

CHAPTER 38

INTERIM ASSISTANCE PROCEDURES MANUAL

Authority

N.J.S.A. 30:4-27.19

Source and Effective Date

R.1991 d.268, effective April 29, 1991.
See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).

Executive Order No. 66(1978) Expiration Date

Chapter 38, Interim Assistance Procedures Manual, expires on April 29, 1996.

Chapter Historical Note

Chapter 38, Interim Assistance Procedures Manual, became effective July 9, 1981 as R.1981 d.225. See: 13 N.J.R. 220(d), 13 N.J.R. 412(c). Chapter 38 was readopted pursuant to Executive Order No. 66(1978) effective May 28, 1986 with amendments effective July 7, 1986 as R.1986 d.239. See: 18 N.J.R. 802(a), 18 N.J.R. 1383(a). Chapter 38 was substantially recodified and Subchapter 5, Trial Placement Status, was repealed by R.1990 d.370, effective August 6, 1990. See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a). Pursuant to Executive Order No.66 (1978), Chapter 38 was readopted by R.1991 d.268. See: Source and Effective Date.

See subchapter and section annotations for specific rulemaking activity.

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SUBCHAPTER 1. GENERAL PROVISIONS

10:38-1.1 Program description

(a) Interim Assistance (IA) is a payment procedure developed by the State of New Jersey and the Federal Department of Health and Human Services. It permits a client who has been released from a State psychiatric hospital and who has applied for Federal Supplemental Security Income (SSI) benefits to receive State funds while his or her SSI claim is being evaluated. Through this process, the client shall receive a Personal Needs Allowance and have his or her initial maintenance costs paid by the Division of Mental Health and Hospitals upon release from the hospital. The Division, in turn, may directly receive the client's retroactive SSI payment from the Social Security Administration, may recoup Interim Assistance expenditures made and shall deposit this reimbursement in the hospital Interim Assistance revenue account.

(b) The revolving hospital fund which is thereby created shall be used to ensure that:

1. A client shall return to the community at an appropriate point in his/her treatment.
2. A client's income, upon release, shall be adequate and at an established standard.

Amended by R.1990 d.370, effective August 6, 1990.

See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

Stylistic changes in text.

Amended by R.1991 d.268, effective May 20, 1991.

See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).

In (a): added "appropriation" before account.

Amended by R.1994 d.75, effective February 22, 1994.

See: 25 N.J.R. 3697(a), 26 N.J.R. 1088(a).

10:38-1.2 Authority

Legal authority for this program may be found in N.J.S.A. 30:4-107. An agreement between the State of New Jersey and the Federal Department of Health and Human Services, dated October 31, 1974, forms the basis for the procedures described in this manual.

10:38-1.3 Purpose

The purpose of these regulations is to set forth the eligibility standards, policies and procedures of the Interim Assistance program and to identify roles of participating agencies in implementing and sustaining the program.

10:38-1.4 Definitions

The following words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise.

"Boarding home" means a building containing two or more units of dwelling space arranged or intended for single room occupancy, exclusive of any such unit occupied by an owner or operator, wherein personal or financial services are provided to the residents, including any residential hotel or congregate living arrangement. Such facilities shall be licensed by the State Department of Community Affairs, pursuant to P.L. 1979 c.496 (Rooming House/Boarding House Act of 1979).

"Discharge" means legal discharge of a patient from the hospital to which he or she has been confined, as defined in N.J.S.A. 30:4-23.

"Discharge Coordinator or designee" means the individual responsible for maintaining a housing resource file, providing technical assistance to placement social workers and monitoring the discharge process. This individual may also fulfill the role of Financial Coordinator.

"Discharge Oriented Service Plan" means a document used to coordinate and record all aspects of the discharge planning process.

“Discharge Unit or equivalent” means a discrete placement unit within the State psychiatric hospital responsible for locating housing, linking to aftercare services, and monitoring the adequacy of post-discharge housing and social services.

“Financial Coordinator or designee” means the individual responsible for overseeing the functions of the Financial Entitlement Unit, including the supervision of the Income Maintenance Technician (IMT). This Coordinator is also responsible for monitoring post-discharge financial services. This individual may also fulfill the role of Discharge Coordinator.

“Financial Entitlement Unit or its equivalent” means that institutional unit within the Division of Mental Health and Hospitals which processes Interim Assistance, SSI and General Assistance applications for State psychiatric hospital clients who are being prepared for release.

“General assistance” means assistance provided by a municipal welfare department to a financially needy person who is ineligible for other categoric assistance programs or who is awaiting an SSI eligibility evaluation.

“Income Maintenance Technician (IMT)” means the individual responsible for processing financial entitlement applications for clients referred for financial services.

“Interdisciplinary Treatment Team” means a group of persons who are responsible for evaluating a client’s treatment and service needs, monitoring the client’s progress and assessing his or her readiness for discharge. The team is composed of hospital staff and community service representatives.

“Interim Assistance Account” means an account established at a State psychiatric hospital which is used to pay for maintenance costs of a client who has been released to the community and who is awaiting an SSI eligibility evaluation.

“Interim Assistance Reimbursement Agreement” means a formal agreement between the State of New Jersey and the Federal Department of Health and Human Services which establishes procedures to reimburse the State for financial assistance provided to a client while his or her SSI application is being evaluated.

“Interim Assistant Statement” (Appendix A) means a client’s formal statement of interest in applying for Interim Assistance benefits.

“Office of Administrative Law” means the State agency, established pursuant to N.J.S.A. 52:14B-1 et seq., which is responsible for conducting hearings of all contested matters.

“Patient account” means an individual account maintained by a State psychiatric hospital business office for a client.

“Personal Needs Allowance (PNA)” means funds provided to a client in the community to be used for his or her incidental personal expenses.

“Redetermination” means a process whereby the Social Security Administration annually reviews SSI recipients to evaluate continuing eligibility. The process may also involve recipients who are in an institution less than one year or who have been discharged from an institution in which they were hospitalized for less than one year.

“Representative payee” means a person selected by the client and appointed by the Social Security Administration. The representative payee receives a client’s SSI payments and disburses them for the benefit of the client in accordance with Social Security Administration regulations.

“Residential health care facility” means a facility which furnishes food and shelter to four or more persons 18 years of age and older who are unrelated to the owner and which provides dietary services, recreational activities, supervision of self-administration of medications, supervision of and assistance in activities of daily living and assistance in obtaining health services to any one or more of such persons.

“Retroactive SSI payment” means the initial payment following a client’s SSI benefit approval. It includes the amount due for the current month plus payments retroactive to the day of the client’s application or formal inquiry to the Social Security Administration.

“Rooming house” means a boarding house wherein no personal or financial services are provided to the residents.

“Supplemental Security Income (SSI)” means the Federal assistance program authorized under Title XVI of the Social Security Act.

“Transitional residence” means a facility providing a structured and supervised environment to aid in a client’s adjustment to community living.

Amended by R.1990 d.370, effective August 6, 1990.
See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

Recodified from N.J.A.C. 10:38-2, “Definitions.”

Deleted definitions for “Bureau of Transitional Services,” “Individual Client Service Discharge Plan,” and “Trial Placement.”

Added: “Discharge Coordinator or designee,” “Discharge Oriented Service Plan,” “Discharge Unit,” “Family care home,” “Financial Entitlement Unit . . .” and “Income Maintenance Technician.”

Amended by R.1991 d.268, effective May 20, 1991.

See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).

Revised definitions for “Boarding home,” “Financial Entitlement Unit,” “Representative payee” and “Retroactive SSI payment.”

Added new definition for Supplemental Security Income.

Amended by R.1994 d.75, effective February 22, 1994.

See: 25 N.J.R. 3697(a), 26 N.J.R. 1088(a).

SUBCHAPTER 2. INTERIM ASSISTANCE ELIGIBILITY

10:38-2.1 Clients eligible for Interim Assistance

(a) To be determined eligible for Interim Assistance (IA), a client shall:

1. Be an inpatient of a State psychiatric hospital, not judicially restrained from discharge;
2. Be 18 years of age or older;
3. Have been evaluated by the Interdisciplinary Treatment Team as ready for release to one of the following:
 - i. Residential health care facility;
 - ii. Boarding home;
 - iii. Residential drug or alcohol rehabilitation program;
 - iv. His or her own home, family or Division of Mental Health and Hospitals contract agency;
 - v. Rooming house; or
 - vi. Transitional residence; and
4. Have applied for SSI benefits.

Amended by R.1990 d.370, effective August 6, 1990.
See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

Recodified from N.J.A.C. 10:38-3.1. Deleted (a)5 regarding form MH-30. Stylistic changes.

Amended by R.1991 d.268, effective May 20, 1991.
See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).

In (a)3, added new iii and recodified iii-iv as iv-v.
Amended by R.1994 d.75, effective February 22, 1994.
See: 25 N.J.R. 3697(a), 26 N.J.R. 1088(a).

10:38-2.2 Clients ineligible for Interim Assistance

(a) A client in a State psychiatric hospital is not eligible for Interim Assistance when any of the following conditions exists:

1. The client's income and/or resources are in excess of SSI standards;
2. The client is judicially restrained from discharge;
3. The client is under 18 years of age; or
4. The client is on the active SSI rolls (receiving a monthly Federal PNA stipend) and SSA has not commenced a Redetermination process.

Amended by R.1990 d.370, effective August 6, 1990.
See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

Recodified from N.J.A.C. 10:38-3.2. Deleted (a)6 regarding form MH-30.

Amended by R.1991 d.268, effective May 20, 1991.
See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).

In (a)5, added phrase regarding a monthly Federal PNA stipend.
Amended by R.1994 d.75, effective February 22, 1994.
See: 25 N.J.R. 3697(a), 26 N.J.R. 1088(a).

10:38-2.3 Selection criteria

(a) Interim Assistance is intended to meet the needs of the greatest number of clients possible. Funds expended through the program therefore, must be regularly recovered. To accomplish this, applicants for Interim Assistance must be carefully screened to determine which among them have **the greatest need for the program** and the clearest potential for SSI eligibility.

(b) When choices must be made among Interim Assistance applicants, the following selection criteria shall be used:

1. Urgency of placement, as determined by the Interdisciplinary Treatment Team, and a clearly established need for Interim Assistance in order to implement the Discharge Oriented Service Plan;
2. The potential eligibility of the client for SSI. There should be evidence that the client meets SSI income, resource, citizenship and disability criteria.

Amended by R.1990 d.370, effective August 6, 1990.
See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

Recodified from N.J.A.C. 10:38-3.3. Stylistic revisions.
Amended by R.1991 d.268, effective May 20, 1991.

See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).
In (b)2, revised text to read "SSI."

10:38-2.4 Approval authority

Approval authority for the Interim Assistance Program shall rest with the Financial Coordinator of the Institutions' Financial Entitlement Unit of the Division of Mental Health and Hospitals.

