



State of New Jersey

DEPARTMENT OF HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

CHRISTINE TODD WHITMAN
Governor

WILLIAM WALDMAN
Commissioner

VELVET G. MILLER
Director

MEDICAID COMMUNICATION NO. 96-17

DATE: June 18, 1996

TO: County Welfare Directors

SUBJECT: New Jersey Care...Special Medicaid
Programs Fact Sheets

I am pleased to announce the availability of the revised New Jersey Care...Special Medicaid Programs fact sheets, reflecting the 1996 Federal Poverty Levels. Attached is an initial supply of 100 copies each of the "Maternal and Child Health" and the "Aged, Blind and Disabled" versions and 50 copies of each of the same in Spanish. Also included for your use are 100 copies of the Medically Needy version.

Please feel free to distribute these publications in any manner suitable for your agency. Unfortunately, due to budget and space limitations, we will not be maintaining a shelf stock and ask that you produce additional copies as needed beyond this initial supply. Also, for your information, we are planning to distribute New Jersey Care...Special Medicaid Programs fact sheets to selected community agencies throughout the State.

If you have any questions about this communication or need additional information about the fact sheets, please contact Sandra Stangil of the Office of Beneficiary and Provider Services at (609) 588-2936.

Sincerely,

A handwritten signature in cursive script, appearing to read "Velvet G. Miller".

Velvet G. Miller
Director

VGM:Ss

Attachments

c: Karen Highsmith, Acting Director
Division of Family Development

Patricia Balasco-Barr, Director
Division of Youth & Family Services

A NEW JERSEY CARE . . . Special Medicaid Program FOR MATERNAL AND CHILD HEALTH COVERAGE

IF YOU ARE PREGNANT, ARE YOU:

- Unable to afford prenatal care?
- Worried about the hospital cost for your delivery?
- Concerned about receiving proper health care for yourself after delivery?

IF YOU HAVE AN INFANT OR YOUNG CHILD, ARE YOU:

- Wondering how you will pay for health care and immunizations for your child?

You may find the answers to these questions in this New Jersey Care . . . Special Medicaid Program. It provides a real plus in health care -- complete Medicaid coverage to eligible women during their pregnancy and for sixty days following delivery or the date on which pregnancy ends, and to eligible infants and young children. A child born to an eligible woman may be eligible for Medicaid for up to one year regardless of changes in the family's income.

TO QUALIFY FOR SERVICES, YOU MUST BE:

- a pregnant woman, or
 - a child born after September 30, 1983
 - a resident of the State of New Jersey
- AND**
- you must meet this Special Medicaid Program income guidelines.

*FAMILY SIZE	INCOME LIMITS FOR PREGNANT WOMAN AND INFANTS TO AGE ONE	INCOME LIMITS FOR CHILDREN AGED ONE THROUGH FIVE	INCOME LIMITS FOR CHILDREN AGED SIX THROUGH TWELVE
1	\$1,194/month	\$ 858/month	\$ 645/month
2	1,598/month	1,149/month	864/month
3	2,002/month	1,439/month	1,082/month
4	2,405/month	1,729/month	1,300/month
5	2,809/month	2,020/month	1,519/month
6	3,213/month	2,310/month	1,737/month
7	3,617/month	2,601/month	1,955/month
8	4,021/month	2,891/month	2,174/month
EACH ADDITIONAL	+404/month	+291/month	+219/month

*A pregnant woman is counted as at least two persons, or more, if a multiple pregnancy.

Income limits effective January 1, 1996 through December 31, 1996

COUNTED AS MONTHLY INCOME	NOT COUNTED AS MONTHLY INCOME			
- gross wages, tips, commissions - interest or dividends - inheritances, gifts, prizes - legal settlements - unemployment compensation - public or private disability compensation - Social Security Income - pensions, annuities - veterans' benefits - payment from trust funds - alimony or child support - worker's compensation - rental income - income from parent(s) of needy children	- \$90 of wages for each employed person - \$50 of child support - additionally, you may deduct the actual cost of child care up to a maximum of:			
		Parent(s) Employed Full-Time	Parent(s) Employed Part-Time	
	Child under age 2	\$200		\$150
	Other Children	\$175		\$135

