically be updated to reflect non-money Program Status Codes (120, 220, 520) and to maintain eligibility for those individuals.

Please bring this information to the attention of the appropriate staff. Questions may be directed to your Medicaid field staff or Douglas Eide, Technical Services Unit, Office of Information Systems, at (609) 588-2897.

Sincerely,

/S/

Ann Clemency Kohler
Director

ACK:E:p
Attachments

c: Fred M. Jacobs, MD,JD, Acting Commissioner
Susan Reinhard, Deputy Commissioner
Department of Health and Senior Services

Jeanette Page-Hawkins, Director
Division of Family Development

Edward Cotton, Director
Division of Youth and Family Services

Carol Grant, Acting Director
Division of Developmental Disabilities

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_____ COUNTY WELFARE AGENCY/BOARD OF SOCIAL SERVICES

CERTIFICATION IN LIEU OF APPLICATION FOR MEDICAID ONLY

This certification form, which is in lieu of application for the Medicaid Only program, shall be used only for persons who became ineligible for SSI as a result of the January 2005 2.7% cost-of-living increase in Social Security benefits.

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

Mailing Address _____ Social Security No. _____

_____ Registration Date _____

_____ Municipality of residence _____

I hereby certify that I have evaluated the above-named individual for the Medicaid Only Program and determined that the above-named person is eligible for the Medicaid Only program, effective February 1, 2005.

Signature of Certifying Person

Date

Title of Certifying Person

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

**IMPORTANT MEDICAID NOTICE
KEEP THIS IMPORTANT LETTER**

DEAR

January 2005

You may have recently received a letter from the Social Security Administration advising that you were no longer eligible to receive a Supplemental Security Income payment because your income exceeds the eligibility standard. This appears to have been caused by the 2.7 per cent increase in your Social Security check which became effective January 2005.

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

You should have received your Medicaid Eligibility Identification Card, which covers the period from January 1 to January 31, 2005. Beginning in February, you will be sent a monthly Medicaid Validation stub from your County Welfare Agency/Board of Social Services. If you do not receive your February Medicaid Validation stub by February 3, 2005, contact your County Welfare Agency/Board of Social Services, and bring this letter with you.

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

LD503 (Rev. 12/04)

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

Medicaid Assistance Customer Center

COUNTY	ADDRESS	TELEPHONE NUMBER	
Atlantic Cumberland	Giles Bldg. 1676 East Landis Ave. Vineland, NJ 08362-1513	Phone	(856) 690-5208
Cape May		FAX	(856) 690-5223
Burlington Mercer	Mt. Laurel Corporate Park 1000 Howard Blvd. Suite 303 Mt. Holly, NJ 08054-2355	Phone	(856) 787-3855
*Camden Gloucester Salem	1 Port Center Suite 401 2 Riverside Drive Camden, NJ 08103-1080	Phone	(856) 614-2870
		FAX	(856) 614-2575
Essex	153 Halsey Street, 4 th Floor Newark, NJ 07102	Phone	(973) 648-3700
		FAX	(973) 642-6468
Hudson	438 Summit Ave., 6 th Floor Jersey City, NJ 07306-3186	Phone	(201) 217-7100
Middlesex Union	301 Blair Road, 2 nd Fl Avenel, NJ 07001-2936	Phone	(732) 499-5700
		FAX	(732) 499-5803
Monmouth	Juniper Business Plaza 3499 Highway 9 North Suite 1H-A Freehold, NJ 07728-3287	Phone	(732) 761-3600
Morris, Hunterdon Sussex, Warren Somerset	10 Park Place, Suite 340 Morristown, NJ 07960	Phone	(973) 631-6440
Ocean	1510 Hooper Avenue, Suite 130 Toms River, NJ 08753-2295	Phone	(732) 255-0731
*Bergen *Passaic	100 Hamilton Plaza 5 th Floor Paterson, NJ 07505-2021	Phone	(973) 977-4077
		FAX	(973) 684-8182

Rev. (10/03) *Denotes office where the Regional Director can be reached.

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