Amended by R.1990 d.370, effective August 6, 1990.
See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

Recodified from N.J.A.C. 10:38-3.4. Changed unit name for approval authority.

SUBCHAPTER 3. INTERIM ASSISTANCE CASE PROCESSING

10:38-3.1 Purpose

The purpose of this section is to provide participants with an understanding of their roles in the Interim Assistance case processing system.

Amended by R.1990 d.370, effective August 6, 1990.
See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).
Recodified from N.J.A.C. 10:38-4.1.

10:38-3.2 The Interdisciplinary Treatment Team

(a) The role of the Interdisciplinary Treatment Team in the Interim Assistance case processing system shall be to:

1. Regularly evaluate the client's progress while in the hospital and his or her readiness for community living;
2. Determine the client's need for assistance in financial planning, including consultation to determine special needs and discharge needs; and
3. Complete the Discharge Oriented Service Plan, noting the person responsible for financial planning.

Amended by R.1990 d.370, effective August 6, 1990.
See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).
Recodified from N.J.A.C. 10:38-4.2.

In (a)2: added "including ... discharge needs; and ..." Stylistic revisions.

10:38-3.3 The hospital social service staff or designee

(a) The Discharge Oriented Service Plan shall establish the client's need for assistance in financial planning and placement needs. If such a financial need is evident and the client appears to meet Interim Assistance eligibility criteria, the hospital social service staff or designee shall:

1. Whenever assigned client placement responsibility, provide the client or family with a description of the Interim Assistance Program, its requirements and the client's or family's rights and obligations under the program;
2. Whenever assigned client placement responsibility and the client expresses an interest in the program, obtain the client's signature on an Interim Assistance Statement and form MH-30 (Appendix B);
3. Refer the client to the Discharge Unit for financial assistance and, if necessary, assist in locating approved residential setting;
4. Obtain and forward to the Discharge Unit a medical history, current staff notes and a social history, including social and financial information;
5. Ensure that a client placed in Interim Assistance is recorded as an "Other" transaction on the hospital daily population movement report;
6. Once notified by the Discharge or Financial Unit or equivalent that the retroactive SSI check is received and Interim Assistance has been terminated, ensure that the client's discharge is recorded properly on the hospital's daily population movement report and that all appropriate hospital staff are notified of discharge; and
7. Assist the client in the utilization of funds preserved for discharge needs, as well as other remaining personal funds, ensuring that the client's wishes are the primary determinant of the use of these funds, but pointing out needs the client may not have anticipated.

Amended by R.1990 d.370, effective August 6, 1990.

See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

Stylistic revisions throughout.

In (a)3: added text: "... financial assistance ... setting."

Deleted (a)6 regarding form 1077 and renumbered (a)7 as (a)6, adding language regarding notification.

Added new (a)7. In (a)5, adding text regarding clients not on active SSI roles.

Amended by R.1991 d.268, effective May 20, 1991.

See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).

In (a)1 and 2, revised text to specify hospital social service staff or designee responsibility.

Amended by R.1994 d.75, effective February 22, 1994.

See: 25 N.J.R. 3697(a), 26 N.J.R. 1088(a).

10:38-3.4 Responsibilities of the Discharge and/or Financial Unit

(a) The Discharge or Financial Unit or equivalent shall play a major role in several areas, specifically:

1. Receive and process referrals for community placement and financial assistance;
2. Render eligibility decisions for Interim Assistance based on information received from the Social Security Administration;
3. Assemble the necessary information and documents for SSI applications, forward this material to the Social Security Administration, and monitor the SSI application process;
4. Obtain placements in suitable and approved residential settings and obtain signed Contracts for Interim Assistance (Appendix C);
5. Assist clients in negotiating community financial systems;
6. Provide follow-up visits to ensure that the Personal Needs Allowance and maintenance payments are being regularly received and properly utilized;
7. Assist clients in filing and processing appeals;
8. Notify the business manager to terminate Interim Assistance payments when eligibility or ineligibility for SSI benefits is established.
9. Notify the Social Security Administration of any change in the client's living arrangement, such as a return to the hospital or an elopement from the home; and
10. Notify the social services staff that the retroactive check is received and Interim Assistance has been terminated.

(b) The Discharge or Financial Unit or equivalent shall maintain a record of each referral received and processed. This record shall contain the dates when:

1. A referral is received;
2. Interim Assistance is approved or denied;
3. Authorization for Reimbursement of Assistance from SSI Award, Community Placements, form MH-30 with GR code 31999 is forwarded to the Social Security Administration District Office;
4. A Contract for Interim Assistance is signed;
5. The hospital business manager is provided with written authorization to initiate Interim Assistance payments;
6. The housing provider is given 30 days' notice of the State's intent to terminate the Contract for Interim Assistance. This requirement does not apply when the client is living with his or her parent at home, when issues of

life/safety or client welfare are involved, or when the resident leaves the home of his or her own accord;

7. An SSI application is forwarded to the Social Security Administration District Office;

8. An approval or denial of the SSI application is received; and

9. Interim Assistance is terminated.

(c) The Financial Entitlement Unit or equivalent shall, within five working days of receipt of a referral:

1. Submit an initial inquiry to the Social Security Administration to verify social security numbers and to determine if the client is already a recipient of SSI. (If clients are already on the active rolls of SSI and are not subject to the redetermination process they are not in need of the Interim Assistance Program);

2. Obtain from the treating psychiatrist or physician form SSA-787, Medical Officer's Statement (Appendix K);

3. Make an assessment of the client's potential SSI eligibility based on available documents and information. This evaluation shall result in one of the following decisions:

i. The client is eligible for Interim Assistance payments because he or she meets the eligibility criteria of the Interim Assistance Program and appears to be potentially eligible for SSI benefits; or

ii. The client is ineligible for Interim Assistance payments because he or she does not meet Interim Assistance eligibility criteria and/or does not appear to be potentially eligible for SSI benefits.

(d) The Financial Entitlement Unit or equivalent shall, for a client assessed as eligible for Interim Assistance:

1. Obtain from the client a signed SSI application and a Payee Agreement (Appendix E);

2. Obtain the signature of the client's representative payee on the Payee Agreement;

3. Forward, within two working days of the placement, the Payee Agreement and the signed form MH-30 to the hospital business manager;

4. Forward, within two working days of placement, one copy of the signed MH-30 to the Social Security Administration District Office, one copy to the client and retain one copy for the Financial Entitlement Unit's file;

5. For clients not on the active SSI rolls (within the past year), forward a completed SSI referral packet. This packet shall contain all required hospital forms and reports, necessary SSI application and supporting documents, and a copy of the court order of discharge, if applicable. The packet should be forwarded to the Social Security Administration District Office within 15 calendar days of submission of the signed form MH-30 to the Financial Entitlement Unit; and

6. Notify the client, the hospital business manager, the hospital social worker and the Office of Fiscal and Management Operations of the Division of Mental Health and Hospitals, in writing, of the client's eligibility for Interim Assistance;

(e) The Discharge Unit or equivalent shall:

1. If the client is not returning to his or her own home or family, locate an available, affordable and suitable approved residential facility or drug or alcohol treatment program for the client. Such facility shall be licensed and/or under contract to either the Division of Mental Health and Hospitals, the Division of Developmental Disabilities, the Department of Community Affairs, or the Department of Health, as appropriate;

2. If the client is not returning to his or her own home or family, the placement social worker shall visit the selected site with the client and, if the client finds it acceptable;

i. Have the housing provider sign a Contract for Interim Assistance;

ii. Place the client in the selected facility; and

iii. Forward the signed Contract for Interim Assistance to the hospital business manager.

(f) The Financial Coordinator or equivalent shall:

1. Present to the hospital business manager, on the day of the client's placement, a written authorization for the client's initial Personal Needs Allowance payment;

2. Provide an authorization to the hospital business manager for each month that the client remains on Interim Assistance;

3. Keep the case active for as long as the client remains on Interim Assistance to ensure that Personal Needs Allowance and maintenance payments are being received and properly utilized.

4. Notify the hospital business manager of the client's SSI approval;

5. Notify the client and the hospital business manager in writing when Interim Assistance payments are being terminated as soon as possible but in no case later than the effective date of termination; and

6. Send the hospital business manager, if requested, an Interim Assistance maintenance report covering the client's final month on the program.

(g) For a client who has been found eligible for Interim Assistance and is subsequently denied SSI benefits, the Financial Entitlement Unit or equivalent shall:

1. If the client files an appeal with the Social Security Administration, continue Interim Assistance payments upon authorization by the Financial Coordinator or equivalent during the period of the SSI reconsideration and the hearing at the Administrative Law level;

2. Assist the client in filing an appeal to the Social Security Administration;

3. Assist the client in obtaining legal representation from the Community Mental Health Law Project or local legal services corporation, as appropriate;

4. Continue Interim Assistance until the SSI retroactive check is received in cases where the appeal to the Social Security Administration is successful;

5. Immediately refer the client for General Assistance and continue Interim Assistance until payment is received from the municipal welfare director, or up to 30 calendar days, whichever is less, in cases where the appeal to the Social Security Administration is unsuccessful;

6. Monitor the processing of the General Assistance application and notify the hospital business manager when the initial General Assistance payment is received by the client;

7. Immediately refer the client for General Assistance if the client fails or refuses to file an appeal to the Social Security Administration and continue Interim Assistance until a check is received from the municipal welfare director, or up to 30 calendar days, whichever is less.

(h) The Financial Entitlement Unit or equivalent shall, for a client assessed as ineligible for Interim Assistance:

1. Notify the client and the hospital social worker in writing of the client's ineligibility for Interim Assistance;

2. Advise the client of reason(s) for denial of Interim Assistance and of his/her right to appeal the decision, including procedures to be followed;

3. Assist the client in filing an appeal to the Financial Coordinator; and

4. Inform the client of the availability of General Assistance and of the procedures to be followed in applying for benefits, and assist the client in filing a General Assistance application.

Amended by R.1986 d.239, effective July 7, 1986.
See: 18 N.J.R. 802(a), 18 N.J.R. 1383(a).

Substantially amended.

Amended by R.1990 d.370, effective August 6, 1990.
See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

Recodified from N.J.A.C. 10:38-4.4. Section was "The Bureau of Transitional Services."

Text revised to reflect unit/responsibility charges.

In (c)1: added text regarding SS number verification.

Added new (e), renumbering old (d)7 and (8) as new (e)1 and 2.

Added new (f), renumbering old (d)9-12 as new (f)1-4.

Recodified (e)-(f) as new (g)-(h).

Amended by R.1991 d.268, effective May 20, 1991.
See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).

Stylistic revisions throughout; added new (b)6, recodifying existing 6-8 and 7-9. In (c)2, specified that SSA-787 shall be obtained from the treating psychiatrist or physician, deleting reference to hospital social services staff. In (g)1, added introductory phrase, "If the client ... continue ...".

Amended by R.1994 d.75, effective February 22, 1994.
See: 25 N.J.R. 3697(a), 26 N.J.R. 1088(a).