The following services will be available to you and/or your child(ren) if you are eligible for this Special Medicaid Program:

COVERED SERVICES

- all physician services provided in the office, clinic or other medical facility, including pediatric and perinatal care
- services from chiropractors, dentists, certified nurse-midwives, podiatrists, psychologists and optometrists
- prescribed drugs from a pharmacy (including limited over-the-counter medicines)
- inpatient and outpatient hospital services
- home health care, nursing home care, medical day care, and personal care assistant services
- mental health services provided in a doctor's office, approved mental health clinic, or hospital outpatient department
- eyeglasses, hearing aids, artificial limbs, braces, and orthopedic shoes
- clinic services including rehabilitation services such as audiology, speech-language pathology, physical therapy and occupational therapy
- medical supplies and equipment
- x-ray and laboratory services
- transportation to obtain Medicaid covered services
- hospice

If you think you or your child(ren) might be eligible for this Special Medicaid Program, call your county welfare agency/board of social services to schedule an appointment. Listed below are the telephone numbers:

COUNTY	TELEPHONE NUMBER
Atlantic	(609) 348-3001
Bergen	(201) 368-4200
Burlington	(609) 261-1000
Camden	(609) 225-8266
Cape May	(609) 886-6200
Cumberland	(609) 327-0114
Essex	(201) 733-3039
Gloucester	(609) 582-9200
Hudson	(201) 420-3000
Hunterdon	(908) 788-1300
Mercer	(609) 989-4664
Middlesex	(908) 745-3550
Monmouth	(908) 431-6300
Morris	(201) 326-7272
Ocean	(908) 349-1500
Passaic	(201) 225-3100/3101
Salem	(609) 299-7200, ext. 313
Somerset	(908) 526-8800
Sussex	(201) 383-3600
Union	(908) 965-2700
Warren	(908) 475-4744

Un Programa Especial de Medicaid . . . DE NEW JERSEY CARE COBERTURA PARA MATERNIDAD Y NIÑOS

SI USTED ESTA EMBARAZADA:

- ¿No puede pagar por la atención prenatal?
- ¿Le preocupa el costo del parto en el hospital?
- ¿Le interesa recibir la atención a la salud apropiado después del parto?

SI USTED TIENE UN BEBE O UN NIÑO:

- ¿Se pregunta cómo va a pagar la atención a la salud y las inmunizaciones para su hijo?

Es posible que encuentre las respuestas a estas preguntas en este Programa Especial de Medicaid . . . de New Jersey Care. Proporciona un aspecto positivo real en la atención a la salud - la cobertura completa de Medicaid a las mujeres que reúnen los requisitos, durante el embarazo y por sesenta días después del parto o de la fecha en que termine el embarazo, así como a los bebés y niños que reúnen los requisitos. El bebé nacido de una mujer que reúne los requisitos podrá participar en Medicaid por hasta un año, independientemente de los cambios en los ingresos de la familia.

PARA PODER OBTENER LOS SERVICIOS USTED DEBE SER:

- mujer embarazada o
 - niño nacido después del 30 de septiembre de 1983
 - residente del Estado de Nueva Jersey
- Y**
- satisfacer las pautas sobre ingresos de este Programa Especial de Medicaid.

*TAMAÑO DE LA FAMILIA	LIMITES DE INGRESOS PARA MUJERES EMBARAZADAS Y BEBES HASTA UN AÑO DE EDAD	LIMITES DE INGRESOS PARA NIÑOS DE UNO A CINCO AÑOS DE EDAD	LIMITES DE INGRESOS PARA NIÑOS DE SEIS A DOCE AÑOS DE EDAD
1	\$1,194/mes	\$ 858/mes	\$ 645/mes
2	1,598/mes	1,149/mes	864/mes
3	2,002/mes	1,439/mes	1,082/mes
4	2,405/mes	1,729/mes	1,300/mes
5	2,809/mes	2,020/mes	1,519/mes
6	3,213/mes	2,310/mes	1,737/mes
7	3,617/mes	2,601/mes	1,955/mes
8	4,021/mes	2,891/mes	2,174/mes
POR CADA UNO ADICIONAL	+404/mes	+291/mes	+219/mes

*La mujer embarazada se cuenta como mínimo de dos personas, y más si el embarazo es múltiple.

Los límites de ingresos tienen vigencia del 1º de enero de 1996 al 31 de diciembre de 1996.

SE CUENTAN COMO INGRESOS MENSUALES	NO SE CUENTAN COMO INGRESOS MENSUALES	
- sueldos brutos, propinas, comisiones - intereses o dividendos - herencias, donaciones, premios - avenencias legales - compensación por desempleo - compensación pública o privada por incapacidad - ingresos del Seguro Social - pensiones, anualidades - beneficios de veterano - pagos de fondos fiduciarios - pensión alimenticia o manutención de niños - compensación legal por accidentes laborales - ingresos por alquileres - ingresos del padre y/o la madre de niños necesitados	- \$90 de ingresos de sueldos por cada persona empleada - \$50 de manutención de niños - además podrá deducir el costo real del cuidado del niño, hasta un máximo de:	
	Padre y/o madre empleado a tiempo completo	Padre y/o madre empleado a tiempo parcial
	Niño menor de 2 años \$200 Demás niños \$175	\$150 \$135

Si usted puede participar en este Programa Especial de Medicaid tendrá a su disposición y a la de sus hijos los siguientes servicios de Medicaid:

SERVICIOS CUBIERTOS

- todos los servicios del médico prestados en el consultorio, la clínica o demás institución médica, inclusive la atención pediátrica y perinatal
- servicios de quiroprácticos, dentistas, enfermeras-parteras certificadas, podiatras, psicólogos y optómetras
- medicamentos dispensados por receta en una farmacia (inclusive una cantidad limitada de medicamentos vendidos sin receta)
- atención en el hospital como paciente interno y externo
- atención a la salud en el hogar, atención en clínica de enfermería, guardería médica diurna y servicios de asistentes de atención personal
- servicios de salud mental prestados en el consultorio de un médico, clínica de salud mental aprobada o departamento de hospital como paciente externo
- gafas, dispositivos para sordos, extremidades artificiales, dispositivos y zapatos ortopédicos
- servicios de clínicas inclusive servicios de rehabilitación tales como de audiología, patología del habla-lenguaje, fisioterapia y terapia ocupacional
- suministros y equipos médicos
- radiografías y servicios de laboratorio
- transporte para recibir servicios cubiertos por Medicaid
- hospicio

Si usted cree que usted o sus hijos pueden participar en este Programa Especial de Medicaid, para hacer una cita llame a la agencia de bienestar/junta de servicios sociales de su condado. A continuación se encuentran los números de teléfono:

CONDADO	NUMERO DE TELEFONO
Atlantic	(609) 348-3001
Bergen	(201) 368-4200
Burlington	(609) 261-1000
Camden	(609) 225-8266
Cape May	(609) 886-6200
Cumberland	(609) 327-0114
Essex	(201) 733-3039
Gloucester	(609) 582-9200
Hudson	(201) 420-3000
Hunterdon	(908) 788-1300
Mercer	(609) 989-4664
Middlesex	(908) 745-3760
Monmouth	(908) 431-6300
Morris	(201) 326-7272
Ocean	(908) 349-1500
Passaic	(201) 225-3100/3101
Salem	(609) 299-7200, ext. 313
Somerset	(908) 526-8800
Sussex	(201) 383-3600
Union	(908) 965-2700
Warren	(908) 475-4744

A NEW JERSEY CARE . . . Special Medicaid Program FOR AGED, BLIND AND DISABLED COVERAGE

Are you 65 years of age or older, blind or disabled, and unable to afford the health care you need?

Have you been denied Medicaid or SSI in the past because your income or resources were too high?

Are you interested in learning whether you may be eligible for benefits as a Qualified Medicare Beneficiary (QMB)?

Have you lost your Supplemental Security Income payments, and are still waiting for your Medicare benefits under Social Security Disability?

You may find the help you need in this New Jersey Care . . . Special Medicaid Program. It provides a real plus in health care - - complete Medicaid coverage to eligible people, including payment of Medicare Part B premiums. In New Jersey, QMBs are eligible for benefits under this Special Medicaid Program. Please use the term "New Jersey Care" when inquiring about QMB coverage. The applications are made at the county welfare agencies/boards of social services **not** at Social Security offices.