10:38-3.5 The Office of Fiscal and Management Operations of the Division of Mental Health and Hospitals

(a) The role of the Office of Fiscal and Management Operations of the Division of Mental Health and Hospitals shall be to:

1. Receive from the Social Security Administration retroactive SSI checks and form SSA-8125, "Notice of Interim Assistance Reimbursement," for Interim Assistance clients;

2. Maintain a record showing the check dates, amounts, dates received, check numbers, and the dates checks and forms SSA-8125 are forwarded to the appropriate hospital business offices;

3. Forward recorded checks and forms SSA-8125 to the appropriate hospital business office within three working days; and

4. Receive copies of form FS-9, Business Manager's Statement to SSI Recipient (Appendix H) and completed form SSA-8125, State's Accountability Report, from the hospital business managers, assure that SSI benefits were disbursed in accordance with Social Security Administration regulations and add this information to the record.

Amended by R.1990 d.370, effective August 6, 1990.

See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

Recodified from N.J.A.C. 10:38-4.5.

Stylistic revisions and deleted (a)4 regarding notifying the Bureau when checks are received; recodified old (a)5 as (a)4.

Amended by R.1991 d.268, effective May 20, 1991.

See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).

In (a)1 and 2, added "forms SSA-8125" to text;

In (a)3, added "form SSA-8125" and "within three working days" regarding the forwarding of recorded checks.

Amended by R.1994 d.75, effective February 22, 1994.

See: 25 N.J.R. 3697(a), 26 N.J.R. 1088(a).

10:38-3.6 Responsibilities of the hospital business office

(a) The hospital business office shall be responsible for all fiscal matters relating to the Interim Assistance program other than those described in previous and succeeding sections. Business office staff's specific responsibilities shall be to:

1. Complete form FS-10, Statement of Business Manager (Appendix D);

2. Forward form FS-10 to the designated Social Security Administration District Office within one working day of receipt of notification from the Financial Coordinator regarding the client's placement, and provide the Financial Coordinator with one copy of the form;

3. Initiate Interim Assistance payments when authorized in writing by the Financial Entitlement Unit;

4. Maintain a record of Interim Assistance payments made. This record shall contain, minimally:

- i. Amounts and types of payments;
- ii. Dates of payments;
- iii. Payees; and
- iv. Periods covered by checks.

5. Monitor client income sources other than Interim Assistance in accordance with procedures described in N.J.A.C. 10:38-7;

6. If the client is placed with a housing provider other than his or her own family or home, obtain a completed monthly invoice (Appendix F) from the housing provider for maintenance costs;

7. If the client is placed with a housing provider other than his or her own family or home, make monthly payments to the housing provider for validated billings in accordance with procedures described in N.J.A.C. 10:38-4.3;

8. Receive a client's initial retroactive SSI check from the Office of Fiscal and Management Operations, deposit it into the client's account and notify the Financial Entitlement Unit or equivalent that the check has been received;

9. Compute the amount due from the client's initial retroactive SSI check as reimbursement for Interim Assistance expenditures using approved methodology as outlined in the Interim Assistance Reimbursement State Handbook, withdraw this sum from the client's account and deposit it into the Interim Assistance account;

10. Issue a completed form FS-9, Business Manager's Statement to SSI Recipient, within five working days of receipt of the retroactive check, and include a refund check to the client if any is due him or her;

11. If a patient was previously receiving SSI and an MH-30 is already on file from a prior application, the initial retroactive check may go directly to the payee. In that event, the business office shall utilize a mechanism to bill the client and recover Interim Assistance advanced;

12. Forward copies of form FS-9 to the Financial Entitlement Unit and to the Office of Fiscal and Management Operations;

13. Conduct administrative review of the retroactive SSI check disbursement upon client's request;

14. File SSI Notice of Interim Assistance Reimbursement Eligibility and Accountability Report, form SSA-8125 (Appendix J). (This procedure requires, within 30 days of receipt, an individual accounting for each check received by the Division of Mental Health and Hospitals from the Social Security Administration. Completed form SSA-8125 must be forwarded directly to the Social Security Administration Regional Office, to the attention of State Relations Staff with a copy to the Division's Office of Fiscal and Management Operations), and

15. Terminate Interim Assistance as of the day following the last day of the period covered by the client's retroactive SSI check.

Amended by R.1990 d.370, effective August 6, 1990.

See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

Recodified from N.J.A.C. 10:38-4.6.

Stylistic changes throughout to revise unit names/responsibilities.

In (a)8: added "... and notify ... been received." at end of text.

Added new (a)11, renumbering (a)11-14 as (a)12-15.

In (a)15: added text "... the last day ... by the ...," which deleted phrase "receipt of" the client's retroactive SSI check.

Amended by R.1991 d.268, effective May 20, 1991.

See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).

Revised (a)9 referring to a change in methodology for computing the amount due a client from his or her initial retroactive SSI check.

Revised text of (a)10 regarding the issuance of a completed form FS-9 and inclusion of a refund check if one is due to client.

Amended by R.1994 d.75, effective February 22, 1994.

See: 25 N.J.R. 3697(a), 26 N.J.R. 1088(a).

10:38-3.7 Action by the Social Security Administration

(a) The Social Security Administration should:

1. Receive signed form MH-30's;
2. Evaluate SSI applications;
3. Direct retroactive SSI checks to the Division of Mental Health and Hospitals in accordance with the Interim Assistance agreement;
4. Notify the Financial Entitlement Unit of approvals and denials of SSI applications;
5. Notify clients and/or representative payees of decisions reached;
6. Notify clients and/or representative payees that initial SSI retroactive checks shall be forwarded to the Division of Mental Health and Hospitals;
7. Hear client appeals regarding the amount of SSI payments and other adverse (financial and medical) actions.

Amended by R.1990 d.370, effective August 6, 1990.

See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

Recodified from N.J.A.C. 10:38-4.7.

Stylistic changes.

Amended by R.1991 d.268, effective May 20, 1991.

See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).

Stylistic changes.

10:38-3.8 Responsibilities of the congregate housing provider

(a) If the client is placed with a housing provider other than his or her own family or home, the congregate housing provider shall sign a contract for Interim Assistance agreeing to:

1. Accept the client for placement;
2. Furnish the client with food, if normally available at the facility, lodging, and necessary incidentals;
3. Accept an agreed-upon per diem as compensation after services are rendered;
4. Contact the hospital and designated emergency screening service in the event the client needs emergency medical or psychiatric care. The provider shall furnish details as to the patient's condition and shall abide by such directions as are given. In the event of a serious medical or psychiatric emergency, the provider shall arrange for immediate care and then notify the hospital and emergency screening service;
5. Provide the placing hospital with 30 calendar days' written notice of his or her intent to terminate the contract agreement;
6. Notify the hospital should the provider become aware that the client directly received the initial retroactive SSI check;
7. Refund to the hospital any Interim Assistance or other payments received which represent duplicate compensation to the provider for the time period beginning with the placement and ending with receipt of the initial SSI check; and
8. Notify the hospital immediately in the event the client terminates residence at the home.

New Rule, R.1991 d.268, effective May 20, 1991.
See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).
Amended by R.1994 d.75, effective February 22, 1994.
See: 25 N.J.R. 3697(a), 26 N.J.R. 1088(a).

**SUBCHAPTER 4. INTERIM ASSISTANCE
PAYMENT PROCEDURES**
10:38-4.1 Authorization of payments

Interim Assistance payments require the authorization of the Financial Coordinator or his or her designee.

Recodified from N.J.A.C. 10:38-6.1, by R.1990 d.370, effective August 6, 1990.
See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

10:38-4.2 Exempt resources

Client cash resources, including Federal annuity awards, funds set aside for burial expense or identified special

needs, and liened resources up to the amount due for care and maintenance shall be considered exempt (up to the SSI resource cap) in Interim Assistance eligibility determination.

Amended by R.1990 d.370, effective August 6, 1990.

See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

Recodified from N.J.A.C. 10:38-6.2.

Revised text by deleting \$500.00 maximum and adding text: "... including Federal ... maintenance shall ..."

Added ... (up to SSI resource cap) ... and deleted text regarding payment to client upon discharge.

10:38-4.3 Business office payment procedures

(a) The hospital business manager, or his or her designee, shall record the date of written notification from the Financial Entitlement Unit verifying a client's eligibility for Interim Assistance.

(b) The client's initial Personal Needs Allowance payment shall be issued in the following manner:

1. The client's Personal Needs Allowance shall be mailed directly to him or her by the business manager or his or her designee on the day of the client's placement;
2. Payment shall be made at the established per diem rate, and shall cover the remainder of the month of release;
3. If the client has other income, such funds shall be utilized instead of Interim Assistance; and
4. If the client has no personal funds, State funds shall be advanced for a Personal Needs Allowance. Payment shall be made from the hospital petty cash fund or approved special fund.

(c) Each succeeding monthly Personal Needs Allowance payment shall be authorized, in writing, by the Financial Entitlement Unit.

(d) The business manager, or his or her designee, shall mail Personal Needs Allowance checks at the per diem rate for no more than a 30-day calendar month, to the client at the community placement address no later than the first working day of each month.

(e) The client's Interim Assistance maintenance payment shall be calculated and disbursed as follows:

1. If the client is placed with a housing provider other than his or her own family or home, at the end of each month the business manager shall obtain a completed invoice, form AR 50%, from the housing provider;
2. The invoice shall be compared for accuracy with the signed Contract for Interim Assistance and the Financial Entitlement Unit's Interim Assistance maintenance report, if utilized;
3. Validated payments to the housing provider from the Interim Assistance account shall be processed by the 10th calendar day of the following month at the estab-

lished monthly SSI rate for maintenance, assuming receipt of a properly completed invoice. This is a per diem rate based on the current SSI payment;

4. If the client is placed within his or her own family or home, payment shall be made, in advance, if necessary to make a rent or mortgage payment, at the established monthly SSI rate for maintenance for a 30-day month; and

5. If the client has other Federal annuity income, the housing provider shall collect payments directly from the client. If so, this shall be noted on the invoice. The hospital shall reduce its payment to the provider accordingly.

Amended by R.1990 d.370, effective August 6, 1990.
See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

Recodified from N.J.A.C. 10:38-6.3.

Stylistic revisions throughout.

In (b)3, added phrase "instead of Interim Assistance ..."

In (e)3, added text regarding per diem rate.

Amended by R.1991 d.268, effective May 20, 1991.

See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).

In (b)3, changed "personal funds" to "other income."

In (d): revised text to read "no later than" the first working day of each month;

In (e)3, revised text to read that validated payments "to the housing provider" shall be "processed" by the "10th calendar day of the following month ..."

Amended by R.1994 d.75, effective February 22, 1994.

See: 25 N.J.R. 3697(a), 26 N.J.R. 1088(a).