TO QUALIFY FOR SERVICES, YOU MUST BE:

- A resident of the State of New Jersey, and
- 65 years of age or older, or
- Blind or permanently and totally disabled (as defined by the Social Security Administration) **AND**
- You must meet this Special Medicaid Program income and resource guidelines.

To qualify as a QMB, the same requirements apply and you must also be receiving Medicare Parts A and B.

YOUR INCOME AND RESOURCES (INDIVIDUAL OR COUPLE, AS APPROPRIATE) SHOULD BE NO HIGHER THAN THE FIGURES BELOW FOR YOU TO BE ELIGIBLE FOR THIS SPECIAL PROGRAM FOR THE AGED, BLIND, AND DISABLED.

FAMILY SIZE	1	2
MAXIMUM MONTHLY INCOME	\$ 645	\$ 864
MAXIMUM CURRENT RESOURCES	\$4000	\$6000

Income and resource limits effective January 1, 1996 through December 31, 1996

COUNTED AS MONTHLY INCOME

- Social Security Income
- pensions, annuities
- interest or dividends
- gross wages, tips, commissions
- inheritances, gifts, prizes
- legal settlements
- unemployment compensation
- public or private disability compensation
- veteran's benefits
- payments from trust funds
- alimony or child support
- worker's compensation
- rental income
- the income of your spouse may be counted in your income determination
- the income of parent(s) of needy children will be counted for the disabled or blind child

NOT COUNTED AS MONTHLY INCOME

- \$20 of income (such as Social Security or pension income)
- the first \$65 of wages and one - half the remainder

COUNTED AS RESOURCES

- money in bank accounts
- a car in certain situations*
- property OTHER than that in which you live
- stocks, bonds or certificates of deposit
- trust funds or retirement accounts
- some life insurance policies
- some personal effects
- some household goods
- certain monies which you have set aside for burial are not counted

* a car needed for work or transportation for medical treatment is not counted

IF YOU OWN YOUR HOME AND A CAR, YOU MAY STILL BE ELIGIBLE FOR THIS PROGRAM

The following Medicaid services will be available to you if you are eligible for this Special Medicaid Program. If you also qualify as a QMB, certain costs not covered by Medicare such as deductibles and certain coinsurance for services rendered by Medicaid - participating providers are covered by the Medicaid program.

COVERED SERVICES

- all physician services provided in the office, clinic or other medical facility
- services from chiropractors, dentists, podiatrists, psychologists and optometrists
- prescribed drugs from a pharmacy (including limited over-the-counter medicines) with no co-payment
- inpatient and outpatient hospital care
- home health care, nursing home care, medical day care, and personal care assistant services
- mental health services provided in a doctor's office, approved mental health clinic, or hospital outpatient department
- eyeglasses, hearing aids, artificial limbs, braces, and orthopedic shoes
- clinic services including rehabilitation services such as audiology, speech-language pathology, physical therapy and occupational therapy
- medical supplies and equipment
- x-ray and laboratory services
- transportation to obtain Medicaid covered services
- hospice

If you are eligible, the State will also pay for your monthly Medicare Part B premium. For QMBs, the State also pays for your Medicare Part A premium, if you are required to pay for it.

If you think you might be eligible for this Special Medicaid Program, call your county welfare agency/board of social services for an appointment. Below are the telephone numbers:

COUNTY	TELEPHONE NUMBER
Atlantic	(609) 348-3001
Bergen	(201) 368-4200
Burlington	(609) 261-1000
Camden	(609) 225-8266
Cape May	(609) 886-6200
Cumberland	(609) 327-0114
Essex	(201) 733-3044
Gloucester	(609) 582-9200
Hudson	(201) 420-3043/3157
Hunterdon	(908) 788-1300
Mercer	(609) 989-4664
Middlesex	(908) 745-3550
Monmouth	(908) 431-6300
Morris	(201) 326-7272
Ocean	(908) 349-1500
Passaic	(201) 225-3100/3101
Salem	(609) 299-7200, ext. 313
Somerset	(908) 526-8800
Sussex	(201) 383-3600
Union	(908) 965-2700
Warren	(908) 475-4744

Un Programa Especial de Medicaid . . . DE NEW JERSEY CARE COBERTURA PARA ANCIANOS, CIEGOS E INCAPACITADOS

¿Tiene por lo menos 65 años de edad, es ciego o incapacitado y no se puede costear la atención a la salud que necesita?