10:38-4.4 Termination of payments

(a) Interim Assistance payments shall be terminated for an eligible client:

1. As of the day after the last day of the period covered by a retroactive SSI check received by the hospital business manager;

2. When a client has been formally determined to be ineligible for SSI benefits by the Social Security Administration. This shall be interpreted to mean that Interim Assistance payments may continue through the SSI reconsideration and the hearing at the Administrative Law level if approved by the Financial Coordinator; or

3. As of the date that the hospital learns a client has voluntarily left his or her placement.

(b) Retroactive county billing shall be pursued by the hospital business office utilizing form 1113, Billing Classification Report (Appendix I), in a case where a client is denied SSI benefits, or when the initial SSI check is less than the amount of recoverable Interim Assistance advanced.

(c) The Financial Entitlement Unit shall notify the client of Interim Assistance termination.

Amended by R.1990 d.370, effective August 6, 1990.

See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

Recodified from N.J.A.C. 10:38-6.4.

In (a)1: added text, "As of ... covered by ..."

In (b): added text, "or when ... advanced." to end of section.
Amended by R.1991 d.268, effective May 20, 1991.

See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).

Stylistic changes.

Amended by R.1994 d.75, effective February 22, 1994.

See: 25 N.J.R. 3697(a), 26 N.J.R. 1088(a).

SUBCHAPTER 5. MEDICAID COVERAGE FOR INTERIM ASSISTANCE CLIENTS

Historical Note

Subchapter 5, Trial Placement Status, was repealed by R.1990 d.370, effective August 6, 1990. See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

Subchapter 7, Medicaid Coverage For Interim Assistance Clients, was recodified as Subchapter 5.

Previous rulemaking activity in Subchapter 5 was as follows:

N.J.A.C. 10:38-5.4 Trial Placement status processing.

Amended R.1986 d.239, effective July 7, 1986.

See: 18 N.J.R. 802(a), 18 N.J.R. 1383(a).

Substantially amended.

10:38-5.1 Institutional Medicaid coverage

An Interim Assistance recipient shall be eligible for institutional Medicaid coverage until his or her SSI application is processed and he or she is discharged.

Amended by R.1990 d.370, effective August 6, 1990.

See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

Recodified from N.J.A.C. 10:38-7.1. Former N.J.A.C. 10:38-5.1, Introduction, was repealed by R.1990 d.370.

Stylistic revisions made to text.

Amended by R.1991 d.268, effective May 20, 1991.

See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).

Stylistic revisions.

10:38-5.2 Procedures

(a) To ensure continued institutional Medicaid coverage for an Interim Assistance client, the following procedures shall be followed:

1. The individual completing the hospital daily population movement report shall list an Interim Assistance client as released to "Other".

2. Form FD-34, Medicaid validation (Appendix L), shall be completed by the designated hospital representative on the date of placement and on the first of each month thereafter. The representative shall forward the form to the client's residence or appropriate congregate facility; and

3. The client, family or housing provider may use the FD-34, Medicaid validation, to obtain medical care, including pharmaceuticals, for the client.

Amended by R.1990 d.370, effective August 6, 1990.

See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

Recodified from N.J.A.C. 10:38-7.2. Former N.J.A.C. 10:38-5.2, Eligibility Criteria, was repealed by R.1990 d.370.

Stylistic revisions made to text.

In (a)2: added congregate facility reference.

Amended by R.1991 d.268, effective May 20, 1991.

See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).

In (a)2, revised text to indicate that "The representative shall forward the form" to the appropriate congregate facility.

Amended by R.1994 d.75, effective February 22, 1994.

See: 25 N.J.R. 3697(a), 26 N.J.R. 1088(a).

10:38-5.3 Termination of institutional Medicaid coverage

(a) Upon notification by the Financial Entitlement Unit of the client's approval for SSI benefits and community Medicaid, the hospital shall list the client as "Discharged" on the daily population movement report.

(b) The client's institutional Medicaid coverage shall be terminated as of the last day of the month of his or her discharge.

(c) The housing provider or client shall return the currently valid (last issued) form FD-34 to the hospital social service department.

Amended by R.1990 d.370, effective August 6, 1990.

See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

Recodified from N.J.A.C. 10:38-7.3. Former N.J.A.C. 10:38-5.3, Selection Process, was repealed by R.1990, d.370.

Stylistic revisions made to text.

Amended by R.1991 d.268, effective May 20, 1991.

See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).

Stylistic revisions.

SUBCHAPTER 6. APPEAL PROCEDURES

10:38-6.1 Right to appeal

(a) An Interim Assistance client shall have the right to appeal an adverse eligibility decision in the following situations:

1. The client has been denied Interim Assistance by the Financial Entitlement Unit and he or she has filed an application for SSI benefits; or
2. The client has been found eligible for Interim Assistance but has subsequently been terminated from the Interim Assistance program for reasons other than the receipt of SSI benefits.

Amended by R.1990 d.370, effective August 6, 1990.

See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

Recodified from N.J.A.C. 10:38-8.1. Unit name revised.

Deleted (a)2, referring to Trial Placement Status, and recodified (a)3 as new (a)2.

Amended by R.1991 d.268, effective May 20, 1991.

See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).

Stylistic revisions.

10:38-6.2 Notice of decision and right of appeal

(a) The Financial Entitlement Unit shall, within five working days of an adverse eligibility decision, notify the client in writing of such decision and shall furnish him or

her with a summary statement giving the factual and/or legal basis upon which such decision was based.

(b) The client shall also, at the same time, be advised in writing of his or her right to appeal an adverse eligibility decision and of the procedure to be followed in filing an appeal.

(c) When a client has a legally appointed guardian, the written notification of adverse eligibility decision, the summary statement and the notice of right to appeal shall also be provided to the guardian.

Amended by R.1990 d.370, effective August 6, 1990.

See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

Recodified from N.J.A.C. 10:38-8.2.

Stylistic revisions.

Amended by R.1991 d.268, effective May 20, 1991.

See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).

Stylistic revisions, in (a).

10:38-6.3 Procedure for filing appeal

(a) The client or his or her representative may provide either written or oral notice to the Financial Coordinator of the Discharge or Financial Entitlement Office, of his or her intention to appeal an adverse eligibility decision.

(b) Such notice must be provided to the Financial Coordinator within 20 calendar days of the date of mailing of the adverse eligibility decision and summary statement to the client.

(c) The Financial Coordinator shall, within three working days of receipt of the client's notice of intention to appeal, provide the client with written acknowledgement of such receipt.

(d) A request for appeal received after the time period specified shall be denied unless an unusual situation, such as client illness, exists. In such a case an additional 10 calendar days may be allowed by the Financial Coordinator for providing notice of intention to appeal.

(e) The placement worker shall assist the client in providing the Financial Coordinator with notice of his or her intention to appeal.

Amended by R.1990 d.370, effective August 6, 1990.

See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

Recodified from N.J.A.C. 10:38-8.3.

Stylistic revisions to unit names.

Amended by R.1991 d.268, effective May 20, 1991.

See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).

In (d): stylistic revisions.

10:38-6.4 Scheduling of Financial Entitlement Unit's review—rights of client

(a) A review shall be scheduled by the Financial Entitlement Unit within 10 calendar days of receipt of the client's notice of intention to appeal.

(b) The client shall have the right to be represented at the review by a person of his/her choice.

(c) The client and his or her representative shall have the right to inspect, prior to and at the review, all Financial Entitlement Unit generated documents. The client and his or her representative shall be made aware of other documents contained in the Financial Entitlement Unit's file. These shall be made available to the client and his or her representative upon the receipt by the Financial Entitlement Unit of proper authorization from the originating person or agency.

(d) The client shall have the right to present any and all evidence which will support his or her claim and to question any evidence upon which the denial or termination of Interim Assistance was based.

Amended by R.1990 d.370, effective August 6, 1990.
See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).
Recodified from N.J.A.C. 10:38-8.4.
Stylistic revisions to unit names.

10:38-6.5 Financial Entitlement Unit's review

(a) The review shall be conducted by an employee at the supervisory level or above designated as a reviewing officer, other than the person who made the original eligibility determination. Such reviewing officer shall be thoroughly familiar with the requirements of the Interim Assistance program and relevant Social Security Administration regulations.

(b) The review shall be conducted in an informal manner and shall be limited to the development of facts relating to the appeal.

(c) Only those persons whose presence or testimony are essential, that is, persons presenting testimony and persons appearing under N.J.A.C. 10:38-6.4(b), shall be permitted to attend the review.

(d) The reviewing officer shall determine eligibility for Interim Assistance solely upon the documents and testimony submitted to him or her at the time of the review.

(e) The reviewing officer may, during the review, grant a continuance to the client if it appears in good faith that pertinent additional evidence establishing eligibility cannot be provided at that time. In any case, no continuance shall exceed 10 calendar days.

(f) If neither the client nor his or her representative appears at the scheduled review, after having received proper notification of such review, the client's appeal shall be considered to have been abandoned and the appeal shall be denied, unless the reviewing officer is provided with prior notice by the client or his or her representative of his or her inability to attend due to unavoidable circumstances. Postponement may be granted by the reviewing officer for a period not to exceed 10 calendar days from the originally scheduled review date.

(g) If a mutually satisfactory agreement between the client and the Financial Entitlement Unit is reached prior to the time of the review, the review may be cancelled by the reviewing officer, or discontinued if begun, at the client's request in writing.

Amended by R.1990 d.370, effective August 6, 1990.
See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).
Recodified from N.J.A.C. 10:38-8.5.
Stylistic revisions to unit names and citations.
Amended by R.1991 d.268, effective May 20, 1991.
See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).
Stylistic revisions throughout.

10:38-6.6 Results of the Financial Entitlement Unit's review

(a) If the reviewing officer concludes after hearing all the evidence that the client is eligible for Interim Assistance, he or she shall within five calendar days of the review notify the client and his or her representative to that effect. The reviewing officer shall also advise the Financial Entitlement Unit's staff person who made the original eligibility determination that Interim Assistance must be provided to the client effective the date of his or her placement in a community setting.

(b) If the reviewing officer concludes after hearing all the evidence that the client is ineligible for Interim Assistance, he or she shall within five calendar days of the review notify the client, his or her representative and the Financial Entitlement Unit of the decision. The reviewing officer shall advise the client and his or her representative of the client's right to have the decision reviewed at the Division level.

(c) Based on the evidence presented the reviewing officer shall prepare a written report of his or her findings summarizing what transpired at the review. Copies of this report shall be provided to the client, his or her representative, the Financial Entitlement Unit, the Chief Executive Officer of the hospital, and to the Assistant Director, Office of Fiscal and Management Operations, within five calendar days of the review.

(d) The review and resulting decision by the reviewing officer shall be treated and recognized as the initial administrative decision of the client's claim for Interim Assistance.

Amended by R.1990 d.370, effective August 6, 1990.
See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).
Recodified from N.J.A.C. 10:38-8.6.
Stylistic revisions in text regarding unit names.
Amended by R.1991 d.268, effective May 20, 1991.
See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).
Stylistic revisions throughout.

10:38-6.7 Effect of determination by the Social Security Administration

(a) If prior to the review date the Social Security Administration determines that the client is eligible for SSI benefits, then the client, if he or she meets all eligibility requirements, shall be eligible for Interim Assistance from the date of his or her placement in a community setting until he or she begins to receive SSI benefits.

(b) If, prior to the review date the Social Security Administration determines that the client is ineligible for SSI benefits, then the client's sole recourse shall be through the Social Security Administration and his or her Interim Assistance appeal shall be denied.

Amended by R.1990 d.370, effective August 6, 1990.

See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

Recodified from N.J.A.C. 10:38-8.7.

Stylistic changes.

Amended by R.1991 d.268, effective May 20, 1991.

See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).

Stylistic revisions.

10:38-6.8 Divisional review

(a) The client shall have the right to a divisional review of the Financial Entitlement Unit's reviewing officer's decision.

(b) A divisional review must be requested in writing within 10 calendar days of issuance of the Financial Entitlement Unit's reviewing officer's decision. It must be submitted to the Assistant Director, Office of Fiscal and Management Operations, Division of Mental Health and Hospitals.

(c) In an unusual situation, for example, client illness, the Assistant Director, Office of Fiscal and Management Operations, may grant an extension of time not to exceed 10 calendar days for submitting a request for divisional review.

(d) The Financial Entitlement Unit shall assist the client in requesting a divisional review.

(e) The Financial Entitlement Unit shall be responsible for advising the client regarding the availability of legal representation through the Community Health Law Project or local legal services corporation, as appropriate, and shall assist the client in communicating his or her desire for such representation.

(f) The client, and/or representative, shall be permitted to submit comments on the review, as well as additional evidence to substantiate his or her claim, to the Assistant Director, Office of Fiscal and Management Operations. Such comments and/or evidence must be submitted within 15 calendar days of the issuance of the Financial Entitlement Unit's reviewing officer's decision.

Amended by R.1990 d.370, effective August 6, 1990.

See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

Recodified from N.J.A.C. 10:38-8.8.

Stylistic revisions to unit names in text.

Amended by R.1991 d.268, effective May 20, 1991.

See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).

Stylistic revisions.

10:38-6.9 Results of divisional review

(a) The Assistant Director, Office of Fiscal and Management Operations, or his or her designee, shall review the Financial Entitlement Unit's reviewing officer's decision and shall affirm or reject such decision.

(b) The Assistant Director, Office of Fiscal and Management Operations, shall within 10 calendar days of receipt of the client's request for review notify the client, his or her representative and the Financial Entitlement Unit of the results of the divisional review.

(c) If the Financial Entitlement Unit's reviewing officer's decision is affirmed, such decision shall be treated and recognized as the final divisional determination of the client's claim for Interim Assistance. The client, his or her representative and the Financial Entitlement Unit shall be so advised.

(d) The client shall have the right to request a hearing before an Administrative Law Judge if he/she is dissatisfied with the Assistant Director's decision. Such request must be submitted to the Assistant Director within 10 calendar days of issuance of the Assistant Director's decision. Upon receipt of such request, the Assistant Director shall immediately refer the matter to the Office of Administrative Law for a hearing before an Administrative Law Judge, in accordance with the Administrative Procedure Act at N.J.S.A. 52:14B-1 et seq. and the Uniform Administrative Procedure Rules at N.J.A.C. 1:1.

(e) If the Financial Entitlement Unit's reviewing officer's decision is rejected the client shall be declared eligible for Interim Assistance benefits from the date of his or her community placement. The client, his or her representative and the Financial Entitlement Unit shall be so advised.

Amended by R.1990 d.370, effective August 6, 1990.

See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

Recodified from N.J.A.C. 10:38-8.9.

Stylistic revisions to unit names in text.

Amended by R.1991 d.268, effective May 20, 1991.

See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).

In (c): changed text from "administrative decision" to "divisional determination."

In (d): added citations to APA and UAPR.

10:38-6.10 Appeal to the hospital business manager of computation of net payment

(a) An Interim Assistance client shall have the right to appeal to the hospital business manager regarding the procedures used to compute the net payment from his or her retroactive SSI check.

(b) Within five working days of receipt of the retroactive SSI check by the hospital, the business manager or designee shall provide the client with a statement detailing the manner in which the net payment was computed. The client shall also be provided with a written statement regarding his or her right to appeal such computation.

(c) The client shall within 20 calendar days of mailing of the above statement be required to serve written or oral notice upon the hospital business manager of his or her dissatisfaction with the computation and of his or her intention to appeal.

(d) The Financial Entitlement Unit shall assist the client in communicating to the hospital business manager his or her intention to appeal.

Amended by R.1990 d.370, effective August 6, 1990.

See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

Recodified from N.J.A.C. 10:38-8.10.

Stylistic revisions to unit names in text. In (b): added reference to hospital business manager or designee.

Amended by R.1991 d.268, effective May 20, 1991.

See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).

Stylistic revisions throughout.

10:38-6.11 Business manager's review

(a) The hospital business manager shall schedule a conference with the client within 10 calendar days of receipt of the client's request for a review.

(b) The business manager, or his or her designee, shall meet with the client as scheduled and explain to him or her the procedures used to compute the net payment from the client's retroactive SSI check.

(c) The business manager, or his or her designee, shall recheck computation of the amount of the net payment.

(d) The review shall be conducted in an informal manner and shall be limited to the procedures described in (b) and (c) above.

(e) The client shall have the right to be represented at the review by a person of his or her choice.

(f) The client shall have the right to present any and all evidence that would support his or her claim for a larger net payment.

(g) The business manager, or his or her designee, may require the attendance of the Financial Coordinator and/or placement social worker at the review for the purpose of assisting the client and the business manager in the full development of facts.

Amended by R.1990 d.370, effective August 6, 1990.

See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

Recodified from N.J.A.C. 10:38-8.11.

Stylistic revisions in text.

Amended by R.1991 d.268, effective May 20, 1991.

See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).

Stylistic revisions to (b) and (c).

10:38-6.12 Results of business manager's review

(a) The business manager shall advise the client and the client's representative of his or her decision in writing within five calendar days of the review. Copies of this notice shall also be provided to the Discharge or Financial Entitlement Unit, the Chief Executive Officer of the hospital, and the Assistant Director, Office of Fiscal and Management Operations.

(b) The business manager, or his or her designee, shall advise the client of his or her right to a divisional review.

(c) The business manager shall forward to the Assistant Director, Office of Fiscal and Management Operations, within three working days of the issuance of the notice to the client, a written summary report of the business manager's conference with the client.

(d) The business manager's review and resulting decision shall be treated and recognized as the initial administrative decision of the client's claim for a larger net payment.

Amended by R.1990 d.370, effective August 6, 1990.

See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

Recodified from N.J.A.C. 10:38-8.12.

Stylistic revisions to unit names in text.

Amended by R.1991 d.268, effective May 20, 1991.

See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).

Stylistic revisions in (a).

10:38-6.13 Divisional review

(a) The client shall have the right to a divisional review of the procedure used by the business manager in computing the client's net payment from his or her retroactive SSI check.

(b) A divisional review must be requested in writing within 10 calendar days of issuance of the business manager's decision and must be submitted to the Assistant Director, Office of Fiscal and Management Operations.

(c) The Discharge or Financial Entitlement Unit shall assist the client in requesting a divisional review.

(d) The Discharge or Financial Entitlement Unit shall be responsible for advising the client regarding the availability of legal representation through the Community Mental Health Law Project or local legal services corporation, as appropriate, and shall assist the client in communicating his or her desire for such representation.

Amended by R.1990 d.370, effective August 6, 1990.

See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

Recodified from N.J.A.C. 10:38-8.13.

Stylistic revisions to unit names in text.

Amended by R.1991 d.268, effective May 20, 1991.

See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).

Stylistic revisions in (a) and (b).

10:38-6.14 Results of divisional review

(a) The Assistant Director, Office of Fiscal and Management Operations, or his or her designee, shall review the business manager's computation of the client's net payment and shall affirm or reject such computation.

(b) The Assistant Director, Office of Fiscal and Management Operations shall within 10 calendar days of receipt of the client's request for a review notify the client, his or her representative, the business manager and the Financial Entitlement Unit of the results of the divisional review.

(c) If the business manager's computation is affirmed, such decision shall be treated and recognized as the final administrative decision of the client's claim for a larger net payment. The client, his or her representative, the business manager and the Discharge or Financial Entitlement Unit shall be so advised.

(d) The client shall have the right to request a further hearing before an Administrative Law judge if he or she is dissatisfied with the Assistant Director's decision. Such request must be submitted to the Assistant Director within 10 calendar days of issuance of the Assistant Director's decision. Upon receipt of such request, the Assistant Director shall immediately refer the matter to the Office of Administrative Law for scheduling of a hearing before an Administrative Law judge, pursuant to the Administrative Procedures Act, N.J.S.A. 52:14B-1 et seq.

(e) If the business manager's computation is rejected the Assistant Director, Office of Fiscal and Management Operations, shall direct the business manager to issue a corrected payment to the client. Such payment shall be issued within five calendar days of issuance of the Assistant Director's decision.

Amended by R.1990 d.370, effective August 6, 1990.

See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

Recodified from N.J.A.C. 10:38-8.14.

Stylistic revisions to unit names in text.

In (d): added APA citation.

Amended by R.1991 d.268, effective May 20, 1991.

See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).

Stylistic revisions in (b) and (e).

SUBCHAPTER 7. CLIENT INCOME AND RESOURCE MONITORING

10:38-7.1 Purpose

(a) The purpose of the income and resource monitoring system described in this section is to:

1. Preclude the duplication of Personal Needs Allowance and maintenance payments to Interim Assistance clients; and
2. Provide the hospital business manager with standard procedures for effecting recoveries of Interim Assistance granted.

Recodified from N.J.A.C. 10:38-9.1 by R.1990 d.370, effective August 6, 1990.

See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

10:38-7.2 Responsibilities of the hospital business manager

(a) The hospital business manager shall be responsible for recouping Interim Assistance payments made, first from the client's retroactive SSI check, then from the client's

personal funds, when accessible, and finally from the client's other resources.

(b) The net balance of the client's Federal annuity funds controlled by the hospital shall be directed with SSA approval to the client upon his or her discharge.

Amended by R.1990 d.370, effective August 6, 1990.

See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

Recodified from N.J.A.C. 10:38-9.2. Stylistic revisions.

Amended by R.1991 d.268, effective May 20, 1991.

See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).

In (b): added phrase, "... the client's Federal annuity ..." and added "with SSA approval" regarding the net balance of funds to be directed to the client upon his or her discharge.

Amended by R.1994 d.75, effective February 22, 1994.

See: 25 N.J.R. 3697(a), 26 N.J.R. 1088(a).

10:38-7.3 Chief Executive Officer as representative payee for client income

(a) When the Chief Executive Officer of the hospital is payee for the client's available income other than Interim Assistance, the hospital business manager may recoup Interim Assistance expenditures as client income payments are received and shall deposit recoveries in the Interim Assistance account.