¿Se le ha negado la cobertura de Medicaid o los Ingresos de Seguridad Suplementario (SSI) anteriormente debido a que sus ingresos o sus recursos eran demasiado altos?

¿Le interesa saber si podría reunir los requisitos para recibir beneficios en calidad de Beneficiario de Medicare Calificado (QMB)?

¿Ha perdido sus beneficios de Ingresos de Seguridad Suplementaria Y todavía espera sus beneficios de Medicare según el programa la Incapacidad del Seguro Social?

Es posible que encuentre la ayuda que necesita en este Programa Especial de Medicaid . . . de New Jersey Care. Proporciona un aspecto positivo real en la atención a la salud - la cobertura completa de Medicaid a las personas que reúnen los requisitos, inclusive el pago de las primas de la Parte B de Medicare. En Nueva Jersey, los QMB pueden recibir beneficios bajo este Programa Especial de Medicaid. Siempre que pregunte acerca de la Cobertura para QMB sirvase usar la expresión "New Jersey Care". Las solicitudes se hacen en las agencias de bienestar/juntas de servicios sociales de los condados y **no** en las oficinas del Seguro Social.

PARA PODER OBTENER LOS SERVICIOS USTED DEBE:

- Ser residente del Estado de Nueva Jersey
- Ser mayor de 65 años de edad o
- Ser ciego o estar permanente y total mente incapacitado (conforme lo define la Administración del Seguro Social) **Y**
- Satisfacer las pautas sobre ingresos y recursos de este Programa Especial de Medicaid.

Para ser QMB corresponden los mismos requisitos y además debe estar recibiendo las Partes A y B de Medicare.

A FIN DE PODER PARTICIPAR EN ESTE PROGRAMA ESPECIAL PARA ANCIANOS, CIEGOS E INCAPACITADOS, SUS INGRESOS Y RECURSOS (INDIVIDUALES O COMO PAREJA, SEGUN SEA EL CASO) NO DEBEN SER SUPERIORES A LAS CIFRAS INDICADAS A CONTINUACION.

TAMAÑO DE LA FAMILIA	1	2
INGRESOS MENSUALES MAXIMOS	\$ 645	\$ 864
RECURSOS ACTUALES MAXIMOS	\$4000	\$6000

Los límites de ingresos y recursos tienen vigencia del 1º de enero de 1996 al 31 de diciembre de 1996.

SE CUENTAN COMO INGRESOS MENSUALES

- ingresos del Seguro Social
- pensiones, anualidades
- intereses o dividendos
- sueldos brutos, propinas, comisiones
- herencias, donaciones, premios
- avenencias legales
- compensación por desempleo
- compensación pública o privada por incapacidad
- beneficios de veterano
- pagos de fondos fiduciarios
- pensión alimenticia o manutención de niños
- compensación legal por accidentes laborales
- ingresos por alquileres
- en la determinación de los ingresos suyos se podrían contar los ingresos de su cónyuge
- los ingresos del padre y/o la madre de niños necesitados serán contados para el niño incapacitado o ciego

NO SE CUENTAN COMO INGRESOS MENSUALES

- \$20 de ingresos (tales como ingresos del Seguro Social o de pensiones)
- los primeros \$65 de sueldos ni la mitad del resto

SE CUENTAN COMO RECURSOS

- dinero en cuentas bancarias
- un automóvil en ciertos casos*
- propiedad DISTINTA a aquella en que usted vive
- acciones, bonos o certificados de depósito
- fondos fideicomisarios o cuentas de retiro
- ciertas pólizas de seguro de vida
- ciertos efectos personales
- ciertos enseres domésticos
- no se cuenta un cierto dinero que usted haya apartado para el sepelio

* no se cuenta el automóvil que sea necesario para el trabajo o para el transporte para recibir tratamiento médico

SI USTED ES PROPIETARIO DE CASA Y AUTOMOVIL, ES POSIBLE QUE AUN REUNA LOS REQUISITOS PARA ESTE PROGRAMA

Si usted puede participar en este Programa Especial de Medicaid tendrá a su disposición los siguientes servicios de Medicaid. Si además reúne los requisitos de QMB, algunos de los costos no cubiertos por Medicare, tales como las sumas deducibles y ciertos coseguros por servicios prestados por proveedores participantes en Medicaid están cubiertos por el programa de Medicaid.

SERVICIOS CUBIERTOS

- todos los servicios del médico prestados en el consultorio, la clínica o demás institución médica
- los servicios de quiroprácticos, dentistas, podiatras, psicólogos y optómetras
- medicamentos dispensados por receta en una farmacia (inclusive una cantidad limitada de medicamentos vendidos sin receta), sin copago
- atención en el hospital como paciente interno y externo
- atención a la salud en el hogar, atención en clínica de enfermería, guardería médica diurna servicios de asistentes de atención personal
- servicios de salud mental prestados en el consultorio de un médico, clínica de salud mental aprobada o departamento de hospital como paciente externo
- gafas, dispositivos para sordos, extremidades artificiales, dispositivos y zapatos ortopédicos
- servicios de clínicas inclusive servicios de rehabilitación tales como de audiología, patología del habla-lenguaje, fisioterapia y terapia ocupacional
- suministros y equipos médicos
- radiografías y servicios de laboratorio
- transporte para recibir servicios cubiertos por Medicaid
- hospicio

Si usted reúne los requisitos, el Estado pagará además su prima mensual para la Parte B de Medicare. En cuanto a los QMB, el Estado también paga su prima mensual para la Parte A de Medicare si es que usted tiene la obligación de pagarla.

Si usted cree que puede participar en este Programa Especial de Medicaid, para concertar una cita llame a la agencia de bienestar/junta de servicios sociales de su condado. A continuación se encuentran los números de teléfono:

CONDADO	NUMERO DE TELEFONO
Atlantic	(609) 348-3001
Bergen	(201) 368-4200
Burlington	(609) 261-1000
Camden	(609) 225-8266
Cape May	(609) 886-6200
Cumberland	(609) 327-0114
Essex	(201) 733-3044
Gloucester	(609) 582-9200
Hudson	(201) 420-3043/3157
Hunterdon	(908) 788-1300
Mercer	(609) 989-4664
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Ocean	(908) 349-1500
Passaic	(201) 225-3100/3101
Salem	(609) 299-7200, ext. 313
Somerset	(908) 526-8800
Sussex	(201) 383-3600
Union	(908) 965-2700
Warren	(908) 475-4744

A NEW JERSEY CARE . . . Special Medicaid Program

MEDICALLY NEEDEY SEGMENT

Have you been denied Medicaid in the past because your income or assets were too high?

Have you lost your Medicaid and Supplemental Security Income payments because you receive Social Security Disability payments?

Are you 65 years of age or older, but still have high medical bills which are not covered by Medicare?

Do you have young children who need medical care that you cannot afford?

Are you pregnant? Unable to afford prenatal care? Are you worried about the hospital cost for your delivery?

The Medically Needy Program may help you. It provides medical coverage to certain needy individuals who may not be able to afford health care services, and who do not qualify for the regular Medicaid program.

TO QUALIFY FOR SERVICES, you must be

- A pregnant woman
- A needy child (under 21 years of age)
- Aged (65 years of age or older)
- Blind or disabled

AND

- Your income must fall at or below certain limits. You may meet the income limit immediately or at a later time after using a special "spend-down" method described on the reverse side. If you are over the asset limit, you **cannot be eligible** for the Medically Needy Program.

MEDICALLY NEEDEY INCOME AND ASSET LIMITS

Family Size	1	2	3	4	5	6
Maximum Monthly Income	\$367	\$434	\$567	\$659	\$742	\$825
Maximum Current Assets	\$4,000	\$6,000	\$6,100	\$6,200	\$6,300	\$6,400

COUNTED AS MONTHLY INCOME

- | | |
|--|---|
| <ul style="list-style-type: none"> - Social Security Income - Pensions, annuities - Interest or dividends - Gross wages, tips, commissions - Inheritances, gifts, prizes - Legal settlements - Unemployment compensation - Public or private disability compensation - Veteran's benefits | <ul style="list-style-type: none"> - Payments from trust funds - Alimony or child support - Worker's compensation - Rental income - The income of your spouse <u>may</u> be counted in your income determination - The income of parent(s) of needy children <u>will</u> be counted |
|--|---|