(b) The business manager shall notify the client in writing that recoveries may be made in this manner.

Amended by R.1990 d.370, effective August 6, 1990.

See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

Recodified from N.J.A.C. 10:38-9.3. Stylistic revisions.

Amended by R.1991 d.268, effective May 20, 1991.

See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).

In (b): stylistic revision to text.

10:38-7.4 Client or non-institutional agent as payee for available client income

(a) The Business Manager's Financial Inquiry form (Appendix G) shall be mailed to the client, the housing provider or outside payee at the end of each month that the client is eligible for and receives Interim Assistance payments. Unless the client is residing within his or her own family or home, invoice form AR 50/54 for next month's payment shall be attached to the Financial Inquiry form sent to the housing provider.

(b) When the Financial Inquiry form is returned to the hospital business manager showing additional Federal annuity income, the business manager shall direct the client and/or payee in writing to make payments from the additional income directly to the housing provider in accordance with the Payee Agreement. Should the client or payee refuse to pay the provider directly, the business manager shall calculate and disburse the proper maintenance payment in accordance with N.J.A.C. 10:38-4.3(e). The business manager shall further initiate the steps indicated in N.J.A.C. 10:38-7.6 and 7.7.

Amended by R.1990 d.370, effective August 6, 1990.

See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

Recodified from N.J.A.C. 10:38-9.4. Stylistic revisions.

In (a): added "... or at the end of placement ..." In (b): Added "... For next month's payment ..." added "or outside payee" to text. Amended by R.1991 d.268, effective May 20, 1991. See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).

In (a): added final sentence regarding client payments directly to the housing provider.

In (c): added phrase "Federal annuity income" and text with provisions for situations in which the client fails to pay the provider if he or she has agreed to pay the provider directly.

Amended by R.1994 d.75, effective February 22, 1994.

See: 25 N.J.R. 3697(a), 26 N.J.R. 1088(a).

10:38-7.5 Client or non-institutional agent as payee for anticipated income

(a) When an Interim Assistance client or representative payee has not begun to receive anticipated other income payments, the Business Manager's Financial Inquiry form shall be mailed to the client or to the housing provider at the end of each month that the client is eligible for and receives Interim Assistance payments. Unless the client is residing within his or her own family or home, invoice form AR 50/54 for next month's payment shall be attached to the inquiry form sent to the housing provider.

(b) When the Financial Inquiry form indicating available income is returned to the business manager, he or she shall direct the client to make payments directly to the housing provider in accordance with the Payee Agreement.

Amended by R.1990 d.370, effective August 6, 1990.

See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

Recodified from N.J.A.C. 10:38-9.5. Stylistic revisions.

In (a): added "... for next month's payment ..."

Amended by R.1991 d.268, effective May 20, 1991.

See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).

In (b): added phrase "... or directly to the housing provider at the provider's option."

Amended by R.1994 d.75, effective February 22, 1994.

See: 25 N.J.R. 3697(a), 26 N.J.R. 1088(a).

10:38-7.6 Refusal to honor payee agreement—client

(a) When an Interim Assistance client refuses to honor the Payee Agreement, the following procedures shall be followed:

1. The business manager shall notify the Financial Entitlement Unit of this fact;
2. A representative of the Discharge or Financial Entitlement Unit shall within five working days visit the client and review the Payee Agreement with him or her;
3. The business manager shall continue to make full Interim Assistance payments until the client's discharge if the client makes full reimbursement to the hospital; and
4. Interim Assistance shall be terminated immediately if the client continues to refuse to make reimbursement.

Amended by R.1990 d.370, effective August 6, 1990.

See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

Recodified from N.J.A.C. 10:38-9.6. Stylistic revisions.

Amended by R.1991 d.268, effective May 20, 1991.

See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).

Stylistic revisions in (a)2.

10:38-7.7 Refusal to honor payee agreement—representative payee

(a) When a representative payee refuses to honor the Payee Agreement or questions any of its stipulations, the following procedures shall be followed:

1. The hospital business manager shall notify the Financial Coordinator of this fact;
2. The Financial Entitlement Unit shall within five working days contact the representative payee, clarify the situation and encourage him or her to comply with the Payee Agreement;
3. The Financial Entitlement Unit shall have the client initiate necessary procedures to have a new representative payee appointed if compliance with the terms of the Payee Agreement is not forthcoming;
4. Interim Assistance payments shall continue while payee reassignment is being effected; and
5. Interim Assistance shall be terminated immediately if the client fails or refuses to have a new representative payee appointed.

Amended by R.1990 d.370, effective August 6, 1990.

See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).

Recodified from N.J.A.C. 10:38-9.7. Stylistic revisions.

Amended by R.1991 d.268, effective May 20, 1991.

See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).

In (a)2, stylistic revisions.

Amended by R.1994 d.75, effective February 22, 1994.

See: 25 N.J.R. 3697(a), 26 N.J.R. 1088(a).

10:38-7.8 Termination of Interim Assistance

(a) When notified by the Financial Entitlement Unit that the client's Interim Assistance has been terminated, the business manager shall:

1. Mail a form FS-9, Business Manager's Statement to SSI Recipient, reflecting Interim Assistance payments made and recoveries effected, to the client within five working days of Interim Assistance termination together with a bill for any outstanding balance;
2. Refer to the Discharge or Financial Entitlement Unit, within 30 calendar days after mailing of the bill, instances of failure by the client and/or representative payee to make payment of any outstanding balance to the hospital;
3. The Discharge or Financial Entitlement Unit shall review the matter with the client and/or representative payee, as necessary, in an effort to effect reimbursement; and
4. If the client and/or representative payee continue to fail or refuse to make payment to the hospital of any outstanding balance, the Discharge or Financial Entitlement Unit shall immediately refer the matter to the Division of Mental Health and Hospitals' attorney for possible legal action.

Amended by R.1990 d.370, effective August 6, 1990.
See: 21 N.J.R. 2280(a), 22 N.J.R. 2306(a).
Recodified from N.J.A.C. 10:38-9.8, with stylistic revisions.

Amended by R.1991 d.268, effective May 20, 1991.
See: 23 N.J.R. 261(b), 23 N.J.R. 1686(a).
In (a)2, stylistic revisions.

INTERIM ASSISTANCE STATEMENT

I have been made aware of the Interim Assistance Program and its requirements, and understand my rights and responsibilities as a recipient of Interim Assistance.

I am _____ am not _____ interested in applying for Interim Assistance.

Signature: _____

Witness: _____

Date: _____

Sample Form
Distribution:
Financial Coordinator (original)
Client
Hospital Social Worker

FORM MH-30
(Rev. 1/90)

AUTHORIZATION FOR REIMBURSEMENT OF INITIAL SUPPLEMENTAL SECURITY INCOME (SSI) PAYMENT OR INITIAL SSI POSTELIGIBILITY PAYMENT (MH-30)—COMMUNITY PLACEMENTS

GR CODE 31999

(APPLICANT'S NAME)	(SOCIAL SECURITY NUMBER)
(MAILING ADDRESS)	(HOSPITAL)

I understand and authorize that:

For Interim Assistance to be granted to me, and upon the approval for Supplemental Security Income benefits, the Secretary of Health and Human Services will forward to the New Jersey Division of Mental Health and Hospitals my (check one):

- _____ initial SSI payment.
- _____ initial SSI posteligibility payment.

A check in the same amount will be sent to the Business Manager of the hospital specified above. I further authorize said Business Manager to deduct from my (check one):

- _____ initial SSI payment as reimbursement an amount equal to the total amount of Interim Assistance which I received from this hospital (not including assistance payments financed wholly or partially with federal funds) from the date I filed an application for SSI and became eligible for benefits through the month in which my SSI benefits begin.
- _____ initial posteligibility payment as reimbursement an amount equal to the total amount of Interim Assistance I received from this hospital (not including assistance payments financed wholly or partially with federal funds) from the date my SSI benefits are subsequently reinstated after a period of suspense or termination and ending with and including the month my SSI benefits resume.

However, if the hospital has prepared and cannot stop delivery of its last assistance payment when it receives my retroactive SSI benefit payment from the Social Security Administration, that payment is included as Interim Assistance to be reimbursed.

I understand that the payment to me and a written explanation showing how the balance was calculated will be made within five working days after the Business Manager receives the Supplemental Security Income check.

I further understand that if I disagree with the amount of the deduction made by the Business Manager, I have the right to an administrative review by the NJ Division of Mental Health and Hospitals. I must make the request for a review through the Department of Human Services, Division of Mental Health and Hospitals, CN-727, Trenton, NJ 08625.

I understand that this signed authorization is effective for (1) one year from the date it is received by the above Agency and it will cease to have effect at the end of one year unless:

- I file for SSI on or before that time, or my case is completely decided, or the above Agency and I mutually agree to terminate this authorization, or
- I appeal my suspension or termination on or before that time, or my SSI case is completely decided, or the above Agency and I mutually agree to terminate this authorization.

In addition, I understand that signing this authorization form means I want to file for SSI benefits. I also understand that I must file an SSI application with a social security office for the Social Security Administration to decide if I am eligible for SSI benefits. I understand that if I am found eligible for SSI benefits that my eligibility for SSI can begin as early as the date the Hospital receives this signed authorization, but only if I file the SSI application within 60 days from the date the above agency receives this signed authorization.

DATE _____

SIGNED _____

ADDRESS _____

NEW JERSEY DEPARTMENT OF HUMAN SERVICES, DIVISION OF MENTAL HEALTH AND HOSPITALS

Form MH-30
(Reverse Side) (Revised January 1994)

NEW JERSEY DEPARTMENT OF HUMAN SERVICES, DIVISION OF MENTAL HEALTH AND HOSPITALS
STATEMENT BY HOSPITAL BUSINESS MANAGER

(Name of Business Manager) (Hospital)

As Business Manager of the above Hospital, I agree to provide necessary assistance to or on behalf of the stated individual who is a bonafide SSI applicant for those goods and services required during the period while the application for SSI is being investigated.

The original copy of this completed form will be sent within 24 hours to the local Social Security District Office.

If a check is received from the Social Security Administration via the Treasurer, State of New Jersey on behalf of the applicant, I will make certain that I will deduct from such check an amount equal to the total assistance granted during this period, and I will pay the balance, if any, within five working days of receipt of the check to the applicant with a completed copy of the Form FS-9 explaining how the amount was computed.

All accounts and records dealing with this activity will be available for examination by duly authorized State and/or Federal representatives.

The retroactive SSI check, payable to "Treasurer, State of New Jersey", is to be mailed to the Division of Mental Health and Hospitals at the following address:

NJ Division of Mental Health and Hospitals
Fiscal and Management Operations
Capital Center CN-727
Trenton, NJ 08625

Hospital Business Manager's Signature Date

- Distribution
- SSA (original)
- Business Manager
- Client
- Financial Coordinator

NEW JERSEY DEPARTMENT OF HUMAN SERVICES
Division of Mental Health and Hospitals
CONTRACT FOR INTERIM ASSISTANCE

THIS AGREEMENT made on this _____ day of _____ in the year _____ :

WITNESSETH, that I, _____

the undersigned, for and in consideration of payments to be made to me as provided herein, do hereby covenant and agree as follows:

1. I AGREE to accept into my home _____
from the _____
(Hospital Name)
and agree to furnish said individual with food, lodging, and other usual and necessary incidentals for the proper maintenance of the said individual and his or her well being.

2. I AGREE to accept the sum of \$ _____ per day (\$ _____ per month) from the _____
(Hospital)
_____ at _____
(Location)

as compensation for maintenance that I shall furnish the said individual. I further understand that the above agreed upon daily compensation rate is established at rates determined by the Social Security Administration in conjunction with the Commissioner of the Department of Human Services and is payable after the services have been provided. Individuals with other income shall make payments directly to the housing provider.

3. I AGREE to immediately contact the _____
(Designated Emergency Screening Service)
by telephone in the event of need for emergency medical or psychiatric care, notifying them of the full details of the said individual's condition and to abide by such directions as shall be given. In the event of serious emergency medical or psychiatric care, I will

contact the _____
(Designated Emergency Screening Service)

immediately by telephone after care has been given notifying them of the full details.

4. I AGREE to give the _____
(Hospital)

_____ at _____
(Location)

thirty (30) calendar days notice in writing of my intention to terminate this contract; otherwise it shall continue in full force and effect as long as the said individual is under my care, or is subject to termination notice if standards are not maintained.

IN WITNESS WHEREOF, I hereunto set my hand the year and day first written above.

(Signature of Home Operator and/or Responsible Family Member)

Signed and delivered
in the presence of

Witness

CERTIFICATION NOTE:

An Interim Assistance Payee is not entitled to receive dual payments for care provided. A sponsor must therefore: (1) notify the hospital upon learning that a resident received his or her first SSI or other payment and also provide the effective date of such payment; (2) refund the hospital the amount of Interim Assistance payments received after the first SSI or other payment is received if such payment represents duplicate compensation; (3) refund the hospital the amount of Interim Assistance funds from the retroactive SSI payment, which represents a duplicate payment to me for the time period from SSI application to receipt of funds; and (4) notify the hospital immediately should the client terminate residence at the home.

STATEMENT
STATE

MANAGER
OSPITAL

(Hospital)

(Client Name)

(Business Manager)

(Client Social Security #)

As Business Manager of the above-named State Psychiatric Hospital, I agree to authorize commitment of funds for Interim Assistance to, or on behalf of, the stated client. The client must be a bonafide SSI applicant for those goods and services required during the period while the application for SSI is being investigated.

The original copy of this completed form will be sent to the local Social Security Administration (SSA) District Office. One copy will go to the Discharge/Financial Coordinator or equivalent at the above-noted hospital.

If an SSI check is received from the SSA on behalf of the applicant (client), I will arrange to deposit it into the client's patient trust account. I will arrange to pay to the hospital's Interim Assistance account an amount equal to the total recoverable assistance granted during this period. The hospital will pay to the applicant the balance, if any, within five (5) business days from the date of receipt of the check by the office cited below. The payment will be accompanied by a completed copy of Form FS-9, explaining how the hospital computed the amount.

All accounts and records dealing with this activity shall be available for examination by duly authorized State and/or Federal representatives.

Under the Interim Assistance Placement procedure funded through the Division of Mental Health and Hospitals, recipient's first check should go to:

Treasurer, State of New Jersey
Division of Mental Health and Hospitals
c/o Robert P. Immordino, Assistant Director
Fiscal and Management Operations
CN 727
Trenton, New Jersey 08625-0727

(Date)

(Signature of Business Manager)

Distribution:

SSA/DO—Original Discharge/Financial Coordinator
Business Manager

Form FS-10 (Revised—January, 1991)

PAYEE AGREEMENT

I understand that I, as an Interim Assistance recipient, will have my community maintenance paid in full or part by the Division of Mental Health and Hospitals until a determination of my SSI claim is made. The Division will also supplement my personal needs expenses, when necessary.

I also understand that income available to me or my representative payee while I am an Interim Assistance recipient, up to the normal monthly room and board rate, must be turned over to _____ toward payment of room and board expenditures. (Housing Provider)

I therefore agree:

1. To notify the Business Manager, _____ Psychiatric Hospital, when income or resources from any source becomes available to me or my representative payee; and
2. To turn over all income or resources received by me (but not exceeding my monthly room and board rate) to the _____, until recurring SSI is available. (Housing Provider)
3. That, if there are insufficient recoverable funds available from the initial SSI retroactive check for full reimbursement of Interim Assistance funds granted, the balance owing may be recovered by the hospital business office from other sources of funds available to me.

In the event that a representative payee selected by me fails to abide by the terms of this agreement, I will take the necessary steps to have a new representative payee appointed.

Witness: _____ Signature: _____

Date: _____ Address: _____

I, _____, agree to the terms stated above and will send, when billed, all funds received by me on behalf of _____ (client) to the Business Manager, _____ Psychiatric Hospital.

I understand that these funds will be used as partial reimbursement for Interim Assistance granted to _____ (client). This agreement will remain in effect until such time as I am notified by the Business Manager, _____ Psychiatric Hospital, to redirect these payments.

Witness: _____ Signature: _____

Address: _____

Date: _____

Sample Form
Distribution:
Business Manager—original
Client
Representative Payee
Financial Coordinator

APPENDIX F

STATE OF NEW JERSEY PAYMENT VOUCHER (VENDOR INVOICE)		DOCUMENT				BATCH				ACTG PER				
		VC	AGY	NUMBER	VC	AGY	NUMBER							
PP START		SCHED PAY		CHKG	OFF	F	RF	CR	(A) VENDOR ID NUMBER					
MO	DAY	YR	MO	DAY	YR	CAT	LAB	A				TY	FL	
PO #		PV DATE												
CONTRACT NO	AGENCY REF	BUYER	(B) TERMS	PAYEE: SEE INSTRUCTIONS FOR COMPLETING ITEMS (A) THROUGH (G)				(C) TOTAL AMOUNT						
(D) PAYEE NAME AND ADDRESS						(E) SEND COMPLETED FORM TO								
<p>(F) PAYEE DECLARATIONS</p> <p>I CERTIFY THAT THE WITHIN PAYMENT VOUCHER IS CORRECT IN ALL ITS PARTICULARS, THAT THE DESCRIBED GOODS OR SERVICES HAVE BEEN FURNISHED OR RENDERED AND THAT NO BONUS HAS BEEN GIVEN OR RECEIVED ON ACCOUNT OF SAID DOCUMENT.</p> <p style="text-align: right;">PAYEE SIGNATURE</p> <p style="text-align: right;">PAYEE TITLE BILLING DATE</p>														
LINE NO		REFERENCE				(G) PAYEE REFERENCE								
		CD	AGY	NUMBER	LINE									
1														
2														
3														
		FUND	AGCY	ORG CODE	SUB-ORG	APPR UNIT	ACTIVITY CD	OBJECT CD	SUB-OBJ	REV BRCH	SUB-REV	PROJECT/JOB NO		
1														
2														
3														
		RPT CT	BE ACT	DT	DESCRIPTION			QUANTITY	AMOUNT			ID	PF	TX
1														
2														
3														
ITEM NO.	COMMODITY CODE/DESCRIPTION OF ITEM				QUANTITY	UNIT	UNIT PRICE	AMOUNT						
TOTAL														
CERTIFICATION BY RECEIVING AGENCY: I certify that the above articles have been received or services rendered as stated herein.						CERTIFICATION BY APPROVAL OFFICER: I certify that the Payment Voucher is correct and full, and payment is approved.								
Signature						Authorized Signature								
This Date						This Date								

WHITE - Original CANARY - Duplicate

PAYEE INSTRUCTIONS
ITEMS (A) THROUGH (G) ARE TO BE COMPLETED BY PAYEE

- (A) VENDOR IDENTIFICATION NUMBER**
Complete the payee identification field with the federal employer identification number assigned to the business or the social security number if the payee is an individual.
- (B) TERMS**
The terms of sale, such as "Net," "2% fifteen days," etc.
- (C) TOTAL AMOUNT**
Enter the total amount of this payment voucher.
- (D) PAYEE NAME AND ADDRESS**
The name of the individual or company to whose name the check shall be drawn and the complete address where the check shall be mailed.
- (E) SEND COMPLETED FORM TO:**
The Department, Division, Bureau or Institution to whom the materials or services were furnished.
- (F) PAYEE DECLARATION**
Payee must sign the declaration and date the payment voucher is prepared.
- (G) PAYEE REFERENCE NUMBER**
Payee must show his own invoice or billing number or any other identification for reference purposes. This information is recorded on the check stub and aids the payee to identify the invoices which have been paid. Do not use more than 30 characters.

PAYEE IS TO COMPLETE THE SCHEDULE OF ITEMS OR SERVICES SHOWING QUANTITY, UNIT, DESCRIPTION, UNIT PRICE AND AMOUNT. IF THE NUMBER OF ITEMS EXCEEDS THE SPACE, ATTACH A SCHEDULE SHOWING THE REQUIRED INFORMATION.

TO INSURE PROMPT PAYMENT, SEND COMPLETED PAYMENT/VOUCHER TO
THE DEPARTMENT/AGENCY SHOWN IN ITEM (E)

VENDORS MAY BE ENTITLED TO INTEREST ON PAYMENT VOUCHERS IF PAYMENT IS NOT
MADE WITHIN 60 DAYS OF THE DATE OF ACCEPTANCE OF A PROPERLY EXECUTED PAYMENT
VOUCHER OR RECEIPT OF GOODS OR SERVICES, WHICHEVER IS LATER. INQUIRIES SHOULD
BE MADE DIRECTLY TO THE DEPARTMENT OR AGENCY SHOWN IN ITEM (E)

V 3/93

APPENDIX G

BUSINESS MANAGER'S FINANCIAL INQUIRY

Re: _____
(Client)

Dear _____ :
(Housing Provider)

Please respond to the following questions and return to me within 5 days of receipt.

Has the above named client received:

	YES	NO
Supplemental Security Income payment?	<input type="checkbox"/>	<input type="checkbox"/>
A Social Security benefit?	<input type="checkbox"/>	<input type="checkbox"/>
Any other type of payment (<i>specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>

If your answer is "yes" to any of these questions, please provide the following information:

Date Payment was received _____

Type of Payment _____

Amount of Check(s) _____

Check(s) issued to (name) _____

Business Manager

Housing Provider

Client

Sample Form
Distribution:
Housing Provider—Original
Client
Business Manager

BUSINESS MANAGER'S STATEMENT TO SSI RECIPIENT

(Client's Name) (Date)

The Social Security Administration has sent us a check representing your retroactive and initial benefits from the SSI Program.