COUNTED AS RESOURCES

- | | |
|---|---|
| <ul style="list-style-type: none"> - Money in bank accounts - A car in certain situations* - Property OTHER than that in which you live - Stocks, bonds, or certificates of deposit | <ul style="list-style-type: none"> - Trust funds or retirement accounts - Some life insurance policies - Some personal effects - Some household goods |
|---|---|

*a car needed for work or transportation for medical treatment is not counted

IF YOUR MONTHLY INCOME IS TOO HIGH, you may still be able to meet the program's income limit by subtracting certain items that fit your situation. For example:

Families with needy children can subtract

- \$90 of wages for each employed person,
- \$50 of total child support received, and
- the actual cost of child care up to a maximum of:

Parent(s) Employed Full-Time

Parent(s) Employed Part-Time

Child Under Age 2	\$200	\$150
Other Children	\$175	\$135

Aged, blind and disabled persons can subtract the first \$20 of unearned income (such as Social Security or pension income).

You might be able to meet the income limit in another way. The Medically Needy Program uses a unique process called "**spend down**". "**Spend down**" is the process of subtracting certain medical bills and health insurance premiums from your income until it is equal to the monthly income limit you must reach.

For Example:

- you are applying just for yourself; there are no others in your family. According to the chart on the reverse side, your monthly income cannot be more than \$367 and your assets cannot be more than \$4,000.
- Your assets total \$3,100. So far you qualify for the program.
- Your monthly income is determined to be \$417. This is \$50 more than the limit.
- Since eligibility is determined in six-month periods, you will have to "**spend down**" a total of \$300 (\$50/month x 6 months) to be eligible for the program.
- Within the next two months, you have several medical bills. They total more than \$300.
- You show these bills to the county welfare agency where you applied. You will be eligible for the Medically Needy Program.

BASIC PACKAGE OF SERVICES FOR ALL GROUPS

- | | | |
|-------------------------------------|-----------------------------------|-----------------------|
| - Physician Services | - Home Health Services | - Dental Services |
| - Laboratory and X-ray Services | - Psychological Services | - Eyeglasses |
| - Optometric Services | - Medical Transportation Services | - Audiology Services |
| - Personal Care Assistant Services | - Independent Clinic Services* | (hearing aids) |
| - Prosthetic and Orthotic Devices** | (health centers, family planning | - Outpatient Hospital |
| - Medical Supplies and Equipment | clinics, mental health centers) | Services |
| - Long-Term Care Services | | |

*You may obtain rehabilitation services (such as physical therapy, occupational therapy and speech therapy) through a home health agency, independent clinic, or outpatient hospital clinic, and audiology services through an independent clinic or outpatient hospital clinic.

**Such as artificial limbs or orthopedic shoes .

ADDITIONAL SERVICES

- | | |
|---------------------------------|---|
| PREGNANT WOMEN: | Inpatient Hospital, Podiatry Services, Medical Day Care Services, Prescribed Drugs, Chiropractic Services |
| NEEDY CHILDREN: | Prescribed Drugs |
| AGED, BLIND OR DISABLED: | Podiatry Services, Medical Day Care Services |

If you think you might be eligible for this Medically Needy Program or need additional information, contact your county welfare agency/board of social services. Below are the telephone numbers:

COUNTY	TELEPHONE NUMBER
Atlantic	(609) 348-3001
Bergen	(201) 368-4200
Burlington	(609) 261-1000
Camden	(609) 225-8266
Cape May	(609) 886-6200
Cumberland	(609) 327-0114
Essex	(201) 733-3039
Gloucester	(609) 582-9200
Hudson	(201) 420-3000/3157/3159
Hunterdon	(908) 788-1300
Mercer	(609) 989-4664
Middlesex	(908) 745-3550
Monmouth	(908) 431-6300
Morris	(201) 326-7272
Ocean	(908) 349-1500
Passaic	(201) 225-3100/3101
Salem	(609) 299-7200, ext. 313
Somerset	(908) 526-8800
Sussex	(201) 383-3600
Union	(908) 965-2700
Warren	(908) 475-4744