According to the authorization you gave us on Form MH-30 (Payee Agreement), we have applied to that check an amount equal to the amount of recoverable assistance we gave you while your application for SSI was being processed or your SSI payment was suspended or terminated, as follows:

- 1. Amount of Interim Assistance provided \$ _____
- 2. Amount of SSI check \$ _____
- 3. Patient Trust Fund balance \$ _____
- 4. Total available resources (2 + 3) \$ _____
- 5. Amount of assistance hospital can recover \$ _____
- 6. Amount of assistance given to you by county/local welfare agencies \$ _____
- 7. Amount of assistance recovered from PTF balance \$ _____

8. Net amount due you (4-5-6-7) (check enclosed) \$ _____

9. Net amount due State Treasurer (1-5-7) (bill enclosed) \$ _____

If you disagree with this computation, you have the right to come to this office to discuss the matter. If after such discussion you are not satisfied, you may contact the State Division of Mental Health and Hospitals to request an administrative review. You should make the request through the Department of Human Services, Division of Mental Health and Hospitals, CN 727, Trenton, New Jersey 08625-0727.

(Hospital)

(Name, Title)

Distribution:

Client—Original
Business Manager
Division Fiscal Officer

Social Service Director
Placement/Financial Coordinator

Form FS-9 (Revised—January, 1994)

STATE OF NEW JERSEY
 DEPARTMENT OF HUMAN SERVICES
 BILLING CLASSIFICATION REPORT

INSTITUTION _____ EFFECTIVE DATE _____

PART I	LAST	FIRST	MIDDLE	SERIAL NO.	SEX
NAME OF PATIENT _____					

- | | |
|---|---|
| <p>A— Type of Entry</p> <ul style="list-style-type: none"> 1 — By court order 2 — In residence over 90 days 3 — Amended court order 4 — Other 5 — Certification (M.A.A.) 6 — Amended certification (M.A.A.) 7 — Certification M.A. (MEDICAID) 8 — Amended certification M.A. (MEDICAID) 9 — Certification M.A. (MEDICAID UNDER 21) 0 — Amended certification M.A. (MEDICAID UNDER 21) | <p>B— Type of Billing Status</p> <ul style="list-style-type: none"> 1 — County regular 2 — County regular with contributions 3 — County criminal 4 — County criminal with contributions 5 — Private 6 — State indigent 7 — State indigent with contributions 8 — Sex offender 9 — No charge, special cases or other 0 — M A A (Medical Assistance to the Aged) X — M A (MEDICAID) Y — Excess contributions Z — M A (MEDICAID UNDER 21) |
|---|---|

C-- For Patients With Contributions Only
Rates Per Court Order

D-- County of Charge _____

County of Commitment _____

- 1 \$ _____ Daily
- 2 \$ _____ Weekly
- 3 \$ _____ Monthly

PART II Prior Month or Prior Year Charges (see instructions)

	DESCRIPTION	NO. OF DAYS	RATE	AMOUNT
X	Prior month charges—M A (MEDICAID) _____			
Y	Prior month charges—Excess contributions _____			
Z	Prior month charges—M A. (MEDICAID UNDER 21) _____			
0	Prior month charges—M.A.A. _____			
1	Prior month charges—County regular billing _____			
2	Prior year charges—County separate billing _____			
5	Prior charges—Private _____			
6	Prior charges—State contributing _____			

PART III Payer's Name and Address for Private or State Contributory Accounts

First Line _____ Fourth Line _____

Second Line _____ Fifth Line _____

Third Line _____ Sixth Line _____

FORM 1113 _____ Number _____

SOCIAL SECURITY ADMINISTRATION
Supplemental Security Income
Notice of Interim Assistance Reimbursement

229

Date: _____

Social Security Number: _____

GR Code: _____

ACTION REQUIRED BY THE STATE

Complete the State's Accountability Report using the information in the "PAYMENT SUMMARY". Return all but this page of the notice to the Social Security Administration within 30 days of receipt of the Interim Assistance Reimbursement check.

THINGS TO REMEMBER WHEN DETERMINING YOUR AMOUNT OF REIMBURSEMENT

- Federally Reimbursable IA is assistance from State or local funds to an individual for meeting basic needs either during the period beginning with the first day for which such individual was eligible for SSI benefits; or, beginning with the first day for which the individual's benefits were suspended or terminated, if the individual was subsequently found to have been eligible for such benefits, and ending with (and including) the month payment is made.
- You may recoup interim assistance you paid for any month in a period as defined above. You may not recoup for any months prior to the month for which you began paying interim assistance in this period. If a month is not listed in the "Payment Summary" you cannot recoup the assistance you paid for that month.
- In cases where SSI payments were prorated, you must prorate the amount you recover for that month. You cannot recover the difference you paid for a prorated month from any other month. You can determine that a month's payment was prorated if the day is other than the first of the month.
- Assistance payments financed in whole or part from Federal funds (e.g., AFDC) do not come within the meaning of interim assistance.
- Excess IAR payments are to be made to the individual within 10 working days of receipt of the reimbursement check.

SSA-I.8125

CLAIMANT INFORMATION

Initial Claim

Date of SSI Eligibility: _____

Amount of SSI Retroactive Payment: _____

Amount and Month of Recurring SSI Payment: _____

STATE'S ACCOUNTABILITY REPORT

	AMOUNT	DATE RECEIVED	DATE SENT
1. Amount of reimbursement check the State received from SSA			
2. Amount of interim assistance paid to the individual			
3. Amount of the reimbursement check retained by the State			
4. Amount of the reimbursement check forwarded to the individual			
5. Amount of reimbursement check returned to SSA			
DATE NOTICE RECEIVED	FIRST MONTH FOR WHICH YOU PAID IA THIS PERIOD	NOTE: Total of items 3, 4, and 5 should equal the amount shown in item 1	

CERTIFICATION STATEMENT

I certify that the above is a true statement of receipts and disbursements under our agreement with the Secretary of Health and Human Services for the purpose of furnishing interim assistance to individuals as established by P.L. 93-368, as amended.

Signature	Title and Agency	Date
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PAYMENT SUMMARY

FROM	THROUGH	AMOUNT PAID EACH MONTH
------	---------	---------------------------

SSA-1 8125

Form Approved
OMB No. 0960

Social Security Administration

PHYSICIAN'S/MEDICAL OFFICER'S STATEMENT OF PATIENT'S CAPABILITY TO MANAGE BENEFITS

This report is authorized by sections 205(a) and 205(j) of the Social Security Act, as amended (42 U.S.C. 405(a) and 405(j)). While you are not required to respond, your cooperation will help us decide whether any Social Security benefits that may be due should be paid directly to the patient or to someone else on the patient's behalf. Your cooperation in completing and returning this statement will be appreciated. **TIME IT TAKES TO COMPLETE THIS FORM** We estimate that it will take you about 5 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. If you have comments or suggestions on this estimate, or on any other aspect of this form, write to the Social Security Administration, ATTN: Reports Clearance Officer, 1-A 21 Operations Bldg., Baltimore, MD 21218, and to the Office of Management and Budget Paperwork Reduction Project (0900-0024), Washington, DC 20503. Do not send complete form or information concerning any claim to these offices.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it. These and other reasons why information about you may be used or given out are explained in the Federal Register. If you want to learn more about this, contact any Social Security Office.

In replying, use this address:
SOCIAL SECURITY ADMINISTRATION

TELEPHONE NUMBER (Include Area Code)
() - -

DATE

SSA CONTACT

IDENTIFYING INFORMATION (SSA Only)

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON

SOCIAL SECURITY NUMBER

The patient shown on the back of this form has filed for or is receiving Social Security or Supplemental Security Income checks. We need you to complete this form and return it to us in the enclosed envelope to help us decide if we should pay this person directly or if he or she needs a representative payee to handle the funds. Please Note: This determination affects how benefits are paid and has no bearing on disability determinations. Thank you for your help.

Who Is A Representative Payee

A representative payee is someone who manages the patient's money to make sure that his or her needs are met. The payee has a strong and continuing interest in the patient's well-being and is usually a family member or close friend.

Who Needs A Representative Payee

Some individuals age 18 or older are not capable of handling their funds or directing others how to handle them to meet their basic needs, so we select a representative payee to receive their checks. People may be incapable because of impairments such as senility, severe brain damage or chronic schizophrenia. People who have physical impairments or mental impairments may need help with bill paying, etc., but that does not necessarily mean they are incapable of managing their own money.

PLEASE COMPLETE THE INFORMATION ON THE REVERSE OF THIS FORM

FORM SSA-787 (9-89) Destroy Prior Editions

PATIENT'S NAME <i>(If different from wage earner or self-employed person)</i>		PATIENT'S ADDRESS <i>(Number and street, City, State, and ZIP code)</i>
PATIENT'S SOCIAL SECURITY NUMBER _____	PATIENT'S DATE OF BIRTH _____	

1. Date you last examined the patient _____.
2. Do you believe the patient is able to manage or direct the management of benefits in his or her own best interest?

By this we mean:

- Can the patient understand and act on the ordinary affairs of life, such as providing for own adequate food, housing, clothing, etc.?
- Does the patient have severe physical impairments that prevent him or her from not only managing funds, but also directing others as to how to manage them?

Yes
 No
 Unsure

Note: If "Yes", please omit question 3, but be sure to sign and date the form. If "No", please provide a brief summary of the findings that led to this conclusion. Also, complete question 3. If "unsure", please explain.

3. Do you expect the patient to be able to manage funds in the future (for example, if the patient is temporarily unconscious)?

Yes No

If yes, please explain.

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS AND ANSWERS ARE TRUE TO THE BEST OF MY KNOWLEDGE.

NAME OF PHYSICIAN/MEDICAL OFFICER <i>(Please Print)</i>	TITLE
---	-------

ADDRESS <i>(Number and street, City, State and ZIP code)</i>	TELEPHONE NUMBER <i>(Include Area Code)</i> ()- -
--	---

SIGNATURE OF PHYSICIAN/MEDICAL OFFICER	DATE
--	------

FORM SSA-787 (9-89)

*U.S. GPO: 1989-261-237/00016

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

Last Name First Name Mi Health Services Program Case No. Person Number

NOTICE TO PROVIDERS

This form identifies the person listed above as eligible for authorized services under the New Jersey Health Services Program (Medicaid).

This form also serves as a validation of eligibility for up to 31 days from date of issue. All policies and procedures specified in the appropriate New Jersey Health Services Program Provider Manual are to be followed by providers when rendering services to this person.

The signature, title and telephone number of an authorized representative of the State Institution listed below must be included to validate this form.

THIS FORM IS THE PROPERTY OF THE STATE OF NEW JERSEY AND MUST BE RETURNED WITH THE PATIENT.

Signature and Title of State Institution Representative Date of Issue

Name of State Institution Telephone No.

FD-34 (rev. 5/83)

38-43

5-15-95